

HIV and Aboriginal and Torres Strait Islander Performance

**A context and background to Aboriginal and Torres Strait Islander performance work
around HIV**

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December 2021

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Research team

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Advisory Group

Jacob Boehme (*Narangga/Kaurna*, South Australia) is an artist and artistic director of dance, theatre and ceremony and the writer/performer of the critically acclaimed dance theatre work *Blood on the Dance Floor* (Winner Best Independent Production Green Room Awards 2017). Jacob is the First Nations Lecturer MFA Cultural Leadership at the National Institute of Dramatic Art.

Emil Cañita is the Community Engagement Officer for Living Positive Victoria. They have a keen interest in amplifying the diverse voices of people living with HIV in Australia and are committed to highlighting the need for meaningful involvement of people living with HIV in creating meaningful outcomes for our communities. Emil has worked in various roles within the LGBTIQ+ and HIV Community in Australia.

Bev Greet was diagnosed with HIV in 1984 and the first woman to be diagnosed at Fairfield Hospital. In 1985 she joined the Positive Friends group where she was the only woman. In 1988 she co-founded Positive Women Vic and is also a founding member of PLWHA (People living with HIV/AIDS Victoria). She has been in governance positions for many years of numerous peer support-based organisations: founding member of NAPWHA (National Association of People Living with HIV/AIDS); Femfatales; founding member of PATSIN (Positive Aboriginal and Torres Strait Islander Network) within NAPWHA; founding member of ICW (International Community of women living with HIV/AIDS); founding member of GNP+ (Global Network of People with AIDS). In 1999 Bev was awarded an OAM for her voluntary service to Women living with HIV/AIDS. As an Aboriginal woman Bev has worked in Community Controlled Aboriginal sexual health for 25 years. In 2014 she was awarded the Rodney Junga award for her services to ATSI (Aboriginal and Torres Strait Islander) sexual health, and in 2016 she was awarded life membership of the Victorian AIDS Council (now Thorne Harbour).

Tiriki Onus is a Yorta Yorta man and is Senior Lecturer and Head of the Wilin Centre for Indigenous Arts and Cultural Development, Associate Dean (Indigenous) and Deputy Dean

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Brenton Geyer is the Senior Communications Officer for Living Positive Victoria. He carries with him a long-held passion for community cultural development and a diverse repertoire of engagement in the queer arts space and HIV activism.

Sandra Gregson is a Sexual Health clinical nurse consultant who has worked with the Victorian Aboriginal Community and now in the Torres Strait over many years. She has observed the success of community driven health messages for HIV and STI prevention using art and theatre.

Carissa Lee Godwin is an Indigenous professional actor and writer. She is currently undertaking her PhD at the University of Melbourne, while working as the First Peoples Specialist Editor at Analysis & Policy Observatory (APO).

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Acknowledgements

We'd also like to thank the following people for their generous advice and time spent engaging with this project: Jacob Boehme, who initiated this work with Alyson Campbell; Dion Kagan, who was a key team member in its early stages; Dino Hodge for feedback and guidance; Professor Richard Frankland, Tiriki Onus and team at The Wilin Centre; and Nick Henderson and Australian Lesbian and Gay Archives for ongoing assistance and support. We are grateful to the Faculty of Fine Arts and Music and the Peter Doherty Institute for Infection and Immunity, University of Melbourne, for support through research time.

We acknowledge the Traditional Owners of the land upon which this research has taken place, the Yalukit Weelam clan of the Boon Wurrung and the Wurundjeri peoples of the Eastern Kulin Nations. We offer respects to Elders past and present. Sovereignty was never ceded. This is, was, and always will be Aboriginal land.

Aboriginal and Torres Strait Islander people are advised that this report contains names of people who have passed away.

Project Background

This project emerged from a relationship between Jacob Boehme and Alyson Campbell and their shared investment in the power of the arts in the realm of living with HIV. This document is the result of a small seed grant from the Melbourne Social Equity Institute awarded in 2015 to Jacob, Alyson and their research partner Jen Audsley, a clinical research fellow at the Doherty Institute, who shared their passion about the capacity of the arts and science to work together. From that starting point they expanded the team to include Bev Greet, Dion Kagan, Carissa Lee and Richard Frankland (Wilin Centre). This team invited an Advisory Group, consisting of Sandra Gregson (VACCHO), Peter Waples-Crowe (Thorne Harbour Health), Brenton Geyer and Suzy Malhotra (both with Living Positive Victoria). When Jacob left the project as his creative career exploded with the success of *Blood on the Dance Floor* (ILBIJERRI, 2016) and leadership of Yirramboi Festival, the Advisory Board agreed that it was possible for us to continue with a non-Indigenous researcher conducting this literature and performance review stage of the research.¹ This role was taken on by Dion Kagan, who then also moved to a different job, and we finally were joined by Jonathan Graffam, who took on the role of putting this review together. So, this document has been a long time coming.

Aim of the project

The project aims to argue the value and role of the arts—particularly theatre and performance—in HIV prevention in Aboriginal and Torres Strait Islander communities. It identifies the widening gaps in access to health promotion and new biomedical HIV prevention methods.

Our key questions are: what performance work exists already? What can we learn from them in terms of artistic choices and organisational strategies that make them successful in a health context in Aboriginal and Torres Strait Islander communities?

¹ As you will see, Jacob's work is still interwoven into the fabric of this project and he generously came back on board as a reader of this document.

Stages of the project

With the initial seed funding from MSEI we agreed we could do a first stage of research.

Stage 1 aims:

- Establish Advisory Group and Ethics application approval (2018);²
- Research and write a review of existing literature and performance around HIV and AIDS in Aboriginal and Torres Strait Islander communities. While the focus initially was in Victoria, few examples were recovered so that this was expanded to the rest of Australia;
- Share this review as a community report with relevant people and bodies including VACCHO; Thorne Harbour Health; Living Positive Victoria; Positive Women; Indigenous theatre makers and companies interested in making work on HIV;
- Possible publication of article.

With a change of team personnel, the Advisory Group advised that the first stage—the literature review and community report—could be completed by non-Indigenous scholars. Any further work, however, particularly any creative practice or consultation with community, must be led by Aboriginal and Torres Strait Islander colleagues and artists.

Our hope is that the document will help provide background material and contribute to important arguments for the continuing value of performance work on HIV and AIDS in Aboriginal and Torres Strait Islander communities.

² If you would like more information about the project, please contact the researchers:

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This research project has been approved by the Human Research Ethics Committee of The University of Melbourne. If you have any concerns or complaints about the conduct of this research project which you do not wish to discuss with the research team, you should contact the Manager, Human Research Ethics, Office for Research Ethics and Integrity, University of Melbourne, VIC 3010. Tel: +61 3 8344 2073 or Email: HumanEthics-complaints@unimelb.edu.au. All complaints will be treated confidentially. In any correspondence please provide the name of the research team or the name or Ethics ID number of the research project (Ethics ID: 1748612).

Preface

As this literature review nears completion, the Black Lives Matter movement across the globe calls pressing attention to the violence and oppression disproportionately levelled at Black people and supported still by systems that are inherently racist. In Australia, a large rallying point for protests is the ongoing Aboriginal deaths that have occurred in custody since the completion of the Australian Royal Commission into Aboriginal Deaths in Custody in 1991.³ Inadequate medical care and disproportionate process response by police, prisons and hospitals have been identified as key indicators for these deaths.

At exactly the same moment, the COVID-19 pandemic leaves Aboriginal and Torres Strait Islander communities at a higher risk of transmission and serious illness because of higher rates of other health issues, established difficulties in accessing health care and, for those living remotely, reliance on outreach services that are now limited or suspended.⁴ As we have starkly seen across the globe, COVID-19 responses do not have the same effect on all populations—Indigenous peoples, women, asylum seekers, people with a disability and those displaced (homeless) have been placed most at-risk.⁵ It has also recently been reported that Aboriginal and Torres Strait Islanders are being disproportionately affected by punitive and restrictive policy responses during the pandemic.⁶

We must ask: where does this response leave people living with HIV, particularly amongst our Indigenous population? As this literature review attempts to highlight, this is a population already neglected both in policy development and with the delivery of support

³ Lorena Allam Calla Wahlquist and Nick Evershed, “Aboriginal deaths in custody: 434 have died since 1991, new data shows,” *The Guardian*, published June 6, 2020, <https://www.theguardian.com/australia-news/2020/jun/06/aboriginal-deaths-in-custody-434-have-died-since-1991-new-data-shows>.

⁴ “Coronavirus (COVID-19) advice for Aboriginal and Torres Strait Islander peoples and remote communities,” *Australian Government Department of Health*, published July 20, 2020, <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/advice-for-people-at-risk-of-coronavirus-covid-19/coronavirus-covid-19-advice-for-aboriginal-and-torres-strait-islander-peoples-and-remote-communities>.

⁵ See: The United Nations Department of Global Communications, “UN working to ensure vulnerable groups not left behind in COVID-19 response,” *United Nations*, published March 24, 2020, <https://www.un.org/en/un-coronavirus-communications-team/un-working-ensure-vulnerable-groups-not-left-behind-covid-19>; and The United Nations Department of Economic and Social Affairs: Indigenous Peoples, “COVID-19 and Indigenous peoples,” *United Nations*, accessed July 27, 2020, <https://www.un.org/development/desa/indigenouspeoples/covid-19.html>.

⁶ Lorana Bartels and Thalia Anthony, “For First Nations people, coronavirus has meant fewer services, separated families and over-policing: new report,” *The Conversation*, published May 27, 2020, <https://theconversation.com/for-first-nations-people-coronavirus-has-meant-fewer-services-separated-families-and-over-policing-new-report-139460>.

services. During a time of unprecedented shutdowns and restrictions, we must underscore the serious threat this moment poses to the community and a greater need than ever for a range of responses.

HIV surveillance reporting

Due to the ongoing impact of COVID-19, there has been limited reporting of new HIV notifications in Australia published since the 2018 Kirby Institute HIV surveillance report.⁷ As such, the 2018 report is used for this document. Limited 2019 reporting has recently become available, outlining that in 2018 Australia recorded 34 new total notifications of HIV in the Aboriginal and Torres Strait Islander population, representing 4% of the total (833), an increase of 1% from the previous year. The ‘HIV notification rate among the Aboriginal and Torres Strait Islander population in 2018 was more than twice the rate of the non-Indigenous population’, and the limited 2019 data suggests this discrepancy is increasing.⁸ Additionally, the prevalence of HIV in male Aboriginal and Torres Strait Islander participants of the Australian Needle and Syringe Program has now increased five-fold since 2009-2010 (1%).⁹ The data demonstrates a continuously widening gap in the disproportionate representation of Aboriginal and Torres Strait Islanders in new HIV notifications.

A note on language

In this document we most frequently use the terms Aboriginal and Torres Strait Islanders in referring to the Indigenous Peoples of Australia. We acknowledge First Nations, Indigenous Australians, and the range of other identifiers that are commonly used to capture the complex, diverse language and culture groups that exist across these communities. The selection of language was made in consultation with our Advisory Board.

⁷ Kirby Institute, *HIV in Australia: annual surveillance short report 2018*, (Sydney: Kirby Institute, University of New South Wales, 2018), https://kirby.unsw.edu.au/sites/default/files/kirby/report/supplHIV2018_content_20180920r.pdf.

⁸ Kirby Institute, *National update on HIV, viral hepatitis and sexually transmissible infections in Australia 2009–2018*, (Sydney: Kirby Institute, University of New South Wales, 2020), 22, <https://kirby.unsw.edu.au/sites/default/files/kirby/report/National-update-on-HIV-viral-hepatitis-and-STIs-2009-2018.pdf>.

⁹ Ibid.

By sharing my personal story, unapologetically, of being Blak, gay and poz, *Blood on the Dance Floor* is an opportunity to create a space for our mob to have a voice in the dialogue around HIV. A conversation at a table we have not been invited to in this country, which has so far been led by, and reserved for, gay white men... Now, more than ever, we need to take our seat at that table, our silence broken and our voices heard.

Jacob Boehme, *Blood on the Dance Floor* program notes (Arts House, 2016)

Introduction

The Kirby Institute's 2018 annual HIV surveillance report shows that in 2017 Australia experienced the lowest number of new HIV notifications since 2010. This marks the end of a continued rise in HIV diagnoses in Australia from 2012 to 2016. However, of the 963 new HIV notifications recorded in Australia in 2017, 31 were Aboriginal and Torres Strait Islander people, representing 3% of the total HIV notifications.¹⁰ As it stands, Aboriginal and Torres Strait Islanders are 1.6 times more likely to contract HIV than non-Indigenous Australians.¹¹

In the past, theatre and performance has been significant in contributing to discussions and understanding around HIV and AIDS but there has been a notable decline in performance work addressing HIV and AIDS since the early days of the epidemic.¹² However, with rising infection rates in Aboriginal and Torres Strait Islander communities occurring simultaneous to new developments in HIV prevention and treatment, there is still a case for the arts—with performing arts of particular interest in this document—to play a key role in addressing the complexities of HIV and AIDS today, especially the ongoing stigma associated with HIV and HIV disclosure.

Since the beginning of the HIV and AIDS crisis in Australia, the dominant narrative to emerge surrounds the gay, White male experience and has silenced and rendered invisible the experience of other individuals and communities. Transmission rates of HIV in Aboriginal and Torres Strait Islander communities, as well as the experience of those Aboriginal and Torres Strait Islanders living with HIV and AIDS, are rarely acknowledged by mainstream news and other media. This population is also under-represented in targeted health promotions, government initiatives and clinical trial groups. For women, transgender and gender diverse Aboriginal and Torres Strait Islanders this is particularly the case.

¹⁰ Kirby Institute, *HIV in Australia: annual surveillance short report 2018*, 3.

¹¹ This figure relates to data from the 2018 report. In fact, as stated in the preface, 2019 reports outline Aboriginal and Torres Strait Islanders are now over 2 times more likely to contract HIV than non-Indigenous Australians. See: Kirby Institute, *National update on HIV, viral hepatitis and sexually transmissible infections in Australia 2009–2018*, 22.

¹² Editors Alyson Campbell and Dirk Gindt, in the introduction to their volume *Viral Dramaturgies: HIV and AIDS in the Twenty-First Century*, articulate that one of the problematic consequences with the success of HIV and AIDS medications introduced in the 1990s is that gradually HIV and AIDS receded from any global political or cultural agenda. Campbell and Gindt frame a 'cultural amnesia' that has since existed around HIV and AIDS in mainstream discourse, particularly in the context of theatre and performing arts (21-22).

This report highlights the widening gap in new HIV transmission rates and HIV prevention and treatment uptake between the Aboriginal and Torres Strait Islander and non-Indigenous populations. It includes a review of sexual health promotions and arts-based interventions that have been used to target Aboriginal and Torres Strait Islander communities and calls particular attention to the importance of including evaluative methods in project design. Key to this is a particular interest in identifying projects led by Aboriginal and Torres Strait Islander communities and/or community-controlled health organisations, which in turn emphasises the significance of self-determination in health promotion design and delivery. The urge here is to purposefully acknowledge the hard work and success of Aboriginal and Torres Strait Islander individuals and communities in leading grass-roots efforts around health promotion (specifically in terms of HIV awareness) as funding, resources and opportunities continue to be scarce.

