NCHSR receives project funding from a range of sources including the Australian Government Department of Health and Ageing, state and territory Departments/Ministries of Health, competitive funding bodies, partner organisations and international sources. Additionally, research infrastructure support is received from the Faculty of Arts and Social Sciences and the University of New South Wales.
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Income and expenditure 63
The National Centre in HIV Social Research (NCHSR) is based in the Faculty of Arts and Social Sciences at the University of New South Wales (UNSW). Since its establishment in 1990, NCHSR has undertaken an expanding program of social research related to human immunodeficiency virus (HIV), sexually transmissible infections (STI) and viral hepatitis (HCV and HBV).
Research priorities

Our multidisciplinary research incorporates a range of social science perspectives and this rich theoretical and methodological mix underpins innovative approaches to health, risk and the impact of blood-borne viruses (BBVs) and sexually transmissible infections (STIs). In particular, we are known for broadening the focus on the individual in health behaviour research and emphasising the social processes that influence vulnerability to and risk of HIV, STIs and viral hepatitis as well as the experiences of living with chronic infection.

We aim to improve the health and well-being of affected individuals and communities by undertaking exemplary, multidisciplinary research regarding the social and behavioural aspects of HIV, sexually transmissible infections and viral hepatitis. Working collaboratively with affected communities, policy makers and academics, we conduct internationally leading research that is scholarly and thought-provoking, as well as informing and strengthening policy and practice in prevention, treatment, care and support.

As laid out in the 2009–2012 Strategic Plan, our priorities are to conduct research in order to:

- identify, understand and monitor sexual and drug-use practices as they relate to the risk for blood-borne viruses and sexually transmissible infections
- explore experiences of health, illness, biomedicine and clinical practice from the perspectives of both healthcare professionals and affected populations
- investigate the ways in which cultural differences, gender and sexuality, stigma and discrimination, and political and economic dynamics shape experiences of BBVs, sexual practices and drug use

In response to our strategic objectives, we have recently recognised two further priority areas of research to:

- enhance understanding of risk and prevention practices to inform innovative prevention interventions and strengthen the evidence base for current and future policies and programs
- examine the policies and delivery of health services and the evolving needs of the healthcare workforce, and to evaluate innovative models of healthcare provision

At NCHSR we also continue to conduct a comprehensive program of activities to make research findings available to stakeholders, strengthen research partnerships, build research capacity and provide learning opportunities for a new generation of social science researchers.
Director's foreword

It’s been a quite a year, 2012, with worldwide excitement about the possibilities of curbing the HIV epidemic and new opportunities for hepatitis C treatment counting as important positives. Uncertainties about changes to major funding schemes as reviews and revisions were undertaken nationally and at the state level have been among the challenges of the past year.

I’m very pleased to see that in 2012 we have continued and initiated research that is at the forefront, nationally and internationally, in examining many of the key challenges to reinvigorating the HIV response. This includes our research on the complexity of the multiple barriers affecting regular HIV and STI testing and a new study, funded through an NHMRC project grant, into the extent of and barriers to the uptake of antiretroviral therapy (ART). NCHSR also reported on the attitudes of gay men to HIV prevention, based on the use of antiretroviral drugs, and continued to monitor trends in key behavioural indicators. In addition, we make important contributions to studies led by our research partners, including into why ART sometimes fails, how rapid HIV testing can be made available, clinic-based systems to promote repeat HIV testing and the possibilities of home-based HIV testing.

Other areas in which we have strengthened our research in 2012 include the prevention of hepatitis C transmission in intimate partnerships, through a newly awarded NHMRC project grant, as well as in prison settings. We’ve expanded our research to support appropriate harm reduction and hepatitis C treatment services through studies that examine critical issues facing the work force, including recruitment processes and workers' knowledge of hepatitis C. We also conduct research in related areas, examining the needs of people with liver cancer and their carers from culturally and linguistically diverse communities and studying the role of beliefs in recovering from mental illness.

In 2012 NCHSR also ran the highly successful 13th Social Research conference on HIV, hepatitis C and Related Diseases and staff produced and contributed to a record number of scholarly publications, in particular papers published in peer-reviewed journals. I congratulate all NCHSR staff on their impressive individual and collective achievements in 2012 and thank Dr Jeanne Ellard, who left NCHSR in 2012, for her contribution to the Centre. In 2012 we have also welcomed new academic staff to the Centre, including Professor Peter Aggleton, who took up a UNSW strategic position as Professor of Health and Education. We also welcomed Associate Professor Suzanne Fraser, a longstanding NCHSR conjoint research fellow, who joined the Centre for a brief period as an employee to initiate work on a new research project.

As you will see throughout this Annual Report, 2012 has in all been a very good year for NCHSR. The Strategic Plan 2013–2015 that was developed in 2012 and is included in this report, sets out the Centre’s aspirations for what hopefully are going to be a further three successful years.

Professor John de Wit, Director
The work of NCHSR is guided by the 2009–2012 Strategic Plan that was developed in consultation with staff and stakeholders. As part of the strategic planning process, we set annual performance targets to address our strategic aims. These targets are aligned with the UNSW Strategic Intent: Blueprint to Beyond and support the priorities of the Faculty of Arts and Social Sciences (FASS). Performance targets encompass outcomes related to supporting and promoting research; education, including learning, teaching and students’ experience; external engagement; and capabilities and resources. The following table outlines our performance in 2012 against agreed targets.

### Key Performance Target

<table>
<thead>
<tr>
<th>Key Performance Target</th>
<th>Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure sustained research funding</td>
<td>Total funding received in 2012 is on par with previous years, with new funding received from NHMRC, governments and sector partners. Fluctuations in external funding mostly reflect timing of receipt of funds.</td>
</tr>
<tr>
<td>Maintain quality and quantity of research output</td>
<td>The number of peer-reviewed publications has further increased in 2012, with a stable proportion published in esteemed journals.</td>
</tr>
<tr>
<td>Document impact of our research</td>
<td>Our plans to put in place a system to record evidence of the impact of our research have been halted in favour of participating in a FASS-wide approach currently being developed.</td>
</tr>
<tr>
<td>Reinforce our profile and branding</td>
<td>The new NCHSR 2013–2015 Strategic Plan outlines key areas of strength and future aspirations. A marketing communications strategy is being developed in collaboration with FASS.</td>
</tr>
<tr>
<td>Expand our involvement in learning and teaching</td>
<td>We have initiated collaborations with sector partners to provide capacity building for sector workers. Through new collaborations within FASS, we will extend undergraduate, honours and post-graduate programs.</td>
</tr>
<tr>
<td>Further develop strategic directions for NCHSR</td>
<td>A new, concise and responsive 2012–2015 Strategic Plan was developed through a process of extensive consultation with staff and stakeholders. The Strategic Plan sets out clear directions that will inform annual work plans.</td>
</tr>
</tbody>
</table>

To guide its operations in 2013, the following key performance targets for NCHSR have been agreed:

- Maintaining and strengthening our research programs
- Expanding our geographical reach both nationally and internationally
- Working in a wider range of health issues and with additional population groups
- Maintaining scholarly output and profile
- Strengthening our contribution to learning and teaching in FASS
- Strengthening our capacity building offerings for the workforce
- Ensuring a sufficient and appropriately skilled team
- Finalizing a marketing communications plan
- Maintaining and developing a strong profile to support future activities
Governance and management

Our work is supported by a comprehensive governance structure consisting of a range of committees and boards representing external stakeholders and Centre staff. These committees provide the Director with management oversight, platforms for strategic discussion and guidance regarding the operation of the Centre.
**Steering Committee**

The Steering Committee oversees the overall performance and direction of the Centre to ensure the effective, efficient and sustainable pursuit of its objectives and to assist with the development of strategy. It also monitors the operation and finances, and ensures compliance with UNSW policies and procedures. Members of the Committee are drawn from the Faculty of Arts and Social Sciences at UNSW.

**Chair**
Professor James Donald, Dean

**Members**
Dr Kristy Muir, Associate Dean (Research)
Ms Melissa Roughley, General Manager
Ms Urania Stamios, Finance Manager
Professor Anthony Zwi, School of Social Sciences

**Attendees**
Professor John de Wit, Director, NCHSR

**Secretariat**
Mr Christopher Pruze, Administrative Assistant

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**Advisory Council**

The council lends its energy, experience and influence to pursuing the mission and vision of NCHSR and recognising the importance of sector organisations, government and the community to our success. Members are leaders in the health sector, industry and government and are committed to achieving our vision of being globally recognised as a leading social science research centre renowned for its staff and students, the quality of its research and teaching, its relevance and innovation.

**Chair**
Mr Bill Bowtell, Executive Director, Pacific Friends of the Global Fund

**Members**
Ms Linda Bracken, Head, Multiplatform and Content Development, ABC Radio
Ms Levinia Crooks, Chief Executive Officer, Australasian Society for HIV Medicine
The Hon Michael Kirby, AC CMG
Mr Garth Young, Managing Director, CSAW Health

**Attendees**
Professor John de Wit, Director, NCHSR
Professor Carla Treloar, Deputy Director, NCHSR
Professor Peter Aggleton, UNSW Strategic Chair in Education and Health, NCHSR
Mr Terry Fairclough, Centre Manager, NCHSR

**Secretariat**
Ms Janice Knapman, Administrative Officer
Scientific Advisory Committee

This committee brings together experts from social science and public health research as well as government and non-government organisations. It provides advice and guidance on research strategy that informs our strategic and work plans.

Co-chairs
Professor Pranee Liamputtong, Professor of Public Health, School of Public Health and Human Biosciences, La Trobe University
Professor Jake Najman, Professor of Sociology, School of Social Science, The University of Queensland

Members
Professor John de Wit (ex-officio), Director, National Centre in HIV Social Research, University of New South Wales
Professor James Donald (ex-officio), Dean, Faculty Arts and Social Science, University of New South Wales
Mr Michael Costello, Executive Officer, Anwernekenhe National Aboriginal and Torres Strait Islander HIV/AIDS Alliance (ANIA)
Mr Simon Donohoe, Manager, National Education Team, Australian Federation of AIDS Organisations (AFAO)
Professor Gary Dowsett, Acting Director, Australian Research Centre in Sex, Health and Society, La Trobe University*
Ms Janelle Fawkes, Chief Executive Officer, Scarlet Alliance, Australian Sex Workers Association
Ms Annie Madden, Executive Officer, Australian Injecting and Illicit Drug Users League Inc. (AIVL)
Professor Lisa Maher, Head of Viral Hepatitis Epidemiology and Prevention Program, The Kirby Institute, University of New South Wales
Mr Darryl O’Donnell, Acting Associate Director, AIDS/Infectious Diseases Branch, NSW Ministry of Health
Professor Marian Pitts, Director, Australian Research Centre in Sex, Health and Society, La Trobe University*
Dr Sean Slavin, Assistant Director, Research Programs, National Association of People Living with HIV/AIDS (NAPWA)*
Ms Helen Tyrrell, Chief Executive Officer, Hepatitis Australia

Attendees
Professor Carla Treloar, Deputy Director, National Centre in HIV Social Research
Mr Terry Fairclough, Centre Manager, National Centre in HIV Social Research

Secretariat
Ms Janice Knapman, Administrative Officer

* part-year
Centre Management Committee

The Centre Management Committee is the forum for discussion on issues related to the daily operation of the Centre and advises the Director on resources, policies, procedures and business processes. Members are drawn from within NCHSR.

Chair
Professor John de Wit, Director

Members
Professor Carla Treloar, Deputy Director
Mr Terry Fairclough, Centre Manager
Dr Martin Holt, Senior Research Fellow
Dr Max Hopwood, Research Fellow
Dr Christy Newman, Senior Research Fellow
Mr Kenneth Yates, Postgraduate Student Representative

Secretariat
Ms Janice Knapman, Administrative Officer

Research Committee

The role of the Research Committee is to support the research culture of NCHSR and to further its research agenda through a continuous planning process that guides the direction of the Centre's research. Members are drawn from within NCHSR.

Chair
Professor John de Wit, Director

Members
Professor Carla Treloar, Deputy Director
Dr Max Hopwood, Research Fellow
Ms Evelyn Lee, Research Officer
Dr Christy Newman, Senior Research Fellow*
Dr Asha Persson, Research Fellow

Secretariat
Mrs Nalini Krishnan, Finance Officer

Education Committee

The Education Committee oversees the postgraduate programs (Graduate Diploma, Masters by Research, and PhD) in Health, Sexuality and Culture and provides advice to the Postgraduate Coordinator and the Director. Members are drawn from within NCHSR.

Chair
Professor John de Wit, Director

* part-year
Members
Professor Carla Treloar, Deputy Director
Dr Philippe Adam, Senior Research Fellow
Dr Loren Brener, Research Fellow
Dr Jeanne Ellard, Research Fellow and postgraduate coordinator*
Dr Christy Newman, Senior Research Fellow and postgraduate coordinator*
Mr Kenneth Yates, Postgraduate Student Representative

Secretariat
Mrs Ann Whitelaw, Administration Officer

**Dissemination Policy Committee**

The role of the Dissemination Policy Committee is to oversee NCHSR's communications, including the branding, distribution and appearance of both print and digital publications. It establishes the policies to manage and disseminate the research knowledge of the centre. Members are drawn from within NCHSR.

**Co-chairs**
Professor Peter Aggleton, UNSW Strategic Chair in Education and Health*
Mr Peter Hull, Research Officer

**Members**
Professor John de Wit, Director
Mr Terry Fairclough, Centre Manager
Ms Judi Rainbow, Publications Officer

**Secretariat**
Ms Janice Knapman, Administrative Officer

**Conference Organising Committee**

Since 1990 NCHSR has organised biennial conferences on the social aspects of HIV, viral hepatitis and related diseases. They have become a national platform to showcase research on blood-borne viruses and sexually transmissible infections, attracting investigators, health educators, service providers and policy makers both from Australia and overseas. Members are drawn from within NCHSR.

