The Fit and Sexy Gay Mag
Issue #139 Dec 2013/Jan 2014

HARD SEX

EXPOSED

Also ➤ How big is your penis? ➤ Gay men do it annually ➤ Who would I be without HIV? ➤ London gays!!
Know your HIV status #hivtestingweek

Test for HIV every year, even if you always use condoms.
Test more often if you don’t.

For more information on testing, including how to test at a clinic or at home, visit www.gmfa.org.uk/testing

GMFA campaigns are developed and designed by volunteers · GMFA receives no statutory funding for our campaigns · To support GMFA’s work visit: www.gmfa.org.uk/donate
Hard sex, dirty sex, risky sex, vanilla sex, no sex, I’m done with sex...

It’s not very often you can shock us here at FS magazine. We’ve heard all the stories, stories that would make most gay men raise an eyebrow or two, but to us it’s just another day in the office.

When we decided to tackle the subject of the harder sex scene we did a quick brainstorm of what we thought the harder sex scene involves. You think about all the obvious ones – bondage, fisting, piss, orgies, etc. We then went on to look at the risk of each sexual practice and what we would like you, our readers, to know about what to do and what not to do if you are engaging in these practices.

And as per usual we put a call out for gay men who are into the harder sex scene to share their stories with us. This allowed us to get first hand experience of what these men are into and why. We then sifted through them to find the ones we thought you would like to read, ones you can relate to and ones you can learn from.

The stories that came back to us made us feel a little uneasy. Why? What was so shocking about these stories? Well, I’m going to be a tease and say I can’t actually tell you. Yeah I know, why even say it in the first place if I’m not going to share what they said? This is because we are not a tabloid looking for a major scoop.

My job as editor of FS is to create a magazine that you want to read, that you will relate to and learn from. If we were to print these stories we’d be nothing better then the papers we gay men love to bash on a daily (hint hint) basis.

One thing I will say about the stories I couldn’t publish. They involved practices that I believe gay men should not be involved in. Sex is sex. It’s supposed to be fun, exciting, a healthy part of your life. Not something that puts your physical health, your emotional health and mental health at risk. And that leads me into our main feature.

The men we feature in this article all have one thing in common. They are in control. They know what they want. This is what sex is about: being informed enough to take command of what you want. It’s not up to me, FS or anyone to tell you what type of sex to have. But we do have a responsibility to make sure gay men get the best advice, information and support possible with a little life guidance along the way.

Our ‘Hard Sex’ feature, written by Stuart Haggas, starts on page 8. Whether you are into this scene or not, I think you’ll find it engaging. And I hope if there’s one thing you take away from reading the ‘Hard Sex’ article, it’s that when it comes to your sex life, you should be in control.

Ian Howley, Editor
@IanHowley

Cover shot by Chris Jepson © www.chrisjepson.com
The FS team for issue 139 was Ian Howley (Editor), Stuart Haggas, Matthew Hodson, Kristian Johns, Gareth Johnson, Liam Murphy, Richard Patrick, Gavin Smith and David Stuart.
Model: Jonny Kingdom.
Design and layout by www.christiantate.co.uk.
Appearance in FS is not an indication of an individual’s sexual orientation or HIV status. The views of our writers are not necessarily the views of FS, of the organisations mentioned, GMFA, or of the editor.
Volunteers contribute to the planning, writing, editing and production of FS.
Figures show that although more and more of us have an HIV test each year, the vast majority of us don’t. The Health Protection Agency estimates that 59,000 men who have sex with men got tested in 2010, but this is thought to be just 15-25% of us — meaning that at least 75% did not test at all.

Why should we test annually?

In GMFA’s sex survey, nearly everyone agreed that gay men should test annually — but didn’t think it applied to them personally because they believed they weren’t taking any risks. If your sex life puts you at risk, you should of course be testing more regularly. But HIV testing is not only for those of us who knowingly take risks. To be safe, it’s important to practise safer sex AND test at least once a year.

1 BECAUSE IMPROVED HIV TREATMENT SAVES LIVES

It’s crucial that all gay men test regularly. HIV treatment has improved considerably over the last decade, and someone who is diagnosed with HIV at an early stage, and who gets treated, can have a near normal life expectancy.

If you don’t test, then you may not find out that you have HIV until you get ill, which means that it will be much harder to treat, and may still result in death. A late diagnosis increases the risk of death ten times. If you test regularly you can be sure that if you do have HIV it will be picked up before you get ill. Knowing your HIV status can quite literally save your life. It can also protect the lives of your sexual partners. You are ten to thirteen times more likely to die within a year of starting treatment if you tested late; you can have a near normal life span if you test early and access care.

2 BECAUSE CONDOMS AREN’T FAIL-SAFE

Men who always use condoms may believe they’re not taking any risks, so it’s a waste of time for them to test. Unfortunately this isn’t true. Condoms are great at preventing the transmission of HIV, but they can fail. In fact, 6% of condoms fail. So even if you use them every time you fuck, there’s a small chance that a condom could be faulty, break or accidentally come off during sex.

3 BECAUSE SEX IS NOT 100% SAFE

Similarly, the fact that you don’t fuck doesn’t mean there is no likelihood of HIV infection. Transmission of HIV through oral sex is rare, but it can happen. Indeed, it’s estimated that 2-3% of HIV infections are from oral sex.

4 BECAUSE HE MAY NOT KNOW HIS STATUS EITHER

With the Health Protection Agency estimating that at least 75% of men who have sex with men don’t take an annual HIV test, this means that the majority of us don’t truly know our status. So when a sexual partner says that he tested recently, you have to wonder what exactly does ‘recently’ mean? Was it this month, two months ago, or is he one of the 75% who hasn’t tested in over a year? And even if he hasn’t fucked or has always used condoms since he last tested negative, there’s a risk of infection whenever he had sex.

That guy who swore that he was HIV-negative may not have known that he’d just recently been infected.
5 BECAUSE FUCKING BB IS A RISK EVEN WITH GUYS YOU KNOW

Some men do choose to have unprotected sex with their partner, with a like-minded group of fuck-buddies, or with guys they know and trust. But you can’t guess or make assumptions or base your knowledge on what someone else has told you. You can only know for sure if you test together and keep on regularly testing together.

6 BECAUSE KNOWING BRINGS PEACE OF MIND

Early diagnosis means you can begin treatment and continue to enjoy a near-normal day-to-day life – and of course if you’re diagnosed negative, you’ll have even less to worry about. Whether or not you’ve always played safe in the past, being told that you’re negative can give you a new determination to stay negative.

7 BECAUSE MONOGAMY DOESN’T ALWAYS MEAN MONOGAMOUS

We’re all different, and so are our relationships. Some couples have open relationships, while others don’t see the point of this and prefer monogamy. Some men are faithful, while others cheat. Sometimes men in supposedly monogamous relationships cheat on each other. Indeed, you might argue that only men in monogamous relationships can cheat – because if you’re in an open relationship, how can you? Although lots of relationships are truly monogamous, one study found that 13% of gay men who had been in a supposedly monogamous relationship for five years or more had picked up an STI in that time.

8 BECAUSE IT’S NOT ALL ABOUT YOU

Getting tested doesn’t just help you to be healthy, it can also prevent you transmitting HIV. It’s estimated that up to 82% of new infections are from people who haven’t been tested and who don’t know that they are living with HIV. If you know you have HIV you may take extra care not to pass your infection on to partners. Also, HIV treatment reduces the amount of HIV in your blood and cum, which will make you a lot less likely to pass your infection on. If every gay man tested for HIV at least once a year it’s likely that we would soon see a dramatic drop in the number of men who become infected.

► You can find out where to test by visiting: www.gmfa.org.uk/clinics.

HOME HIV TESTING KIT

► Order a home HIV testing kit from GMFA. For more information, visit: www.gmfa.org.uk/hometest.
Your sexual partners may not always insist on using condoms. Stopping transmission of HIV is your responsibility. For more information, visit www.gmfa.org.uk.
Who would I be without HIV?

In the last six months, it seems we don’t go a week without a new headline or article heralding the ‘dawn of a new era’ in HIV treatment. The headlines scream: “Genetically Engineered HIV Antibodies Have Potent Impact”, “HIV’s ‘Invisibility Cloak’ Discovered”, “Paindromic Junk”. And on the domestic front, medication is getting better, people are living longer, and HIV is now seen as a ‘chronic condition’, rather than the killer disease it used to be. We have PEP, PrEP, vaccine studies, and human trials of varying success. It seems the fight against HIV is gathering momentum and thundering towards what some believe is inevitable – a cure.