The report also provides a review of theatre and performance work that has taken place by Aboriginal and Torres Strait Islander artists and companies on the experience of living with HIV. It makes a case for the arts—specifically theatre and performance work—addressing the ongoing stigma that exists for those living with HIV to simultaneously educate and mobilise communities of audiences by generating meaningful, urgent conversations. Important here is that the report draws on examples of both Theatre in Health Education (THE)—an established field of community-based performance—as well as theatre made within the arts sector that has no explicit ties to health education outcomes. The implication is that different approaches to theatre-making vary in how they function but ultimately share a similar capacity for continuing urgent conversations around HIV and AIDS within and beyond targeted communities.

The aim of this community report is to make a case for the use of theatre and performance to increase awareness around Aboriginal and Torres Strait Islanders living with HIV within the context of health promotion and education, and/or as art (entertainment). It is the hope of the authors that this report will offer itself as a useful resource to evidence the need for future performance work in the field and to support artists and/or health organisations in making their case for funding, resources or in accessing support systems.

HIV notifications in Aboriginal and Torres Strait Islander communities

This section of the report provides an important background to the prevalence of HIV and new HIV notifications in Aboriginal and Torres Strait Islander communities. It draws heavily on frameworks of medical epidemiology to highlight key findings around the disproportionate rates of HIV and STI notifications affecting Aboriginal and Torres Strait Islanders as well as significant variations in how these communities are impacted compared to Australia's non-Indigenous population.

According to the Kirby Institute's 2018 HIV surveillance report, the 'rate of HIV notification increased by 41% in the Aboriginal and Torres Strait Islander population between 2013 and 2017, compared to a 12% decline in Australian-born non-Indigenous people'.¹³ Additionally, more notifications are occurring among Aboriginal and Torres Strait Islander women and higher numbers are attributed to heterosexual sex and injecting drug use (IDU).¹⁴ To better understand this phenomenon, it is vital to examine divergences in the demographic characteristics of gender, sexuality, IDU and geographical location (urban, regional, remote).¹⁵ Such findings are crucial in building a case for further targeted health education and messaging, as well as other associated resources, that might provide more meaningful and specific intervention against HIV and STIs in the context of Aboriginal and Torres Strait Islander communities.

The annual Kirby Institute HIV surveillance report outlines that in 2017 male-to-male sex (MSM) continued to be the major risk to exposure for the total population of Australia. Of the 963 total notifications of HIV, 607 cases (63%) were associated with MSM.¹⁶ MSM with IDU was reported in 53 cases (6%), IDU in 33 (3%) and heterosexual sex in 238 (25%).¹⁷ Within the Indigenous Australian population, 31 total notifications were reported. Of these, risk exposures included 12 notifications (38.7%) attributed with MSM, 2 (6.5%) with MSM

¹³ Kirby Institute, *HIV in Australia: annual surveillance short report 2018*, 3.

¹⁴ James Ward, et al., "HIV incidence in Indigenous and non-Indigenous populations in Australia: a population-level observational study," *The Lancet HIV* 5, no. 9 (2018): e506.

¹⁵ See also Simon Graham, et al., "Prevalence of HIV among Aboriginal and Torres Strait Islander Australians: a systematic review and meta-analysis," *Sexual Health: CSIRO Publishing* 14, no. 3 (2017): 201-207.

¹⁶ MSM is a term used to describe sexual activity between men regardless of self-identification (gay, bisexual, heterosexual, etc.).

¹⁷ Kirby Institute, *HIV in Australia: annual surveillance short report 2018*, 3.

and IDU, 8 (25.8%) with IDUs and 8 (25.8%) with heterosexual sex.¹⁸ This same HIV surveillance report notes that these are occurring in small numbers and reflect local occurrences, hence vary from national patterns.¹⁹ However, action must be taken to avoid a similar situation to that of Canada, where a concentrated HIV epidemic is occurring within the Indigenous population.²⁰

A vital difference in the data between Aboriginal and Torres Strait Islander communities and the non-Indigenous population is the number of HIV notifications among women. 7 of the 31 (22.6%) new HIV notifications for Aboriginal and Torres Strait Islanders in 2017 were reported in women, in comparison to 101 of 922 (11%) new HIV notifications for non-Indigenous Australian women.²¹ In an observational study of HIV incidence in Aboriginal and Torres Strait Islander peoples, James Ward et al. assert, ‘... rates of HIV diagnosis among Indigenous Australian women have been consistently four to seven times higher than among non-Indigenous Australian women...’²² This is supported by data from the Kirby Institute’s study that states: ‘Between 2008 and 2017, the notification rates of HIV infection among Aboriginal and Torres Strait Islander females... were 2 to 12 times as high as among the non-Indigenous Australian-born female population.’²³

In their comparative study of HIV diagnoses in Indigenous peoples of Australia, Canada and New Zealand, Beverley Shea et al. assert that gendered power differentials affect these numbers, suggesting it is possible they ‘reflect gender-specific issues that increase risk of HIV infection: sexual abuse, transactional sex and trans-generational sex can all be accompanied by power gradients that increase HIV risk.’²⁴ This is supported by Kerry Arabena, who highlights broad gender inequity in the delivery of sexual and reproductive health services for Aboriginal and Torres Strait Islander women and girls, while also drawing

¹⁸ Ibid., 3-5.

¹⁹ Ibid., 30.

²⁰ See for instance: James Ward et al., “HIV incidence in Indigenous and non-Indigenous populations,” e507; AC Bourgeois et al., “HIV in Canada—Surveillance Report, 2016,” *Canada Communicable Disease Report* 43, no. 12 (2017): 248-256; and Beverley Shea et al., “HIV diagnoses in indigenous peoples: comparison of Australia, Canada and New Zealand,” *International Health* 3, no. 3 (2011): 193-198.

²¹ Kirby Institute, *HIV in Australia: annual surveillance short report 2018*, 7.

²² James Ward et al., “HIV incidence in Indigenous and non-Indigenous populations,” e512.

²³ Kirby Institute, *Bloodborne viral and sexually transmissible infections in Aboriginal and Torres Strait Islander people: Annual surveillance report 2018*, (Sydney: Kirby Institute, University of New South Wales, 2018), 23, https://kirby.unsw.edu.au/sites/default/files/kirby/report/KI_Aboriginal-Surveillance-Report-2018.pdf.

²⁴ Shea et al., “HIV diagnoses in indigenous peoples,” 197.

specific attention to experiences of ‘trauma related to sexual assault, sexual abuse and intimate domestic violence’.²⁵ K. Cripp et al., in their survey of attitudes towards violence against Aboriginal and Torres Strait Islander women, suggest it is ‘highly probable’ this population of women and girls experience: higher rates of sexual violence; higher rates of hospitalisation as a result of family violence; more severe violence; and greater barriers to disclosure.²⁶ Together these highlight the urgent need for qualitative research into the experiences of sexual violence for Aboriginal and Torres Strait Islander women, with specific implications toward addressing disproportionate acquisition of STIs and HIV.

There continues to be a significant gap in identifying transgender and gender diverse individuals within any major HIV surveillance report in Australia. New HIV diagnoses in Australia are notifiable—that is, government health authorities are automatically informed of the occurrence—but state and territory data collection have limitations in reporting gender identity as transgender or gender diverse.²⁷ It has, however, been suggested that improvements are being made for recording the sex variable for HIV notifications.²⁸ This fits a global tradition that excludes transgender and gender diverse populations, preventing the possibility of meaningful data collection and rendering invisible the experience of transgender and gender diverse individuals.

A policy discussion paper, “Effective and Meaningful Inclusion of Trans and Gender Diverse People in HIV Prevention,” published in partnership by three gender and sexual health organisations in New South Wales, provides an overview of the key issues that perpetuate the exclusion of transgender and gender-diverse populations from such

²⁵ Kerry Arabena, “Addressing structural challenges for the sexual health and well-being of Indigenous women in Australia,” *Sexually Transmitted Infections* 92, no. 2 (2016): 88.

²⁶ K. Cripps, et al., *Attitudes towards violence against women and gender equality among Aboriginal people and Torres Strait Islanders: Findings from the 2017 National Community Attitudes towards Violence against Women Survey (NCAS)* (Sydney: ANROWS, 2019), 10, <https://ncas.anrows.org.au/wp-content/uploads/2019/05/2017-NCAS-ATSI-Sub-Report.pdf>.

²⁷ The state of Victoria was the first to adopt a two-part question to more accurately identify transgender and gender-diverse individuals in HIV testing: sex assigned at birth and current gender identity. Between January 2017 and December 2018, a total of 9 people (2 transgender men and 7 transgender women) were identified within the 511 new HIV notifications. Further adoption and continuation of this practice is required to develop reliable estimates of HIV prevalence among transgender and gender-diverse people. See: K.E Ryan, et al., “Improved capture of trans and gender-diverse people diagnosed with HIV infection in Victoria following refinement to notification form,” *HIV Medicine* 21 (2020): e23-e24.

²⁸ Kirby Institute, *HIV in Australia: annual surveillance short report 2018*, 24.

studies.²⁹ The discussion paper demonstrates that no data currently exist that deliver an accurate or reliable indication of the prevalence and impact of HIV and STIs on this population at a local, national or global level. It does, however, reference a systematic review by Stefan Baral et al., which found transgender women globally were 49 times more likely to be living with HIV than the general population.³⁰ The discussion paper also draws attention to the occurrence of surveillance studies conflating the experience of transgender and gender-diverse people—most significantly their sexual practices, among other exposure risks.³¹ One of the major consequences of the conflation of such data is that resources cannot be appropriately allocated.³² In Australia, the 2018 Kirby Annual Surveillance Report lists numbers for both men and women in detail, with in-depth analysis. Transgender and gender diverse people, however, are only included in total numbers of MSM (if identifying as male) and ‘people for whom data on sex was missing’, with no other mention within the report.³³ There is no existing data that could identify the prevalence of HIV in the transgender and gender diverse Aboriginal and Torres Strait Islander population.

In 2017 hepatitis C notifications for Aboriginal and Torres Strait Islander communities were 4.4 times as high as in the non-Indigenous population, gonorrhoea six times as high and chlamydia three times as high.³⁴ Of the total 4398 notifications in Australia of infectious syphilis, 779 (18%) were among Aboriginal and Torres Strait Islander peoples, for which notifications were nearly equal between men and women (male to female ratio 1:1). In contrast, notifications in the non-Indigenous population were predominantly in men (male to female ratio 13:1).³⁵

²⁹ Zahra Stardust, et al. *Effective and Meaningful Inclusion of Trans and Gender Diverse People in HIV Prevention*. Sydney: ACON and PASH.tn, 2017. https://www.acon.org.au/wp-content/uploads/2017/12/Policy-Discussion-Paper-Trans-and-Gender-Diverse-Inclusion_V2a.pdf.

³⁰ Stefan Baral et al., “Worldwide Burden of HIV in Transgender Women: A Systematic Review and Meta-Analysis,” *The Lancet Infectious Diseases* 13, no. 3 (2013): 214–222.

³¹ See also: International Reference Group on Transgender People and HIV/AIDS, “Counting Trans People In: Advancing Global Data Collection on Transgender Communities and HIV,” 2016, available at: <https://transglobalactivism.org/wp-content/uploads/2016/07/Counting-Trans-People-In-Web.pdf> and Sari L Reisner and Gabriel R Murchison, “A global research synthesis of HIV and STI biobehavioural risks in female-to-male transgender adults,” *Global Public Health* 11, no. 7-8 (2016): 866-887.

³² Stardust, et al. *Effective and Meaningful Inclusion*, 6.

³³ Kirby Institute, *HIV in Australia: annual surveillance short report 2018*, 16.

³⁴ Kirby Institute, *Bloodborne viral and sexually transmissible infections*, 4, 7, 65.

³⁵ *Ibid.*, 8.

This trend is coupled with an ongoing, concentrated epidemic of STI rates occurring in remote Indigenous Australian communities at the top end of Australia: namely, Northern Queensland, Darwin and the Kimberleys.³⁶ ‘The notification rates in the Aboriginal and Torres Strait Islander population have increased in regional and remote areas in the 10-year period from 2008 to 2017. Conversely, notification rates have fluctuated but largely decreased in major cities between 2008 and 2017.’³⁷ Evidence that STIs increase the chance of HIV transmission due to ulceration and inflammation of the genital tract is also significant.³⁸

Considering the findings from this data, there is a strong case to be made for additional HIV education and other strategies of knowledge-sharing (which include performance, or artistic resources co-delivered with a performance event) to specifically target Aboriginal and Torres Strait Islander women, IDUs, sistergirls and brotherboys and the wider queer community. With this, and only minimally presented in the above data, it is vital to acknowledge, and be sensitive to, the differences and diversity of HIV and STI prevalence that exist across Aboriginal and Torres Strait Islander communities.

Available treatments and new preventative measures: a gap in access

The recent addition of pre-exposure prophylaxis (PrEP) to the Australian Pharmaceutical Benefits Scheme (PBS), together with post-exposure prophylaxis (PEP) and Treatment as Prevention (TasP) have become widely accessible methods of preventing HIV exposure within some high-risk populations. PrEP involves the use of an HIV-active antiretroviral drug prescribed to HIV-negative individuals prior to potential HIV exposure to protect from HIV infection; PEP is an HIV antiretroviral drug prescribed after a potential

³⁶ See, for instance: Robert Baird, “Syphilis outbreak control attempts a ‘total failure’ says Australian Medical Association,” ABC, published January 8, 2019, <https://www.abc.net.au/news/2019-01-08/syphilis-outbreak-federal-government-failure-australian-medical/10696660> and Stephen Fitzpatrick, “How did we let this happen? In a first-world country like Australia, wholly preventable sexually transmitted diseases are rampant in indigenous communities,” The Australian, published April 2, 2018, <https://www.theaustralian.com.au/nation/inquirer/sti-among-indigenous-communities-is-preventable-but-rampant/news-story/9328faae80a8718e63974fc817f53a58>.

³⁷ Kirby Institute, *Bloodborne viral and sexually transmissible infections*, 24.

³⁸ See, for instance, Kenneth H Mayer and Kartik K Venkatesh, “Interactions of HIV, Other Sexually Transmitted Diseases, and Genital Tract Inflammation Facilitating Local Pathogen Transmission and Acquisition,” *American Journal of Reproductive Immunology* 65, no. 3 (2011): 308-316.

exposure to HIV.³⁹ TasP refers to ‘HIV prevention methods that use antiretroviral therapy (ART) to decrease the risk of HIV transmission.’⁴⁰ That is, people living with HIV that take ART daily, as prescribed, may then achieve and maintain an undetectable viral load meaning they cannot transmit HIV to a HIV-negative partner.⁴¹

Andrew Grulich et al. outline the success achieved in a major PrEP roll out in a concentrated study of MSM living in what the authors refer to as Sydney’s ‘gay suburbs’.⁴² The EPIC-NSW study targeted gay men who fitted HIV high-risk eligibility criteria. They report that Australian-born MSM, and those from other wealthy, English-speaking nations, were those that benefited most from PrEP trials through to its listing on PBS.⁴³ ‘The results from EPIC-NSW provide an important evidence-base to inform our response to HIV globally... we know that PrEP implemented quickly, at a large scale, and targeted to high-risk populations can help turn the HIV epidemic around.’⁴⁴ There is no reference to Aboriginal or Torres Strait Islander participation in the trial, and therefore no data analysis, within this major study. Of the 3700 participants recruited for this clinical trial 99% were men. The report also states that the decline in the number of HIV diagnoses in MSM in New South Wales in the wake of this trial shows, ‘the lowest annual HIV diagnosis count in MSM recorded in New South Wales since the beginning of HIV surveillance in 1985.’⁴⁵ Another key demographic missing from such clinical trials is injecting drug users. This is significant given the mounting evidence of successful HIV prevention for IDU using PrEP.⁴⁶

³⁹ For more, see: <https://endinghiv.org.au/stay-safe/prep/>

⁴⁰ “Treatment as Prevention (TasP) for HIV,” Avert, published October 2019, <https://www.avert.org/professionals/hiv-programming/prevention/treatment-as-prevention>.