**13th Social Research Conference on HIV, Hepatitis C and Related Diseases (2014)**

**Co-chairs**
Dr Joanne Bryant, Research Fellow
Dr Loren Brener, Research Fellow

* part-year
Members
Professor John de Wit (ex-officio), Director
Dr Max Hopwood, Research Fellow
Dr Limin Mao, Research Fellow
Dr Asha Persson, Research Fellow
Professor Carla Treloar, Deputy Director
Mr Terry Fairclough (ex-officio), Centre Manager
Mrs Nalini Krishnan (ex-officio), Finance Officer
Mrs Annie Whitelaw (ex-officio), Administrative Officer

Research support

NCHSR has assembled a highly skilled team of professional and technical staff to facilitate and support the work of the Centre by carrying out managerial, financial, promotional and knowledge management activities.

Key administrative tasks include developing and implementing efficient and effective internal systems, producing and disseminating NCHSR research publications, maintaining the institutional and research websites, managing our offices and facilities, providing executive assistance to the Centre Director, organising conferences, workshops and seminars; performing secretariat functions for committees; budgeting and overseeing project accounts; maintaining effective technical infrastructure; and ensuring adherence to OHS requirements.
Staff

Director and Professor
John de Wit, MSc, PhD

Deputy Director and Professor
Carla Treloar, BSc(Hons), PhD

UNSW Strategic Chair in Education and Health
Peter Aggleton, BA, MEd, MA, PhD*

Associate Professor
Suzanne Fraser, BA(Hons), PhD*

Senior Research Fellows
Philippe Adam, MA, PhD
Joanne Bryant, BSc, MSc, PhD
Martin Holt, BSc(Hons), MSc, PhD
Henrike Körner, BA(Hons), DipEd, MA, PhD
Limin Mao, MBBS, MEd, PhD
Christy Newman, BA(Hons), PhD

Research Fellows
Loren Brener, BSocSci, MA, PhD
Jeanne Ellard, BA(Hons), MPhil, PhD*
Max Hopwood, BA(Hons), PhD
Asha Persson, BA(Hons), PhD

Research Associates
Toby Lea, BA(Psy), PGDipPsych, PhD
Dean Murphy, BA(Hons)
Jake Rance, BA(Hons)

Research Officers
Denton Callander, BA(Psy), BMus
Jorlijn Hermans, BSc, MSc*
Robyn Horwitz, BCom, BA(Hons)
Peter Hull, BPsych(Hons)
Clair Jackson, BA(Hons), DipEd, DipLib
Evelyn Lee, BA(Hons), MEc
Veronica Saunders, EN, DipEd (Aboriginal)
Hannah Wilson, BSocSci

Research Assistants
Elena Cama
Brent Davison, Aboriginal Health Management
Johanna Hamilton, Aboriginal Health Management
Rebecca Gray, BA(Hons), MA*
Priscilla Johnson, BHS (Aboriginal Health & Community Development)*
Jinmei Meng (Alice), LLM, PhD
Jamee Newland, BSocSci, MPS

Honorary appointments
Peter Aggleton, BA, MEd, MA, PhD*
Graham Brown, BBus(Hons), PhD
Suzanne Fraser, BA(Hons), PhD*
Harm Hosphers, MSc, PhD
Joanne Neale, BA(Hons1), MA, PhD
Robert Reynolds, BA(Hons), PhD
Tim Rhodes, BA(Hons), PhD
Marsha Rosengarten, BA(Hons), MA, PhD

Centre Manager
Terry Fairclough, BA, MA

Administrative Assistants
Samantha Watson*
Carolyn Eccles, BA*

* part-year
Administration Officers
Janice Knapman
Anne Whitelaw

Finance Officer
Nalini Krishnan

Publications Officer
Judi Rainbow

Governance and management

New staff

Professor Peter Aggleton
Peter Aggleton joined the Centre in early 2012 to take up a UNSW Strategic Chair in Education and Health. He has over 25 years’ experience working internationally in HIV, sexuality and sexual health. The author and editor of over 30 books, three major book series, three high quality international peer reviewed journals (Sex Education; Culture, Health & Sexuality; and Health Education Journal) and over 200 academic papers, he is one of the most experienced researchers on the social aspects of HIV, sexuality and health internationally. A senior adviser to UN system and international development agencies, he has been working to establish the Australia Forum on Sexuality, Education and Health, bringing together researchers, policy makers and practitioners from across the country.

Associate Professor Suzanne Fraser
In 2012 Associate Professor Suzanne Fraser joined the Viral Hepatitis team to work on an NHMRC-funded project about injecting practices within sexual partnerships. Suzanne is a leading scholar in the sociology of hepatitis C and has published many articles in the area; Suzanne is also the author (with Kate Seear) of Making disease, making citizens: The politics of hepatitis C; Aldershot: Ashgate, 2012. Suzanne previously worked for NCHSR from 2002-2007 during which time she published widely from an NHMRC-funded project on methadone maintenance treatment including a book Substance and substitution: Methadone subjects in liberal societies with Dr Kylie Valentine.
Our research

Our research at NCHSR falls into six priority areas, with international work conducted across these. NCHSR conducts qualitative studies as well as online and offline quantitative research. The following pages showcase research that was ongoing, commenced or completed in 2012. Findings from many of these studies are available in our Annual Report of Trends in Behaviour. Reports of completed studies are available from either the NCHSR website or from the first author in the project descriptions that follow.
Our research

Mapping risk and practice

Studies in this priority area are concerned with identifying, monitoring and understanding sexual and drug-using practices as they relate to the risk for sexually transmissible infections and blood-borne viruses. Studies examine the meanings of safe and unsafe practices in the social contexts of the populations studied.

Gay community periodic surveys

The Gay Community Periodic Surveys are repeated, cross-sectional surveys of gay men, conducted in the metropolitan areas of six Australian states and territories. They are a key part of Australia’s behavioural surveillance system for HIV, monitoring sexual practices, drug use and patterns of testing for HIV and other STIs. The first periodic survey was conducted in Sydney in 1996, and surveys are now conducted regularly in Adelaide, Canberra, Melbourne, Perth, Queensland and Sydney. The surveillance system relies on a longstanding collaboration between NCHSR, The Kirby Institute, state health departments, and national and state community organisations. Recruitment is typically coordinated in each state/territory by a local community organisation. Participants are recruited from gay community events, bars, sex venues, gyms and clinics by teams of trained peer recruiters. The results of each survey are published in an individual state or territory report while national trends are presented in our Annual Report of Trends in Behaviour.

Status: Ongoing

NCHSR staff: Holt, Mao, Hull, Lee, Lea, de Wit
Collaborating organisations: The Kirby Institute, state AIDS councils/community health organisations
Funding: Departments/Ministries of Health in NSW, VIC, QLD, WA and ACT; AIDS Council of South Australia; Australian Government Department of Health and Ageing

Social norms related to HIV/STI risk and risk reduction behaviours among MSM in Australia

The aims of the Contemporary Norms in Networks and Communities (CONNECT) study are to 1) identify the patterns of connections between individuals in communities of MSM and assess the association of these connections with the HIV/STI risk and risk reduction behaviours among MSM, 2) describe the relationship between social norms and the HIV/STI risk and risk reduction behaviours among MSM with differing degrees and types of connections to other MSM both within and outside gay communities, and 3) compare the patterns of connections, social norms and risk reduction behaviours of geographically and epidemiologically distinct populations of MSM in three Australian states in order to identify local barriers to effective HIV prevention. Recruitment has closed and the desired sample has been reached. To date, a review paper has been published and preliminary data have been presented at the 2012 Australasian HIV/AIDS Conference. The final phase of the project consists of completing data analyses and publication of results.

Status: Ongoing

NCHSR staff: de Wit
Collaborating organisations: The Kirby Institute, Australian Research Centre in Sex, Health and Society; Western Australian Centre for Health Promotion Research; Melbourne Sexual Health Centre; School of Social Sciences (Australian National University)
Funding: National Health and Medical Research Council Linkage Project, Australian Government Department of Health and Ageing

HIV seroconversion sub-study: heterosexuals newly diagnosed with HIV

The Seroconversion Study is an ongoing national online survey that examines the experiences of people newly diagnosed with HIV. The study includes a qualitative
component wherein participants can elect to take part in an in-depth interview. Since 1992 the study has focused exclusively on gay men as the most affected population. In 2010 recruitment was opened to all persons regardless of sexuality and gender. The sub-study was established to more effectively capture the experiences of women and heterosexual men. By September 2012, 13 women had completed the online survey and three women had been interviewed. The survey was completed by seven men who identified as heterosexual and another seven who reported that their infection was heterosexually acquired. Findings were reported in the Seroconversion Study report released in October 2012 (Down et al., 2012). Because of the relatively small number of women and heterosexual men in the sample, a separate chapter devoted to this sub-sample ensured that they did not become invisible in the main sample, and allowed for more detailed consideration of issues that specifically apply to these individuals. In addition, the qualitative interviews conducted with the women in the sub-study were included in a broader analysis of women’s experiences of diagnosis and perceptions of HIV risk which has been presented at a national conference and in a paper submitted to an academic journal.

Status: Ongoing
NCHSR staff: Persson
Collaborating organisations: The Kirby Institute
Funding: Departments/Ministries of Health in NSW, VIC, QLD, WA, SA, TAS and ACT; Australian Government Department of Health and Ageing

The Goanna Project: sexual health and relationships among young indigenous people

This project builds on a past study conducted among young indigenous people in NSW by the National Centre in HIV Social Research and the Aboriginal Health and Medical Research Council of NSW. It developed from alarming evidence of the high prevalence of STIs among indigenous youth, which in some places is known to be up to eight times higher than for the non-indigenous population. Despite this, very little inclusive research has been conducted within indigenous communities on sexual health and blood-borne viruses. The Goanna Project provides the first national profile of risk behaviours, levels of knowledge and the types of health services used by young indigenous people for sexual health and blood-borne viruses. Beginning in 2009 it has collected data annually from indigenous young people across Australia. Goanna is being conducted with a team of investigators from The Kirby Institute, the Australian Research Centre in Sex Health and Society and the School of Public Health and Community Medicine at the University of New South Wales, in partnership with the National Aboriginal Community Controlled Health Organisation.

Status: Ongoing
Personnel: Bryant
Collaborating organisations: The Kirby Institute; Australian Research Centre in Sex, Health and Society; School of Public Health and Community Medicine (UNSW); National Aboriginal Community Controlled Health Organisation
Funding: Australian Research Council Linkage Grant; Departments/Ministries of Health in NSW, VIC, QLD, SA, WA and TAS; Australian Government Department of Health and Ageing

The exposure and transition study: exposure to injecting and hepatitis C among young people at risk

Many young people are exposed to injecting drug use though their social networks—by having close friends or a sexual or romantic partner who injects—and we know very little about their knowledge of hepatitis C and injecting drug use, whether they see themselves as being at risk for injecting and/or acquiring hepatitis C. This project uses quantitative and qualitative methods to study socially vulnerable young people who are exposed to injecting drug use, but may not necessarily be injecting. It aims to examine their understandings of the risks of injecting drug use and for acquiring hepatitis C. It provides information about the social contexts in which exposure to injecting happens, and about young people’s
knowledge and opinions about BBV and drug-related health services. A report was released at the end of 2012 and other dissemination activities will follow.

Status: Ongoing
NCHSR staff: Bryant, Ellard, Treloar
Collaborating organisations: None
Funding: Ministry of Health in NSW; Australian Government Department of Health and Ageing

Young people who inject drugs: sub-analysis of the New South Wales Pharmacy Needle and Syringe Program Survey

This project uses existing data from three years of the New South Wales Pharmacy Needle and Syringe Survey (2007–2009) to study the drug and injecting practices of young people aged 18–25 years who inject drugs. Young injectors are identified as a target population in most state and national Hepatitis C Strategies because of the well-documented high incidence of hepatitis C transmission in this group. Indeed it is usually in the first three years of injecting that a person acquires hepatitis C, making this period a crucial time for intervention. The study provides a drug using and injecting profile of young respondents, describing their patterns of equipment acquisition and use of treatment and testing services. It compares these with older respondents and, additionally, attempts to identify key age points at which intervention could take place to reduce hepatitis C transmission and increase the use of NSP and testing and treatment services.

Status: Ongoing
NCHSR staff: Bryant
Collaborating organisations: Nil
Funding: NSW Ministry of Health; Australian Government Department of Health and Ageing

Understanding and preventing hepatitis C within sexual partnerships—hepatitis C transmission and intimate injectors: the sharing of drug injecting equipment within intimate relationships

This is a qualitative study focusing on the sharing of drug injecting equipment within sexual relationships between people who inject drugs. This context of sharing is of central concern to public health as surveillance data from a number of sources shows that the majority of equipment sharing occurs between sexual partners. Sexual relationships are qualitatively different from other relationships and specific features of sexual relationships may contribute to equipment sharing in ways not found in other social relationships, such as friendships. Nevertheless, very little research to date has focused on sexual partnerships as a site of hepatitis C prevention or transmission. There is an urgent need to better document and understand the obstacles to discussing and acting on hepatitis C prevention advice within sexual partnerships, and to develop transferable insights into the negotiation strategies that are most effective. We plan to adapt these insights into recommendations for more effective policy and practice aimed at preventing hepatitis C transmission in four areas: prevention education for people who inject drugs, health promotion strategies employed by front-line health workers, packaging and design of equipment, and policy regarding distribution of sterile injecting equipment.

Status: Commenced 2012
NCHSR staff: Treloar, Fraser, Bryant, Rance
Collaborating organisations: NSW Users & AIDS Association
Funding: National Health and Medical Research Council Project Grant; Australian Government Department of Health and Ageing

Speak up now! A study on unwanted sexual experiences and behaviours among young people in The Netherlands

Numerous epidemiological studies show that experiences of sexual coercion are highly prevalent among young people, including those in The Netherlands. These sexually coercive experiences are highly diverse and affect young women as well as young men, albeit to different extents. Coercive sexual experiences can have substantial negative impact on the well-being of those affected and it is critical
to promote effective prevention and appropriate support. However, available research provides only limited guidance for the development and implementation of adequate prevention and support programs. Building on the wealth of prevalence studies, this study provides a comprehensive understanding of the diversity of coercive sexual experiences and behaviours of young people, from their perspectives. This study also addresses a wide range of individual and social risk and resilience factors. In addition to a cross-sectional assessment, this study is unique by including a prospective follow-up to assess incident-coercive sexual experiences and more confidently establish associations between experiences and risk and resilience factors. Recruitment, data collection and data analysis have been completed, and several conferences papers have been presented. Also, to date two research reports have been produced and four peer-reviewed journal articles have been published. Further publications are planned.