I remember the day I got diagnosed. I say ‘the day’ – I think it was a Tuesday, but I can’t remember the exact date. You’d think a date like that would be etched in one’s memory. Mine’s not. I couldn’t even tell you if it’s been eleven or twelve years this year. To be honest, some days I don’t know whether it’s been eleven or twelve years. To be honest, I used to think about this all the time. I went to my doctor when I was a teenager, and I remember him saying, “Kristian, I’m going to have to tell you something.” And I remember thinking, ‘Shit, what’s going to happen?’. And then something weird happened – HIV made me grow up. I realised I wasn’t going to die. Moreover, I realised I wanted to live. I wanted to help others like me. And all of a sudden my life had a purpose. Sounds schmaltzy? Develop a lifelong illness and see if it doesn’t give you an epiphany.

People ask me why I don’t do much to work that doesn’t involve sitting in my car for an hour and a half on the M25. It gave me a reason to live. It gave me a purpose. Sounds schmaltzy? Develop a lifelong illness and see if it doesn’t give you an epiphany.

So do I regret contracting HIV? Damn right I do. Would I love to wake up in the morning and not have to throw a cocktail of pills down my neck? Yes. I’m sick of being HIV-positive. I’m sick of pills, I’m sick of doctors, I’m sick of having sex in a plastic bag. I want a life free of medication and stigma. I want to add my ridiculously awesome workmates on Facebook without worrying they’ll see articles about life with HIV with my name attached to them. I want to have skin-on-skin sex with the man I love and not worry about sentencing him to everything I’ve just listed. When I look at all the areas of my life that HIV has touched – my family, my friendships, my work, my outlook, my foreign travel plans, my fucking BUPA policy for fuck’s sake – it’s hard not to get misty-eyed over the prospect of a body and a life free from the shadow of this virus.

But HIV isn’t a hairstyle. It’s not a job. It’s not a beer gut. It’s not something you can simply change with a little bit of hard work. Right now – today – HIV is a life sentence, and even though I feel like I’ve served my penance for it, I’m stuck here.

But on the flipside, and despite my earlier claim to the contrary, HIV has defined me. And I’m not sure who I’d be without it. In a perverse way, I’m fucking proud of myself. I’m proud to look people in the eye and tell them who I am and what HIV has made me. I get satisfaction from helping the newly diagnosed or those who are struggling. I feel pride when I look at what I’ve achieved. A straight male friend of mine texted me the other day to say he was taking part in human vaccine trials. He did it because my story had opened his eyes. I’m proud of that. I’m fucking proud to have inspired people. Without HIV I’d feel a little... lost, like when you get on the phone to customer services ready to have a good old argument and they instantly defuse you by being nice and helpful. What the hell would I fight?

I can’t punch HIV. I can’t argue with it. I can’t reason with it. All I can do is this. And this is all I’ve known for most of my adult life. And while HIV may not define me as much as it did twelve years ago, it did one thing that an HIV-free life never did.

It gave me a reason to live.

Kristian Johns is an author and former editor. When he’s not raising awareness of HIV issues, his sole mission in life is to convince his boyfriend to let him have a dog.
COVER STORY

HARD
SEX

EXPOSED
Tom is from Sao Paulo, but now lives in London. He explains how he first had gay sex when he was 23, and was soon experimenting with harder sex: “Two years ago I stumbled over a guy who did electro. It’s basically electric current that is applied to specific parts of the body, primarily cock, balls, inner thighs, and inside of the butt via a butt-plug. Electric current can be ‘shaped’ in a quite versatile way, ranging from gentle waves which can be a rather pleasant electric way to jerk off; to throbbing thrusts and random hits that are truly an SM experience. I realised that this was exactly my thing, and since then I’ve got more into it and narrowed down more precisely what kind of scenes I am really into.”

Tom also does BDSM, piss, breath play, dog play and sounding. He explains how this is all incorporated into the sex he enjoys. “There is one type of scene which is a bit like a workout in the gym – effective bondage to really tie me down on an St Andrews cross, on a stretch bench, on a bondage table etc, and then slowly building pain – slowly expanding my limits just like you expand your limits in weightlifting. The other type of scene deals with the psychology of submission/domination. I found that this scene is a bit more difficult to pull off and requires a top/master with the right charisma.”

“My willingness to try new things meant I was always on the look-out for more experienced guys to play with,” says Nathan, 32 from London, “and there was something incredibly satisfying about being more sexually open-minded than most guys my age. My first time fisting someone was when I was just 17.”

Dominic Davies is a psychotherapist and sex therapist with over 30 years experience. He is Director of Pink Therapy and a kink-knowledgeable practitioner. “While in the past psychiatrists have tended to view BDSM as being pathological, this view is now outdated and they have started to recognise that BDSM is just a recreational activity for most people,” he explains. “It rarely causes any major difficulties in a person’s life, and if they’re not distressed about it then it’s a perfectly normal and natural variation of human sexuality. Recent research supports this, and in fact one study found BDSM practitioners to be psychologically healthier than their control group of non-kinky people.”

“It’s worth remembering that fetish or fringe sex is not exclusive to gay...
men – the appeal is universal!” adds Andre Smith of Positive East. “There seemed to be no definitive answer as to why someone is or isn’t drawn to having a fetish. Fear, excitement, curiosity and pleasure are powerful emotions which the body remembers as a physiological charge, and for some those moments become subconsciously erotised – often lying dormant until we become sexually active.”

“For some gay men, fetishism/fringe sex is used as a way of re-energising their sex lives,” says Andre.

FACTS ON RISKS OF FISTING:

There is a risk of HIV transmission from fisting if the fister (the guy doing the fisting) has cuts or sores on his hand or wrist. If the guy getting fisted is HIV-positive, HIV in his anal mucus (the stuff that lines the arse) or any blood inside his arse could get into the bloodstream of the fister through the cuts or sores on his hand. If the fister has HIV, infected blood from the cuts could be absorbed into the bloodstream of the guy getting fisted through the lining of his arse. However, the likelihood of this happening is very low. If more than one person is being fisted, in a group sex scene, HIV or hepatitis C could be passed from one fister to another, via anal mucus or blood carried on the fist.

For more info on fisting, visit www.gmfa.org.uk/fisting.

Some hard sex scenarios require the stamina of an Olympian – or a stallion. There’s a men only party in Germany called Fickstutenmarkt, which roughly translates as the Horse Farm Fisting Market. Guys identify themselves as mares or stallions. The mares arrive first, either naked or in chaps, jockstrap or fetish gear, and are tied and blindfolded – a white blindfold meaning safer sex, red meaning bareback. The stable doors then open, with the stallions able to fuck as many mares as they want. There’s even an award for stallion- and mare-of-the-month.

However, gay group sex doesn’t need to be so high-concept. It’s something we can try at home, as evident by the number of house and hotel room gangbang parties that are taking place throughout the UK.

“I really love bottoming for groups/gangbangs,” says Alexander. “Very happy to please men without reciprocation as knowing that I am being treated like a whore and providing pleasure and satisfaction for another man (or men) is enough to get me off.”

“Knowing that I am being treated like a whore and providing pleasure and satisfaction for another man (or men) is enough to get me off.”

Matthew Hodson of GMFA, says: “The risk of HIV transmission from fisting itself is pretty low. It’s possible, if the fister has cuts on his hand and isn’t wearing gloves, but it’s pretty unlikely. However fisting is likely to cause tears in the anal lining, which is really delicate, so if you fuck afterwards, especially if you don’t use condoms, then the risk of transmission is increased. Fisting is also associated with hepatitis C and if you’re at a sex party and the same guy is fisting several people, infections can be passed from one bottom to another. Hep C can survive for longer outside the body than HIV, so sharing lube is also a risk. Using gloves, changing gloves if you’re changing partners and not sharing lube can all reduce the risk.”

COVER STORY

Having first fisted a guy when he was 17, Nathan explains how this fuelled his appetite for harder sex – and made him eager to be fisted as well. “I’ve always considered myself open minded so my attitude to sex has been to try everything and push the boundaries, and getting pissed and horny. Always looking to intensify the feeling. Better than a drug,” says Nathan.

10 OF FISTING:

Anal mucus or blood carried from violent punch fisting, and this is where having chemsex can be an issue, in that it alters one’s pain levels and one’s capacity for thinking clearly about what is safe and sane and healthy. It’s well known that people are more likely to take risks because of the disinhibition they feel when on drugs, and when you combine this with the anesthesia that might come from being high on endorphins then it is a potent combination for potential physical damage.”