⁴¹ “U=U: ASHM Guidance for Health Professionals,” Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM), published October 2020, <https://ashm.org.au/HIV/UequalsU/>.

⁴² Andrew Grulich et al., “Population-level effectiveness of rapid, targeted, high-coverage roll-out of HIV pre-exposure prophylaxis in men who has sex with men: the EPIC-NSW prospective cohort study,” *The Lancet HIV* 5, no. 11 (2018): e629-637.

⁴³ *Ibid.*, e633.

⁴⁴ Andrew Grulich in Nic Parkhill, *Australian PrEP trial leads to unprecedented reductions in HIV transmission*, (Sydney: Kirby Institute, University of New South Wales. Media Release, October 17, 2018), <https://kirby.unsw.edu.au/news/australian-prep-trial-leads-unprecedented-reductions-hiv-transmission>.

⁴⁵ Grulich et al., “Population-level effectiveness,” e633.

⁴⁶ See, for instance: Kachit Choopanya, et al., “Antiretroviral prophylaxis for HIV infection in injecting drug users in Bangkok, Thailand (the Bangkok Tenofovir Study): a randomised, double-blind, placebo-controlled phase 3 trial,” *Lancet* 381 (2015): 2083-90; also see: Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM), *Prevent HIV by Prescribing PrEP*, (Sydney, 2019), 20-21, <https://ashm.org.au/resources/hiv-resources-list/prep-guidelines-2019/>.

Other research suggests that the privileging of targeted sexual health promotion and clinical trials toward non-Indigenous MSM living in middle or upper-class urban areas is perpetuating the disproportionate rates in HIV notifications. Ward, et al. state: ‘Of the almost 17 000 people enrolled in PrEP trials in Australia, about 200 are Aboriginal and Torres Strait Islander people, thus leaving a gaping hole in evaluation of this new prevention strategy for this population.’⁴⁷ This is the situation which propels our document.

In addition to this, or further adding to this gap, lower rates of HIV testing occur in remote Aboriginal and Torres Strait Islander communities in instances when an STI is diagnosed. ‘Analysis of clinical data for 2010-2014 from 65 remote Aboriginal communities indicated that about one-third of people with positive test results for chlamydia, gonorrhoea or trichomoniasis were tested for HIV within 30 days of the STI test...’⁴⁸ The rate of testing, however, was significantly higher in men, suggesting that more complete sexual health screening occurs in men presenting with symptoms or engaging in high-risk behaviour.⁴⁹ This data has particular significance when considering the higher rates of STIs and syphilis within Aboriginal and Torres Strait Islander communities, specifically with women, and the possibility of a concentrated HIV outbreak.

Another major issue underpinning this is ‘a higher proportion of Aboriginal and Torres Strait Islander people living with HIV remain undiagnosed...’⁵⁰ At the same time, it has also been established that in the context of Australia, Canada and United Kingdom, Indigenous populations access HIV medication less than non-Indigenous populations and ‘subsequently suffer higher HIV morbidity and mortality...’⁵¹ This pattern fits with what Ward et al. refer generally to as ‘an inadequate response to and uptake of biomedical HIV prevention interventions... among Aboriginal and Torres Strait Islander people.’⁵²

⁴⁷ James S Ward et al., “Priorities for preventing a concentrated HIV epidemic among Aboriginals and Torres Strait Islander Australians,” *Medical Journal of Australia* 209, no. 1 (2018): 5; see also Ward et al., “HIV incidence in Indigenous and non-Indigenous populations in Australia.”

⁴⁸ James S Ward et al., “Low HIV testing rates among people with a sexually transmitted infection diagnosis in remote Aboriginal communities,” *Medical Journal of Australia* 205, no. 4 (2016): 168.

⁴⁹ *Ibid.*, 170.

⁵⁰ Ward et al., “Priorities for preventing a concentrated HIV epidemic,” 5.

⁵¹ K Bolsewicz et al., “Factors associated with antiretroviral treatment uptake and adherence: a review. Perspectives from Australia, Canada, and the United Kingdom,” *AIDS CARE* 27, no. 12 (2015): 1433.

⁵² Ward et al., “Priorities for preventing a concentrated HIV epidemic,” 5.

As it stands, Australia continues to move towards reaching its UNAIDS targets for 2020.⁵³ That is, 90% of all people living with HIV will know their HIV status, 90% of those diagnosed will receive sustained antiretroviral therapy (ART), and of those on ART, 90% will achieve viral suppression.⁵⁴ The 2018 Kirby Report, through methods including mathematical modelling, identified that by the end of 2017 89% of Australians living with HIV had been diagnosed; of the 87% diagnosed, 95% were receiving ART; and of those receiving ART 95% had a suppressed viral load.⁵⁵

However, in the Aboriginal and Torres Strait Islander population there are significant gaps in the first and third steps of the cascade—80% know their status, 90% of those diagnosed receive sustained ART, and 76% achieved viral suppression.⁵⁶ As such, the inclusion of Aboriginal and Torres Strait Islanders as a priority population for HIV and AIDS intervention must be acknowledged in Australia’s efforts to eliminate HIV. Ward et al. call for the end of ‘generic, top-down approaches’ to HIV prevention in the Indigenous population: ‘instead, strategies should be adopted with the involvement of Indigenous people, so that they are not the 10% left behind in Australia’s efforts to eliminate HIV by 2020.’⁵⁷

As this literature review nears completion it is already the end of 2021 and there are no indications of an improvement to this gap. In fact, the limited results released so far in the 2019 Kirby HIV Surveillance Report indicate the gap is widening.⁵⁸ Additionally, with the current COVID-19 pandemic bringing unprecedented shutdowns and restrictions to healthcare and support service delivery, and with Aboriginal and Torres Strait Islander communities experiencing a disproportionately higher burden of those service cuts, it seems unlikely that any possible progress made from 2019 into 2020 will be sustained or improved in the near future.⁵⁹

⁵³ Data is not yet available to confirm if 2020 goals were achieved.

⁵⁴ “90:90:90: Treatment for All,” UNAIDS, last accessed November 12, 2019, <https://www.unaids.org/en/resources/909090>.

⁵⁵ Kirby Institute, *HIV in Australia: annual surveillance short report 2018*, 4.

⁵⁶ Ward et al., “Priorities for preventing a concentrated HIV epidemic,” 5.

⁵⁷ Ward et al., “HIV incidence in Indigenous and non-Indigenous populations in Australia,” e513.

⁵⁸ Kirby Institute, *National update on HIV, viral hepatitis and sexually transmissible infections in Australia 2009–2018*.

⁵⁹ Bartels and Anthony, “For First Nations people, coronavirus has meant fewer services, separated families and over-policing: new report.”

Community Health: Towards an Aboriginal and Torres Strait Islander health paradigm

The social determinants of HIV provide insight into how Western models of targeted sexual health programs are failing to consider and respond effectively to the wider context of Aboriginal and Torres Strait Islander health. Alongside STI and HIV rates, Indigenous populations around the world continue to experience disproportionately higher levels of poverty, racism, substance abuse, unemployment, incarceration, health gaps and gender divides, with lower education outcomes.⁶⁰ On this, Ward et al. note:

Several factors are likely to be driving this new gap in health outcomes. First, poorer outcomes for many of the socio-cultural determinants of health, particularly education, income, employment, racism and access to health services among Aboriginal and Torres Strait Islander people are likely to be contributing to new rates of infection. Although not directly measurable, these have been identified as HIV risk factors in populations globally.⁶¹

Alan Crouch and Patricia Fagan assert that the shifting political ideologies of leadership in Australia have led to consistent confusion on how (at the level of federal and state government) health promotion should be defined for Aboriginal and Torres Strait Islander communities.⁶² The authors highlight two key ideas that underpin a shift towards recognising an Aboriginal and Torres Strait Islander health paradigm and praxis: firstly, that traditional Aboriginal and Torres Strait Islander understanding of health ‘encompasses the social, emotional and cultural wellbeing of whole communities’, not simply the individual;

⁶⁰ See: Commission on Social Determinants of Health (CSDH), *Closing the gap in a generation: health equity through action on the social determinants of health. Final Report on the Commission on Social Determinants of Health* (Geneva: World Health Organisation Press, 2008), https://apps.who.int/iris/bitstream/handle/10665/43943/9789241563703_eng.pdf;jsessionid=1054A5361E5917FE252DE8034809E9D3?sequence=1 and Michael Gracey and Malcolm King, “Indigenous health part 1: determinants and disease patterns,” *Lancet* 374 (2009): 65-75.

⁶¹ Ward et al., “Priorities for preventing a concentrated HIV epidemic,” 5.

⁶² Alan Crouch and Patricia Fagan, “Are insights from Indigenous health shaping a paradigm shift in health promotion praxis in Australia?” *Australian Journal of Primary Health* 20, no. 4 (2014): 323-326.

and secondly, health promotion products and resources are ineffective in these community contexts, as opposed to ‘evidence-driven social mobilisation and agency.’⁶³

The self-determination of Aboriginal and Torres Strait Islander communities in terms of health promotion design, delivery and evaluation is vital to ensuring future agency in the way ahead. Key to this is that “fly in, fly out” approaches to health promotion continue to fail, as Crouch and Fagan identify, while methods that foster community agency and social mobilisation consistently prove effective.⁶⁴ Further, Canadian researchers Malcolm King, Alexandra Smith and Michael Gracey assert that intersecting meta-themes of cultural identity, community, holistic approaches and self-determination all equally become integral to a culturally appropriate methodology for providing health services to Indigenous populations globally.⁶⁵

Reflecting on the social determinants of HIV, it is important to recognise the potential of an Aboriginal and Torres Strait Islander health paradigm to establish sustainable, community-controlled and culturally appropriate health education and treatment; and secondly, to acknowledge the complex intersecting meta-themes of cultural identity that are unique across Aboriginal and Torres Strait Islander communities. These insights will inevitably inform ways to consider targeted promotion of HIV prevention and treatment for Aboriginal and Torres Strait Islander communities, including the adoption of arts-based methodologies and evaluative strategies that are inherently strengths-based and culturally relevant.

The possibility of establishing frameworks that place Aboriginal and Torres Strait Islander cultures and understandings of health at the centre and to utilise existing strengths-based strategies has been considered by various researchers and service providers in the field. Many such cases are examined in the following section of this report, alongside examples of cross-cultural research designs and implementation methodologies that together outline the varied, but often fraught, attempts by non-Indigenous organisations and providers to establish ongoing HIV prevention and treatment programs for Aboriginal and Torres Strait Islander communities. Important to note is that only a small number of

⁶³ Ibid., 325.

⁶⁴ Ibid.

⁶⁵ Malcolm King, Alexandra Smith, and Michael Gracey, “Indigenous health part 2: the underlying causes of the health gap,” *Lancet* 374 (2009): 79.

cases evaluate their success in ways that offer meaningful contribution to the field, or even reflect on their original project aims to suggest future possibilities for improvement.

History of Sexual Health Promotion and Community Engagement

The report now examines health promotion campaigns and other related community engagement programs that target Aboriginal and Torres Strait Islander communities. It draws specific attention to the benefits of meaningful community consultation, utilising strengths-based approaches and the success of arts-based methodologies in creating opportunities for community agency, culturally sensitive programming and wider community engagement around the context of health and health promotion. Information on the following cases has been sourced using key word searches associated with the topic of this report. Each of these, for the most part, have been located within peer-reviewed academic journals, book volumes and other forms of academic publication. Framed throughout is the notion of an Aboriginal and Torres Strait Islander health paradigm; specifically, the strategies and methodologies that have been successfully implemented and are inherently linked to Aboriginal and Torres Strait Islander cultures. Also highlighted is the lack of effective evaluative methods in project designs, thus negatively impacting the quality of findings and evaluation in a significant majority of programs and studies.

From the outset it is vital to acknowledge the early work of Aboriginal and Torres Strait Islander communities in organising events around HIV education. The Anwernekenhe conference, established in 1994 in an effort to mobilise community, is a pillar in the national Aboriginal and Torres Strait Islander response to HIV. Authors and HIV community leaders Michael Costello-Czok and Neville Fazulla reflect on the history and success of the conference (now having been held six times) in their article, “Remembering, Recognising and Responding: 21 years of the Anwernekenhe Aboriginal and Torres Strait Islander response to HIV.”⁶⁶ In its first year, 73 participants from across Australia gathered for a five-day conference and together produced 45 recommendations toward a community response that ‘prioritised further exploration and commitment to developing strategies for dealing

⁶⁶ Michael Costello-Czok and Neville Fazulla, “Remembering, Recognising and Responding: 21 years of the Anwernekenhe Aboriginal and Torres Strait Islander Response to HIV,” *HIV Australia* 13, no. 3 (2015): 6-13.

with education, prevention, care and support for Aboriginal and Torres Strait Islander communities and HIV.⁶⁷ Costello-Czok and Fazulla also note the 1994 conference led to the establishment of the National Aboriginal and Torres Strait Islander Gay Men’s and Transgender Working Group, which by 1996 was operating as part of the Australian Federation of AIDS Organisations (AFAO). The establishment of this steering group, and its evolution over time, has seen those same recommendations produced at Anwernekenhe implemented into a wider strategic response.⁶⁸ Since 1994, Anwernekenhe has shifted its agenda to additionally address HIV impact on sistergirls and brotherboys, IDUs, women, sex workers and mobile/transient populations.

AFAO’s *HIV Australia* publication has produced two issues dedicated to documenting the community-based efforts of Aboriginal and Torres Strait Islander communities in raising awareness around HIV prevention and treatment. These issues detail the work of community leaders, Elders, health workers, artists and, in some instances, the efforts of whole communities: “Respect and Resilience” (2013) and “Fire in the Belly” (2015).⁶⁹ Another issue, “HIV, activism and the arts” (2014)—detailed below—also features Aboriginal and Torres Strait Islander community response to HIV through the Arts and artistic practices.⁷⁰ The following discussion makes reference to multiple articles published in these issues; however, it is worthwhile situating this body of work upfront since it provides a strong example of the many and varied accomplishments of Aboriginal and Torres Strait Islanders in HIV education, especially in the use of community arts.

It is also crucial to immediately draw attention to the continued gap existing around projects that directly include recent biomedical advances in HIV prevention targeting Aboriginal and Torres Strait Islander communities. There are many examples of mainstream health promotions doing so and various state and territory governments feature fact sheets and other information accessible online that are tailored for Aboriginal and Torres Strait Islander individuals. However, it is arguable that this is yet another case of mainstream

⁶⁷ Ibid., 6

⁶⁸ Ibid., 7.