Status: Completed
NCHSR staff: de Wit, Adam
Collaborating organisations: Social Psychology Unit (Utrecht University, The Netherlands); Rutgers WPF (The Netherlands)
Funding: Netherlands Organisation for Health Research and Development

Young people’s positive sexual experiences

Sexual health is more than the absence of sexual coercion, unintended pregnancy, sexually transmissible infections and other sexual and reproductive health problems. Nevertheless, research into positive aspects of sexuality remains scarce and understanding of what young people consider positive sexual experiences is limited. Moreover, many potentially pleasurable sexual experiences, such as having sex with a casual partner, are typically seen as risky behaviours. In this study we drew on data previously collected in the ‘Speak up now!’ study of coercive sexual experiences and behaviours of young people in The Netherlands. Using secondary analyses, we assessed risk and resilience factors related to sexual practices that are typically seen as ‘risky’, including having one-night-stands, engaging in threesomes and having sex over the internet. In particular, we assessed whether young people who report these practices can be classified as vulnerable, as is often done, or as resilient and actively exploring their sexuality. In addition, we also drew on young people’s narrative responses to explore what, and why, they consider their most positive sexual experiences. Two research reports have been produced and two manuscripts have been produced for publication in peer-reviewed journals.

Status: Completed
NCHSR staff: de Wit
Collaborating organisations: Social Psychology Unit (Utrecht University, The Netherlands); Rutgers WPF (The Netherlands)
Funding: Netherlands Organisation for Health Research and Development

Strengthening prevention responses

Studies in this area are concerned with providing in-depth understanding of risk and prevention practices to inform innovative prevention interventions and strengthen the evidence base for current and future policies and programs. Studies also encompass developing and testing new intervention strategies and the evaluation of proven approaches.

Online dating among gay men and its contribution to sexual risk-taking

The internet is a popular way to meet sex partners, notably among gay men. While studies have found an association between the use of the internet and sexual risk-taking this link is not well understood. An online study was conducted among 932 gay men (mean age 37 years) to investigate their behaviours and explain how the
Our research

dynamics of online chatting contribute to producing risk-taking among some men. Participants were highly involved in online chatting and dating: in the six months prior to the survey they had on average chatted online about sex with 55 men and had sex in real life with 16 of them. Participants’ intention to use condoms was generally very high, but while they were online chatting with potential partners most of the participants engaged in fantasising about unprotected anal sex. This form of fantasising was found to multiply the risk of engaging in unprotected sex in real life, over and above a range of control factors, including intention to use condoms. These findings indicate that the specific dynamics of chatting online strongly contribute to non-deliberate sexual risk-taking among some gay men who are generally committed to condom use. These results provide novel directions for the development of smart self-regulatory interventions among gay men who find their partners online and intend to protect themselves and their partners from HIV.

Status: Ongoing

NCHSR staff: Adam, de Wit, Murphy

Collaborating organisations: ACON; Australian Federation of AIDS Organisations; Positive Life NSW

Funding: NSW Ministry of Health; Australian Government Department of Health and Ageing

Promoting STI testing among young heterosexual people: enlarging the scope of barriers addressed by sexual health programs

The prevalence of STIs is high among young people in Australia, and STI testing remains insufficient. It is often assumed that lack of testing is related to poor STI knowledge and low perception of the threat that STIs represent. An empirical online study was conducted to critically assess this idea. The study recruited 1,100 sexually active young people (average age 20.6 years, range 16–26). A key finding was that STI knowledge and perceived threat of STIs only contribute to a very small extent to explaining variations in STI testing. Beyond promoting knowledge and awareness, sexual health programs should also address other important barriers that were identified in the study. These include reducing the perceived cons of testing, especially the idea that testing is expensive and testing facilities not easy to locate; and promoting perceived benefits that are important from young people’s perspective. This includes young people taking responsibility for their health as well as starting a new relationship safely. Interventions should also explore ways to reduce fear of parents’ reactions, fear of negative staff attitudes and fear of medical procedures. Finally, initiatives should further strengthen positive norms regarding testing for STIs among young people.

Status: Ongoing

NCHSR staff: Adam, de Wit

Collaborating organisations: NSW STI Programs Unit

Funding: NSW STI Programs Unit; Australian Government Department of Health and Ageing

Psychosocial barriers to routinely testing for HIV and STIs among gay men

Only a fraction of gay men routinely test for HIV and STIs. An online survey conducted in 2011 recruited 580 non-HIV-positive gay men (median age 27 years) who answered questions on psychosocial barriers to testing for HIV and STIs. Compared to testers with a strong routine, non-testers, non-routine testers, and testers with a moderate routine held less positive attitudes and perceived less pros of testing. This was true for both HIV and STI testing. Other barriers were found to be more specific. Poor HIV knowledge was associated with never having tested for HIV and perceived HIV-stigma was associated with non-routine HIV testing. Never having tested for STIs and non-routine STI testing were associated with lower STI knowledge, higher perceived cons and lack of supportive norms towards STI testing. These results will help to prioritise barriers that need to be addressed by sexual health programs. Barriers operating across subgroups can be addressed in campaigns for the gay community as a whole. For non-testers and non-routine testers, complementary tailored interventions would, however, be required. Addressing both general and specific barriers to regular testing could considerably increase the impact of programs to promote testing among gay men.
Optimising clinical systems to increase HIV/STI testing among gay men: the e-test project

Despite HIV/STI testing rates being high among gay men in Australia, the proportion of high-risk gay men having two or more HIV/STI tests per year (specified in clinical guidelines) appears quite low. The NSW Ministry of Health funded the development of a multi-faceted intervention based on information technology, which aims to increase HIV/STI re-testing rates in high-risk gay men. The intervention will be conducted over two years at 10–15 general practice clinics with a medium to high caseload of gay men. A software program has been developed with four key elements: passive prompts reminding clinicians when the next test is due; SMS-based recalls sent automatically to patients when testing is overdue; a sexual health resource tool on the GP’s computer desktop to provide access to partner notification websites, up-to-date educational information and referral systems; and a population-reporting enhancement allowing practice staff to review their progress towards achievement of best practice. The system is currently being rolled out across clinics and the impact of this intervention will be assessed by measuring the change in HIV/STI re-testing rates before and after the program. Interviews will also be conducted with clinic staff to assess barriers to testing, acceptability and transferability of the intervention.

Status: Ongoing
NCHSR staff: de Wit
Collaborating organisations: HIV/AIDS & Related Programs Unit, South Eastern Sydney Local Health District; STI in Gay Men Action Group; ACON; Australian Federation of AIDS Organisations
Funding: HIV/AIDS & Related Programs Unit, South Eastern Sydney Local Health District; Australian Government Department of Health and Ageing

NSW rapid HIV testing evaluation framework

This research project, led by The Kirby Institute and funded by the NSW Ministry of Health, is designed to evaluate the delivery of rapid HIV testing in Sydney sexual health clinics and other settings. The project builds on the Sydney Rapid HIV Testing Study (2011–2012), which developed a model of delivery of rapid HIV testing for men who have sex with men attending four public sexual health clinics in the Sydney metropolitan area. That study found high levels of acceptability of rapid HIV testing for patients and staff. The current phase of the project (2012–2014) will extend the delivery of rapid HIV testing to a larger number of sites throughout NSW, including community-based organisations and general practices. The project provides standardised training in rapid HIV testing and quality assurance procedures, and facilitates the collection and analysis of a common set of indicators to monitor and evaluate implementation.

Status: Ongoing
NCHSR staff: Holt
Collaborating organisations: The Kirby Institute; Albion Centre; Parramatta Sexual Health Clinic; Royal North Shore Hospital; Sydney Sexual Health Centre
Funding: In-kind support from project partners; Australian Government Department of Health and Ageing

The PrEPARE Project

The PrEPARE Project is investigating the attitudes of gay and bisexual men to new HIV prevention technologies, particularly pre-exposure prophylaxis (PrEP) and treatment as prevention. The first phase of the project, conducted in 2011–2012, involved an online survey of over 1500 men and qualitative interviews with a subset of those men. This phase identified that a relatively small proportion of gay and bisexual men were very interested in using PrEP, and that willingness to use PrEP was concentrated among men who appeared to be most at risk of HIV. We
also compared the attitudes of HIV-positive and HIV-negative men towards PrEP and treatment as prevention, revealing ongoing scepticism about treatment as prevention in both groups of men. The results of the study were presented at the 2011 and 2012 Australasian HIV/AIDS Conferences and the 2012 International AIDS Conference in Washington DC, and have been published in peer-reviewed journals. The research team is planning to conduct a follow-up online survey in 2013. The analysis and dissemination of findings are ongoing.

Status: Ongoing
NCHSR staff: Holt, Murphy, de Wit
Collaborating organisations: Australian Federation of AIDS Organisations; Social Policy Research Centre (UNSW); Goldsmiths College (London, UK)
Funding: UNSW Gold Star Award; Australian Government Department of Health and Ageing

Improving antiretroviral treatment (ART) initiation for people living with HIV in Australia: a realistic and feasible approach?

More than a decade after ART became widely available in Australia, people living with HIV (PLHIV) who are diagnosed and have initiated treatment are surviving longer and staying healthier than in the past. However, morbidity and mortality is still high among PLHIV, particularly among those who are not treated with ART. It is estimated that up to 30–40% of PLHIV in Australia are not receiving ART. There is general consensus regarding commencing treatment for asymptomatic, previously untreated patients before the CD4 cell count drops below 350 cells/mm³. However, the exact point at which to commence ART is subject to continuous debate and review, along with emerging evidence of the risk-benefit ratio of earlier ART initiation (i.e., at CD4 counts of 500 cells/mm³ or at diagnosis). This study consists of multiple components, including desk research and review of data regarding the number and proportion of PLHIV currently on ART and statistical modelling to gauge the impact of changes in uptake and point of initiation of ART. The study also includes qualitative and quantitative research to assess views regarding the uptake and initiation of ART among PLHIV not currently on ART as well as ART prescribers. To date, a first online survey of ART prescribers' attitudes towards, and practices of, ART prescription has been completed and a resulting paper is in press with a peer-reviewed journal. Group discussions have been undertaken with community treatment officers, and PLHIV not currently on ART are being interviewed; recruitment remains open for new participants.

Status: Commenced 2012
NCHSR staff: Mao, de Wit, Adam, Körner, Holt, Persson
Collaborating organisations: National Association of People Living with HIV/AIDS; Australasian Society for HIV Medicine; Australian Federation of AIDS Organisations; The Kirby Institute; Prince of Wales Hospital; Multicultural HIV and Hepatitis Service; Positive Homosexuals Australia; Flinders University; Alfred Hospital (Melbourne)
Funding: National Health and Medical Research Council Project Grant; Australian Government Department of Health and Ageing

Heptagon Study: exploring seven aspects of knowledge and attitudes towards hepatitis C among gay men

In Australia, hepatitis C (HCV) is most commonly transmitted through injecting drug use. Less clear are the primary causes of transmission specific to gay and bisexual men. Shifting notions of safe sex, HIV transmission risk and the sexual cultures of some gay men further complicate these issues. Because of the relationship between drug use and high-risk sexual practices, it can be hard to determine the factors responsible for transmission of HCV. Nonetheless there is emerging evidence of increases in the sexual transmission of HCV among gay men, particularly among men who are HIV-positive. The current exploratory study focused on HCV knowledge, HCV testing, sexual practices, perceptions of HCV risk, and attitudes towards people with HCV among Australian gay and bisexual men. The sample consisted of 590 men who completed an online survey. Findings suggest that attitudinal factors related to HCV are associated with HCV testing behaviour. The more negatively respondents felt about people with
HCV and people who inject drugs, the less likely they were to have ever had an HCV test. Behavioural risk factors related to sexual practices—that is condom use and sexual risk activities—were not associated with HCV testing. Testing for HCV was associated with HIV-positive status, more knowledge about HCV and a greater likelihood of ever having injected drugs. Additionally, the research also suggests that there are differences in risk practices and in attitudes among those participants who are HIV-negative, HIV-positive and untested. To date these findings are being explored in more detail and written up in two papers.

Status: Completed
NCHSR staff: Brener, Murphy
Collaborating organisations: Australian Federation of AIDS Organisations
Funding: NCHSR Research Support grant; Australian Government Department of Health and Ageing

Staying safe: How do long term injecting drug users avoid hepatitis C infection?

This ongoing project seeks to discover how some injecting drug users (IDUs) have managed to avoid becoming infected with HCV, in spite of having injected drugs for many years in localities in which most IDUs have acquired HCV. Comparisons of IDUs who have been exposed to HCV and those who have not over the long term (i.e. those who have ‘stayed safe’) will generate hypotheses about prevention to be explored in future research. This project is unique in that the traditional focus on people who have acquired infection as ‘cases’ is reversed, so that those who remain unexposed to HCV over the long-term are the focus of enquiry. Our work in Sydney is also part of an international project with other sites, including New York City and London. In Sydney we have completed data collection with the assistance of the HITS-c community cohort of people who are hepatitis C negative. Two consecutive interviews were conducted with participants using a life history approach. Our analyses have already led to publication of strategies used by participants (such as vein care, managing money and withdrawal) that also have potential to minimise risk of HCV transmission. Further work, involving analysis across the sites, is planned.