Matthew Hodson of GMFA, says: “The risk of HIV transmission from fisting itself is pretty low. It’s possible, if the fister has cuts on his hand and isn’t wearing gloves, but it’s pretty unlikely. However fisting is likely to cause tears in the anal lining, which is really delicate, so if you fuck afterwards, especially if you don’t use condoms, then the risk of transmission is increased. Fisting is also associated with hepatitis C and if you’re at a sex party and the same guy is fisting several people, infections can be passed from one bottom to another. Hep C can survive for longer outside the body than HIV, so sharing lube is also a risk. Using gloves, changing gloves if you’re changing partners and not sharing lube can all reduce the risk.”

GANGBANG STYLE

Some hard sex scenarios require the stamina of an Olympian – or a stallion. There’s a men only party in Germany called Fickstutenmarkt, which roughly translates as the Horse Farm Fisting Market. Guys identify themselves as mares or stallions. The mares arrive first, either naked or in chaps, jockstrap or fetish gear, and are tied and blindfolded – a white blindfold meaning safer sex, red meaning bareback. The stable doors then open, with the stallions able to fuck as many mares as they want. There’s even an award for stallion- and mare-of-the-month.

However, gay group sex doesn’t need to be so high-concept. It’s something we can try at home, as evident by the number of house and hotel room gangbang parties that are taking place throughout the UK.

“I really love bottoming for groups/gangbangs,” says Alexander. “Very happy to please men without reciprocation as knowing that I am being treated like a whore and providing pleasure and satisfaction for another man (or men) is enough to get me off.”

“I love gangbangs as it’s just way more fun than traditional one-to-one,” agrees Conrad, 25 from Barnsley. “The most extreme thing I’ve done is have a seven-way and have people watch. It’s just that feeling of being sexually liberated and not sticking to normal mainstream sex. Letting someone control you sexually and giving up your...
self-control is such a turn on."

"Many gay men enjoy group sex: the opportunity to experiment with a range of partners, to be exhibitionists or voyeurs," says Pink Therapy's Dominic Davies. "The main context in which these group sex parties are happening at the moment tends to be involving chem sex and bareback sex and there are likely to be a proportion of HIV-positive guys there. Many of them might have undetectable viral loads, but there are also likely to be guys who don't know their status or who are newly infected and have high viral loads."

"It used to be the case that most people who went to chem sex parties were already HIV-positive," adds GMFA's Matthew Hodson. "Recently drug services, such as the CODE clinic at 56 Dean Street, report that they are seeing increasing numbers of men who believe that they are HIV-negative joining that scene. For many gay men the prospect of uninhibited, wild sex is going to be more appealing than the idea of careful, cautious sex – but there

FACTS ON FUCKING:

Most gay men who have HIV caught it from getting fucked without a condom. As far as gay sex goes, getting fucked without a condom, and having your partner cum inside you, is the riskiest thing you can do. This is because the lining of the arse can absorb liquids directly into your bloodstream. If there's HIV in his cum, and it goes up your arse, that will be absorbed too. Getting fucked without him cumming inside you is lower risk but, as there is HIV in pre-cum too, there is still a risk of HIV transmission. In group sex it may be possible to catch HIV from getting fucked even if your partner is HIV-negative, if he has fucked someone who is HIV-positive and then fucks you immediately afterwards. This is because there could be traces of HIV-infected anal mucus or blood on his cock.

For more info on the risks of fucking, visit www.gmfa.org.uk/how-risky-is-fucking.
is a real price that is being paid in terms of the sexual health of our community as a result."

"There are parties where guys will use condoms and be careful," says Dominic. "It's not obligatory to only have condomless group sex. Also in the BDSM scene there is a mantra of 'safe, sane and consensual' and it is more likely that people are going to be acting responsibly within that context."

Matthew Hodson of GMFA, says: "If you get fucked bareback by lots of guys, who are also fucking or getting fucked by other guys, then it probably won't be long before you pick up HIV and a host of other infections too. Some positive men have the attitude that they've already got 'the big one' and so it doesn't matter what they do from then on. But, beyond the very real risk of passing on the virus to the men that you have sex with (and not everyone who goes to these parties is going to be HIV-positive) you're making yourself vulnerable to a whole range of other infections. These include hepatitis C, which positive men are much more likely to get, and is difficult and extremely unpleasant to treat, gonorrhoea and syphilis. We're seeing increases in lots of these STIs, so if you have lots of sexual partners you're going to pick up these infections more and more often."

**ADDECTED**

Almost everyone we spoke to said that they found this kind of sex addictive, with the majority saying they no longer enjoy vanilla sex.

"I usually end up having that kind of sex almost every weekend," says Nathan. "And to some degree yes, it can become addictive, but what you're chasing is your last great experience. Most can be fun, but there comes a point where what you're after, that incredible experience you once had, or are looking for seems harder and harder to get. There are many times I've come away from a sex party feeling disappointed, but it doesn't stop me going back the following weekend looking to improve upon it. I need to remind myself regularly that it's quality and not quantity – both in terms of numbers of partners and frequency of sessions – that I'm after."

"It has gotten to the point that with the piss and scat it happens at least a couple times a week," says Fred, 26 from London. "The gangbangs do occur at least a couple times a month, more if I find another group is getting together. For me, yes, it can be addictive to the point I search for a gangbang because I need it. It is like my nicotine. I am always looking for the next sex party."

"When people talk about addictive experiences I don't think they are using the term literally as in the way certain drugs can be addictive," explains Pink Therapy's Dominic Davies. "I think they are meaning the activities are exciting and they want to do them again, like describing riding rollercoasters as 'addictive' because it's a lot of fun. We

**FACTS ON PISS:**

Watersports, in relation to sex, is used to describe pissing on someone. Pissing on someone carries no risk of HIV transmission. Piss does not contain infectious HIV so you can't catch it this way. There is no risk at all from pissing on healthy, unbroken skin but there is a risk of other infections, such as CMV (a virus in the herpes family) or salmonella if piss gets in the mouth or eyes. These infections may be more serious for HIV-positive people.
are generally unlikely to say we are addicted to riding rollercoasters and if we don’t get to do so we’re going to suffer painful emotional or psychological consequences. So I hear the word ‘addictive’ here as being indicative of the excitement someone gets from doing something and a desire to repeat that excitement."

Matthew Hodson of GMFA, says: "Many men on the hard sex scene think of it as an addiction. Like any other addiction it can become a monster to feed. Constantly trying to top the high of your last experience, as the novelty decreases, can lead people into increasingly extreme scenes.”

**DRAW THE LINE**

Pushing the boundary is not a green light to go beyond the boundary, because we all have our limits. So where would you draw the line?

"Anything I knew was sexually unsafe/risky. I wouldn’t do anything that could leave me with any damage – I just wouldn’t find that fun!” says Gerry, 24 from Leeds.

"Unsafe and risk of death," agrees Simon. "I want to live, and would worry if seeking the next big thrill pushed things too far.”

"Scat, felching and watersports," says Conrad. “These are waste products coming out of your body. Apart from the smell, it’s full of bacteria.”

"Scat," says Andy. “Piss is mostly sterile, poo is not. Blood – if there’s blood then extreme pain is being caused that is likely to cause scarring or temporary marks. And permanent marks – sex is separate from the rest of the day, permanent marks overstep that boundary.”

"I draw the line at physical or psychological pain or damage,” says Nathan. “I’ve done things like CBT (cock and ball torture), whipping guys, hard fisting etc, and there’s always a part of me that gets off on the idea of pushing it further. Personally I can’t and won’t take pain or anyone forcing me to do anything against my will. And even in a dominant role, although I can get off on the thought of doing it, I can’t bring myself to cause serious pain or injury to anyone else even if they do willingly want and ask for it.”

"Being HIV-positive I’ve encountered a lot of guys who want to get infected, and I’ve met positive guys who get off on the idea of infecting others," Nathan continues. “I can certainly understand the appeal of both scenarios but in reality for me that’s a step too far.”

**PRECAUTIONS**

“With a trusted sexual partner there are few risks,” says Andy, “but if you’re meeting guys for the first time that you’ve met online, especially for a sub, that can be very dangerous! I would get to know someone VERY well before I agreed to meet.”

"I realise my desire to be controlled by a dom could leave me open to being manipulated,” adds Gerry. “Sometimes I do wonder if I’m a bad person for liking the stuff I do, and that can make me anxious. I try and chat to a guy for a bit first, and wouldn’t meet at his home the first time. If he won’t respect me on safer sex, I wouldn’t go near him.”