⁶⁹ James Ward and Michael Costello (eds.), “Respect and Resilience: shaping the response to HIV and STIs among Aboriginal and Torres Strait Islander Communities,” *HIV Australia* 11, no. 3 (2013); Finn O’Keefe and Linda Forbes (eds.), “Fire in the Belly: the call to action to HIV from Aboriginal and Torres Strait Islander Communities,” *HIV Australia* 13, no. 3 (2015).

⁷⁰ Finn O’Keefe and Linda Forbes (eds.) “HIV, activism and the arts,” *HIV Australia* 12, no. 3 (2014).

health promotion being minimally adapted for Aboriginal and Torres Strait Islanders living in urban areas.

Important exceptions to this include the *Young, Deadly and Free* and *Aboriginal and Torres Strait Islander HIV Awareness Week* (ATSIHAW) campaigns, which offer a range of resources dedicated to Aboriginal and Torres Strait Islander communities in urban, regional and remote areas: including fact sheets, animations, infographics and posters.⁷¹ Additionally, both projects prioritise the inclusion of PrEP, PEP, and TasP education materials in the delivery of health service training, or as resources disseminated by local community-controlled health services. Both projects are supported by the South Australian Health and Medical Research Institute (SAHMRI).⁷² The development of additional projects and resources dedicated to this will prove a vital step in closing the gap on the disproportionate rates of HIV for Aboriginal and Torres Strait Islander communities by ensuring access is provided to the full breadth of treatment and prevention methods available. The international U=U campaign is of particular importance here as it has been successful in mobilising communities around its message.⁷³ ‘Undetectable equals untransmissible’ focuses on the second and third steps of the HIV cascade outlined earlier; that is, getting those individuals diagnosed with HIV onto ART sustainably to increase the number of individuals achieving viral suppression/an undetectable viral load. The success of this campaign is in large part due to the inherently empowering message that enables people living with HIV to achieve and maintain undetectability.⁷⁴

Community consultation

In their review of *The Strong Family Program*, a reproductive and sexual health project designed for three specific Aboriginal communities in New South Wales, Duley et al.

⁷¹ See: <http://www.atsihiv.org.au/health-promotion/hiv-health-promotion-resources/> and <https://youngdeadlyfree.org.au/resources/animations/>

⁷² For more, see South Australian Health and Medical Research Institute (SAHMRI), *HIV and Aboriginal & Torres Strait Islander Communities in 2019*, (South Australia: SAHMRI, 2019), 5-9, http://www.atsihiv.org.au/wp-content/uploads/2019/11/ATSIHAW-booklet-2019_1.pdf.

⁷³ More here: <https://ashm.org.au/HIV/UequalsU/>.

⁷⁴ See also: Chinyere Okoli et al., “Undetectable equals Untransmissible (U=U): Awareness and Associations with Health Outcomes Among People Living with HIV in 25 Countries,” *Sexually Transmitted Infections* 97 (2021): 18–26.

outline key findings from conducting extensive community consultation.⁷⁵ For each of the locations—one urban, one regional and one remote, each determined as high priority—a separate program was delivered, respecting the diversity that exists within and across Aboriginal communities and purposefully avoiding generalisations. While developing each program, local Aboriginal services, Elders, women’s, men’s and youth groups were engaged. The authors write:

It promoted greater understanding of Aboriginal culture in terms of colonisation, kinship systems, observing community protocol when preparing for meetings, welcome to country and acknowledgement of country, protocols during meetings, ways to work with traditional owners, and how to evaluate the engagement process.⁷⁶

In order to ensure the cultural safety of all participants, separate programs were created for men and boys and women and girls. Importantly, within the groups, Elders and young people were able to discuss the pathway from adolescence to adulthood. In their discussion, Duley et al. write: ‘It is important that future program delivery continues to ensure adequate time and funding for a thorough consultation process before, during and following program delivery.’⁷⁷

In their article titled, ‘Youth and Relationship Networks (YARNS): mobilising communities for sexual health’,⁷⁸ authors Whiteside et al. provide a study of the YARNS project developed as part of a broader Far North Queensland sexual health strategy by the local state government. The authors flag that their study was prompted by a clear lack of resources existing that provide guidance on how to facilitate effective community participation processes for Aboriginal and Torres Strait Islanders. The authors then use YARNS—having at the time of publication sustained itself for three successive years—as a

⁷⁵ Duley, P. et al., “The Strong Family Program: an innovative model to engage Aboriginal and Torres Strait Islander youth and Elders with reproductive and sexual health community education,” *Health Promotion Journal of Australia: Official Journal of Australian Association of Health Promotion Professionals* 23, no. 2 (2017): 132-138.

⁷⁶ *Ibid.*, 133.

⁷⁷ *Ibid.*, 137.

⁷⁸ Whiteside, M. et al., “Youth and Relationship Networks (YARNS): mobilising communities for sexual health,” *Health Promotion Journal of Australia: Official Journal of Australian Association of Health Promotion Professionals* 23, no. 3 (2012): 226-230.

case study, examining it as a conceptual model of the factors enabling community participation.⁷⁹ Whiteside et al. define the following six attributes as simultaneously significant to effective community consultation and participation: ‘individual attributes’; ‘structured group processes’; ‘organisational support’; ‘empowering external relations’; ‘a culturally sensitive strategy’; and ‘enhanced health and wellbeing’.⁸⁰ The authors provide further, in-depth discussion of each attribute and move to assert that this model has the ‘potential to be used as a framework for effectively working in remote Aboriginal and Torres Strait Islander settings on sensitive issues.’⁸¹

Strengths-based approaches

There is a wide call from researchers and practitioners in Aboriginal and Torres Strait Islander health promotion to shift away from negative, deficit-focused approaches for articulating community needs and towards methods that build on existing strengths. Mark Brough, Chelsea Bond and Julian Hunt provide an examination of *Strong in the City*, a multi-strategy health promotion project conducted between 2001 and 2003.⁸² The project investigates the beliefs around community strength in Aboriginal people living in Brisbane, Logan and Ipswich. The authors note: ‘We found community engagement that started with a valuing of existing capacity was much more likely to lead into value-adding activities rather than “grand” new projects.’⁸³ The five shared community strengths the authors identify through this process are: extended family; commitment to community; neighbourhood networks; community organisations; and community events (this last strength proving particularly relevant to the interests of this report).⁸⁴ In discussing their findings, the authors call for health promotion initiatives that build upon existing capacity and empowerment to

⁷⁹ Ibid., 227.

⁸⁰ Ibid., 230.

⁸¹ Ibid.

⁸² Mark Brough, Chelsea Bond and Julian Hunt, “Strong in the City: Towards a Strengths-Based Approach in Indigenous Australian Health Promotion,” *Health Promotion Journal of Australia: Official Journal of Australian Association of Health Promotion Professionals* 15, no. 3 (2004): 215.

⁸³ Ibid., 219.

⁸⁴ Ibid., 217-218.

be considered for Aboriginal and Torres Strait Islander health promotion programs and to avoid the post-colonial urge to continue implementing new policies and procedures.

A Canadian report, authored by Wilson et al., examines the use of arts-based interventions in exploring links between structural inequality and HIV vulnerability.⁸⁵ The authors suggest: 'Strategies that centre on cultural reclamation, reconnection and re-engagement can focus on the knowledge, skills, talents and capacities of youth, as well as highlight the preventative measures young people are already taking.'⁸⁶ The indication here, which seems regularly overlooked in most sexual health programs delivered in Australia, is that identifying healthy sexual behaviour and preventative measures already in place before launching a targeted health promotion campaign offers greater potential for strengthening and building on existing effective structures.

The engagement and inclusion of Elders as stewards and ceremonial facilitators in this study is framed by Wilson et al. as a critical part of building trust with the youth participants and the wider communities. In their findings, they state that many youth participants felt that 'having an opportunity to engage, reclaim, redefine and reimagine their culture and heritage was not only important for their positive identity formation, but was also a "good way" to talk about HIV prevention'.⁸⁷ Additionally, youth participants assert the importance of traditional practices and teachings that value the respect and knowledge of one's body, sexuality and pride,⁸⁸ describing the reclaiming of culture as 'the ultimate form of decolonialisation...'⁸⁹

These findings emphasise strength-based approaches as key to successful program design and delivery. It is crucial then to also consider how the use of traditional arts practices, which are so deeply embedded in Aboriginal and Torres Strait Islander cultures, might also influence program design and implementation, as well as in wider community engagement and events.

⁸⁵ Ciann Wilson et al., "'Culture' as HIV Prevention: Indigenous Youth Speak Up!" *Gateways: International Journal of Community Research and Engagement* 9, no. 1 (2016): 74-88.

⁸⁶ Wilson et al., "'Culture' as HIV Prevention", 76.

⁸⁷ *Ibid.*, 82.

⁸⁸ *Ibid.*, 83.

⁸⁹ *Ibid.*, 84.

Arts-based methods

Across the literature in the field there is also a common call for the inclusion of arts-based methods in developing health programs for Aboriginal and Torres Strait Islander youth. Scholars, including McEwan, et al.,⁹⁰ Aanundsen⁹¹ and Costello-Clark,⁹² emphasise the potential use of—and their support for—adopting arts-based methods in creating targeted sexual health programs and promotion resources.⁹³

A major example of this is Condoman, created by Aunty Gracelyn Smallwood in 1987. Working with peer Aboriginal sexual health workers in Townsville, Smallwood adopted the image of a comic superhero in order to deliver culturally appropriate sexual health messaging around HIV and AIDS, with the slogan: ‘Don’t Be Shame; Be Game.’⁹⁴ This was in direct response to a notorious, mainstream AIDS campaign that used the image of a Grim Reaper (discussed further below) to purposefully promote widespread fear around the disease. The intention with Condoman was to ensure health messages were strengths-based, positive and appealing to Aboriginal and Torres Strait Islander communities. In 2009, the Condoman campaign was relaunched as part of the 2 Spirits Project⁹⁵ with sidekick Lubelicious: ‘a strong, confident woman with the “right to say YES, or NO.”’⁹⁶ Both versions of Condoman, and new sidekick Lubelicious, deliver a message of survival, using colours from both the Aboriginal and Torres Strait Islander flags. A range of printed resources

⁹⁰ A. McEwan, et al., “The Torres Indigenous Hip Hop Project: evaluating the use of performing arts as a medium for sexual health promotion,” *Health Promotion Journal of Australia: Official Journal of Australian Association of Health Promotion Professionals* 24, no. 2 (2013): 132-136.

⁹¹ David Aanundsen, “Health promotion retrospective: A snapshot of HIV health promotion campaigns produced by Aboriginal and Torres Strait Islander community members working in partnership with community and government health organisation,” *HIV Australia* 13, no. 3 (2015): 23-30.

⁹² Michael Costello-Clark, “Increasing visibility and participation of Indigenous peoples at AIDS 2014 and creating a cultural legacy beyond the conference,” *HIV Australia* 13, no. 3 (2013): 51-53.

⁹³ Also see K. Mikhailovich, P. Morrison and K. Arabena, “Evaluating Australian Indigenous community health promotion initiatives: a selective review,” *Rural and Remote Health* 7, no. 2 (2007): 462-479; and Barbara Davis, et al., “*Aminina Nud Mulumuluna* (“You Gotta Look After Yourself”): Evaluation of the use of traditional art in health promotion for Aboriginal people in the Kimberley region of Western Australia,” *Australian Psychologist* 39, no. 2 (2004): 107-113.

⁹⁴ <https://condoman.com.au/history>

⁹⁵ For a detailed account of the 2-Spirit program and their role in raising HIV awareness, see: Brett Mooney, “That Rope Pulls Along Many People” in *Colouring the Rainbow: Blak Queer and Trans Perspectives*, ed. by Dino Hodge (South Australia: Wakefield Press, 2015), 139-151; and also: Michael Scott, “Promoting Aboriginal and Torres Strait Islander gay men and sister girl sexual health in Queensland: The 2 Spirits Program,” *HIV Australia* 11, no. 3 (2013): 23.

⁹⁶ <https://condoman.com.au/lubelicious>

(including comics), key rings, condom packs and other materials were disseminated into communities as a result of the campaigns.

With their publication “Promoting Aboriginal Health Through the Arts,” VicHealth details the important role the arts play in Aboriginal culture and health.⁹⁷ Specifically, the report highlights certain positive benefits gleaned by creating arts-based community projects and initiatives: increased self-esteem, pride and cultural identity; a sense of self-determination, control and belonging; and academic outcomes, skill development and employment pathways.⁹⁸

In a study of arts-based HIV and STI prevention in Northern and Indigenous Canadian youth, Lys et al. state: ‘Arts-based methodologies are rooted in social justice and control over the production and dissemination of knowledge, and have been associated with increases in the feeling of empowerment, especially around sexual health decision-making.’⁹⁹ The authors frame this as an ideal approach when considering existing cultural capacity to build upon, i.e. ‘Indigenous knowledge, contextual resources, and strengths’.¹⁰⁰

In “Connecting with youth: how Arts-based health campaigns are engaging young Aboriginal people in NSW,” Matthew Rogers reviews three New South Wales sexual health campaigns for Aboriginal and Torres Strait Islander youth: *Where’s the Shame, Love Your Liver* (2011); *Staying Strong: Act Connect Survive* (2013); and *It’s Your Choice Have a Voice: Rights, Respect, Responsibility* (2010-13).¹⁰¹ In this, Rogers emphasises that the use of arts-based activities—in this instance, hip hop dance and song and film production—made it easier for local workers to discuss sensitive topics, such as STIs, HIV and AIDS.¹⁰² Rogers

⁹⁷ VicHealth, *Promoting Aboriginal Health Through the Arts* (Melbourne: Victorian Health Promotion Foundation, September 2013), 1-12, https://www.vichealth.vic.gov.au/-/media/ResourceCentre/PublicationsandResources/arts/VH_Promoting-Aboriginal-health-through-arts-V1.pdf?la=en&hash=1FF711CA90F45303E42D72D3E78AE645D943E491.

⁹⁸ *Ibid.*, 2.

⁹⁹ Candice Lys et al., “Arts-based HIV and STI prevention intervention with Northern and Indigenous youth in the Northwest Territories: study protocol for a non-randomised cohort pilot study,” *BMJ* 6, no. 10 (2016): e012400.

¹⁰⁰ *Ibid.*

¹⁰¹ *Where’s the Shame, Love Your Liver; Staying Strong: Act Connect Survive; and It’s Your Choice Have a Voice: Rights, Respect, Responsibility* are programs initiated by the Aboriginal Health and Medical Research Council of NSW. A list of programs run by this organisation is available here: https://healthinonet.ecu.edu.au/key-resources/organisations/482/?title=Aboriginal%20Health%20and%20Medical%20Research%20Council%20of%20NSW%20%28AH%26amp%3BMRC%29&contentid=482_3.

¹⁰² Matthew Rogers, “Connecting with youth: how arts-based health campaigns are engaging young Aboriginal people in NSW,” *HIV Australia* 11, no. 3 (2013): 46-48.

further highlights the importance of organising events that are specifically designed to be fun and ‘out of the ordinary’ as a significant factor in gaining the interest of the targeted youth population, especially in rural and remote locations that have limited social or entertainment events.

