



The National Centre in HIV Social Research (NCHSR): A Brief History of its Beginning

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Don Baxter (a gay man, who later became the CEO of ACON and AFAO) came out to Macquarie University for help re prevention of HIV transmission. This was at the end of 1985. Don turned to Professor RW Connell (a sociologist) and R.W. turned to me for help with the development of a social / behavioural questionnaire that would help the gay community prevent HIV transmission.

We formed a committee received funding from NSW Health and began our work. The committee comprised R.W., me, Don Baxter, Lex Watson, also a gay man and a political scientist at Sydney University, plus those who worked with us at that time to work on the project – Gary Dowsett, June Crawford and Rigmor Berg among many others. The team who worked together from 1985

to 1991 on what we called the Social Aspects of the Prevention of AIDS (SAPA) project and its follow-up, Sustaining Safe Sex (SSS) study. The researchers were psychologists, sociologists, statisticians, trained interviewers, members of gay community and workers at the AIDS Council of New South Wales.

We all learnt from each other. Researchers learnt about the sexual practices of gay men and the central importance of working with gay men and understanding that sexual practice. Our basic aim was to help educators and our first responsibility was to communicate with and, on the basis of our research, to inform gay community and the organisations and institutions which supported them in their fight against HIV and AIDS. We also learnt from those from different academic backgrounds. In the years between 1986/7 and 1991 we wrote: a number of reports designed for AIDS educators; a series of monographs reporting our main data analyses for both AIDS educators and researchers; a number of academic publications; we ran over 30 workshops across Australia to work matters through with the AIDS educators and users of the material; and conducted a varied but continuous round of consultations on research, and policy. We learnt a great deal about HIV and AIDS, about education and prevention, and about the role of community in bringing about change. In turn, gay community learnt to modify the practices of their members.

Since our coming together in 1985 we reached out to other communities at risk of HIV including injection drug users and sex workers as well as those living with HIV and AIDS. We also reached out to epidemiologists and biomedical researchers as well as to public health bureaucrats at the state and federal level, who continued to fund our research. As social researchers we were well funded—in part because the then Federal Minister of Health was a political scientist who understood the central place of communities and the importance of communication and interactions between them and the researchers. They were and continue to be very successful collaborations and the Australian research community recognized our work, which in 1990 was housed in the National Centre of HIV Social Research (NCHSR), the third national centre devoted to research into HIV and AIDS.

Many of us travelled to overseas conferences and symposia and we began to work with researchers from other countries including the United States, the United Kingdom, South Africa, Japan, Canada, and China. We also worked with international organisations such as the World Health Organisation and UNAIDS and eventually with other we established the Association for the Social Sciences and Humanities in HIV (ASSHH).

What follows is what I believe was central to the success of the NCHSR research. We had to help/assist people to change their sexual and drug using practices. We needed to build and maintain a critical dialogue between social science, HIV policy and the 'everyday' knowledges of community members – whether they be gay men, men who have sex with men, sex workers, injection drug users, people living with HIV, or heterosexuals men and women.

The central aim of all our research was to capture the changing relations between emerging medical technologies, sexual and drug use practices, and HIV. The following concepts were vital to our successful research: embodied meanings, lived experience, the concept of 'practice' (as opposed to 'behaviour') and the associated concept of social norms. Furthermore, the concept of 'community' rather than 'individual' had a central place in all our research as well as the role of 'reflexive research', where 'reflexive' means understanding the world from the position of the research participants as well as being able to 'mind the gap' between their understandings and those we gleaned from our research. At a more concrete level what was also central to our success was the role of qualitative research alongside quantitative research and genuine collaboration; all of which were underpinned by a multi-disciplinary research team: sociologists, psychologists, anthropologists, statisticians, linguists, philosophers, and educationalists.

The success of our collaborative research was evident in the fall in the rates of HIV transmission in Australia as communities at risk changed their practices: condoms were used, sterile needles and syringes used, as well as a range of other safe strategies that we identified as reducing risk of transmission. The results, the findings of our research, were communicated in our academic publications and major reports to government, both Federal and State governments, and, perhaps most importantly to the populations at risk of HIV and AIDS.