“For me, barebacking, group chem sex and fisting are my biggest turn ons,” says Nathan. “When I used to seek the next big thrill pushed things too far.”

**HARD SAFER SEX?**

“It’s possible to be into harder sex and stay safe,” GMFA’s Matthew Hodson acknowledges. “In some ways, much of the harder sex scene can be safer than vanilla sex, as a lot of the bondage, CP and SM scenes are less focused on fucking, so there’s less passing on of body fluids and less transmission of HIV. But in recent years I’ve heard more and more often about people fetishising the transmission of HIV, and you see it referred to in a lot of porn too. Not everyone into the harder sex scene goes along with this, and a large element of this kind of play is going to be fantasy scenarios, but even if 90% is just fantasy that still means that some people are putting themselves at risk..."
COVER STORY

and becoming infected.”

“Personally I consider myself very risk averse. I may like to flirt with danger, even fantasise about it, but for me I’ve always found it incredibly important to be aware of the risks I’m taking and how to manage them,” admits Nathan. “I know the type of sex I have has a higher risk of physical damage and catching STIs like hep C, but knowing the risks I take I also know how to manage them and reduce them. No sex is safe sex, there can only ever be safer sex. The most important thing for me is taking responsibility for the type of sex I have, while enjoying myself. Ultimately I want to continue having this kind of sex for many years to come so it’s important I look after myself and be as safe as I can.”

NB: Some names have been changed.

Useful links:

► To find out the risks of all sexual practices, visit www.gmfa.org.uk/how-risky-is.

Services that can help:

► Do you feel ‘Out of Control’ about sex? PACE runs a workshop for gay men who are unhappy about the amount of sex they are having. Visit www.gmfa.org.uk/pace-groupwork.

FS SAYS: SEX SHOULD BE A PART OF YOUR LIFE, NOT YOUR LIFE

It goes without saying that gay men tend to have more sex than our straight counterparts. You can see why we tend to push the boundaries and why the harder sex scene becomes inviting.

Nearly all of the men in this feature said that the sex they are having is addictive. They look for the next thrill and are constantly trying to outdo their last experience.

Any counsellor will tell you that sex should be a healthy part of your life, not your life. If sex is your life then it’s controlling you.

It’s not up to FS to tell you not to have sex. Sex is fun and you should be pushing the boundaries a little, but if sex is controlling your life then you need to ask yourself if this is what you really want.

There is a stereotype out there that all gay men are sex-a-holics and sometimes it can be easy to play up to that stereotype. The gay scene makes it easy for this to happen.

If you want to have lots of sex then you need to make sure you control it. Know your boundaries, know the risks and when to stop before the urge for sex takes over your life or, even worse, affects your health.

► GMI Partnership specialises in one-to-one counselling for gay men. For more information, visit www.gmipartnership.com.

HARD SEX AND HIV

No matter what type of sex you are having, whether it’s hard, soft or vanilla, there is a risk of catching HIV. In 2012, over 3,250 gay men were diagnosed as HIV-positive in the UK. About 50,000 gay men living in the UK are HIV-positive. HIV does not care what type of sex you have. So if you believe that you are HIV-negative and would like to stay that way, here is some advice you should follow:

► Condoms: Using condoms while having sex is still one of the best ways to avoid becoming HIV-positive. And don’t forget the lube. Condoms break up to 6% of the time, but using plenty of lube can help prevent this.

► For more information, visit www.gmfa.org.uk/condoms-and-lube.

► Partner selection: “I only sleep with HIV-negative guys”. Do you know that about 80% of new HIV infections come from having sex with guys who think they are HIV-negative? One-in-five gay men in the UK who have HIV have not been diagnosed. So asking if someone is negative and then making your decision on that is pretty pointless.

► For more information, visit www.gmfa.org.uk/is-he-likely-to-be-hiv-positive.

► Testing is key: All gay men, whether sexually active or not, should test for HIV at least once a year. If you are having lots of sex then you should test more frequently. It takes about four weeks for HIV to show up in a test.

► For more information or to find your nearest GUM clinic, visit www.gmfa.org.uk/clinics.

► PEP: Accidents happen, for whatever reason. If you have unprotected sex with someone who you think is positive, or if you’re not sure of his status, then PEP is available from your local GUM clinic or A&E department. PEP may stop you becoming positive if you take it within 72 hours of exposure.

► For more information, visit www.gmfa.org.uk/pep.
TEST FOR HIV AT HOME

No appointment
No waiting room
No needles

Order a free HIV home testing kit online at, www.gmfa.org.uk/HomeTest.

GMFA - the gay men's health charity. Part of HERO
Unit 11, Angel Wharf, 58 Eagle Wharf Road, London N1 7ER. Charity No: 1076954
GMFA projects are developed by positive and negative volunteers.
To support GMFA's work visit: www.gmfa.org.uk/donate.


in partnership with
Hornby University Hospital
I’ve got a very thick cock – you can basically hide an iPhone behind it,” reveals 35-year-old Andrew. “I tend to be the top – I love it – but entry can be hard work, uncomfortable for the other guy until they’re used to it, and as a result, it’s all a bit frustrating for me. There’s a lot of ‘Ow! Ow! Ow! Slow down!’ which is a bit of a turn off and can kill my erection. Obviously foreplay helps, but not everyone likes that anally and I’ve found the mental side of things for the bottom makes things more complicated. Partners just tighten up in anticipation and that makes it harder to penetrate. Once it’s in and the guy is relaxed, normally sex is great, but I’ve had lots of experiences where we’ve not got that far because one or other of us gets frustrated or the moment goes.”

Andrew has been forced to explore other sides of his sexuality due to his size. “I’ve found that sometimes it’s just easier to bottom, it relieves the pressure of ‘performing’. I understand how it feels you might lose your erection, so you ram it in straight away to make sure you don’t. That doesn’t always work out for the guy on the receiving end.”

Not all well-endowed men have problems being received though, as 28-year-old Joshua explains. “I’m hung and I love it! And other guys seem to love it. I don’t have a boyfriend at the moment, so I, to my shame, tend to hook up a lot online. I just state what I’m looking for on my profile, with a few pics of course, and the bottom guys flock to me. I’ve measured myself and I’m just over nine inches and a good thickness, and I rarely have trouble with people taking it. I always make sure the guy is ‘proper’ bottom, in the sense that they genuinely love getting fucked.”

Joshua doesn’t necessarily think his cock size has swayed his sexual position. “Having a big one does help, but even if I was smaller, I’d still be a top I think. I just love to fuck, and have never had any desire to be fucked really. Maybe it’s because of my stature – I’m quite tall and...
“I’ve got a very thick cock – you can basically hide an iPhone behind it.”
– Andrew, 35

“I’ve always been a top, but because he finds it so difficult to take, I’ve turned into the bottom.”
– Paul, 31

“I can handle myself in bed and I won’t just bend over because I’m meant to be embarrassed about the size of my cock”.
– Trey, 26
broad – that makes me naturally more dominant... I'm not sure."

Sometimes having a big cock cannot only affect the type of sex you have but also the type of relationship you have. "I'm quite well-endowed," says Paul, 31. "I'm so well-endowed that my husband can't handle me. I've always been a top, but because he finds it so difficult to take, I've turned into the bottom. We love each other dearly, which is why we pursued the relationship despite the sex setback, but it does mean the nature of our relationship has changed. We had to open it up, mainly so I could be satisfied sexually too and be able to fuck other guys. We still love each other and are still together, it's just my dick means we had to reassess what our partnership really meant."

How does it feel for the guy on the pointy end of super-sized flesh cudgel? It's a lot of trial and error according to 37-year-old Harry, "My boyfriend is very well-endowed and it's also very thick. He'd only had girlfriends before he went out with me, and they'd always struggled to take it, and he just assumed this was normal. I thought it was such a turn on when I first saw it – the most attractive thing though was that he genuinely had no idea it was so big, as he'd never seen another man's erect cock before in the flesh. When I mentioned it to him he was disbelieving – he said 'but I've seen guys in porn and I'm only a bit bigger than them', and I had to point out that they were a self-selecting group of people distinguished by their large cocks!"