Sallie Cairnduff, Darren Braun and Kaylie Harrison outline *The HIV Free Generation Street Art Project* (2014-2015), which followed the above three sexual health projects in NSW.¹⁰³ The authors write, ‘Evaluation of these and other projects have demonstrated that an interactive Arts-based approach is an effective way of engaging young Aboriginal people on topics that might otherwise cause shame.’¹⁰⁴ The authors also highlight that the street murals created by participants prompted discussions about the role of sharing injecting drug equipment in transmitting HIV, which ‘led to further work around improving harm minimisation activities for the area.’¹⁰⁵

Further, Mikhailovich, Morrison and Arabena detail the potential for arts-based methodologies to be better utilised in the overall design of sexual health projects that target remote Indigenous populations. They write: ‘The possibilities for Arts-based strategies within evaluations should be considered in much greater detail, as should the use of oral, narrative or story telling as data collection methods.’¹⁰⁶ While instances exist of programs including Arts-based methods for data collection—the cases detailed above, for instance—Mikhailovich, Morrison and Arabena argue there remains a significant gap in examples of project evaluation procedures incorporating arts-based methods. In their review of effective sexual health program evaluation, strategies Sriranganathan et al. add: ‘Using Arts-based evaluation techniques to replace or supplement conventional evaluation methods may provide more youth-friendly approaches to evaluation for both Arts-based and traditional peer education programmes.’¹⁰⁷

¹⁰³ Sallie Cairnduff, Darren Braun and Kaylie Harrison, “HIV Free Generation: AH&MRC Street Art Project,” *HIV Australia* 11, no. 3 (2015): 56-59.

¹⁰⁴ *Ibid.*,” 56.

¹⁰⁵ *Ibid.*,” 57.

¹⁰⁶ Mikhailovich, Morrison and Arabena, “Evaluating Australian Indigenous community health,” 759.

¹⁰⁷ G. Sriranganathan et al., “Peer sexual health education: Interventions for effective programme evaluation,” *Health Education Journal* 71, no. 1(2010): 67.

Towards effective project evaluation

A long-standing gap exists around evidence gathered from sexual health promotion projects targeting Aboriginal and Torres Strait Islander communities. According to Natalie Strobel and Ward, this is one of the pressing issues underpinning Aboriginal and Torres Strait Islander sexual health education.¹⁰⁸ The authors survey a range of past and current projects and highlight the fact there are very limited examples of published resources that provide in-depth overviews, findings and—importantly—evaluation. Strobel and Ward also specify the additional, urgent need for evidence on whether such programs are leading to intended positive behavioural changes.

In their extensive review of Aboriginal and Torres Strait Islander community health project evaluation methods, Mikhailovich, Morrison and Arabena similarly define a lack of effective evaluative processes taking place. The authors highlight the limited reporting and dissemination of material that occurs, stressing the significance of researchers publishing their findings and the need for further sharing of program information and data. While the authors acknowledge ‘complex, multi-faceted health promotion and public health initiatives have long been recognised as challenging to appraise...’ they also urge for the use of mixed methodology approaches in future project designs.¹⁰⁹ This is specifically intended to combat the likelihood of producing complementary strengths—that is, results that prove favourable to intended project outcomes or goals—and to broadly reduce methodological weakness.

Sarah Hudson’s report “Evaluating Indigenous programs: a toolkit for change” provides guidance on how to effectively embed evaluative practices into project designs that relate to Aboriginal and Torres Strait Islander communities.¹¹⁰ Similar to Crouch and Fagan, Hudson asserts that the constantly shifting political ideologies in Australia, with little bipartisan effort overall to prevent this, has proven vastly responsible for a lack of long-term strategic vision in Aboriginal and Torres Strait Islander health program evaluation. Key to

¹⁰⁸ Natalie A Strobel and James Ward, *Education programs for Indigenous Australians about sexually transmitted infections and bloodborne viruses. Resource sheet no. 14*. (Canberra: Australian Institute of Health and Welfare and Australian Institute of Family Studies, 2012), <https://www.aihw.gov.au/getmedia/00250e14-7b83-4da8-994e-723a25d96ab7/ctgc-rs14.pdf.aspx?inline=true>.

¹⁰⁹ Mikhailovich, Morrison and Arabena, “Evaluating Australian Indigenous community health”, 752.

¹¹⁰ Sarah Hudson, *Evaluating Indigenous programs: a toolkit for change* (Sydney: The Centre for Independent Studies, 2017), <https://www.cis.org.au/app/uploads/2017/06/rr28.pdf>.

Hudson's recommendations is that funding bodies and those delivering the programs adopt a 'co-accountability' approach.¹¹¹ This includes the creation of regular data collection and feedback loops established throughout the process, while always engaging multiple stakeholders, so that it serves to continuously inform and improve research practice and the potential program outcomes. Alongside this, Hudson proposes strategies that build large evidence bases with regular data collection and tools for online management. Included in the report is a range of cases that evidence both successful and unsuccessful evaluative strategies, with Hudson highlighting specific features of each that contribute to a robust program evaluation.

Sriranganathan et al. flag the challenge for small rural communities in ensuring evaluative methods are incorporated that protect the confidentiality of participants.¹¹² This is particularly relevant to many Aboriginal and Torres Strait Islanders living in small communities who report they often avoid medical treatment provided by local, and especially community-controlled health services, due precisely to this same privacy concern.¹¹³ Sriranganathan et al. also draw attention to the increasing role of the internet and arts-based approaches to produce more innovative evaluation tools that might be considered by researchers and practitioners.¹¹⁴ This chimes with Strobel and Ward, who emphasise the potential of social marketing and online media delivered programs that report increased knowledge and awareness of sexual health issues.¹¹⁵

As noted by Strobel and Ward, there remains a clear gap around documented examples of effective evaluative methodologies employed in Aboriginal and Torres Strait Islander health program delivery. There are, however, many instances of distinct communities and/or associated community health organisations and projects reporting certain quantitative, qualitative or anecdotal findings to evidence the success of a given

¹¹¹ Hudson, *Evaluating Indigenous programs*, 1-4.

¹¹² Sriranganathan et al., "Peer sexual health education," 66.

¹¹³ See also Department of Health, *Fifth National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy: 2018-2022* (Canberra: Australian Government, 2018), [https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-bbvs-1/\\$File/ATSI-Fifth-Nat-Strategy-2018-22.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-bbvs-1/$File/ATSI-Fifth-Nat-Strategy-2018-22.pdf).

¹¹⁴ Sriranganathan et al., "Peer sexual health education," 67.

¹¹⁵ Strobel and Ward. *Education programs for Indigenous Australians*, 7.

program in their reporting.¹¹⁶ Theatre—particularly when used as a form of health education—is notoriously difficult to assess in terms of its potential impact.¹¹⁷ Similarly, and as discussed by Hudson, evidencing that certain intended positive behaviour changes are a direct result of a specific program (or event) is very difficult—particularly if the required data is unavailable.¹¹⁸ Processes for collecting this kind of data are fraught because of its subjective and sensitive nature, exacerbated at times by the fact participants are ‘more likely to provide honest feedback on a program when program staff made an effort to establish positive relationships with them...’,¹¹⁹ which, by nature, can be difficult for community or school touring productions or health education programs. Responding to this issue, Hudson asserts there are tools available that may assist in strengthening program evaluation by strategically shifting the focus from the ‘impacts/results’ that the program may or may not produce to an analysis of ‘framework/service delivery,’ or an effective combination of both.¹²⁰

Importantly, in the literature surrounding Aboriginal and Torres Strait Islander health program evaluation, and certainly in terms of HIV, there does not appear to be any cross-sectional studies that document the actual processes of communities eliciting and sharing what is working and what is not working in terms of overall health program design and delivery. This represents a significant missing link in the collecting, collation and sharing of effective health program methods and practices between communities.

¹¹⁶ See, for instance: McEwan, et al., “The Torres Indigenous Hip Hop Project: evaluating the use of performing arts as a medium for sexual health promotion”; Davis, et al., “*Aminina Nud Mulumuluna* (“You Gotta Look After Yourself”): Evaluation of the use of traditional art in health promotion for Aboriginal people in the Kimberley region of Western Australia”; and Mikhailovich, Morrison and Arabena, “Evaluating Australian Indigenous community health promotion initiatives: a selective review”.

¹¹⁷ The same issue of measuring positive behavioural change in the context of sexual health programs is reflected in theatre and performance when attempting to identify the “measurable impact” of a given performance on its audience, or wider community. This is a notorious, ongoing problem in performing arts research. See Eleonora Belfiore and Oliver Bennett, 2008, *The Social Impact of the Arts: An Intellectual History*, Basingstoke: Palgrave Macmillan. Additionally, Ben Wamsley (2013) identifies a remaining gap in academic literature on impact in theatre and performance from a qualitative perspective.

¹¹⁸ Hudson, *Evaluating Indigenous programs*, 14.

¹¹⁹ *Ibid.*

¹²⁰ *Ibid.*

Performance as a tool for conversation and mobilisation

Having provided an overview of key findings from reviewing the literature around targeted health promotion design and delivery for Aboriginal and Torres Strait Islander communities, the report now considers a history of HIV and AIDS theatre/performance work inside and outside of a health promotion context. In addressing these, we examine how each project has played a role in connecting audiences and generating conversation within communities. In conducting this performance review, it is starkly evident there are very limited examples of documented and recorded works that address HIV and AIDS within the context of Aboriginal and Torres Strait Islander communities. That is, they are not readily accessible using mainstream academic research methods; put simply, they fall outside of what has been documented using colonial research practices.¹²¹ It is therefore vital for us to acknowledge that many additional cases exist but were not uncovered by the process of conducting this literature review. We suggest a detailed retrieval and archival process of such material, which is Indigenous-led and incorporates Indigenous research methodologies would be a vital contribution to the field.¹²² This would potentially include large-scale community network building, engaging with artists currently and previously active in the field and compiling various forms of evidence that documents the histories of such performance.

We hope, however, that the material retrieved by conducting the literature review still offers valuable insight into how performance can be an effective tool in initiating conversations and mobilising communities. Given the lack of examples we cannot conduct a comparative or macro study of HIV and AIDS performance work by and for Aboriginal and Torres Strait Islander artists and communities. Instead, we focus on key examples to address how these performances function as art, as pedagogy and as activism.

¹²¹ For instance, see: John Henry, et al., *Indigenous research reform agenda: a review of the literature*, Links Monograph Series: 5 (Darwin: Cooperative Research Centre for Aboriginal and Tropical Health, pp. 5-10, 2004). <https://www.lowitja.org.au/content/Document/PDF/IRRA5LinksMonographs.pdf>

¹²² For more, see: Alison Laycock, et al., *Researching Indigenous Health: a practical guide for researchers* (Melbourne: The Lowitja Institute, 2011), https://www.lowitja.org.au/content/Document/Lowitja-Publishing/Researchers-Guide_0.pdf.

Following AIDS 2014,¹²³ *HIV Australia* published the edition titled “HIV, activism and the arts” reflecting on the important contribution of Australian artists to HIV activism and community engagement.¹²⁴ In this, Colin Batrouney (Director of Health Promotion, Policy and Communication at the Victorian AIDS Council at the time), in his article “Life, Death, Sex and Art,” frames the importance of health promotion as cultural production: ‘...unless health promotion is actively involved in culture and cultural production it is, in fact, irrelevant.’¹²⁵ Batrouney highlights the devastating effect that the infamous Grim Reaper advertising campaign¹²⁶ of the late 1980s and 90s had in elevating the stigma of AIDS by powerfully symbolising the disease as a death sentence, linking this to a similar advertising campaign in the United Kingdom featuring tombstones.¹²⁷ On this, he writes: ‘It was the symbol of a cultural moment that was global, immediate and terrifying’.¹²⁸ Batrouney draws links between HIV and AIDS and cultural production via US playwrights Tony Kushner (*Angels in America*) and Larry Kramer (*A Normal Heart*), whose now-famous plays continue to be revived by mainstage companies around the world, while noting too the contribution of visual artists Keith Haring and David McDiarmid. Batrouney concludes by asserting that the relationship between disease and cultural production ‘braids art and health promotion to the same purpose: to articulate meaning out of catastrophe—to bring order and understanding to chaos, to warn and educate and, ultimately, as a way to transcend suffering.’¹²⁹

Theatre and performance strategies are deeply embedded in HIV and AIDS activism transnationally. In the following section, we provide some of this history and the various ways performance exists today as activism, education and entertainment. In examining these examples, we elicit too the important differences between mainstream theatre, street theatre, community and school-based touring productions and health promotion training in the context of HIV and AIDS performance.

¹²³ The International AIDS Conference 2014 was hosted in Melbourne, Australia. Various cultural and artistic events in the form of exhibitions, performances, installations and panels were programmed around the city in addition to the conference schedule. <https://library.iasociety.org/Sessions.aspx?confID=2014>.

¹²⁴ Finn O’Keefe and Linda Forbes, “HIV, activism and the arts.”

¹²⁵ Colin Batrouney, “Life, Death, Sex and Art,” *HIV Australia* 12, no. 3 (2014): 12.

¹²⁶ https://www.youtube.com/watch?v=lhFc_9U_UY

¹²⁷ <https://www.youtube.com/watch?v=irotY5zwOVw>

¹²⁸ Batrouney, “Life, Death, Sex and Art,” 12.

¹²⁹ *Ibid.*, 14.

A key movement underpinning some of this performance is Theatre in Health Education (THE), a form of theatre that emerged specifically in response to the HIV crisis. Theatre scholars Monica Prendergast and Juliana Saxton describe that as ‘traditional ways of informing people of the dangers of unsafe sex were not working (often because they were counter-cultural) ... the enactive and entertaining possibilities of THE were seen to be a more engaging way of educating audiences in safe sex practices.’¹³⁰ THE is now practised internationally and is globally recognised as an effective form of educational performance.¹³¹

THE is an offshoot of Applied Theatre, a performance form that moves into non-traditional “theatre” spaces to explore issues that relate to a particular community.¹³² As such, in examples of best practice, the content examined through THE is based on the experience of the community in which it is staged. The community-based nature of THE aims to reframe ideas around health as not limited to individuals (and their personal choices/behaviours) but instead considers health as a larger social responsibility.¹³³ Since THE addresses complex and confronting topics that might typically be considered taboo within certain communities, Prendergast and Saxton highlight the paramount importance of ethics and safety in conducting and staging such performances.¹³⁴ Some of the devices used by the theatre-makers described below are purposefully employed to ensure the performance remains culturally and emotionally safe, but this remains a critical question when addressing examples of performance work that explore experiences of living with HIV (and is perhaps unanswered by this report): how do theatre-makers and artists broach difficult conversations and often taboo topics while maintaining a safe space for performers and audiences alike? Equally important to call to attention is that while THE aims to raise awareness and targets certain behaviours for change, it is notoriously difficult to assess or

¹³⁰ Monica Prendergast and Juliana Saxton, “Theatre in Health Education (THE)” in *Applied Theatre: International Case Studies and Challenges for Practice*, eds. Monica Prendergast and Juliana Saxton (Bristol, UK: Intellect, 2009), 87-103.

¹³¹ *Ibid.*, 87.

¹³² See, for instance: Kelly Freebody, Michael Balfour, Michael Finneran and Michael Anderson (eds.) *Applied Theatre: Understanding Change* (Switzerland: Springer, 2018).