Status: Ongoing
NCHSR staff: Treloar, Rance, Hopwood
Collaborating organisations: The Kirby Institute
Funding: Faculty of Arts and Social Sciences (UNSW); Australian Government Department of Health and Ageing

Injecting drug use among Aboriginal people in New South Wales: a sub-study of the Pharmacy Needle and Syringe Survey

This project was conducted through a research internship offered to the Aboriginal Health and Medical Research Council of NSW (AHMRC) at NCHSR, and supported by the Consortium for Social and Policy Research on HIV, Hepatitis C and Related Diseases. The project used existing data from the Pharmacy Needle and Syringe Survey. During each year of this survey, there is a significant over-representation of Aboriginal people (between 16–20%), making it a valuable source of information about the risk practices of Aboriginal people who inject. Currently there is little information available about Aboriginal people who inject drugs in NSW or nationally, and little research has been conducted in partnership with the Aboriginal community. The internship was taken up by Monique McEwan, Harm Minimisation Officer at AHMRC, and was conducted over a six week period, broken into blocks over a year. The internship was supervised by staff at NCHSR. A community reference group was also established which comprised key Aboriginal people with expertise in the harm minimisation sector. Outputs of the project include a peer-reviewed manuscript and a fact sheet published jointly by AHMRC and NCHSR.

Status: Completed
NCHSR staff: Bryant, Paquette
Collaborating organisations: Aboriginal Health and Medical Research Council of NSW
Effectiveness of risk communication and implementation intentions as strategies to promote hepatitis B vaccination in homosexual men

Hepatitis B is one of the most common infectious diseases and, in industrial countries in particular, affects gay and other men who have sex with men (MSM). A safe and effective vaccine has been available since the early 1980s and vaccination is offered free of charge to MSM and others at high risk in many countries, including The Netherlands. However, although intentions to obtain vaccination are typically high among MSM in The Netherlands, the actual uptake of vaccination has remained relatively low, and about 40% of MSM in The Netherlands remain unvaccinated against hepatitis B. This low vaccination uptake underscores the importance of effective health promotion programs that stimulate HBV vaccination behaviour among MSM. The present study tests the efficacy of novel communication and self-regulation strategies to promote motivation to obtain vaccination and stimulate the translation of good intentions into action. Over the course of the project, multiple presentations have been given at scholarly conferences, and three papers have been published in peer-reviewed journals. Further papers are under review or in preparation.

Is automaticity indeed everywhere? A second generation study of the moderation of impulsive influences on evaluation and behaviour

While a number of processes can explain why individuals fail to consistently act upon their motivation, an important threat to successful goal pursuit arises from action tendencies in the service of conflicting goals that may be less important but have a stronger immediate appeal. The primary concern of this study is with the conditions under which such impulsive processes do or do not affect reflective goal-striving in the domain of health behaviour, particularly with respect to risky sexual decisions. A set of experimental studies is being conducted that challenges the widely shared but largely unsubstantiated theoretical notion that most human experience and behaviour reflect automatic processes. The project’s main hypothesis holds that, rather than being ubiquitous and pervasive, automatic influences on evaluation and behaviour occur in the absence of strong competing, deliberative goals. The study’s main, novel hypothesis is that individuals’ reasoned goals also influence their decisions and actions in less deliberative cognitive states. Four lines of experimental research have been undertaken to test the study hypothesis; each have been reported at scholarly conferences. Two lines of research have thus far been reported in papers published in peer-reviewed journals, with two further papers under review.

Prevention of overweight in the workplace: the role of self-regulation in screening and intervention

Overweight is a significant health problem in contemporary societies, including the workplace. Employees who are overweight are more often ill and absent from work than non-overweight employees, and overweight has also been shown to negatively affect job performance. The resulting economic costs of overweight are estimated at around 2 billion dollars per annum for The Netherlands alone, illustrating the benefits to employers of investing in overweight prevention in the workplace. To date, however, experience with overweight prevention in the workplace is
limited in The Netherlands. This study hence evaluates an innovative approach to overweight prevention in the workplace, combining changes in the menu of company restaurants with a behavioural intervention to support employees’ effective self-regulation of their eating behaviour. Data collection for the study is complete and data-analysis and reporting are underway.

Status: Completed
NCHSR staff: de Wit
Collaborating organisations: Utrecht University (The Netherlands)
Funding: Stichting Instituut GAK, The Netherlands

Temptations to eat moderated by personal and environmental self-regulation tools (TEMPEST)

The prevalence of overweight amongst European children and adolescents has risen at an alarming rate in the past decades, with major repercussions for their health in the short and long term. Existing prevention programs to combat the epidemic either highlight a public health approach, such as taxing of foods, or an individual-educational approach to encourage young people to adopt a healthy lifestyle. To date, both approaches have however met with limited success and the aim of the TEMPEST project is to investigate how these approaches may complement each other in order to develop more effective preventive interventions. In particular, this project, conducted simultaneously in nine European countries, investigates the critical role of young people’s self-regulatory competence in effectively dealing with the contemporary obesogenic environment. Data collection for this project is complete and multiple papers have been published in peer-reviewed journals. In the remainder of the project, focus is on further data analysis and publication of additional papers in peer-reviewed journals.

Status: Ongoing
NCHSR staff: de Wit
Collaborating organisations: Utrecht University (The Netherlands)
Funding: Seventh Framework Program, European Commission

Negotiating the medical field

Studies in this priority area explore experiences of health, illness, biomedicine and clinical practice from the perspectives of affected populations as well as healthcare professionals. They include surveys, evaluations and in-depth studies of the complex meanings and practices of health and medicine.

The role of treatment costs in the failure of HIV therapy

To determine key barriers, particularly financial constraints, to antiretroviral treatment (ART) adherence, a pilot study involving four clinical sites in NSW was initiated in late 2012. The primary aim of the pilot study is to determine the acceptability of a patient survey evaluating possible reasons for non-adherence in four diverse clinical settings in Sydney and NSW: an inner-city hospital, an inner-city general practice, an outer-city sexual health clinic and a rural sexual health clinic. The pilot in particular examines the length of time participants require to complete a questionnaire onsite, feedback obtained on the appropriateness of the questionnaire, and the usability of tablet computer interface. The pilot study further assesses the practicality of the data transfer process and database management. Working closely with clinicians and a peak community organisation representative, the NCHSR team has been closely involved in the conception of the research design. Furthermore, NCHSR staff have been instrumental in developing electronic case report forms and the patient survey that makes use of Computer-Assisted Self-Interview techniques. As part of the pilot study, an application for NHMRC
partnership project funding has been developed and submitted and NCHSR staff will be leading the psychosocial components of the proposed study.

Status: Commenced 2012
NCHSR staff: de Wit, Mao
Collaborating organisations: St Vincent’s Centre for Applied Medical Research, National Association of People Living with HIV/AIDS
Funding: NSW Ministry of Health; Australian Government Department of Health and Ageing

**NUAA PeerLink evaluation**

This project evaluated a pilot program of peer distribution to be administered by the NSW Ministry of Health and the NSW Users & AIDS Association. The program is the first of its kind in Australia and involves recruiting people who inject drugs (PWID) to distribute sterile needles and syringes to peers who inject, with the aim of increasing distribution of sterile equipment to the general population of PWID, but also to those who are considered ‘hard to reach’ such as younger injectors and Aboriginal people. The study made use of quantitative and qualitative methods to survey and interview volunteer distributors and their recipients, and other key stakeholders.

Status: Ongoing
NCHSR staff: Treloar, Newland
Collaborating organisations: Nil
Funding: NSW Users & AIDS Association; Australian Government Department of Health and Ageing

**Evaluation of consumer participation projects in NSW**

Although consumer participation is widely discussed as important and desirable, there is scant literature examining the implementation of consumer participation in health services, lesser still in drug treatment services. This project will evaluate consumer participation projects conducted in three drug treatment services in NSW. The aim of the project is to involve consumers at the organisational level of service planning and delivery. The evaluation will focus on organisational issues affecting the progress of consumer participation projects. The evaluation draws on a previous project: the two-phase Treatment Service Users’ Project (TSUI and TSUII). TSUI was conducted by AIVL, in partnership with NCHSR, to describe the extent of consumer participation occurring in drug treatment services in three states, as well as to develop a conceptual model of consumer participation to guide further work. TSUII involved the establishment and evaluation of demonstration projects; AIVL funded the demonstration projects and NCHSR conducted the evaluation of these projects. For the current project, the NSW Users & AIDS Association has secured funding to further the development of consumer participation projects in drug treatment facilities in NSW, using insights from TSUI and TSUII.

Status: Commenced 2012
NCHSR staff: Rance, Wilson, Treloar
Collaborating organisations: Nil
Funding: NSW Users & AIDS Association; Australian Government Department of Health and Ageing

**Characterising behaviours associated with hepatitis C transmission and protection, and the impact of prevention measures on incident infection among prisoners: risk of hepatitis C in prison**

The literature concerning risk environments for blood-borne virus transmission within prisons is small, and no research has been conducted in Australian settings. Some work in other countries has highlighted the limitations of epidemiological data in understanding the social relationships facilitating the risk of transmission of blood-borne viruses in relation to prison tattooing. Further, and in relation to violence in prison, some authors have called for a greater emphasis on situational factors rather than reproducing understandings based on individual factors. This research will explore the complex and interrelated nature of practices and environments surrounding hepatitis C risk (and prevention strategies). The project will employ
qualitative techniques allowing participants to discuss and explore the practices and settings in which they engage that have been epidemiologically associated with hepatitis C risk. A sample of 30 inmates will be drawn from the ongoing HITS-p cohort that comprises men and women in NSW prisons with a history of injecting drug use. Previous responses to the HITS-p surveillance surveys will be used to recruit inmates with varying hepatitis C status (unexposed, recent infection, chronic infection) and who report varying exposures to hepatitis C (injecting drug use only; injecting drug use and tattooing/violence; tattooing/violence only).

Status: Commenced 2012
NCHSR staff: Treloar
Collaborating organisations: Justice Health; Department of Corrections
Funding: National Health and Medical Research Council Partnership Grant; Australian Government Department of Health and Ageing

The role of implicit identity and implicit beliefs in recovery from mental illness

Recovery from mental illness is clearly completely determined, with the personality of the individual, the individual's situation, and the nature of the mental illness all playing a role. One aspect of the individual that has received increasing attention is the degree to which the person identifies as someone with a mental illness. Redefining a positive self-identity may be a difficult process after experiencing a mental illness, as negative self-representations associated with mental illness may become internalised and not easily challenged, making recovery more difficult. Consistent with this possibility, research suggests that recovery from mental illness is linked to a change in identity from that of a mentally ill person to that of a mentally healthy person. Although research on identity and mental illness has made important progress in understanding recovery, this work has yet to examine aspects of identity outside of conscious awareness. Because most of the research in this area focuses on the narratives that people with a mental illness tell about themselves and their experiences, it only addresses aspects of identity that are accessible to introspection. The goal of the current proposal is to expand this line of research on mental illness and identity to consider aspects of identity that are unavailable to conscious reflection, but that nevertheless might have an influence on recovery.

Status: Ongoing
NCHSR staff: Brener
Collaborating organisations: University of Queensland; Aftercare
Funding: ARC Linkage Grant; Australian Government Department of Health and Ageing

Patterns of cancer care for Aboriginal people in NSW

This project aimed to examine the experiences of cancer care for people in NSW. Like many other conditions, Aboriginal people experience a greater burden of cancer-related disease than non-Aboriginal people. However, cancer may be a relatively recent experience of Aboriginal communities. In partnership with Cancer Council NSW this project recruited and interviewed 22 Aboriginal people with cancer, 16 carers of Aboriginal people and 16 healthcare workers. Our results led us to examine issues such as: discourses used by health workers to discuss the needs of Aboriginal people with cancer; the need to build social inclusion to improve cancer care; and endeavouring to find ways to raise health literacy in relation to cancer among Aboriginal people, communities and health services. Another outcome has been the development of a model of working in our research team that involves Aboriginal and non-Aboriginal researchers. In an evolving process, we identified the need for a cultural mentor/advisor who could support Aboriginal and non-Aboriginal researchers to enhance awareness and compliance with correct protocol. This has been a very positive and rewarding model that we have taken forward into other projects on Aboriginal health.

Status: Completed 2012
NCHSR staff: Treloar, Newman, Brener, Jackson, Saunders, Johnson, Gray
Collaborating organisations: Cancer Council of NSW; Sydney University
Funding: National Health and Medical Research Council Health Services Research Grant
Our research

Critical analysis of health service provision

The studies in this priority area examine the policies and delivery of health services as well as the evolving needs of the healthcare workforce, and evaluate innovative models of healthcare provision. Studies make use of qualitative, quantitative and economic methods and data.

Western Australia Sexual Health Survey

This project, led by The Kirby Institute, is evaluating sexual health services for men who have sex with men in Perth, Western Australia. In 2012, men were recruited from one community-based sexual health service and two public sexual health clinics to complete a confidential questionnaire about their experiences of sexual health services. Preliminary results have been provided to the project partners in Perth and a more detailed analysis of findings is underway.

Status: Ongoing
NCHSR staff: Holt
Collaborating organisations: The Kirby Institute, Western Australian AIDS Council
Funding: The Kirby Institute

Investigating the capacity of the general practitioner workforce to meet ongoing HIV primary care needs in Australia

HIV has become a chronic, manageable infection in the developed world, and early and lifelong treatment has the potential to significantly reduce transmission rates. A skilled and motivated clinical workforce will be required to provide expert care into the future, but concerns have been noted in a number of settings about the challenges of recruiting a new generation of clinicians to HIV medicine. This three-year qualitative study aimed to understand why general practitioners (GPs) pursue or sustain an engagement with HIV medicine in different caseload and geographical settings across Australia, and to build new knowledge on the role of GPs in maintaining and enhancing the health of people living with HIV. Two rounds of semi-structured interviews were conducted: the first with 24 key informants holding senior positions in government, non-government and professional/educational organisations relating to HIV care, the second with 47 clinicians experienced in providing HIV care in general practice. Two papers have been published to date, two are in press and an additional three are under review. Several more papers are in development, and dissemination will continue well into 2013. A short summary of key findings has been prepared and will be made available online once the key articles are in press.