When it comes down to business, Harry and his boyfriend kept trying until they got it right. "While I don't have any problems accommodating him in general when he fucks me, I've found that certain positions in sex are just a no go. He likes it when I sit on him, but I can't usually tolerate more than a few minutes as it feels like I'm being repeatedly stabbed in the guts. If he fucks me doggy style, then I can feel it crashing into my prostate while this can be nice, too much of it and it becomes acutely uncomfortable. The flip side of this is that when he fucks me when I'm lying on my front, the angle seems to be just right and it feels amazing, especially when he does it very hard. In fact, I get a strange tingling, shivering feeling all over my body that comes in waves and leaves me covered in goosebumps. I've never had this with anyone else I've slept with. To be honest, now I'm used it, he just shoves it in!"

When researching this article, it was astonishing how many men came forward to disclose their big cock ‘problem’, yet there were very few willing to talk if they considered themselves to have a smaller than average phallus. Being 'small' continues to be a source of shame for some guys, which Nicholas, 19, confirms. "I have a very small willy. I've measured it and it's not big. I'm too embarrassed to say how big! I hate getting changed in front of other guys or even just being in my underwear. When I came out and started having sex, I just naturally assumed the bottom role, because I thought that no one would want to be fucked by me. I'm not complaining, it's great, and I actually take a lot of power from being the bottom, I guess. I can't control the size of my willy, but I can control how well I can take a guy's cock. I guess my arse is my version of a big package."

"I'd consider myself to have a smallish cock," divulges 26-year-old Trey, "it's about five inches erect. It really got me down for a while, but mainly because I was comparing myself to porn stars. I meet a lot of men who assume I'll be the submissive/bottom guy because of my size (I'm only about 5'6" in height too) but I can handle myself in bed and I won't just bend over because I'm meant to be embarrassed about the size of my cock. I'd say I'm versatile – which is the best way! – and I've been told I'm a great fuck when I top. It's a cliché, but really is what you do with it, not how big it is. I'm a champion top!"

However, not all guys are the 'bottom twink with a small cock' stereotype. "I'm a body builder and I'll fully admit that my penis isn't the biggest," says Grant, 33. "When it comes to my torso, I'm not ashamed to show off, I'm massive! When it comes to my dick, yeah, I'm not as big. I'd say I'm smaller than average, and I'm basing that on the guys I've slept with. I'm a hardcore bottom, a power bottom I suppose, and I fucking love being that way. Because of my muscle mass, men get so surprised when they find out I'm a bottom. They assume because I could pin them down, I'll be a top." Grant doesn't think that the size of his cock has had any influence over his sexual position. "No way, it's my dick guided me towards bottoming. I honestly just enjoy sex more that way. My size hasn't stopped me topping and I've had plenty of men ask me to bang them, it's just not for me."

Sona Barbosa, the Counselling Coordinator at the GMI Partnership, believes that the size of a gay man's phallus does have certain outcomes. "There's a study, called 'The Association between Penis Size and Sexual Health among Men Who Have Sex with Men' from 2011, which looked at 1,065 gay men. The goal of the study was to understand the real individual-level consequences of living in a penis-centred society and it uncovered a few bombshells. Gay men who felt they had small or inadequate penises were more likely to become 'bottoms', while gay men with larger penises were more likely to identify themselves as 'tops'. Men with smaller penises were more likely to be psychologically troubled than those with larger genitalia, while men with larger penises were more likely to contract certain STIs. It also found that men with above average penises enjoyed more satisfaction with their lifestyle. With clients I see at GMI, the above seems to be true; there are also definitely issues of self-esteem and self-confidence in clients who report having a smaller penis; they seem to take more risks as the need to be accepted is paramount. If you're feeling troubled by your size, whether it's too small or too big, get in touch with us at GMI to talk about any concerns you may have, and any sexual health issues."
**FS SURVEY: HOW BIG IS YOUR PENIS?**

Last month we asked how big your penis is. Over 650 of you told us. Here are the results:

### How big is your penis? – when hard: (please round it off to the nearest inch)

<table>
<thead>
<tr>
<th>Size</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 inch or less</td>
<td>1.6%</td>
</tr>
<tr>
<td>1.1 to 2</td>
<td>2.8%</td>
</tr>
<tr>
<td>2.1 to 3</td>
<td>7.6%</td>
</tr>
<tr>
<td>3.1 to 4</td>
<td>30.4%</td>
</tr>
<tr>
<td>4.1 to 5</td>
<td>34.7%</td>
</tr>
<tr>
<td>5.1 to 6</td>
<td>17.5%</td>
</tr>
<tr>
<td>6.1 to 7</td>
<td>3.8%</td>
</tr>
<tr>
<td>7.1 to 8</td>
<td>1%</td>
</tr>
</tbody>
</table>

### Do you think your penis was:

- **SMALL**: 11%
- **BIG**: 24%
- **AVERAGE**: 65%

### When we broke down these results we found:

- **THINK THEY ARE BIG**
  - SMALL: 6%
  - AVERAGE: 3%
  - BIG: 91%

- **SMALL**
  - SMALL: 0%
  - AVERAGE: 24%
  - BIG: 76%

### Do you wish your penis was:

- **SMALLER**: 0.6%
- **HAPPY WITH THE SIZE**: 52%
- **BIGGER**: 47%

### When we broke down these results we found:

- **WISH IT WAS BIGGER**
  - SMALLER: 99%
  - BIGGER: 1%

- **HAPPY WITH THE SIZE**
  - SMALLER: 73%
  - BIGGER: 27%

### What sexual position are you:

- **DON'T HAVE PENETRATIVE SEX**: 9%
- **ALWAYS BOTTOM**: 1%
- **ALWAYS TOP**: 12%
- **MAINLY BOTTOM**: 14%
- **MAINLY TOP**: 29%
- **VERSATILE**: 36%

### When we broke down these results we found:

- **ALWAYS TOP VS MAINLY TOP**
  - VSATILE: 26%
  - MAINLY TOP: 25%
  - MAINLY BOTTOM: 25%

- **ALWAYS BOTTOM VS MAINLY BOTTOM**
  - VSATILE: 11%
  - MAINLY BOTTOM: 11%
  - MAINLY TOP: 11%

---

**So does size matter when it comes to sex?**

It’s clear from these results that the bigger your cock the more likely you are to be ‘top’. The smaller you are the more likely you are to be ‘bottom’ or ‘versatile’. The average size of a penis in the UK is 5.5 inches. Studies show that to satisfy men during penetrative sex you need only 2.5 inches. This is because the male ‘G’ spot is located just at the top of the anal canal which is roughly 2 inches long. So you don’t need a big penis to hit his ‘G’ spot. Also the most sensitive part of the anus is the first centimetre or two.

**What does this all actually mean?** Is it coincidence that the men who claim to have 6 inches or more are more likely to be top or that the men with 6 inches or smaller are more likely to be bottom? It seems to us that the men who filled in this survey are basing their sex lives on the size of their penis. Whether they realise it or not. **Is this a problem?** No, not really, but you need to ask yourself if you are having the sex you really want or the sex you think you should have because of the size of your cock. If you are enjoying the sex you are having then keep at it. If you are not then it’s something to think about.

**When it comes to HIV prevention is it better to be top or bottom?**

The research shows us that men who bottom are more likely to become HIV-positive. This is because the lining of the arse acts like a Hoover and sucks up HIV. So if you bottom and you allow someone to cum in your arse then the body absorbs the cum and anything that is in it. If you top, the chances of becoming positive are less but the risk is still fairly high.

**What if he pulls out?**

This is a strategy that we have heard many times. Coming outside the body can reduce the risk of becoming positive but it’s not a strategy that should be taken lightly. There is HIV in pre-cum. HIV also exists in blood. Not to mention other STIs which can be passed on too.

**So what should I do?**

Whether you’re top, bottom or both one of the best ways to stop HIV transmission is to use condoms while having sex.

**But my cock is too big/small to use condoms.** No it’s not! Condoms come in all sizes.

**I still don’t use condoms.** Well that’s your choice and we can’t force you to use them during sex, but you need to understand that the more you have sex without condoms the greater chance you have of becoming positive or passing on HIV. Make sure you test regularly for HIV. If you become positive you will be put on medication and become less likely to pass on the infection to others. Visit www.gmfa.org.uk/clinics to find your nearest GUM clinic.

- To buy cheap condoms (that come in all sizes) and lube, visit www.freedoms-shop.nhs.uk

**Good sex advice from GMFA:**

- How to fuck – www.gmfa.org.uk/how-to-fuck
- How to get fucked – www.gmfa.org.uk/how-to-get-fucked
- Know your arse for better sex – www.gmfa.org.uk/ know-your-arse-for-better-sex

---

www.fsMag.org.uk
PEP is a course of HIV medication which you can take if you have been at risk of HIV infection.