¹³³ Prendergast and Saxton, “Theatre in Health Education (THE),” 88.

¹³⁴ *Ibid.*

evaluate in terms of impact or affect.¹³⁵ However, if performance is part of a wider health promotion project, opportunities exist to evaluate the wider context and dynamics that surround the performance event (see the below example of *No Prejudice*). In the following cases, THE is present as touring community health education works, school-based performance, medical training and street theatre.

HIV and AIDS performance

In 1987 the AIDS Coalition To Unleash Power (ACT UP) was formed in New York as a direct resistance to the negligence of the US government towards people dying of AIDS. This is the first political action group world-wide to have formed with the direct purpose of drawing attention to the disease and the experiences of those falling ill and dying. Globally, there have since been 140 chapters of ACT UP, including in Melbourne and Sydney and the group are responsible for some of the most memorable and successful AIDS activist interventions.¹³⁶

ACT UP has proven particularly effective at direct-action mobilisation, especially with large-scale creative interventions and the affinity for crafting media-grabbing protest images.¹³⁷ The mass 'die-in' of 4500 activists at St Paul's Cathedral in Manhattan is a notable example,¹³⁸ as is the Day of Desperation where ACT UP members were able to synchronise a number of prime-time television disruptions to deliver their message.¹³⁹ In Australia, ACT UP's most notable activities include the defacing of Melbourne's iconic floral clock, 'die-ins' outside Flinders Street Station and abseiling Parliament House.¹⁴⁰

¹³⁵ See: Garth Allen, Isobel Allen and Lynn Dalrymple, "Ideology, Practice and Evaluation: developing the effectiveness of Theatre in Education," *Research in Drama Education*, 4, no. 1 (1999) 21-26.

¹³⁶ <https://actupny.com/actions/>

¹³⁷ David Handelman, "Act Up in Anger: A controversial group has become the catalyst for innovations in the way we fight AIDS," *RollingStone*, published March 8, 1990, <https://www.rollingstone.com/culture/culture-news/aids-activism-larry-kramer-act-up-fauci-241225/>.

¹³⁸ Jason Deparle, "111 Held in St. Patrick's AIDS Protest," *New York Times*, published December 11, 1989, <https://www.nytimes.com/1989/12/11/nyregion/111-held-in-st-patrick-s-aids-protest.html>.

¹³⁹ <https://actupny.org/diva/synDesperation.html>

¹⁴⁰ See: Abigail Groves, "A time to be loud and furious: AIDS activism in Australia," *HIV Australia* 12, no. 2 (2014): 17-18; and Abigail Groves, "Not art: creativity, chaos and activism," *HIV Australia* 12, no. 3 (2014): 19-20.

A key aspect of the organisation's practices that continue today are 'teach-ins'; that is, groups of activists share specific knowledge and skillsets with each other, purposefully debunking the notion of 'expert'.¹⁴¹ Thus, in the earliest forms of HIV and AIDS activism, theatre and performance strategies coexist with community education strategies in order to demand visibility and to mobilise communities.

Since this time, performance work around HIV and AIDS continues to be embedded in forms of street activism around the world.¹⁴² At the other end of the performance spectrum, some work has also infiltrated mainstream theatres (Kushner's *Angels in America*, for instance), but this is rare. Additionally, there are examples of THE performance created for touring communities and schools¹⁴³ and for training health care professionals.¹⁴⁴ Important here is emphasising the value of theatre and performance across the spectrum in simultaneously entertaining and educating audiences.¹⁴⁵

In Australia, a key example in the mainstream context is the 'modern classic' *Holding the Man* by Tommy Murphy (adapted from the memoir of Timothy Conigrave), which has been staged in a gamut of prestigious venues over the last fifteen years.¹⁴⁶ Examples of

¹⁴¹ Sarah Schulman discusses the significant contribution made by feminist activists to ACT UP via 'teach-ins'; see Alyson Campbell and Dirk Gindt, "Interview with Sarah Schulman: Corporate Culture, HIV Criminalisation, Historicising AIDS and the Role of Women in ACTUP," in *Viral Dramaturgies: HIV and AIDS in Performance in the Twenty-First Century*, eds. Alyson Campbell and Dirk Gindt (Cham., Switzerland: Palgrave Macmillan, 2018), 400-401.

¹⁴² Alyson Campbell's project *WHOLE*, viewed through windows from the streets of Belfast, is performance installation about the experience of women living with HIV in Northern Ireland; see <https://wreckedallprods.com/death-by-xoko>; and Alyson Campbell, "GL RY: A (W)hole Lot of Woman Trouble. HIV Dramaturgies and Feral Pedagogies," in *Viral Dramaturgies: HIV and AIDS in Performance in the Twenty-First Century*, eds. Alyson Campbell and Dirk Gindt (Cham., Switzerland: Palgrave Macmillan, 2018), 49-67.

¹⁴³ See, for instance: Galia Boneh and Devan Jaganath, "Performance as a Component of HIV/AIDS Education: Process and Collaboration for Empowerment and Discussion," *American Journal of Public Health* 101, no. 3(2011): 455-464.

¹⁴⁴ See: Johanna Shapiro and Lynn Hunt, "All the world's a stage: the use of theatrical performance in medical education," *Medical Education* 37, no. 10 (2003): 922-927.

¹⁴⁵ *Viral Dramaturgies*, for instance, is an entire volume dedicated to showcasing the rich variety of theatre work existing internationally (mainstream, street, community/school-based, or for training) and highlights the variety of modes through which they operate: as activism, education and/or entertainment; Alyson Campbell and Dirk Gindt (eds.), *Viral Dramaturgies: HIV and AIDS in Performance in the Twenty-First Century* (Cham., Switzerland: Palgrave Macmillan, 2018).

¹⁴⁶ Griffin Theatre (2007) <https://griffintheatre.com.au/whats-on/holding-the-man-2/>; Belvoir (2007) <https://belvoir.com.au/productions/holding-the-man/>; and Melbourne Theatre Company (2008) <https://www.mtc.com.au/plays-and-tickets/whats-on/production-archive/2005-2009/2008-main-season/holding-the-man/>.

street performance include, for example, *Positively Fabulous*¹⁴⁷ and *GL RY*¹⁴⁸, which were presented together in Melbourne City Square during the AIDS 2014 conference. In terms of community-based performance, in the early 1980s the Safe Sex Sisters—an act by the Victorian AIDS Action Council—performed safe-sex themed drag shows for gay nightclubs while disseminating information leaflets, yet another example of work adopting strategies to both entertain and educate.¹⁴⁹ These few examples by no means reflect the sheer amount of extraordinarily rich and diverse performance work that has been staged in Australia since the beginning of the HIV epidemic and are used only to illustrate some of its different forms.

In their introduction to *Viral Dramaturgies*, editors Alyson Campbell and Dirk Gindt describe that theatre productions are staged differently in the Global North and South,¹⁵⁰ vary nationally, diverge geographically (urban, regional, remote) and again according to ‘their myriad intersections with gender, sexuality, race, ability and class...’¹⁵¹ This level of diversity is similarly reflected in contemporary Aboriginal and Torres Strait Islander theatre. The political and personal become intricately woven, often through autobiographical storytelling, and collectively highlight diverse experiences from varying, intersectional perspectives.¹⁵² Thus, the following performance review of Aboriginal and Torres Strait Islander performance addressing HIV and AIDS examines a range of examples, ensuring the context and inherent aims (be that political, pedagogical or entertainment) are articulated, as well as their form: mainstage, street, community/school-based, or for training. It is important to note, however, that most work in this area falls into street or

¹⁴⁷ Finn O’Keefe, “Positively fabulous: the art of raising awareness and changing women’s lives,” *HIV Australia* 12, no. 3 (2014): 23-37.

¹⁴⁸ Georgia Symons, “GL RY: adventure in public art, HIV discourse and queer aesthetics,” *HIV Australia* 12, no. 3 (2014): 27-30; see also Campbell, “GL RY: A (W)hole Lot of Woman Trouble,” 49-67.

¹⁴⁹ Jennifer Power, *Movement Knowledge, Emotion: Gay Activism and HIV/AIDS in Australia* (Canberra: ANU Press, 2011), 95, <https://press-files.anu.edu.au/downloads/press/p144081/pdf/book.pdf>.

¹⁵⁰ Global North and South here refer to economic strength rather than geolocation. The suggestion here is that nations belonging to the Global North are wealthier and generally hold more socio-political power in global affairs than those belonging to the Global South.

¹⁵¹ Campbell and Gindt, “Introduction—Viral Dramaturgies: HIV and AIDS in Performance,” in *Viral Dramaturgies: HIV and AIDS in Performance in the Twenty-First Century*, eds. Alyson Campbell and Dirk Gindt (Cham., Switzerland: Palgrave Macmillan, 2018), 5.

¹⁵² See theatre scholar Maryrose Casey, particularly Casey, 2004, *Creating Frames: Contemporary Indigenous Theatre 1967-1990*, St. Lucia, QLD: University of Queensland Press. For details on the emergence of autobiographical writing in Indigenous Australian performance, see: Hilary Glow, 2006, “Recent Indigenous Theatre in Australia: The Politics of Autobiography,” *International Journal of Humanities* 4, no. 1 (2006): 71-77.

community/school-based theatre, with only one example of a mainstream production in Jacob Boehme's *Blood on the Dance Floor*. This underlines the importance of HIV work being shared in open public spaces and an urge by artists to take work out to the public rather than having them come to the formal buildings, and colonial form that is most mainstream theatre in Australia.¹⁵³

HIV and Aboriginal and Torres Strait Islander Performance

The focus shifts now to an Aboriginal and Torres Strait Islander-specific context with a review of HIV-themed productions touring to communities and schools, performances designed to generate conversation and educate with a sexual health message. Further, we examine the potential of Aboriginal and Torres Strait Islander plays to address long-standing barriers between community and healthcare service providers, providing the opportunity for more meaningful connections and understanding(s) to be shared. In terms of mainstream performance, writer and performer Jacob Boehme's *Blood on the Dance Floor* is analysed as the key case study since it is the only widely documented performance on HIV created and performed by an Indigenous Australian creative team.

In 1986, during the very early years of the HIV and AIDS epidemic in Australia, the Kimberly Aboriginal Medical Service Council (KAMSC) took action on the alarming news of increased HIV and STI rates within Aboriginal communities, establishing multiple, simultaneous actions in an effort to raise awareness. This resulted in a touring performance that specifically addressed HIV and AIDS for local communities.¹⁵⁴

During consultations between the Aboriginal arts community and community medical staff at KAMSC, 'The potential use of theatre for health promotion was recognised because of the Aboriginal tradition of using oral techniques for passing on information.'¹⁵⁵ It is important here to emphasise this particular dramaturgical strategy being adopted as it explicitly connects with the rich performance histories of Aboriginal and Torres Strait

¹⁵³ See also Campbell, "GL RY: A (W)hole Lot of Women Trouble," 49.

¹⁵⁴ See: Maggie Grant, Susan Laird and Marie Cox, "Fifteen Years of Health Promotion in Kimberley Aboriginal Community-controlled Health Services," *Health Promotion Journal of Australia* 8, no. 1 (1998): 46-50; and Celia Moon, "Moving Stories." *Artwork Magazine* 36 (1997): 12-17.

¹⁵⁵ Grant, Laird and Cox, "Fifteen Years of Health Promotion," 47.

Islander cultures. In this context, it also grew out of a concern that mainstream health promotion techniques, such as posters, pamphlets and videos were not having a strong enough impact.¹⁵⁶ In the first instance, this is crucial in establishing theatre and performance as a highly valued tool for communication by this community, and secondly, it recognises the potential for infusing health messaging with Aboriginal language, culture and performance traditions.

As a result of these findings, a play by Richard Mellick titled *No Prejudice* was commissioned by KAMSC and premiered in November 1991. The performance used methods of song, dance, storytelling and theatre to promote an HIV message. By 1997 *No Prejudice* had played to 17,500 people through 162 performances on 7 major tours, while also receiving coverage on 24 television stations, 23 newspapers and on 36 radio stations.¹⁵⁷ A detailed history of the production, including details of the cast that combined local with professional actors, is listed in Mellick's article, "Spread the Message".¹⁵⁸

Mellick describes that, although the play was staged mostly in English, local language and humour was used depending on the region within which the cast were performing.¹⁵⁹ Mellick proposes that there are limits to what a theatre production on its own can do, namely it can be successful in initiating conversations and awareness, so that the tour was coupled with other health promotion activities and dissemination of resources, supported by local health workers. This is an important strategy adopted by the theatre team and health professionals—surrounding the performance with educational resources. On the production, arts journalist Celia Moon writes:

When *No Prejudice* was first staged in 1991, condoms, posters and pamphlets were handed out at the performance. At the same time there was a massive condom distribution through the 24-hour petrol station outlet, general stores and by taxi drivers handing them out to visitors. This was all very new... The difference now was that

¹⁵⁶ Richard Mellick, "Spread the Message: An overview of the play NO PREJUDICE from the Kimberley Aboriginal Medical Service's Council in Broome, Western Australia," *Aboriginal and Islander Health Worker Journal* 19, no. 6 (1995): 10.

¹⁵⁷ Grant, Laird and Cox, "Fifteen Years of Health Promotion," 48.

¹⁵⁸ Mellick, "Spread the Message," 11.

¹⁵⁹ Mellick, "Spread the Message," 12.

everyone participated in the distribution because they saw this as a community project and wanted to do their bit for their community.¹⁶⁰

Performance, in these contexts, acts as an important catalyst for further conversation and knowledge-building within and amongst communities (and this is an idea that resonates throughout, up to and including mainstage work such as Boehme's).

Examples also exist of theatre and performance being used as a method for training community health professionals. Providing an historical perspective of this, K. Matharu illustrates how four Indigenous Australian playwrights have used theatre to draw attention to chronic health issues that disproportionately affect Aboriginal communities (though not specifically HIV and AIDS).¹⁶¹ In their article, Matharu defines the potential for drama to be used as a tool to break down cultural barriers between Aboriginal and Torres Strait Islander communities and non-Indigenous healthcare workers. The author describes the function of drama as a means to convey pain, humour, courage and pathos, and asserts there is 'an immediacy and aliveness to such enactments that is more potent than just reading text'.¹⁶² Matharu argues for the potential of drama to create bonds with the audience while, in this context, providing a wider perspective on the complexities of Aboriginal and Torres Strait Islander health. This includes how notions of 'health' within Indigenous communities differ from colonial understandings and how such paradigms can be more helpfully viewed as a social construct, informed by various cultural facets and conditions, so that long-standing gaps in healthcare can finally be resolved.

In the 1990s, Melbourne-based company Handspan Theatre, in conjunction with the Koori Health Unit Victoria, toured a series of works to schools addressing key sexual health concerns for young Aboriginal and Torres Strait Islanders. *The Kangaroo Tale* (1995) and *Slow Down Cuz* (1997), both written by Gilly Farrelly and Joanne Dwyer, used puppetry and humour in performance to deliver their targeted messaging. Both productions toured widely across the state, receiving media attention and positive feedback from individual schools.

¹⁶⁰ Celia Moon, "Moving Stories." *Artwork Magazine* 36 (1997): 13.

¹⁶¹ K. Matharu, "Using Indigenous Australian drama to break cultural barriers in healthcare relationships." *Medical Humanities* 45, no. 1 (2009): 47-53.