Status: Completed
NCHSR staff: Newman, de Wit, Persson, Hopwood
Collaborating organisations: National Association of People Living with HIV/AIDS; Australian Federation of AIDS Organisations; Australasian Society for HIV Medicine; Royal Australian College of General Practitioners
Funding: National Health and Medical Research Council Project Grant, Australian Government Department of Health and Ageing

Evaluation of the GP initiation of hepatitis C treatment pilot

Over the past three years, the Australasian Society for HIV Medicine has conducted a trial of hepatitis C (HCV) treatment initiation in general practice. A qualitative evaluation of the trial by NCHSR occurred during 2011. All seven GPs who participated in the trial routinely treated patients with alcohol and other drug problems. The GPs’ reasons for becoming involved in HCV treatment prescribing included a desire to better target people who needed HCV treatment. GPs believed they could provide a treatment service that was responsive to patients’ needs and reported that their shared-care arrangements with liver clinics worked well during the trial. GPs highlighted several minor problems, such as responsibility for PCR testing, and some patients of GPs had difficulty accessing drug dispensing.
Our research

Evaluation of a model for assessment and treatment of hepatitis C virus among injecting drug users in the opiate pharmacotherapy setting (ETHOS)

Worldwide there is a growing interest in the provision of care and treatment for hepatitis C virus infection in opiate pharmacotherapy treatment programs. The ETHOS project is a prospective, observational trial in nine opiate pharmacotherapy clinics in NSW involving the establishment of hepatitis C care and treatment programs in each clinic. This ongoing NHMRC-funded study will use qualitative methods to explore OST clients’ and health professionals’ reports of the barriers and incentives to the delivery and uptake of HCV treatment in opiate pharmacotherapy clinics and those in which peer support is offered. Our project recruited staff and clients from four clinics to participate in semi-structured interviews. Clients were recruited on the basis of their engagement with hepatitis C care (no engagement at all; initial assessment; engagement with care/treatment). Two clinics were also running peer support programs. Peer workers and their managers were interviewed as part of this study. In 2012, data collection and analysis was completed and a report published. Our key interests are to explore staff and clients’ views of co-location of services and of peer support programs, to explore issues of trust in services and the possibility of transformation (of client identity and of clinic culture) as a result of the addition of hepatitis C treatment and care in the opiate pharmacotherapy clinic.

Status: Completed
NCHSR staff: Treloar, Rance
Collaborating organisations: The Kirby Institute; NSW Ministry of Health
Funding: National Health and Medical Research Council Project Grant, Australian Government Department of Health and Ageing

Evaluation of NSP service models in Western Sydney

This is a partnership project between NCHSR and the Local Health Districts in Western Sydney and Nepean Blue Mountains. The overall aim of this project is to examine the mix of services provided under the Needle and Syringe Program (NSP) umbrella. Currently, a range of NSP services are provided (dedicated fixed-site, secondary services, vending machine, outreach) as well as provision through community-based pharmacies. The picture of service provision becomes more complicated with the addition of primary care services in NSPs. It is difficult for service managers to know which type of service should be provided in a particular location. This project will explore this complex question using a number of methods. A costing study has been undertaken to examine the cost per unit (per needle and syringe) of providing each type of service. A survey has been undertaken with NSP clients to further examine the needs of clients and their perception and use of services. The goal of this survey is to be able to determine which clients need particular services to progress the idea of tailoring of service provision to meet client needs. A qualitative study involving interviews with NSP clients and NSP workers will be undertaken to explore the issues of service provision and need in greater detail.

Status: Ongoing
NCHSR staff: Treloar, Mao, Hull
Collaborating organisations: Nil
Funding: Western Sydney Local Health District, Nepean Blue Mountains Local Health District, Australian Government Department of Health and Ageing

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A qualitative and quantitative evaluation of the NSW program to increase capacity in the delivery of hepatitis C care and treatment for Aboriginal people

This ongoing project is an evaluation of the investment made by the NSW Ministry of Health to improve hepatitis C care and treatment for Aboriginal people. The program of work developed by the NSW Ministry of Health included new positions (Access Coordinators), community education and workforce development for staff from Aboriginal and mainstream health services. The role of NCHSR is to conduct a multi-method project involving surveys of Aboriginal people with hepatitis C and follow-up qualitative interviews with a sub-sample recruited from the survey participants. In addition, we will be interviewing a range of health workers who have been involved with the NSW Ministry of Health program (and some who have not). We will explore the experiences of people living with hepatitis C, including their decisions around hepatitis C care and their experience of the programs funded by NSW Ministry of Health. Using data from health worker participants, we will be examining what organisational and systems issues are important to address for hepatitis C care, and what is required for future provision of services for Aboriginal people with hepatitis C, their communities and for the Aboriginal community-controlled health sector.

Status: Ongoing
NCHSR staff: Treloar, Brener, Jackson, Saunders, Johnson, Gray
Collaborating organisations: Nil
Funding: NSW Ministry of Health, Australian Government Department of Health and Ageing

An evaluation of NUAA’s NSP services

Needle and syringe programs (NSPs) are widely recognised as a significant public health measure to reduce harms associated with injecting drug use, especially in reducing the risks of transmission of blood-borne viruses. The NSW Users & AIDS Association (NUAA) is a not-for-profit organisation instated by a group of consumers to provide education, support, and advocacy for people who use drugs illicitly in NSW. NUAA began providing NSP services from Albion Street, Surry Hills, in 2003 and this service forms part of a suite of NSP services delivered throughout the Inner Sydney suburbs. What differentiates the NUAA NSP is that it is a community-controlled, peer-led and delivered service. The NUAA NSP aims to increase needle and syringe distribution, to promote safer injecting practices and to increase knowledge of safer using. As noted, NUAA takes a unique stance in the broader context of needle and syringe distribution in NSW, as it has upheld a peer-led approach since the organisation’s inception. NCHSR was commissioned to evaluate some of the NSP services provided by NUAA. The purpose of the evaluation was to explore the characteristics of consumers accessing the NSP services, the method and effectiveness of the outreach of the NSP and outreach services, consumer and stakeholder perceptions of the services, such as satisfaction, strengths and weaknesses; and to offer suggestions and recommendations for improvement to the services.

Status: Ongoing
NCHSR staff: Brener, Bryant, Cama
Collaborating organisations: Nil
Funding: NSW Users & AIDS Association, Australian Government Department of Health and Ageing

Mental health and hepatitis C: knowledge, attitudes and working alliance

People with a mental illness have been shown to have a higher rate of injecting drug use, risk behaviours and hepatitis C. Yet little is known about the rates of hepatitis C among users of mental health community managed organisations (CMOs) or the knowledge and attitudes of support workers in CMOs toward people living with hepatitis C. As hepatitis C is a stigmatised condition, largely due to its association with injecting drug use, it is likely that the negative attitudes that are present across other sectors will also be present in this sector and will affect the working alliance.
Our research

between client and support worker. Given the higher prevalence of hepatitis C among people with a mental illness, this study aims to investigate the hepatitis C knowledge of support workers in a CMO and their attitudes toward people with hepatitis C. This is a collaboration among the mental health, hepatitis C and drug use sectors, with the aim of using this seed funding to develop an NHMRC partnership grant proposal.

Status: Ongoing
NCHSR staff: Treloar, Brener, Cama
Collaborating organisations: Aftercare, NSW Users & AIDS Association, Hepatitis NSW
Funding: Community Mental Health Drug and Alcohol Research Network, Australian Government Department of Health and Ageing

Cultural, social and political dynamics

Studies in this priority area focus on the diverse contexts in which health and risk are enacted. They explore the ways in which cultural difference, gender and sexuality, stigma and discrimination, and political and economic dynamics shape sexual practices, illicit drug use and experiences of living with sexually transmissible and blood-borne viruses.

Thai gay men and HIV risk in Sydney

This study explored how Thai gay men in Sydney perceive and experience HIV risk, and how they managed this risk in their lives as men who are an ethnic minority within the predominantly Anglo-Australian gay community. More specifically, this project explored how Thai gay men in Sydney engage with the gay communities in Sydney and in Thailand, their perceptions and attitudes towards HIV risk, the ways in which they prioritise risk in relation to other aspects of their lives as members of an ethnic community, and the ways in which they negotiate and manage risk in sexual encounters with other men. Data collection and analysis have been completed, and results have been reported. Findings illustrate that HIV testing is not a straightforward matter for Thai gay men in Sydney, and positive attitudes co-exist along with uncertainty and fear, reflecting a degree of ambivalence. For some subgroups of men, specific barriers were noted, including cost and lack of familiarity with services. This study overall points to the importance of promoting sexual health services among Thai gay men in Sydney. At the same time, it is important to understand that the use of services can be attenuated by fears and acknowledge the role partners can play in accessing sexual health services.

Status: Completed
NCHSR staff: Körner
Collaborating organisations: The Kirby Institute
Funding: NSW Ministry of Health, Australian Government Department of Health and Ageing

NAPWA Stigma Audit survey

Working in collaboration with the National Association of People Living with HIV/AIDS (NAPWA), NCHSR has recently completed an online study assessing the experiences of stigma among people living with HIV (PLHIV). Survey data was collected from 697 PLHIV, while NAPWA conducted additional in-depth interviews with 31 PLHIV. Findings show that the health and wellbeing consequences of stigma are different and more severe for people with visible HIV-related symptoms, but data also show that attachment to an HIV-positive community acts as a buffer against these negative consequences. This study also highlights different experiences of stigma for different social groups in the Australian context, particularly by exploring the experiences of stigma for heterosexual and homosexual PLHIV. Findings suggest that heterosexual PLHIV appear to experience more stigma than homosexual PLHIV and are less likely to access HIV treatment. Furthermore, the research also indicates that consequences of experienced stigma are mediated by psychological resilience. This raises the possibility that stigma not only affects health and wellbeing outcomes, but
Our research

can also deplete critical coping resources, which further compounds the deleterious impact of stigma on PLHIV. While many studies have identified the negative consequences of HIV-related stigma, our research extends these findings by providing evidence that such stigma is multifaceted and may be experienced differently by different PLHIV. It also highlights buffering variables, which may potentially protect PLHIV from some of the negative consequences of stigma. These variables are both external (HIV-positive community attachment) and internal (resilience) to the individual and form appropriate targets for the development of novel interventions.

Status: Ongoing
NCHSR staff: Brener, de Wit
Collaborating organisations: National Association of People Living with HIV/AIDS
Funding: Levi Strauss Foundation, Australian Government Department of Health and Ageing

Health information needs and practices of Chinese and Vietnamese people living in Australia regarding primary liver cancer (hepatocellular carcinoma)

Overall, hepatocellular carcinoma (HCC) is relatively uncommon in Australia, but its incidence has been progressively rising over the last three decades. In NSW approximately half of all HCC diagnoses occur in Australians born in Vietnam, Hong Kong, Macau, Korea, Indonesia and China. Anecdotal evidence identifies a lack of patient information resources and limited support systems for patients diagnosed with HCC, particularly for non-English speaking patients. This project, led by the Cancer Council NSW in collaboration with NCHSR, aims to identify the information needs of people diagnosed with liver cancer in Australia. To date, a literature review has been completed and interviews and focus groups are being organised. The project will document the information and support needs of Vietnamese and Chinese people affected by HCC, develop a multimedia support network for HCC, develop and pilot test a language-specific consumer resource on HCC in Chinese and Vietnamese, and suggest a framework for facilitating the development of integrated support networks. Community benefits flowing on from this program include the production of consumer information about liver cancer integrated in a consumer support network and the development of HCC information resources for some communities with limited English proficiency and limited literacy levels.

Status: Commenced 2012
NCHSR staff: Hopwood, Treloar
Collaborating organisations: Cancer Council NSW
Funding: Cancer Council NSW

Gender and Diversity Education Project

Against the background of concern to promote social inclusion in schools, this project led to the development of an English language resource, entitled Diversity in School, consisting of four innovative modules addressing cultural diversity and ethnocentrism, gender diversity, sexuality and sexual orientation and ethnic inequality. The resource, originally developed in Brazil, supports training in gender, sexuality, and ethnic (race) relations for teaching professionals, and was successfully piloted in six cities in Brazil in 2006. Since 2008, its contents has been expanded and revised to make the program more widely available in a distance learning format. The English language version of Diversity in School, developed by NCHSR, aims to further enhance access by making the resource available to teachers and teacher educators in English-speaking countries. Available to download free at http://www.clam.org.br/uploads/arquivo/Diversity_in_School.pdf

Status: Ongoing
NCHSR staff: Aggleton
Collaborating organisations: University of Exeter, UK
Funding: Government of Brazil's Special Secretariat for Policies on Women; Special Secretariat for the Promotion of Policies on Racial Equality (SEPPIR/ Pr); Brazilian Ministry of Education; British Council; Latin American Centre on Sexuality and Human Rights; UNSW Strategic Funding
Top girls: middle class privilege and agentic practice

This study extends recently completed work on agentic practice among privileged young women in England. It is examining how young women attending four private schools in Southern England act powerfully across various aspects of their lives, including in their education and in relationships with peers and family. The study aims to make more visible the ‘real’ lives of ‘top girls’, or young women who appear to have the greatest opportunities open to them to achieve and become who they would like. Findings will add to debates concerning the nature of the middle classes, and how different values and outlooks within the middle classes influence young women’s attitudes and experiences of the world, and their relationships to other social groups. Using participant observation, focus group discussions and repeat in-depth interviews, at least 30 young women aged 16–18 years from four private schools in one area of south-east England are taking part in the study. Several papers from the project have been published in peer-reviewed journals, and an edited book on privilege, agency and affect in education will shortly be published.

Status: Ongoing
NCHSR staff: Aggleton
Collaborating organisations: Institute of Education (University of London, UK)
Funding: UK Economic and Social Research Council, UNSW Strategic Funding

Research transfer and capacity building

These activities are concerned with making research findings available to stakeholders and strengthening research partnerships. Activities also include building research capacity and providing learning opportunities.