The course of medication lasts 28 days and, if you start taking it within 72 hours of putting yourself at risk, it may be able to prevent you from becoming infected with HIV.

PEP can be accessed through your local GUM clinic or A&E department.

To find your nearest GUM clinic, visit www.gmfa.org.uk/clinics.
“London fucks up gay men”

By James Callaghan

Anyone who’s ever moved to London from elsewhere would agree that there’s nothing quite like the ‘big smoke’. It’s massive, it’s filled with opportunities, art, culture, beautiful architecture, music, history… the list goes on.

With all of these things that this great city has to offer, why is it that so many of our gay brothers are looking for one thing; SEX! Hard sex, dirty sex, hairy sex, smooth sex, bareback sex, spanking, spitting, fisting, sounding, pissing, shitting… sex, sex, sex, sex, sex… and the more the better. The bigger the cock the better… I swear one day, even sitting on the Shard won’t be enough for some bottoms. These days, unless you’ve been blessed with a 9-inch, fat and (usually) uncut cock you are doomed. And then there’s the drugs issue. It seems that these days, even if you are the 9-inched horseman, unless you can bring your own Tina, Meow Meow or G, you might as well chop off that cock of yours and use it as a dildo.

A friend put it exactly as it is last week: “When I was a young gay boy things were different. Erasure was the pinnacle of queer music, and G-A-Y was at the Astoria, where homos from all over the country would meet. You’d take a bit of Speed, drink a lot of Red Stripe, and end up snogging a hot guy with the hope of yet another possible new relationship, and receiving a call on your landline the next day still gave you butterflies.” Ah, how times have changed. Maybe the countless short-lived romances that London has thrown at me in the past five years have desensitised me but I long for the good old days when I did get those butterflies from the guy I was seeing. “Got Meow Meow or Tina?” is the 2013 equivalent of “care for a cuppa?” and weekend-long bareback chems parties are the London gay man’s new idea of making ‘friends’. Friends? Yeah right! You are elbow deep in someone’s butt canal one weekend but I’ll be damned if you even acknowledge that same guy’s presence if you accidentally run into him at Tesco the following Wednesday. Where will it end? Give it five years and we’ll all be hooked on to wireless technology that eats, sleeps, shits and fucks for us. We are doomed to life in a darkened Virtual Reality Sweatbox, plugged up to a drip infusing us with the latest chems sleeps, shits and fucks for us. We are doomed to life in a darkened Virtual Reality Sweatbox, plugged up to a drip infusing us with the latest chems and repulses me. We are gay. We’ve turned into over the past five years of my life here scares the hell out of me and repulses me. We are gay. We’ve won the battle to be free and accepted. Why do we have to make it difficult for ourselves again? Why do we not unite and support each other rather than fight against one another and put each other down constantly?

London is amazing but you need to pace yourself when you first arrive here. Take it easy! By all means, dabble in flings and in and out of the gay scene, but watch out because once you become hooked, you become hooked, you become hooked, you become hooked, you become hooked…”

Today, sex among the gays has become more transactional than withdrawing money from a cashpoint. And it’s only getting worse.
“WHY ISN’T MY SEX LIFE MORE LIKE THE PORN I WATCH?”

by Gareth Johnson @GTVlondon
Let me just put this out there – I really enjoy a good jack-off. It’s not compulsive in any way, I just enjoy a bit of ‘me-time’. I jack off about once a day and I pretty much always use porn to help me get off.

I have sex too – I’m in a monogamous relationship with a guy I’ve been seeing for about eight months. The sex we have is good – really good – but it’s nothing like the porn I watch.

In my jack-off sessions I tend to get off watching Tumblr feeds of rugged, masculine men, having rough and ready encounters – often it’s group sex or sex in public of some kind. Within my relationship the sex is intimate – I feel a physical and emotional connection. It’s pretty vanilla.

One of my best friends in the world is David Levine – he lives in Toronto now but we used to share a flat in London. Sharing a small flat means that you get to know each other pretty intimately, so we’ve got that kind of friendship now that has an inappropriately lack of boundaries. He’s seen me at my best but also at my worst and most ridiculous. He’s seen me shave my balls. Nothing is too personal or embarrassing for us to share and discuss.

The other day we were talking in fairly graphic detail about the sex that we have with our respective boyfriends, when David said:

“I think it’s a bit weird that you’re still jacking-off so much even though you’ve now got a boyfriend. It’s almost like there’s something missing from your sex-life. Don’t you think it’s odd that you get off watching big, beary guys, but that’s nothing like your boyfriend?”

Hmmm... controversial.

One of the benefits of being a pseudo-journalist is that you get to call up intelligent people and ask them questions. For this topic I went to Nicholas Rose and Justin Duwe – both of whom are counsellors who specialise in working with gay men and gay couples.

You could argue that I was just fishing for a bit of free psychotherapy, but in my mind it’s bona fide research. I put my ‘porn versus real-life’ quandary to them both:

“When I’m working with gay couples, use of porn is something that is often raised,” said Nicholas thoughtfully.

“There has been a lot of research about pornography,” added Justin. “What we know is that both men and women find it sexually stimulating to watch porn; men watch more porn than women; and a lot of men watch porn when masturbating simply because it is sexually stimulating.”

“So there’s no downside to watching a bit of porn?” I asked hopefully.

“Whether porn use is healthy or harmful can only be decided once you understand the impact that it has on your experience of sex and life in general,” cautioned Nicholas. “An example of a harmful impact is that it could lead to you developing unrealistic expectations about sex.”

“Another example of how it could be harmful,” continued Justin agreeing, “is where your use of porn begins to change the way that you enjoy sex – some gay men I work with watch porn while edging, or delaying their orgasm for long periods of time. This can be enjoyable for obvious reasons, but it isn’t something that you can generally replicate when you’re having sex with another person.”

I was beginning to recognise a lot of myself in this analysis.

“So if you were thinking you might have some issues in relation to your use of porn... what could you do about it?” I asked.

“The first thing to do is identify the specific area of concern and then look for factual information – people are often surprised at just how much information is available on sexual concerns” said Nicholas.

“Sex is meant to be enjoyable and fun,” added Justin. “People need to feel comfortable experiencing their sex lives and speaking about their fantasies. Watching porn can help with this process but there are often many complex reasons why someone is reluctant to talk about sex – generally the issues of shame and guilt come into play.”

“It’s always good to be able to workshop quite personal and private thoughts and fears with someone who you know isn’t judging you and isn’t going to be shocked by anything you reveal.

Somehow I’m Facebook friends with David Stuart from London’s CODE sexual health clinic and I was interested in whether the team at CODE see any negative impact from gay men’s use of porn. I sent him a quick message asking whether he thought that gay men put themselves under pressure to have intense, amazing sex like we can see in porn:

“Certainly – we’re so exposed to plush pornography that some of us can’t even consider or imagine having sex unless we or our ‘shag du jour’ are super-groomed, gym-fit, douched and ready for our close-up,” said David.

“So we develop unrealistic expectations?” I quizzed.

“Yes – if you have an unrealistic expectation of what sex should be like, then you’re likely to feel disappointment or rejection which can feed into low self-esteem or a poor self-image. What we are seeing at CODE is that gay men may then make dangerous choices in pursuit of the sex or the affirmation we seek.”

“Yet, I guess there’s a lot of emotions at play when we’re negotiating a sexual encounter?” I ventured.

“It’s not rocket science; drugs and alcohol impair our judgment. And we’re at our most vulnerable when we’re having sex. Possible rejection, feeling unfit, unattractive, not well-enough hung, getting hard and staying hard enough to ‘perform’; just being naked with a stranger is the definition of vulnerability. Being horny is intoxicating enough, so add drugs and alcohol to that mix and you have a recipe for potential harm.”

It’s fascinating stuff. I’ll probably have to watch a lot more porn – for research purposes obviously. However I might try a slightly different approach and see if my boyfriend is up for watching it with me.

▲ What do you think? Let us know @FSmagazineUK on Twitter.

www.gmfa.org.uk

22/11/2013 08:50
INSTA-SHAMING
Is it only a bit of fun?

By Richard Patrick @incrediblyrich

Over the last few months, the dating app Tinder has become a great source of entertainment for my straight friends with many an afternoon pub session spent huddled around a tiny screen; snap judgements steering the swipes alongside a brutal running commentary. For them, the endless conveyor belt of boys is an entirely novel concept and it’s hard not to get caught up in their newfound excitement for disposable dating... were it not for the fact we gays mastered this approach years ago. Spurred on by our constant quest for cock, the gay community has continually adapted technology to meet our needs and once the internet jumped from PC to palm, hooking up became even simpler. We only need to push a button and our button could be pushed within the hour.