¹⁶² Matharu, "Using Indigenous Australian drama," 53.

Health worker Bronwyn Kaaden states, 'The contemporary and culturally relevant youth initiative skilfully explores life choices in a dynamic and fluid format.'¹⁶³

Other notable touring school performances include those by ILBIJERRI Theatre Company, which has been highly successful in touring works to Victorian schools.¹⁶⁴ *Chopped Liver* (2006) and *Body Armour* (2010) by Kamarra Bell-Wykes as well as *Viral* (2019) by Maryanne Sam form a trilogy of performances addressing Hepatitis C created in partnership with the Department of Health (Victoria), the Victorian Aboriginal Controlled Community Health Organisation Inc. (VACCHO) and Hepatitis Victoria. Additionally, playwright Kamarra Bell-Wyke's play *North West of Nowhere* (2016), focusing on the importance of healthy and respectful sexual relationships between young people, was produced by ILBIJERRI Theatre Company and widely toured across Victoria. Bell-Wykes published an extensive supplementary resource disseminated alongside the *North West of Nowhere* performance, encouraging schools to continue conversations about the work as well as the broader promotion of sexual health with their students.¹⁶⁵ This includes pre-performance material that introduces a history and background of the work and, for afterwards, provides a range of activities that encourage students to respond thoughtfully and creatively to the message of the production and to share these with others.

ILBIJERRI also produced Boehme's *Blood on the Dance Floor*, which moves the discussion now from a community- and schools-based model (THE) to a mainstream theatrical staging. The production was produced within the performing arts sector and is not directly tied to any formal sexual health promotion or messaging. *Blood on the Dance Floor* is a solo performance that draws heavily on personal experience to inform its content and

¹⁶³ Bronwyn Kaaden, in "Slow Down Cuz", Handspan Theatre, published 2016, <https://www.handspantheatre.com.au/info/Slow+Down+Cuz>.

¹⁶⁴ ILBIJERRI Theatre Company (<https://ilbijerri.com.au>) is one of Australia's leading First Nations theatre companies. As evident in the discussion here, ongoing partnerships have been forged between this company and state government bodies in order to produce sexual health-related performance work for touring across Victoria.

¹⁶⁵ Kamarra Bell-Wykes, "North West of Nowhere: Education Resource Pack," North West of Nowhere—ILBIJERRI Theatre Company, 2014, http://www.northwestofnowhere.net.au/wp-content/uploads/2014/05/ILBIJERRI_NWONWEducationKit_5.5.14_v1.6_Condensed_72dpi-NoBleed-SinglePages-SingleImages.pdf.

material.¹⁶⁶ With this production, we frame a discussion around the strategies used in the staging of culture and identity at the intersection of HIV and Indigeneity.

Blood on the Dance Floor premiered at Arts House in North Melbourne in June 2016, followed closely by a season at Carriage Works as part of Sydney Festival.¹⁶⁷ The production proved highly successful by both community and industry standards. Boehme's work received wide-spread acclaim across mainstream theatre reviews and won a major industry award with Best Production at the Green Room Awards.¹⁶⁸ Boehme toured the production to Canada in early 2019, where it was programmed in a range of First Nations performance festivals, and later the same year toured the work to Darwin, Canberra, Adelaide and Melbourne, as well as a range of smaller cities and locations across Australia.

In the performance, Boehme draws on a multidisciplinary practice to share his stories, weaving together elements of ceremony, theatre, dance, monologue and moving image—similarly drawing in traditional Aboriginal modes of performance, as raised earlier with KAMSC. On this he says, 'It was about honouring our old people's methodologies and dramaturgies that we have witnessed.'¹⁶⁹ Even within these different frameworks—performing in some of Australia's major performing arts venues and institutions rather than out in the community, regionally or remotely—the modes of performance and distinctly Aboriginal dramaturgical strategies, or aesthetic choices, drive the work and communicate the material in culturally familiar ways. As such, Boehme brings community modes into sites almost always dominated by White performance, with different but equally codified modes.

In the performance, Boehme switches character fluidly and frequently, from the high camp drag queen Percy, to inhabiting his father, and often addressing the audience directly as himself. This final point seems crucial in the effectiveness of the work, and through his

¹⁶⁶ This relates to a point made earlier about autobiographical storytelling fusing the personal with the political in Aboriginal Australian theatre performance. See: Glow, "Recent Indigenous Theatre in Australia."

¹⁶⁷ The Arts House season of *Blood on the Dance Floor* ran from June 1st–5th 2016 (<https://www.artshouse.com.au/events/blood-on-the-dance-floor/>); and Carriageworks, January 21st–25th 2017, (<https://carriageworks.com.au/events/blood-dance-floor/>).

¹⁶⁸ The Green Room Awards (<https://www.greenroom.org.au/awards/>) is an organisation that honours theatre and performance work staged in Melbourne. Judging panels for individual awards are typically made up of local artists that have made significant contributions to that particular area of the industry. *Blood on the Dance Floor* is the winner of the Best Independent Production for 2016.

¹⁶⁹ Jacob Boehme in Alyson Campbell and Jonathan Graffam, "Blood, Shame, Resilience and Hope: Indigenous Theatre Maker Jacob Boehme's *Blood on the Dance Floor*," in *Viral Dramaturgies: HIV and AIDS in Performance in the Twenty-First Century*, eds. Alyson Campbell and Dirk Gindt (Cham., Switzerland: Palgrave Macmillan, 2018), 349.

own positioning as Blak, poz and queer Boehme's performance can explore Indigenous culture, queerness and HIV simultaneously. In doing so, blood is posited as a central image—having a symbolic presence at key moments in the performance with the use of projected imagery. In speaking and dancing his stories, Boehme addresses the overwhelming shame and stigma that exist with the disclosure of HIV, but also finds resilience and strength through his blood-ties and ancestral lineage.¹⁷⁰

While *Blood on the Dance Floor* confronts difficult personal and cultural issues, Boehme uses humour at the outset of his performance as a device to both comment on the early days of the epidemic when the gay population was devastated by AIDS and to reassure his audience that HIV no longer infers a tragic ending; it is no longer a death sentence. In fact, Boehme has stated repeatedly in interviews about the work that it is love and hope that ultimately sit at the heart of the show.¹⁷¹ Establishing this at the outset, the performance is then free to slip between modes of dance, monologue and direct address in weaving its narrative.

The work, as reviewer James Murphy puts it, both 'educates and entertains'.¹⁷² This gets to the heart of performance work around HIV, and in this case specifically HIV and Aboriginal and Torres Strait Islander communities. Boehme has described the specific need for creating a comfortable and safe space for conversations with community about HIV and AIDS to take place, again harking back to the *No Prejudice* tour, in which the performance is a part of the 'package': it is a catalyst for conversation.¹⁷³

But performance is a very particular type of catalyst because it works through emotion and affect. We arrive at "meaning" at the end, but via an emotional investment rather than a purely intellectual one, such as engaging with a pamphlet or a talk about safe sex, PEP, PrEP, etc. This is one of the strengths of *Blood on the Dance Floor's* dramaturgy. A

¹⁷⁰ See Campbell and Graffam, "Blood, Shame, Resilience and Hope," 345-347.

¹⁷¹ These interviews, for instance, each quote Boehme on this: Maria Konidaris, "Artist Interview: Jacob Boehme, BLOOD ON THE DANCE FLOOR," RMITV, August 2019, <https://www.rmitv.org/in-review/reviews/2019/8/20/artist-interview-jacob-boehme-talks-blood-on-the-dance-floor>; Ashley Thomson, "#RolemodelReading: An interview with Jacob Boehme," Homer, Dec 2016, <http://homeronline.com/rolemodelreading-an-interview-with-jacob-boehme/>; and "Jacob Boehme: Blood on the Dance Floor", Living Arts Canberra, July 2019, <https://livingartscanberra.com.au/jacob-boehme-blood-on-the-dance-floor/>.

¹⁷² James Murphy, "Blood on the Dance Floor: Jacob Boehme Educates and Entertains," November 2019, <https://scenestr.com.au/arts/blood-on-the-dance-floor-jacob-boehme-educates-and-entertains-20191127>.

¹⁷³ Jacob Boehme in Murphy, "Blood on the Dance Floor: Jacob Boehme Educates and Entertains."

key example of affect in action is a moment when Boehme repeats the phrase, 'Are you clean?', referring to the deeply unsettling, but all too common, manner of questioning another's HIV status that occurs amongst gay men seeking sex.

In this moment the stage elements—speech, sound, light, movement and projected image—are strategically fused together to create what Campbell calls an affective climax.¹⁷⁴ That is, the elements operate simultaneously to create a physical tension within the bodies of the audience; this is intended to be registered and understood physically, rather than cognitively.¹⁷⁵ By crafting this performance moment in such a way, Boehme is able to convey the emotional intensity of this experience by physically transferring it onto his audience. Describing the process of composing this sequence, he says: 'I can tell you all about my experience with HIV but here's a moment for you to actually be in my body, seeing the world of gays in a cruising area. This is an opportunity for you to be there; and I need you to be there. I need you to be affected.'¹⁷⁶

This moment is notable specifically regarding the distinct possibilities of what performance can do in the theatre as compared to street performance—it is a moment that could not happen in the street as, in this case, it is the safety of the closed environment of the theatre that allows this sort of viscerally powerful moment to be established and supported by what is placed on either side of it. There is time for the heart to stop racing and for other modes of performance to work on the audience more gently and arrive at meaning over a period of time.

'Viral Dramaturgies' – HIV education

The various aesthetic/performance strategies of *Blood on the Dance Floor* offer an example of what Campbell and Gindt call 'viral dramaturgies' at work. They describe this as the potential of performance to work 'like a virus... producing change at a physiological

¹⁷⁴ Campbell considers affect theory in terms of music/ology and Jeremy Gilbert's ideas of affect in cultural studies; doing so, she describes the potentiality of an 'affective approach' to making theatre. See: Alyson Campbell, "Adapting musicology's use of affect theories to contemporary theatremaking: Directing Martin Crimp's *Attempts on Her Life*," *Journal of Adaptation in Film and Performance* 4, no. 3 (2011): 303-318.

¹⁷⁵ See above footnote; and also, Campbell, "Experiencing Kane: An Affective Analysis of Sarah Kane's "Experiential" Theatre in Performance," *Australasian Drama Studies* 46 (2005): 80-97; also see next footnote.

¹⁷⁶ Boehme discusses this section of the performance in-depth: Campbell & Graffam, "Blood, Shame, Resilience and Hope," 356-357.

level, such as shifts in body temperature, hairs standing on end or an increase in heartbeat...'¹⁷⁷ Drawing on the work of Felix Gonzalez Torres, they argue that this kind of 'affective potential' has the ability to 'infect' and mobilise communities of audience members.¹⁷⁸ As such, this 'infection' does the job of education and awareness-raising, starting conversations that, ideally, might spread 'virally' themselves. This idea is evident in Boehme's program notes for the season at Arts House:

By sharing my personal story, unapologetically, of being Blak, gay and poz, *Blood on the Dance Floor* is an opportunity to create a space for our mob to have a voice in the dialogue around HIV. A conversation at a table we have not been invited to in this country, which has so far been led by, and reserved for, gay white men... Now, more than ever, we need to take our seat at that table, our silence broken and our voices heard.¹⁷⁹

The driving energy that Boehme articulates so beautifully here sets out the inherent activism embedded in performance addressing HIV and AIDS, through the conversation it engenders. In terms of pedagogy, or teaching, he argues: 'I didn't make this as an educational tool but rather as a conversational tool really, but one of the things I do like is that after, I get to talk to people about all the new developments, you know like U=U and PEP and PrEP and all the things that are available to us now.'¹⁸⁰ Therefore, while Boehme did not set out to make a pedagogical performance, learning is indeed what emerges.

The production, as a performance in combination with the conversations and materials that surround and extend it—conversations formally in post-show Q and As, or informally in foyers, or on social media or in interviews on radio or in magazines—thus offers the dual possibility of educating and mobilising communities by promoting new, meaningful conversations and actions. This is its 'viral' spread, as Campbell and Gindt see it

¹⁷⁷ Campbell and Gindt, "Introduction—Viral Dramaturgies," 8.

¹⁷⁸ Ibid; also see Joshua Tikano Chambers-Letson, "Contracting Justice: The Viral Strategy of Felix Gonzalez-Torres," *Criticism* 51, no. 4 (2010): 559-587.

¹⁷⁹ Jacob Boehme in "Blood on the Dance Floor Show Program," Arts House, published 2016, <http://www.artshouse.com.au/wp-content/uploads/2017/08/Blood-on-the-Dance-Floor-Show-Program.pdf>.

¹⁸⁰ Boehme in James Murphy, "Blood on the Dance Floor: Jacob Boehme Educates and Entertains," November 2019, <https://scenestr.com.au/arts/blood-on-the-dance-floor-jacob-boehme-educates-and-entertains-20191127>.

and, as such, there are multiple examples from interviews and promotional material for *Blood on the Dance Floor* that feature Boehme discussing HIV within the Aboriginal community context more broadly, beyond the specific content and material that make his production.¹⁸¹ This highlights how the performance has been successful in initiating conversations about the impact of HIV on Aboriginal and Torres Strait Islander communities within the public domain.

While we acknowledge the significant gaps that remain when collating this performance history, the works listed here provide important insights into how theatre has been used in the context of Aboriginal and Torres Strait Islander community health promotion. Together these works highlight the capacity of theatre performance to convey meaning through various modes—emotionally, affectively, intellectually and bodily. Performances such as this forge valuable connections between individual audience members and the performer/s, as well as each other, while simultaneously educating and calling for action. The conversations that inevitably ensue ‘go viral’, having the potential to spill out of performance spaces to ‘infect’ the wider population, bringing increased awareness of the ongoing stigma experienced by those living with HIV. This leads us to argue for the vitality and usefulness of performance as a catalyst to create new, urgent conversations and, referring back to Batrouney, to contribute meaningfully to culture and cultural production.

This review sets out to highlight the important history of theatre and performance in HIV and AIDS activism. By examining a range of performance work (mainstream, street community/school-based, and for training) the aim is to emphasise the capacity of different modes of theatre to simultaneously entertain and educate, and to create conversations within and amongst communities. In doing so, we hope to assert theatre’s capacity as an important health promotion tool.

¹⁸¹ See: “Jacob Boehme: Blood on the Dance Floor”, Living Arts Canberra, July 2019, <https://livingartscanberra.com.au/jacob-boehme-blood-on-the-dance-floor/>; and Arts House, “Blood on the Dance Floor Show Program”.

Conclusion

As the first section of this report sets out, statistics reveal an ongoing, disproportionate burden of new HIV notifications on Aboriginals and Torres Strait Islanders, with the possibility of a concentrated outbreak for this population. We suggest that the arts—in this case, theatre and performing arts—has a significant role to play in preventing such an occurrence and closing the gap on new cases of HIV in Aboriginal and Torres Strait Islander communities.

Having argued the particular role performance can play in sexual health promotion, we call for the vital role more work around HIV and AIDS can play in the broader public domain. As noted earlier, there has been a notable decline in new theatre performance about HIV and AIDS since the early days of the epidemic. Now, more than any time since, is such work becoming urgent again. With the recent developments of the COVID-19 pandemic raising new practical and emotional challenges for people living with HIV, it further complicates this moment and further necessitates such initiatives.