Annual Report of Trends in Behaviour

Behavioural monitoring is a key component of effective surveillance of risk for blood-borne virus. The Annual Report of Trends in Behaviour (ARTB) collates and discusses behavioural data on HIV, viral hepatitis and related diseases to effectively inform policy and community responses. The ARTB is a key resource to inform the Australian response to blood borne viruses and sexually transmitted infections and aims to support the work of researchers, community organisations and policy makers.

Status: Ongoing
NCHSR staff: NCHSR researchers
Collaborating organisations: NCHSR research partners
Funding: NSW Ministry of Health, Australian Government Department of Health and Ageing

NSW knowledge transfer and capacity building project

This activity is designed to generate and disseminate knowledge from ongoing HIV/STI research to affected communities, community-based organisations, health service providers and policy makers in NSW. The work includes ongoing and on-demand data analyses, and, in collaboration with the Kirby Institute, the organisation of an annual community forum to discuss recent surveillance findings. This activity also provides support for service providers regarding the evaluation of their activities.

Status: Ongoing
NCHSR staff: NCHSR researchers
Collaborating organisations: The Kirby Institute; NCHSR community and public sector partners in NSW
Funding: NSW Ministry of Health, Australian Government Department of Health and Ageing

Social research conference on HIV, hepatitis and related diseases

The HHARD conference is integral to Australia’s efforts in understanding the social and behavioural dynamics of epidemics of sexually transmissible infections and blood-borne viruses. The biennial conference attracts researchers, health professionals,
policy makers and community members from across a variety of fields, and facilitates engagement with research and practice from a multi-disciplinary perspective.

Status: Ongoing
NCHSR staff: Conference Organising Committee
Collaborating organisations: Faculty of Arts and Social Sciences (UNSW)
Funding: Conference sponsors: ACT Health Directorate, Australasian Society for HIV Medicine, Gilead, NSW Users & AIDS Association, UNSW Bookshop, and Faculty of Arts and Social Sciences (UNSW); Australian Government Department of Health and Ageing

NCHSR Scientific Advisory Committee

The role of the Scientific Advisory Committee (SAC) is to provide guidance to NCHSR in matters of strategy and policy, including the strategic and work plans. This committee brings together representatives of government, non-government and community organisations, as well as senior investigators from across Australia. SAC is a key platform to discuss the NCHSR research agenda.

Status: Ongoing
NCHSR staff: de Wit, Treloar, Fairclough, NCHSR researchers
Collaborating organisations: Represented NCHSR research partners
Funding: UNSW, Australian Government Department of Health and Ageing

The impact of item framing on surveys of attitudes to harm reduction services and knowledge about hepatitis C

Past research has demonstrated how public opinion regarding sensitive issues can be influenced by the way survey questions are asked. Over the past five years, NCHSR researchers have taught an undergraduate course for the School of Social Sciences (UNSW). In this course, students conduct a mixed-method study of the impact of survey-item framing on university attendees' attitudes to harm-reduction services and knowledge of viral hepatitis. To date, two papers have been published in peer-review journals from quantitative data collected by the students. In 2013, a third paper will be prepared for publication from survey data collected in semester 2 of 2012. Building on the findings of the two previously published works, this paper uses the responses of 308 university attendees under the age of 25 years to demonstrate how positive and negative item-framing affects young people's responses to questions about support or opposition to needle and syringe programs, the Sydney Medically Supervised Injecting Centre, pharmacy-based syringe distribution, government-funded illicit drug user organisations, and trials of prescribed heroin for people dependent on opiates. This paper will also report findings about young people's knowledge of hepatitis C and directly compare these to Canadian data which used the same survey instrument.

Status: Ongoing
NCHSR staff: Hopwood, Brener, Treloar, Mao
Collaborating organisations: Nil
Funding: School of Social Sciences (UNSW), Australian Government Department of Health and Ageing

NCHSR Research Portal

Recognising the importance of effective communication for knowledge transfer, capacity building, and awareness raising, an online Research Portal was developed to provide a multi-faceted digital platform to conduct and showcase our collaborative research with sector, community, government and non-government organisations and partners. It also employs sophisticated digital production and distribution technology to circulate e-newsletters, and e-alerts of recent publications and upcoming events such as seminars, workshops and conferences, thereby allowing us to access a large international and domestic audience. Recipients may tailor their subscription to their specific needs and interests.

Status: Ongoing
NCHSR staff: Adam, Rainbow
Collaborating organisations: NCHSR research partners
Funding: UNSW, NCHSR research projects, Australian Government Department of Health and Ageing
Postgraduate teaching and research

NCHSR offers a postgraduate program which provides students with the skills needed to undertake high quality research, contribute to academic and policy debates, and inform best practice. We offer expert supervision for postgraduate research into the social and cultural aspects of HIV, sexual health, sexual practices, viral hepatitis and drug use but also related areas of education, health and wellbeing, and from a diversity of social and behavioural science perspectives. Our students are passionate, engaged and motivated to understand and influence change in the fields of health, sex, drugs and risk.
The postgraduate research degrees offered are Doctor of Philosophy (PhD), Master of Arts by Research (MA) and Graduate Diploma (GradDip). Our program has links with other programs in the Faculty of Arts and Social Sciences, the School of Public Health and Community Medicine and The Kirby Institute.

In 2012 one student was awarded a PhD:

**Toby Lea**  
*Sexuality, substance use and the scene: An analysis of 'post-gay' in same-sex attracted young adults*

Improved social attitudes towards homosexuality have led some theorists to claim that Western societies are transitioning to a ‘post-gay’ era where same-sex attracted people no longer need to build an identity around sexual orientation. This project explored ‘post-gay’ via Meyer’s (1995) minority stress framework, examining substance use, mental health, nightlife and sexual identity. The study was a cross-sectional, online survey of young men and women who identified as same-sex attracted, were aged 18–25 years, and lived in Sydney. Despite a relatively uncomplicated transition to a non-heterosexual identity for the majority of young people surveyed, experiences of homophobic abuse were the norm. These experiences were highly correlated with poorer mental health and suicidality and, to a lesser extent, with harmful patterns of substance use. Substance use was more strongly associated with regular engagement with lesbian and gay bars and clubs. Findings suggest that while many same-sex attracted young people appear to be experiencing fewer difficulties negotiating sexual identity than previous generations, the transition to ‘post-gay’ is progressing more unevenly than some have envisaged.

Supervisors: Professor John de Wit (NCHSR) and A/Professor Robert Reynolds (Macquarie University)

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**Women who buy sex**  
**Hilary Caldwell (PhD)**

The available evidence suggests that it is becoming more common for women to buy sex and to disclose this, which challenges current epistemological and disciplinary notions regarding people who buy and sell sex. Hilary’s research aims to discover the extent to which women buy sex in Australia and how they construct their transactions through their perceptions of female gender, status and power. Through a mixed-method approach this research hopes to verify female use of commercial sexual services and to begin evidence-based discussion and new theoretical arguments about gender roles and buying sex.

Supervisors: Professor John de Wit (NCHSR) and Dr Philippe Adam (NCHSR)

**Exploring online sexual racism**  
**Denton Callander (PhD)**

This research explores how gay and bisexual men approach, navigate, perceive and negotiate concepts related to race when looking for sexual or romantic partners online. Through a mixed-methods approach that combines a media analysis of sex and dating profiles, an online survey, and in-depth interviews this project seeks to not only describe the contours of these phenomena in a virtual sex and dating space but also to raise questions about the potential individual and community impact that racialised partner discrimination could have.

Supervisors: Dr Christy Newman (NCHSR) and Dr Martin Holt (NCHSR)
An investigation of information needs and information-seeking practices of people with hepatitis C  
Maude Frances (PhD)  
This study aims to understand how people with hepatitis C use the internet in conjunction with other media in order to access information. By situating internet use within people’s everyday realities, the research will provide insights into the sociocultural conditions that facilitate or impede its use. Particular attention will be paid to the impact on information practices of discrimination and stigma experienced as a result of having hepatitis C. Drawing on theories from sociology and information studies, as well as on findings from public health research, the study will enable an integrated approach to providing appropriate information for this group.  
Supervisors: Professor Carla Treloar (NCHSR) and Dr Joanne Bryant (NCHSR)

The dynamics of shame: navigating professional complexities when counselling in alcohol and other drug settings  
Rebecca Gray (PhD)  
This qualitative study gathered the professional accounts of 17 counsellors and other frontline workers to gain new understandings of the ways in which the therapeutic relationship is affected by shame in alcohol and other drug (AOD) settings. Three major insights developed through this research: 1) shame is intimately entangled with the labelling of problematic AOD-use behaviour; 2) shame, guilt and stigma are often conflated in AOD counselling; 3) the dynamics of shame create significant workforce issues for AOD counselling professionals. This thesis outlines and discusses these dilemmas and, in doing so, contributes to what is known about counselling practice in AOD settings, especially professional perceptions and experiences of the dynamics between shame and drug use in those settings. New practice implications are articulated for counsellors working with clients around shame issues, and for the more appropriate development and navigation of practice and policy guidelines for counselling in alcohol and other drug settings.  
Supervisors: Dr Kylie Valentine (SPRC) and Dr Christy Newman (NCHSR)

Contract surrogacy, kinship practices and gay men  
Dean Murphy (PhD)  
This thesis explores how the use of commercial surrogacy by gay men is changing understandings of parenting and family, as well as providing insights into the legal, biomedical and social aspects of assisted reproductive technologies. Of particular interest are: desire and decision-making about parenthood; kinship practices; the importance of biogenetic connectedness; and relationships between parents, children, surrogates and egg donors.  
Supervisors: Dr Asha Persson (NCHSR) and Dr Christy Newman (NCHSR)

The role of social networks in hepatitis C harm reduction  
Jamee Newland (PhD)  
This thesis explores how social network factors relate to hepatitis C risk and transmission. In-depth qualitative interviews were conducted with 34 people who inject drugs in four metropolitan and regional study sites in NSW: forming four distinctive ‘social networks’. The findings from this thesis will assist hepatitis C prevention efforts in taking better account of the complex interplay between individual, social network, community and environmental influences on hepatitis C risk and transmission.  
Supervisors: Professor Carla Treloar (NCHSR) and Dr Christy Newman (NCHSR)
Assessing the potential role of tattooists in delivering harm reduction information to at-risk clients
Hannah Wilson (MA)

This project aims to assess the potential role of the tattooist in delivering harm reduction information to their clients who may be a risk of hepatitis C due to their involvement or affiliation with injecting drug use. This study employs mixed methods to examine the professional identity of tattooist, tattooist-client relationships, tattooist-knowledge of hepatitis C, tattooist attitudes towards hepatitis C and people who inject drugs, and their willingness to deliver harm reduction information to at-risk clients.

Supervisors: Dr Loren Brener (NCHSR) and Dr Joanne Bryant (NCHSR)

Client profiling and models of service provision in needle and syringe programs in greater Western Sydney
Kenneth Yates (PhD)

This thesis addresses issues around needle and syringe programs (NSPs) in Western Sydney and the provision of services to people who inject drugs (NSP clients). NSPs provide sterile injecting equipment to prevent the spread of blood-borne viruses, and equipment is distributed in a variety of ways. A cross-sectional survey of NSP clients, along with in-depth interviews of clients and staff, will be undertaken. The surveys and interviews aim to establish sociodemographic information about NSP clients in Western Sydney as well as information about risk behaviours and determinants of health. This research in turn will inform the development of NSP client profiles. These profiles will help draw connections between types of clients, their needs, and the utilisation of particular types of NSP services. What do clients preferring a particular type of service have in common? What differences are there between clients who choose one type of NSP service over another? What are the needs of different types of clients, how do different types of NSP service meet these needs, and where do these services fall short?

Supervisors: Dr Limin Mao (NCHSR), Professor Carla Treloar (NCHSR) and A/Professor Suzanne Fraser (Curtin University)

Exchange students

Since 2008, NCHSR has hosted postgraduate students from Utrecht University. As part of this very active exchange program, each year a number of students from Utrecht University work with NCHSR staff to conduct research for their theses which they write as part of their MSc(Psych) program. Increasingly, NCHSR is also hosting overseas PhD students who spend time at the centre to work with staff. In 2012 the following students visited our Centre:

Session 1

Mirjam Pot, Utrecht University (MSc Psychology)
Else van Miltenburg, Utrecht University (MSc Psychology)
Helen Brouwers, Utrecht University (MSc Psychology)
Engagement and impact

We are committed to significantly contributing to practice by working in partnership with community, government and other research organisations. Our work supports the development of policies and programs through workshops, seminars and presentations; research feedback, policy and program advice and access to resources; and as members of government, community and academic committees and boards. Our knowledge is also digitally disseminated using the NCHSR Research Portal, NCHSR website, e-Newsletters, and publication and event e-alerts.
Research dissemination

Our Research Dissemination Strategy aims to communicate our research and activities in a cost-effective manner to the broadest possible audience. As part of this strategy, a digital media policy was developed, utilising the web, social media, and digital production and distribution technology; video production is planned for the future.

We employ two complementary but distinctly different instruments for digital dissemination:

NCHSR Website

Central to the Research Dissemination Strategy is our institutional website. This serves as a point-of-entry for sector partners, national and international colleagues, potential postgraduate students and the wider audience to learn about our research activities and priorities, access our reports and the Clearinghouse, and see what workshops, seminars and conferences we have planned.

http://nchsr.arts.unsw.edu.au/

NCHSR Research Portal

Also key to the Research Dissemination Strategy is the Research Portal, which went live in late 2011. This multifaceted web-based platform was engineered to facilitate online recruitment of survey participants, showcase collaborative research projects, and serve as a repository for electronically distributed findings and resources.

http://nchsr.org/

Recruitment of participants

As an online research platform, the Research Portal facilitates recruitment of participants, utilising the strength of social media which plays such an important role in reaching target audiences rapidly. There has been a considerable increase in the number of research projects that we conduct online and these projects have now been brought together in one location.