However, mobile dating isn’t the only way we utilise our phones and the boundaries between orange app and blue app are becoming increasingly blurred. Ten years ago, a terrible chat up line would become nothing more than a hilarious anecdote. But a poorly judged online message can now find its way on to various social media outlets within seconds, reaching a far larger audience than the sender had originally anticipated. In most cases these screenshots are fairly harmless; a stream of unanswered messages or a simple case of clumsy flirtation, with the sender’s identity removed to protect them from any humiliation. This kind of post regularly appears on my timeline and the purposeful anonymity ensures the reader sees humour in the content rather than the embarrassment of the individual. But a growing number of men are disregarding these margins of respect and are posting exchanges which contain usernames and photos, often accompanied by a dedicated hashtag to ensure maximum exposure. It’s the online equivalent of pointing and laughing, then instructing all your friends to point and laugh too.

Some people are taking this a step further by tweeting naked photos without the consent of the person holding the camera phone. Granted, sending a photo of your cock to someone is a risky move to begin with and it’s reasonable to assume the recipient will show it to at least one of his friends. But posting the photo online in an attempt to shame the sender is another matter entirely as it creates a mob mentality in which followers are encouraged to join the pack and hurl insults at an otherwise innocent third party. The guy posing in the mirror might not be packing like Fassbender or flexing Hemsworth biceps, but he doesn’t need an unexpected army of squealing avatars to tell him that.

How often do you hear ‘Man arrested for tweeting pic’ in the news these days? It’s becoming more and more common. You think to yourself ‘idiot’ and quickly move on. Does it affect your life? Could you make the same mistake? Here’s John’s (not his real name) story...

“I was a Twitter addict, I loved it. I would spend all day on it. But I’m now banned from using it by court order over tweeting a pic of a guy I thought was hot. All sounds innocent, right? Well the pic I tweeted was of his naked arse in my local gym. It was a nice arse and my followers agreed with me, bar one, who reported the picture to my gym. They contacted the police and I was arrested at my workplace for ‘voyeurism’. I have never been so embarrassed in my entire life. I have taken lots of pics and done the whole ‘hottie or nottie’ thing. I never thought about it or what trouble it might bring my way. It was supposed to be a bit of fun between myself and my followers. I forgot that Twitter is an open space and I might as well have posted the picture in Trafalgar Square. I’m now banned from Twitter for six months and got the boot from my gym. I won’t be making that mistake again and you should think twice before you get snap happy with guys you fancy.”
ensure everyone laughs at his foolish advances. You wouldn’t dream of such an act in the real world, so why should it be any different online? This act of publishing intimate photos and videos has been dubbed ‘revenge porn’ by the media, and California recently became the second state in the US to ban the practice, with New York now considering similar action. If the UK were to follow suit, the repercussions of posting these screenshots could be far worse than a momentary flurry of tweet-bashing.

This violation of privacy may seem obvious but it also highlights potential problems with photographs most of us would deem quite innocent. My morning commute is shared with a gentleman who alights at Vauxhall; his ruffled hair and immaculate jawline regularly make the carriage swoon and I pray for a signal failure every time he boards. The temptation to share his rugged handsomeness with the tiny people in my phone is often overwhelming, but does the immediacy of technology give me the right to play ‘Hottie or Nottie’? We all leave the house some days feeling like Quasimodo, but how would you feel if someone snapped your hangover and posted it online? This happened to a friend of mine recently and he was suitably mortified when TubeCrush assigned him an arbitrary score. Another friend asked to be removed from their website after they failed to spot the illegal substance in his hand. It might seem drastically different from sharing naked photos, but without consent we have no idea how harmful it could be to broadcast the face of a stranger to thousands of people via social media. It’s easy to get swept away with the spontaneity of the internet, but the boundaries of common decency exist online just as they do in the real world and only we can decide where to draw those lines.

Over the last year or so something sinister has been going on. Public shaming. How many times have you seen gay men taking screenshots of Grindr profiles and posting them on Facebook and Twitter for everyone to point and laugh at the individual? You might think it’s harmless, only a bit of fun, but is it any different from school yard bullying? Remember your school days when the kids would point and laugh at the obvious camp gay one? How is this any different?

We as gay men live in a world where bullying is rife. We have to deal with all sorts of crap our straight friends don’t. You’d think we’d be able to think differently when it comes to online bullying, but it looks like we are no different. Bullying is a massive problem for young gay men and it doesn’t stop after they leave school. It must suck balls to think that after you manage to survive the school system you are thrown into a gay community that will make you feel bad if you don’t look a certain way or act in a manner that it feels comfortable with.

So what are we asking you to do? Just think twice before you snap a screenshot of someone’s Grindr profile and put it on Facebook or Twitter. That person you are LOling at is still a human being and deserves respect, no matter how funny or weird you think they look.
Are you stuck doing the same thing? Bored of just going down the pub, but don’t know what else you can do?

Do something interesting, engaging and at the same time meet new people.

Join a HERO social group. Current groups includes:
- Board games group
- Cinema group
- Theatre group
- HIV-positive support group
- Film making group
- Plus much more...

Visit www.gmfa.org.uk/socialgroups or email michael.flaherty@gmfa.org.uk for more information.
OFF YOUR FACE
WITH DAVID STUART @DavidaStuart

Sex, on (T)app, right now. Cum ‘n’ get it.

20 years ago, every gay Londoner traipsing across Hampstead Heath, or risking the dangers of cottaging would have only dreamed of the easy access sex available now through sites and apps like Grindr, Gaydar and BBRT. Our wildest sexual fantasies only a mouse-click away; scroll down and tap that app, it’ll all be yours. Bring it on.

That, and more: Party ‘n’ play, chem sex, three-day drug-fuelled sex parties only a short GPS stroll away, BYO chems. Or not, there’ll be plenty there anyway.

Getting hold of drugs 20 years ago, was equally difficult and dangerous. If you didn’t know the right person, who knew the right person, you’d struggle to get high with any ease.

At the same time, gay activists were fighting for gay rights, including the right for gay sex to be less of a criminal experience; less about something done shamefully in the shadows. Sure, we had a snide ‘permission’ to do as we pleased behind closed doors, but somehow, it didn’t feel like gay sexual liberation.

Well here we are, 2013: Equal marriage, gays in the military, endorsement from politicians; we even commute at Downing St. to champion the right for Russia’s LGBT people to enjoy the freedoms we have. And gay sexual liberation is most definitely here, practised at your local 24-hour sauna, as well as being all over your smartphone and PC.

So do we celebrate? I know some charity workers from 20 years ago who are celebrating that they no longer have to pick up used condoms on Hampstead Heath each Sunday morning. That mustn’t have been a pretty job. Perhaps then, the modern equivalent of cleaning up used condoms from the Heath, is the scores of health workers in sexual health, emergency and drug services who have to ‘clean up’ the messes found at the end of the three-day chem sex benders that are happening 24/7 all over London.

It’s too easy to blame the apps and sites. But it’s also too easy for us to blame those indulging in chem sex. It’s too easy to say that it’s a small number of people, that it doesn’t affect ‘me’. That it doesn’t affect us as a community. Five gay men are diagnosed HIV-positive every day in London. Hepatitis C is on the rise. PEP clinics are busier than they’ve ever been before, and gays are being sectioned with Tina or Meph induced psychosis almost every weekend. There have been 33 GHB/GBL-related deaths in the last two years. These are our gay brothers, and it does affect us. It affects us, if HIV and hep C is an even greater risk for us, simply because there’s more of it out there. It affects us if we can’t hook up on Grindr without being invited to chem sex parties, or having some trashed, paranoid shag turn up to an innocent hook-up. Or when a shag flops about selfishly on our beds before passing out from too much G.

It’s not an easy admission, but we have to acknowledge that chem sex has become a somewhat normalised part of our online hooking-up experience. What’s less easy perhaps, is navigating our way through online communications, while protecting ourselves from the temptations and dangers that are, literally, at our fingertips. Even harder than that, is having some empathy and understanding for those caught up in this chem sex lifestyle.

Before the straight (and gay?) media generate a full blown backlash of condemnation and stigma upon chem sexers, let’s try to remember the underlying issues that drive this harmful behaviour. Our community has emerged from a stilled, closeted background of shame and repression. We’re communally traumatised by an AIDS epidemic, still experiencing stigma for it, and still confused about what constitutes safer sex. We all experienced a muted intimacy as children growing up different, fearful of discovery and rejection. We can’t just shake that off. We let easy exposure to porn and sexualised gay media inform our esteem and sex lives. We define ourselves as men who have sex with men, but perhaps the definition of being gay should be more comprehensive? With that definition, it’s no wonder we’re a highly sexualised community.