Research showcase

In addition to recruitment, the Research Portal is a unique platform on which to showcase our current and completed collaborative research to sector, community, government and non-government organisations and partners. This allows us to access a large international and domestic audience, ensuring our research achieves wide reach.

Knowledge dissemination

The Research Portal also serves a third function as both a launch pad and repository for the digital dissemination of our research. At project completion, research reports and summaries are posted to inform research partners and participants. The Portal also hosts our digital communications, which take several forms. The quarterly e-newsletters, containing updates and discussion on recent projects by NCHSR researchers, opinion pieces from sector experts, and general news about the Centre’s current and future activities, and monthly e-notifications of upcoming seminars, events and recently published research are disseminated using advanced technology, allowing recipients to tailor their subscription based on their specific needs and interests.
NCHSR Consortium

In 2010, the NCHSR Consortium was established to continue the successful program of workshops previously conducted by The Consortium for Social and Policy Research on HIV, Hepatitis C and Related Diseases whose funding ceased at the end of 2009.

NCHSR Consortium members include the National Centre in HIV Social Research and the Social Policy Research Centre, both at the University of New South Wales; ACON; Positive Life NSW; Hepatitis NSW; Multicultural HIV and Hepatitis Service; NSW Users & AIDS Association; ASHM NSW Workforce Development Program; and the Aboriginal Health and Medical Research Council. The Consortium Board also includes representatives from the AIDS and Infectious Diseases Branch, NSW Ministry of Health, and HIV/AIDS Related Programs Unit Managers. Consortium workshops aim to

- assess the research needs of the HIV, hepatitis C and related diseases sector
- investigate new and innovative research methods, and
- provide non-researchers with the opportunity to become familiar with fundamental elements of research design and practice.

In 2012 one workshop was conducted:

**Hepatitis C: prioritising patient involvement in care and treatment**

*Sponsored by Hepatitis Australia*

The Third National Hepatitis C Strategy 2010–2013 and its implementation plan place a high priority on ensuring health maintenance, care and support for people living with chronic hepatitis infection. While hepatitis C treatment is an option for some people, there remain many barriers to access (less than 2% of people living with chronic hepatitis C access treatment annually). It is therefore important that people living with chronic hepatitis C are supported to take an active part in managing their chronic disease to maximise their quality of life.

The workshop addressed the issue of hepatitis C care and support with particular emphasis on non-clinical aspects of care. It highlighted chronic disease self-management (CDSM) and explored the challenges and opportunities it provides. CDSM is about people being actively involved in their own healthcare to maximise their quality of life and is widely used in other areas including cancer.

The keynote speakers were Roy Batterham, Senior Research Fellow, Public Health Innovation Unit, Population Health Strategic Research Centre, Deakin University Faculty of Health; Helen McNeill, CEO, Hepatitis Victoria; and Professor Carla Treloar, Deputy Director and Head, Hepatitis C Program, NCHSR.

Other guest speakers were Natalie Beckett, Aboriginal Hepatitis Liaison Officer, HARP Unit, SESLHD; Julie Cassidy, C-een and Heard speaker, Hepatitis NSW; Sione Crawford, Director, Community Programs & Services, NSW Users & AIDS Association; Justine Doidge (JD), C-een and Heard speaker, Hepatitis NSW; and Louisa Walsh, Hep C: Take Control Program Coordinator, Hepatitis Victoria.

The workshop was facilitated by Norman Booker, an independent consultant working in the fields of planning and evaluation, change management, facilitation and professional learning.
NCHSR Seminar series

NCHSR again hosted a series of research seminars at which NCHSR staff and postgraduate students, together with other stakeholders, shared their work with academics from within and outside the Centre. The seminars were also attended by a range of professionals who work with people affected by HIV, viral hepatitis and illicit drugs.

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<thead>
<tr>
<th>Date</th>
<th>Title</th>
<th>Speaker(s)</th>
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<tr>
<td>14 February</td>
<td>Critical reflections on the concept of ‘risk’ in serodiscordant couples</td>
<td>Dr Asha Persson, Research Fellow, NCHSR</td>
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<tr>
<td>13 March</td>
<td>Multiple correspondence analysis of information practices of people with hepatitis C</td>
<td>Maude Frances, PhD candidate, NCHSR</td>
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<tr>
<td>8 May</td>
<td>Attitudes towards hepatitis C and perceptions of hepatitis C risk practices among gay men: findings from the Heptagon Study</td>
<td>Dr Loren Brener &amp; Dr Jeanne Ellard, Research Fellows, NCHSR; Dean Murphy &amp; Denton Callander, PhD candidates, NCHSR</td>
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<td>12 June</td>
<td>Getting the best bang for the buck: an analysis of needle and syringe provision</td>
<td>Professor Carla Treloar, Deputy Director, NCHSR</td>
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<td>10 July</td>
<td>Social Drivers or Social Enablers?</td>
<td>Emeritus Professor Susan Kippax, SPRC</td>
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<tr>
<td>14 August</td>
<td>The Australian response to HIV: observations and debates</td>
<td>Professor Peter Aggleton, NCHSR</td>
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<td>5 September</td>
<td>The syringe is NOT an object: harm reduction, needle sharing, and morality</td>
<td>Dr Nicole Vitellone, University of Liverpool</td>
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<tr>
<td>13 September</td>
<td>Staying Safe: What can research about people who inject drugs tell us about how to avoid hepatitis C in the long-term? Next generation hepatitis C prevention strategies</td>
<td>Professor Tim Rhodes (London School of Hygiene and Tropical Medicine, UK); Dr Sam Friedman (Center for Drug Use and HIV Research, USA); Dr Magdalena Harris (London School of Hygiene and Tropical Medicine, UK); Professor Carla Treloar and Jake Rance (NCHSR); Professor Lisa Maher and Dr Peter Higgs (The Kirby Institute, UNSW)</td>
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<td>2 October</td>
<td>Geographies of the Sydney sex economy</td>
<td>Dr Christine Steinmetz, Faculty of the Built Environment, UNSW</td>
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<tr>
<td>8 October</td>
<td>Keeping the promise: behavioural interventions to enhance HIV treatment as prevention</td>
<td>Professor Seth Kalichman, University of Connecticut, US</td>
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<tr>
<td>13 November</td>
<td>Sydney West NSP project, materiality and PhD matters</td>
<td>Kenneth Yates, PhD candidate, NCHSR</td>
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</table>
The NCHSR Clearinghouse is a searchable web-based database that was initially funded by the former Consortium for Social and Policy Research on HIV, Hepatitis C and Related Diseases. It aims to provide easy access to Australian resources and documents that support research, policy and practice relating to HIV/AIDS, hepatitis C and illicit drug use. Content includes more than 6000 records of research articles and reports, conference presentations, policy documents, theses, media releases and community media articles.

In a joint project with the UNSW Library, the Clearinghouse was migrated to a sustainable repository system in 2010 which is accessible through the NCHSR website. An online form for depositing new resources, constructed during 2012, will be launched in early 2013 and will enable NCHSR staff and research partners to add new content to the clearinghouse and to enhance existing content.

Staff at leading international universities joined forces to create CHARI, the Critical HIV/AIDS Research Initiative. Drawing upon a common set of understandings, work within each of the centres is generating better understanding of the epidemic, and contributing to improvements in HIV/AIDS prevention, impact mitigation and care.

This international collaboration currently brings together the combined resources of:

- University of New South Wales, Australia: National Centre in HIV Social Research, and Social Policy Research Centre
- University of Pretoria, South Africa: Centre for the Study of AIDS
- University of São Paulo, Brazil: Nucleus for the Study of AIDS
- University of Toronto, Canada: HIV Social, Behavioural and Epidemiological Studies Unit

Consultatively and collaboratively, the CHARI initiative seeks to promote:

- Innovative thinking about the epidemic, its course and development
- New research paradigms and perspectives
- Recognition of the importance of relationships, culture and the social structure as drivers of risk and vulnerability
- New thinking about gender and sexuality as they relate to HIV and AIDS
- Innovation and integration within the field of sexual health
- Social theory of relevance to HIV prevention and HIV/AIDS care

NCHSR staff in 2012 contributed to scholarly publications as editors, guest editors and members of editorial boards for a range of peer-reviewed journals. In addition, staff acted as peer reviewers for a large number of prestigious journals, conferences and funding bodies.

**Editorial boards**

*Addiction* (Carla Treloar)

*African Journal of AIDS Research* (Peter Aggleton)

*AIDS* (John de Wit)

*AIDS and Behavior* (Martin Holt)
Engagement and impact

AIDS Care (John de Wit)
AIDS Education and Prevention (Peter Aggleton, Associate Editor)
Critical Public Health (Peter Aggleton)
Culture, Health & Sexuality (Peter Aggleton, Editor-in-Chief)
Foundations and Futures of Education (Book series) (Peter Aggleton)
Global Public Health (Peter Aggleton, Senior Editor)
Health Education (Peter Aggleton)
Health Education Journal (Peter Aggleton, Editor-in-Chief)
Health Education Research (Peter Aggleton, Associate Editor; John de Wit, Guest Editor)
HIV/AIDS and cross-cultural perspectives (Book series) (John de Wit)
International Journal of Drug Policy (Carla Treloar)
International Journal of Sexual Health (Peter Aggleton)
Journal of Sexually Transmitted Diseases (John de Wit)
PLOS One (Christy Newman, Academic Editor)
Psychology & Health (John de Wit, Associate Editor)
Sexualidad, Salud y Sociedad – Revista Latinoamericana (Peter Aggleton)
Sex Education (Peter Aggleton, Editor-in-Chief)
Sexual Health (John de Wit, Guest Editor)
Sexuality, Culture and Health (Book series) (Peter Aggleton)
The Open Ethics Journal (Henrike Körner)
The Open Health Services & Policy Journal (Henrike Körner)
Youth Studies Australia (Joanne Bryant)

Peer reviewing for journals
Addiction
AIDS
AIDS and Behavior
AIDS Care
Archives of Women’s Mental Health
Asia-Pacific Journal of Public Health
Australian Family Physician
Australian Journal of Primary Health
BioMedCentral (BMC) Public Health
Biomedicine Central Public Health
BMC Public Health
BMJ Open
Bulletin of the World Health Organization
Canadian Review of Sociology
Contemporary Drug Problems
Critical Public Health
Croatian Medical Journal
Culture
Culture, Health & Sexuality
Depression Research and Treatment
Drug and Alcohol Dependence
Drugs: Education Prevention and Policy
European Journal of Gastroenterology and Hepatology
Expert Review of Anti-infective Therapy
Health and Ethnicity
Health Education
Health Education Research
Health Promotion Journal of Australia
Health Psychology
Health Sociology Review
History of Human Sciences
HIV Medicine
Human Organization
International Journal of Asia Pacific Studies
International Journal of Drug Policy
International Journal of Qualitative Methods
International Journal of Sexual Health
International Journal of STD and AIDS
Journal of Acquired Immune Deficiency Syndromes
Journal of Adolescent Health
Journal of AIDS and HIV Research
Journal of American Psychiatric Nurses Association
Journal of Behavioral Medicine
Journal of Community and Applied Social Psychology
Journal of Drug Issues
Journal of Homosexuality
Journal of LGBT Health Research
Journal of Sexually Transmitted Diseases
Journal of the American Medical Association
Journal of the International AIDS Society
Journal of Youth Studies
Nederlands Tijdschrift voor Geneeskunde
NSW Public Health Bulletin
Psychology and Health
Public Health
Qualitative Health Research
Sage Open
Sexual Health
Sexually Transmitted Infections
Social Psychological and Personality Science
Social Science & Medicine
Sociology of Health & Illness
Sociological Perspectives
Substance abuse treatment prevention and policy
The Open Health Services & Policy Journal
Text and Talk

Reviewing other than for journals

Staff at NCHSR have also reviewed grant applications, conference abstracts, strategy documents and other materials for:

2nd International HIV Social Science and Humanities Conference, Paris
5th World Congress on Social Media, Mobile Apps, and Internet/Web 2.0, Harvard Medical School, Boston MA
8th Australasian Viral Hepatitis Conference 2012, Auckland, New Zealand
19th International AIDS Conference, Washington DC
23rd Harm Reduction Conference, Vilnius
24th Australasian HIV/AIDS Conference 2012, Melbourne
Primary Health Care Research Conference, Canberra
AIDS Fonds (Netherlands), Scientific Research Grants
Australian Research Council, Discovery Projects Grants Round
Australian Research Council, Future Fellowships
beyondblue: the national depression initiative, National Priority Driven Research Program (Round 2): Gay, Lesbian, Bisexual, Trans and Intersex People
Department of Health, Policy Research Programme (United Kingdom)
Economic and Social Research Council, UK
Excellence in Research for Australia, 2012 evaluation
Health Research Council of New Zealand, Initiative to inform HIV infection prevention programmes
National Health and Medical Research Council, Project Grants
National Institute for Health Research (United Kingdom), Programme Grants for Applied Research
National Research Fund, Luxembourg
Population Health Congress Conference, Adelaide
Social Policy Research Centre, Research Grants, University of New South Wales
The Leverhulme Trust (United Kingdom), Research Project Grants

Committee membership
NCHSR has established relationships with other research institutions, universities, government bodies, non-government organisations, and the community. In 2012, NCHSR staff served on the following committees:

International
AIDS Fonds, The Netherlands
  Scientific Advisory Council (John de Wit)
AIDS Impact Conferences
  International Scientific Committee (John de Wit)
Association for the Social Sciences and Humanities in HIV
  Scientific Advisory Committee (Peter Aggleton)
European Health Psychology Society Conference
  Co-chair, Social Cognition Models Track (John de Wit)
Harm Reduction 2013: IHRA’s 23rd International Conference
  International Programme Advisory Group (Carla Treloar)
HIV in Europe
  Conference Organising Committee (John de Wit)
  Steering Committee (John de Wit)
International AIDS Conference
  Conference Bidding Committee (John de Wit)
  Local Advisory Group (John de Wit)
International Association for the Study of Sexuality, Culture and Society
  General Assembly member (Peter Aggleton)