And on top of it all, we have to come to terms with a new tech age, where we make our point in 140 characters, Photoshop our image, click away as soon as the next best thing appears on our screen. We offer (and expect) porn star sex, right now. And all this, with no instruction book.

My own instruction book says this: If you shag someone who’s high on chems, you’re actually saying; “You’re gonna feel like shit tomorrow, and I don’t care.” Be better than that.

Know what you want from sex, really want, and make it happen. Show respect and self-care in your online communications. Write boundaries into your profile, and if you prefer sex with someone you’ve clicked with, then make that effort to click.

It’s not about them liking you, it’s about you liking them.

Let’s not be victims of the new ‘immediacy’ that comes with the tech age. We’re a vulnerable community, emerging from a difficult past, and still finding our feet. Let’s adapt bravely to the new online hooking-up world, by demonstrating that we can make it work for our betterment. Better sex. Better love for our gay brothers. Better lives, better well-being. And in this time of crisis, a better community.

►David Stuart is responsible for managing and developing London Friend’s education, training and outreach services. For more information about the Antidote drug service, visit www.londonfriend.org.uk/antidote.
When it comes to sex and relationships there is no such thing as a stupid question. Here are our answers to some of the things you asked us via the GMFA website. To ask a question, visit www.gmfa.org.uk/forms/ask-a-question.

Can’t get it in

My partner is finding it difficult to penetrate me while we are having sex. When he does get it in my arse starts to bleed and gets very sore. Is there a solution?

If you are relaxed, then you will find it easier and more comfortable to get fucked. Deep breathing can help you to relax and allows the arse to relax too. Take your time and make sure you feel comfortable, physically and emotionally. If you’re feeling tense or pressured, it’s going to be harder for you to enjoy yourself. If you’re struggling to accommodate his cock, try clenching your sphincter muscles around it, and then letting them relax.

Be open and honest with your partner ask him to go slow on you, and remember that sex should be enjoyable for both of you. Different positions will be more comfortable for different couples, depending on the angle of the erection and the curvature of the penis. Any position where your knees are bent and drawn into your chest, whether you are kneeling, lying on your back or on your side, will probably lead to a more comfortable fuck, or will be a good position to start from. This position will straighten out the anal canal and the pubo-rectal sling will draw back to allow smoother entry to the arse. Use water-based or silicone-based lubricant if you’re using latex condoms. Avoid using any lube with nonoxynol-9 in it, as it irritates the lining of the arse and may make sex more painful, as well as making transmission of HIV easier.

Asking your partner to play with your hole before he fucks you is another idea. Ask him to play with it with his fingers or to rim you beforehand. You can also play around with some toys to make your arse more relaxed and used to having things inserted in it.

For more information, visit www.gmfa.org.uk/better-sex.

Can’t get hard

I am a 19-year-old lad who tenses up when it comes to having sex with a lad. I can’t get an erection. Can you give me some advice or tips on how to make these things easier for me?

Many men experience difficulties getting an erection when having sex so you are definitely not alone in this. There are a variety of reasons why this happens and different ways in which you can try to overcome erection problems. If you are not able to get a hard-on, it can be because you are stressed, anxious, or nervous. Try to relax when you are with another lad and remind yourself that having sex is perfectly normal and you don’t have a reason to feel nervous. If you keep thinking about the fact that you can’t...
FAST FACTS:
This month: Herpes

Herpes is a virus that is spread by skin-to-skin contact. There are two forms of herpes: HSV-1, which causes cold sores around the mouth, and HSV-2, or genital herpes, which leads to sores around the cock and arse. You can get herpes by kissing, sucking cock, rimming, fucking without condoms and even frottage! You can also get it by sharing sex toys. Cold sores on your mouth can be spread to another person’s cock or arse, and genital herpes can be spread to the mouth.

How do I prevent it?
Condoms are recommended to limit transmission of genital herpes but are by no means completely effective.

How do I get it treated?
There is no cure for either form of herpes although antiviral treatments in the form of creams or tablets can ease the pain and shorten the duration of the attack. If you have more than six outbreaks in a year, you should ask about antiviral suppression therapy at your GUM clinic.

For more information, visit www.gmfa.org.uk/herpes.

Gonorrhoea through kissing?

A You cannot pass gonorrhoea to your partner by kissing. You can pass gonorrhoea if your partner’s mucous membranes in the throat, urethra (through the pee hole), anus or eyes come into contact with the infected area or the secretion from the infected area. If you have taken the treatment for gonorrhoea, the bacterium has most likely cleared so you shouldn’t have anything to worry about. To be 100% sure, you can wait about a week after you have finished the treatment and have another sexual health screening to see if the gonorrhoea has been treated.

Big problem!

Q How can I increase my cock size?

A There is not much you can do to make your penis bigger. The average length of a penis is 5.5 inches and you have to remember that when you look down at your own cock from above it looks smaller than when other people are looking at it. There are some methods on the internet which claim to make your cock bigger but most of these don’t work. The best thing is for you to accept your penis size the way it is and remember that it’s perfectly normal to not have a 12-inch cock.

Please note, the advice GMFA provides is intended to support, not replace the relationship that exists between you and your doctor. GMFA recommends you visit your GP or GUM clinic if you have a sexual health need.

To find your nearest GUM clinic, visit www.gmfa.org.uk/clinics.

www.fsmag.org.uk
I’m HIV-positive. Does that mean I wake up every day in misery, suffer throughout the day before collapsing in bed at night? No. Does it mean I just pop a pill every night and never give it another thought? Well, no, not that either.

If you’re positive and open about your status you’ll get a lot of people expecting you to conform to one of the two options above. You’ll encounter people who remain oblivious to the quite extraordinary medical advances that have occurred since the early days of the disease – and you’ll encounter others who think that HIV is equivalent to diabetes (maybe it is, but I don’t hear anyone saying about diabetes, Oh, it’s just like HIV).

Of course the experience of living with HIV is going to be different for different people, depending on what stage you’re at when you get diagnosed, how you feel about yourself, whether you have a good support network and a range of other factors.

For me, and for some others, being told that I had an incurable infection which, without medication, could kill me was a wake-up call. Being forced to contemplate your own mortality can really make you think about what it is you’re doing with your life, what you want to achieve and how you’re going to make the best use of your time.

Of course the magic trick would be to have the same insight without the trauma of that diagnosis. Is that possible? In theory, I believe that it is. But it’s not an option for me, or for anyone else who already carries the virus – I did mention that incurable negative reaction to his medication and might have died if he had not been found. I have numerous friends who suffer from peripheral neuropathy or have had dramatic body changes as a result of their treatment. And yes, most of these issues are treatment related, but without the treatment we’d be no better off than those who contracted HIV in the 80s and 90s and who died as a result.

Although I may have benefited from a ‘work out what you want to do – and do it’ attitude, I see other friends who have not gained anything from their infection. The trauma of an HIV diagnosis (and make no mistake, for most it’s still a major trauma) can send people spiralling downwards, numbing their pain with drugs and alcohol – and not doing their physical or mental health any good in the process. For all the people that find new reserves of strength, there will be others who will be floored by their diagnosis and may struggle to get back up again.

Social attitudes towards people living with HIV, perhaps especially within the gay community, have not progressed as rapidly or as positively as the medical treatment has. Sexual rejection is common place. Some people will judge you if you disclose to them, or even more so if you do not. The language that some use about people living HIV is horrifying: people are blamed for contracting HIV in a way that you wouldn’t dream of applying to smokers who get cancer, or are vilified as predatory and irresponsible.

Living with HIV is not as bad as it once was; we should all welcome the fact that it’s no longer a death sentence. But ignorance, prejudice and fear all combine to make it so much worse than it need be.

Matthew is the Chief Executive of GMFA. This article is Matthew’s own opinion and not necessarily the view of GMFA as an organisation.
THINK ABOUT SEX

www.gmfa.org.uk/sex
Never miss an issue!

Download our FREE app.

Get FS magazine on your iPhone, iPad or Android device.

- The app is free
- You can access special content like videos and extra photo galleries.

Search ‘FS magazine’ in iTunes/Google play

GMFA - Charity No: 1076854. Unit 11, Angel Wharf, 58 Eagle Wharf Road, London N1 7ER.