National
Australasian HIV/AIDS Conference
  National Program Committee (Christy Newman, Martin Holt)
  Theme B Committee: Managing HIV: Clinical management and the lived experience of HIV (Christy Newman)
  Theme C Committee: Preventing HIV (Martin Holt)
  Theme D Committee: HIV in populations (Henrike Körner)
Australasian Viral Hepatitis Conference
  Organising Committee (Carla Treloar)
  Co-chair of Community and Social Research Theme (Carla Treloar)
Australian Federation of AIDS Organisations
  Biomedical Prevention Policy Reference Group (John de Wit, Martin Holt)
Australian Research Centre in Sex, Health and Society
  Scientific Advisory Committee (John de Wit)
Communicable Diseases Network Australia
  National Blood-borne Virus and Sexually Transmissible Infections Surveillance sub-committee (John de Wit)
  Love Your Liver Campaign Advisory Group (Carla Treloar)
  Health Promotion Conference Project Reference Group (Carla Treloar)

The Kirby Institute for infection and immunity in society
  Annual Surveillance Report Advisory Committee (Limin Mao)
Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections
  Co-chair, Research and Evaluation Working Group (Carla Treloar)
  Legal and Discrimination Working Group (Carla Treloar)

Sexual Health 2013
  Conference Program Committee and Biomedical Sub-committee (Peter Aggleton)

State

ACON
  Board of Directors (John de Wit)
  HIV/Sexual Health Advisory Committee (Martin Holt)
  Research Ethics Review Committee (Martin Holt)
  SexC Committee (Max Hopwood)
  Aboriginal Health and Medical Research Council of NSW
    Harm Minimisation Expert Advisory Panel (Joanne Bryant, Carla Treloar)
  Hepatitis C Peer Education Pilot Program Advisory Committee (Jake Rance)

ASHM NSW Workforce Development Program
  Advisory Committee (Carla Treloar)

Community Restorative Centre NSW,
  Jailbreak, Consultative Health Project (Carla Treloar)
  Harm Reduction NSW (Joanne Bryant, Carla Treloar)
  Hepatitis NSW Medical and Research Advisory Panel (Carla Treloar)

Heterosexual HIV/AIDS Service
  Heterosexual HIV/AIDS Advisory Group (Asha Persson)
  Serodiscordance Resource Working Group (Asha Persson)

Justice Health Hepatitis C Incidence and Transmission in Prisons
  Project Management Group (Carla Treloar)

Macquarie University Addiction and Moral Agency Project
  Advisory Group (Carla Treloar)

New South Wales Ministry of Health
  Expert reference group: targets for NSW HIV and STI strategies (John de Wit)
  Framework and Implementation Plan for Consumer Participation and Improving Access to Hepatitis C Treatment Among Aboriginal People
    Advisory Committee (Carla Treloar)
  Ministerial Advisory Committee on Hepatitis (Carla Treloar)
    Prevention Sub-committee (Carla Treloar)
  Ministerial Advisory Committee on HIV and STI Infections (John de Wit)
    Education Resources sub-committee (John de Wit)
    Health Promotion sub-committee (Philippe Adam)
  Representation in Drug and Alcohol Services
    Advisory Group for SESLHD (Carla Treloar)

NSW Metropolitan Gay Men's HIV Prevention Interagency (John de Wit, Martin Holt, Limin Mao)
  CALD working group (Limin Mao)

NSW Pharmacy and Harm Reduction Interagency (Joanne Bryant, Max Hopwood)

NSW Users & AIDS Association (NUAA)
  Advisory Committee for Community Programs and Services Team (Joanne Bryant)
  Deregulation of Needle and Syringe Provision Advisory Group (Carla Treloar)
  Research Ethics Advisory Group (Carla Treloar)
  Users' News Editorial Advisory Committee (Joanne Bryant, Jake Rance)
  Website Advisory Group (Max Hopwood)
The University of New South Wales
Faculty of Arts and Social Sciences
Dean’s Advisory Committee (John de Wit)
Dean’s Equity and Diversity Advisory Committee (Jake Rance)
Higher Degree Committee (Christy Newman)
Higher Degree Research Student Experience Working Group (Martin Holt)
Mentoring Scheme (Martin Holt)
Occupational Health and Safety Committee (Janice Knapman, Nalini Krishnan)
Research Committee (Carla Treloar)
Standing Committee (John de Wit)
Human Research Ethics Advisory Panel, Social/Health Research (Henrike Körner)
Human Research Ethics Committee (Carla Treloar)

Research communication
To ensure that our research effectively informs policy and practice, NCHSR staff extensively communicate and discuss research results with partner organisations and community members and provide tailored advice regarding policy and program implications.

Presentations


**Publications**


**Consultations**


**Collaborating organisations**

In 2012, NCHSR continued to work closely with national and international researchers, community organisations and government partners that support those affected by blood-borne viruses and sexually transmissible infections.

Aboriginal Health and Medical Research Council of NSW, Sydney

ACON, Sydney
AIDS Action Council of the ACT, Canberra
AIDS Council of South Australia, Adelaide
Albion Centre, Sydney
Anwernekenhe National Aboriginal and Torres Strait Islander HIV/AIDS Alliance
ASHM Workforce Development Program, Sydney
Australasian Society for HIV Medicine, Sydney
Australian Federation of AIDS Organisations, Sydney
Australian Injecting and Illicit Drug Users’ League (AIVL), Canberra
Australian Practice Nurses Association
Australian Research Centre for Sex, Health and Society, La Trobe University, Melbourne
Australasian Sexual Health and HIV Nurses Association
Cancer Council New South Wales, Sydney
Centre for Epidemiology and Population Health, Burnet Institute, Melbourne
Centre for Population Health, NSW Ministry of Health, Sydney
Centre for the Study of AIDS, University of Pretoria, South Africa
Chinese Consulate-General, Sydney
Comprehensive AIDS Research Centre, Tsinghua University, Beijing, PR China
Confucius Institute, University of New South Wales, Sydney
Department of Clinical and Health Psychology, Utrecht University, The Netherlands
Department of Communication Sciences, University of Amsterdam, The Netherlands
Department of Communication Sciences, VU University Amsterdam, The Netherlands
Department of Public Health, Erasmus University Medical Centre Rotterdam, The Netherlands
Department of Social Psychology, Utrecht University, The Netherlands
Department of Student Services, University of Applied Sciences, Amsterdam, The Netherlands
East Sydney Doctors, Sydney
Eastern Sydney Medicare Local
Faculty of Arts, Macquarie University, Sydney
Faculty of Psychology and Neuroscience, Maastricht University, The Netherlands
Family Planning NSW
Flinders University, Adelaide
Goldsmiths College, London
Hepatitis Australia, Canberra
Hepatitis C Victoria, Melbourne
Hepatitis NSW, Sydney
Heterosexual HIV/AIDS Service (Pozhet), Sydney
HIV, Immunology and Infectious Diseases Unit, St Vincent’s Hospital, Sydney
HIV/STI Intervention & Prevention Studies Program, School of Public Health, University of Minnesota, United States
Holdsworth House Medical Practice, Sydney
Human Resources for Health Knowledge Hub, University of New South Wales

Disclaimer:
While we have carefully assembled the following list of collaborating organisations, we apologise for any inadvertent omissions or inclusions.
Institute of Education, University of London
Journalism and Media Research Centre, University of New South Wales
The Kirby Institute, University of New South Wales
Kirketon Road Centre, Sydney
Living Positive Victoria, Melbourne
London School of Hygiene and Tropical Medicine, University of London
Medical Psychology Research Unit, The University of Sydney
Medically Supervised Injection Centre (MSIC), Sydney
Melbourne Sexual Health Clinic
Multicultural HIV and Hepatitis Service, Sydney
National Aboriginal Community Controlled Health Organisation, Canberra
National Association of People Living with HIV/AIDS, Sydney
National Development Research Institute, New York
National Drug and Alcohol Research Centre, Sydney
National Drug Research Institute, Curtin University of Technology, Perth
NSW Ministry of Health
NSW Sexually Transmissible Infections Programs Unit, Sydney
NSW Users & AIDS Association, Sydney
Oxford Brookes University, Oxford, United Kingdom
Pacific Friends of the Global Fund, Sydney
Pharmacy Guild of Australia, Canberra
Positive Life NSW, Sydney
Positive Life SA, Adelaide
Queensland Association for Healthy Communities, Brisbane
Queensland Department of Health
Queensland Positive People, Brisbane
Royal Australian College of General Practitioners, Melbourne
Rutgers WPF, Utrecht, The Netherlands
The Sax Institute, Sydney
Scarlet Alliance, Sydney
School of Psychology, University of Sydney
School of Social Sciences, University of New South Wales
Social Policy Research Centre, University of New South Wales
South Australian Department of Health
St Vincent's Alcohol and Drug Service, Sydney
St Vincent's Centre for Applied Medical Research
Sydney Children's Hospital, Paediatric HIV Service, Sydney
Sydney Sexual Health Centre, Sydney Hospital
Taylor Square Private Clinic, Sydney
Victorian AIDS Council/Gay Men's Health Centre, Melbourne
Victorian Department of Health
Western Australian AIDS Council, Perth
Western Australia Department of Health
Western Australian Centre for Health Promotion Research, Curtin University of Technology, Perth
Academic publications and presentations

NCHSR aims to undertake exemplary, multidisciplinary research that advances understanding of the social and behavioural aspects of the HIV, viral hepatitis and sexually transmissible infections epidemics. Researchers at NCHSR make significant contributions to scholarly knowledge and policy debates by extensively publishing research results in peer reviewed journals and books and by presenting at a wide range of scholarly conferences.
Academic publications and presentations

Articles in refereed journals


Iyer, P., & Aggleton, P. (2012). ‘Sex education should be taught, fine…but we make sure they control themselves’: teachers’ beliefs and attitudes towards young people’s sexual and reproductive health in a Ugandan secondary school. Sex Education. Advance online publication. http://dx.doi.org/10.1080/14681811.2012.677184
Academic publications and presentations


Academic publications and presentations


Academic publications and presentations


Books / book chapters


Academic publications and presentations


Research reports


Academic publications and presentations


### Conference presentations

#### Invited papers

Aggleton, P. (2012, August). *HIV and Health Promotion: What have we learned, what needs to be done?* Keynote address at the 4th Annual NSW HARP Health Promotion Forum, Sydney.


Treloar, C., Gray, R., Brener, L., Jackson, C., Johnson, P., Saunders, V., Harris, M., Butow, P., & Newman, C. E. (2012, November) *‘I can’t do this, it’s too much’: building social inclusion in cancer diagnosis and treatment experiences of Aboriginal people, their carers and health workers*. Invited paper presented at symposium conducted at COSA’s 39th Annual Scientific Meeting and IPOS’ 14th World Congress, Brisbane.

#### Preferred papers and posters


Lea, T., Reynolds, R., & de Wit, J. (2012, November). *Minority stress, psychological distress and alcohol and other drug use among same-sex attracted young adults in*
Academic publications and presentations


Newman, C. E., Gray, R., Brener, L., Jackson, C., Saunders, V., Johnson, P., Harris, M., Butow, P., & Treloar, C. (November 2012). *One size fits all? The discursive framing of cultural difference in health professional accounts of providing cancer care to Aboriginal people.* Paper presented at symposium conducted at COSA’s 39th Annual Scientific Meeting and IPOS’ 14th World Congress, Brisbane.


Academic publications and presentations


All NCHSR research projects are partly or fully funded by the Australian Government Department of Health and Ageing. Additional funding sources are indicated in the project descriptions in the section, Our Research.
### Funding

**Statement of financial performance for the year ended 31 December 2012**

<table>
<thead>
<tr>
<th></th>
<th>2012 $000s</th>
<th>2011 $000s</th>
<th>2010 $000s</th>
<th>2009 $000s</th>
<th>2008 $000s</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>External Funds*</td>
<td>2,450</td>
<td>3,269</td>
<td>2,656</td>
<td>3,188</td>
<td>3,416</td>
</tr>
<tr>
<td>UNSW Contribution</td>
<td>1,402</td>
<td>627</td>
<td>863</td>
<td>776</td>
<td>927</td>
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<tr>
<td>Total Income</td>
<td>3,902</td>
<td>3,896</td>
<td>3,519</td>
<td>3,965</td>
<td>4,343</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payroll</td>
<td>2,910</td>
<td>2,699</td>
<td>2,355</td>
<td>2,586</td>
<td>3,329</td>
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<tr>
<td>Equipment</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>41</td>
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<tr>
<td>Materials</td>
<td>453</td>
<td>578</td>
<td>356</td>
<td>657</td>
<td>840</td>
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<tr>
<td>Travel</td>
<td>228</td>
<td>277</td>
<td>94</td>
<td>127</td>
<td>499</td>
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<tr>
<td><strong>Total expenses</strong></td>
<td>3,592</td>
<td>3,556</td>
<td>2,811</td>
<td>3,412</td>
<td>4,709</td>
</tr>
<tr>
<td><strong>Operating result</strong></td>
<td>310</td>
<td>340</td>
<td>708</td>
<td>553</td>
<td>-366</td>
</tr>
<tr>
<td>Surplus (deficit) bfwd from prior year</td>
<td>574</td>
<td>234</td>
<td>-550</td>
<td>-406</td>
<td>10</td>
</tr>
<tr>
<td>Correction of prior year Accumulated Fund</td>
<td>0</td>
<td>0</td>
<td>76</td>
<td>-144</td>
<td>-50</td>
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<tr>
<td>Adjusted brought forward</td>
<td>574</td>
<td>-234</td>
<td>-474</td>
<td>-550</td>
<td>-40</td>
</tr>
<tr>
<td><strong>Accumulated funds surplus (deficit)</strong></td>
<td>884</td>
<td>574</td>
<td>234</td>
<td>3</td>
<td>-406</td>
</tr>
<tr>
<td><strong>Debtors</strong></td>
<td>245</td>
<td>128</td>
<td>100</td>
<td>10</td>
<td>240</td>
</tr>
</tbody>
</table>

Note: UNSW contribution is made up of levy refunds and additional faculty support.