Recent biomedical advancements in HIV treatment and prevention such as PrEP, PEP and TasP have had a significant impact in reducing HIV notification rates in the general population but Indigenous Australians are yet to widely benefit from these, particularly individuals living in rural and remote areas. We suggest that theatre and performance, delivered alongside traditional sexual health promotion strategies, can play a significant role in targeted campaigns. By highlighting the importance of community consultation, strengths-based approaches, Arts-based and mixed methodologies, as well as effective program evaluation in health promotion design, we hope health practitioners, researchers and, most importantly, artists will consider how theatre and performance might be used to improve project delivery and evaluation.

We emphasise the potential for performance to enable conversation around sensitive topics such as HIV and AIDS, as well as its history in mobilising communities into action. It is our hope that this report will assist artists and researchers in making an argument for the future funding and development of new performance work by Aboriginal and Torres Strait Islander artists to be shared with communities across Australia.

In conducting this literature and performance review, and through consultation with our Advisory Board, we have identified the following list of suggested steps that we believe

would elicit and consolidate much of the missing performance history from this report, as well as address some of the continuing gaps around the evaluation of theatre and performance in/as health education by Aboriginal and Torres Strait Islander communities:

- an Aboriginal and Torres Strait Islander-led project that includes a detailed retrieval and archival process of previous performance work addressing HIV and AIDS;
- a series of interviews with artists and community members to gather histories and documentation of previously unrecorded performance works for dissemination;
- an investigation into the role of Aboriginal and Torres Strait Islander drag queens (and drag performance) in delivering HIV and health messages to community, particularly in “non-traditional” settings (bars, clubs, events);
- group interviews with a cross-section of Aboriginal and Torres Strait Islander community Elders, health workers and other leaders in order to reflect on what does and does not work in terms of HIV education and how performance might play a greater role in this.

References

- Aanundsen, David. "Health promotion retrospective: A snapshot of HIV health promotion campaigns produced by Aboriginal and Torres Strait Islander community members working in partnership with community and government health organisation." *HIV Australia* 13, no. 3 (2015): 23-30.
- AFAO. "Us Mob and HIV." Australian Federations of AIDS Organisations. 2014. https://www.afao.org.au/wp-content/uploads/2016/12/USMob_web-september-2014.pdf
- AIATSIS. "Guidelines for Ethical Research in Australian Indigenous Studies." Australian Institute of Aboriginal and Torres Strait Islander Studies: Canberra. 2012. <http://aiatsis.gov.au/sites/default/files/docs/research-and-guides/ethics/GERAIS.pdf>.
- Allam, Lorena, Calla Wahlquist and Nick Evershed. "Aboriginal deaths in custody: 434 have died since 1991, new data shows." *The Guardian*. Published June 6, 2020. <https://www.theguardian.com/australia-news/2020/jun/06/aboriginal-deaths-in-custody-434-have-died-since-1991-new-data-shows>.
- Allen, Garth, Isobel Allen and Lynn Dalrymple. "Ideology, Practice and Evaluation: developing the effectiveness of Theatre in Education." *Research in Drama Education*, 4, no. 1 (1999) 21-26. doi: [10.1080/1356978990040103](https://doi.org/10.1080/1356978990040103).
- Arabena, Kerry. "Addressing structural challenges for the sexual health and well-being of Indigenous women in Australia." *Sexually Transmitted Infections* 92, no. 2 (2016): 88-89. doi: [10.1136/sextrans-2015-052412](https://doi.org/10.1136/sextrans-2015-052412).
- AusStage. "The Australian Live Performance Database." (n.d.) <https://www.ausstage.edu.au/pages/subject/134>.
- Australia Council for the Arts. "Protocols for producing Indigenous Australian performing arts." Australia Council: Canberra. 2012. <https://www.australiacouncil.gov.au/workspace/uploads/files/performing-arts-protocols-for-5b4bfd3988d3e.pdf>.
- Australian Government Department of Health. "Coronavirus (COVID-19) advice for Aboriginal and Torres Strait Islander peoples and remote communities." Australian Government Department of Health. Published July 20, 2020. <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/advice-for-people-at-risk-of-coronavirus-covid-19/coronavirus-covid-19-advice-for-aboriginal-and-torres-strait-islander-peoples-and-remote-communities>.
- Australian Government Department of Health. *Fifth National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy: 2018-2022*. Canberra: Australian Government, 2018. [https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-bbvs-1/\\$File/ATSI-Fifth-Nat-Strategy-2018-22.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-bbvs-1/$File/ATSI-Fifth-Nat-Strategy-2018-22.pdf).
- Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM). "U=U: ASHM Guidance for Health Professionals." Published October 2020. <https://ashm.org.au/HIV/UequalsU/>.

- Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM). *Prevent HIV by Prescribing PrEP*. Sydney, 2019. <https://ashm.org.au/resources/hiv-resources-list/prep-guidelines-2019/>.
- Avert. "Treatment as Prevention (TasP) for HIV." Published October 2019. <https://www.avert.org/professionals/hiv-programming/prevention/treatment-as-prevention>.
- Baird, Robert. "Syphilis outbreak control attempts a 'total failure' says Australian Medical Association." ABC. Published January 8, 2019. <https://www.abc.net.au/news/2019-01-08/syphilis-outbreak-federal-government-failure-australian-medical/10696660>.
- Baral, Stefan D., Tonia Poteat, Susanne Strömdahl, Andrea L Wirtz, Thomas E Guadamuz, and Chris Beyrer. "Worldwide Burden of HIV in Transgender Women: A Systematic Review and Meta-Analysis." *The Lancet Infectious Diseases* 13, no. 3 (2013): 214–222. doi: [10.1016/S1473-3099\(12\)70315-8](https://doi.org/10.1016/S1473-3099(12)70315-8).
- Bartels, Lorana and Thalia Anthony. "For First Nations people, coronavirus has meant fewer services, separated families and over-policing: new report." *The Conversation*. Published May 27, 2020. <https://theconversation.com/for-first-nations-people-coronavirus-has-meant-fewer-services-separated-families-and-over-policing-new-report-139460>.
- Batrouney, Colin. "Life, Death, Sex and Art." *HIV Australia* 12, no. 3 (2014): 12-14.
- Belfiore, Eleonora and Oliver Bennett. 2008. *The Social Impact of the Arts: An Intellectual History*. Basingstoke: Palgrave Macmillan.
- Bell-Wykes, Kamarra. "North West of Nowhere: Education Resource Pack." North West of Nowhere—ILBIJERRI Theatre Company. 2014. http://www.northwestofnowhere.net.au/wp-content/uploads/2014/05/ILBIJERRI_NWONWEducationKit_5.5.14_v1.6_Condensed_72dpi-NoBleed-SinglePages-SingleImages.pdf.
- Bolsek, K., J. Debattista, A. Valley, A. Whittaker and L. Fitzgerald. "Factors associated with antiretroviral treatment uptake and adherence: a review. Perspectives from Australia, Canada, and the United Kingdom." *AIDS CARE* 27, no. 12 (2015): 1429-1438. doi: [10.1080/09540121.2015.1114992](https://doi.org/10.1080/09540121.2015.1114992).
- Boneh, Galia, and Devan Jaganath. "Performance as a Component of HIV/AIDS Education: Process and Collaboration for Empowerment and Discussion." *American Journal of Public Health* 101, no. 3 (2011): 455-464. doi: [10.2105/AJPH.2009.171991](https://doi.org/10.2105/AJPH.2009.171991).
- Bourgeois, A.C., M. Edmunds, A. Awan, L. Jonah, O. Varsaneaux and W. Siu. "HIV in Canada—Surveillance Report, 2016." *Canada Communicable Disease Report* 43, no. 12 (2017): 248-256. doi: [10.14745/ccdr.v43i12a01](https://doi.org/10.14745/ccdr.v43i12a01).
- Brough, Mark, Chelsea Bond, and Julian Hunt. "Strong in the City: Towards a Strengths-Based Approach in Indigenous Australian Health Promotion." *Health Promotion Journal of Australia: Official Journal of Australian Association of Health Promotion Professionals* 15, no. 3 (2004): 215-220. doi: [10.1071/HE04215](https://doi.org/10.1071/HE04215).
- Buot, Max-Louis G, Jeffrey P Docena, Brenda K Ratemo, Matthew J Bittner, Jacob T Burlew, Aziz R Nuritdinov, and Jennifer R Robbins. "Beyond Race and Place: Sociological Determinants of HIV Disparities." *PLoS ONE* 9, no. 4 (2014), e91711: 1-15. doi: [10.1371/journal.pone.0091711](https://doi.org/10.1371/journal.pone.0091711).
- Cairnduff, Sally, Darren Braun and Kaylie Harrison. "HIV Free Generation: AH&MRC Street Art Project." *HIV Australia* 11, no. 3 (2015): 56-59.

- Campbell, Alyson. "Adapting musicology's use of affect theories to contemporary theatremaking: Directing Martin Crimp's Attempts on Her Life." *Journal of Adaptation in Film and Performance* 4, no. 3 (2011): 303-318. doi: [10.1386/jafp.4.3.303_7](https://doi.org/10.1386/jafp.4.3.303_7).
- Campbell, Alyson. "Experiencing Kane: An Affective Analysis of Sarah Kane's "Experiential" Theatre in Performance." *Australasian Drama Studies* 46 (2005): 80-97.
- Campbell, Alyson. "GL RY: A (W)hole Lot of Woman Trouble. HIV Dramaturgies and Feral Pedagogies." In *Viral Dramaturgies: HIV and AIDS in Performance in the Twenty-First Century*, edited Alyson Campbell and Dirk Gindt, 49-67. Cham., Switzerland: Palgrave Macmillan, 2018.
- Campbell, Alyson and Dirk Gindt (eds). *Viral Dramaturgies: HIV and AIDS in Performance in the Twenty-First Century*, edited by Alyson Campbell and Dirk Gindt. Cham., Switzerland: Palgrave Macmillan, 2018.
- Campbell, Alyson and Dirk Gindt. "Introduction—Viral Dramaturgies: HIV and AIDS in Performance in the Twenty-First Century." In *Viral Dramaturgies: HIV and AIDS in Performance in the Twenty-First Century*, edited by Alyson Campbell and Dirk Gindt, 3-46. Cham., Switzerland: Palgrave Macmillan, 2018.
- Campbell, Alyson and Dirk Gindt. "Interview with Sarah Schulman: Corporate Culture, HIV Criminalisation, Hitorisicing AIDS and the Role of Women in ACTUP." In *Viral Dramaturgies: HIV and AIDS in Performance in the Twenty-First Century*, edited by Alyson Campbell and Dirk Gindt, 387-404. Cham., Switzerland: Palgrave Macmillan, 2018.
- Campbell, Alyson and Jonathan Graffam. "Blood, Shame, Resilience and Hope: Indigenous Theatre Maker Jacob Boehme's *Blood on the Dance Floor*." In *Viral Dramaturgies: HIV and AIDS in Performance in the Twenty-First Century*, edited by Alyson Campbell and Dirk Gindt, 343-365. Cham., Switzerland: Palgrave Macmillan, 2018.
- Chambers-Letson, Joshua Tikano. "Contracting Justice: The Viral Strategy of Felix Gonzalez-Torres." *Criticism* 51, no. 4 (2010): 559-587.
- Choopanya, Kachit, Michael Martin, Pravan Suntharasamai, Udomsak Sangkum, Philip A Mock, Manoj Leethochawalit, Sithisat Chiamwongpaet, Praphan Kitisin, Pitinan Natrujirote, Somyot Kittimunkong, Rutt Chuachoowong, Roman J Gvetadze, Janet M McNicholl, Lynn A Paxton, Marcel E Curlin, Craig W Hendrix, Suphak Vanichseni. "Antiretroviral prophylaxis for HIV infection in injecting drug users in Bangkok, Thailand (the Bangkok Tenofovir Study): a randomised, double-blind, placebo-controlled phase 3 trial." *Lancet* 381 (2015): 2083-90.
- Commission on Social Determinants of Health (CSDH). *Closing the gap in a generation: health equity through action on the social determinants of health. Final Report on the Commission on Social Determinants of Health*. Geneva: World Health Organisation Press, 2008.
https://apps.who.int/iris/bitstream/handle/10665/43943/9789241563703_eng.pdf;jsessionid=1054A5361E5917FE252DE8034809E9D3?sequence=1.
- Costello-Clark, Michael. "Increasing visibility and participation of Indigenous peoples at AIDS 2014 and creating a cultural legacy beyond the conference." *HIV Australia* 13, no. 3 (2013): 51-53.
- Costello-Czok, Michael and Neville Fazulla. "Remembering, Recognising and Responding: 21 years of the Anwernekenhe Aboriginal and Torres Strait Islander Response to HIV." *HIV Australia* 13, no. 3 (2015): 6-13.

- Cripps, K., Diemer, K., Honey, N., Mickle, J., Morgan, J., Parkes, A., Politoff, V., Powell, A., Stubbs, J., Ward, A., & Webster, K. *Attitudes towards violence against women and gender equality among Aboriginal people and Torres Strait Islanders: Findings from the 2017 National Community Attitudes towards Violence against Women Survey (NCAS)*. Sydney: ANROWS, 2019. <https://ncas.anrows.org.au/wp-content/uploads/2019/05/2017-NCAS-ATSI-Sub-Report.pdf>.
- Crouch, Alan, and Patricia Fagan. "Are insights from Indigenous health shaping a paradigm shift in health promotion praxis in Australia?" *Australian Journal of Primary Health* 20, no. 4 (2014): 323-326. doi: [10.1071/PY14039](https://doi.org/10.1071/PY14039).
- Davis, Barbara, Nicky McGrath, Sara Knight, Susan Davis, Mark Norval, Gail Freeland and Lorna Hudson. "Aminina Nud Mulumuluna ("You Gotta Look After Yourself"): Evaluation of the use of traditional art in health promotion for Aboriginal people in the Kimberley region of Western Australia." *Australian Psychologist* 39, no. 2 (2004): 107-113. doi: [10.1080/00050060410001701816](https://doi.org/10.1080/00050060410001701816).
- Deparle, Jason. "111 Held in St. Patrick's AIDS Protest." *New York Times*. Published December 11, 1989. <https://www.nytimes.com/1989/12/11/nyregion/111-held-in-st-patrick-s-aids-protest.html>.
- Dolan, Jill. *Utopia in Performance: Finding Hope at the Theatre*. Ann Arbor: University of Michigan Press, 2005.
- Duley, P., J. R. Botfield, T. Ritter, J. Wicks and A. Brassil. "The Strong Family Program: an innovative model to engage Aboriginal and Torres Strait Islander youth and Elders with reproductive and sexual health community education." *Health Promotion Journal of Australia: Official Journal of Australian Association of Health Promotion Professionals* 23, no. 2 (2017): 132-138. doi: [10.1071/HE16015](https://doi.org/10.1071/HE16015).
- Fitzpatrick, Stephen. "How did we let this happen? In a first-world country like Australia, wholly preventable sexually transmitted diseases are rampant in indigenous communities." *The Australian*. Published April 2, 2018. <https://www.theaustralian.com.au/nation/inquirer/sti-among-indigenous-communities-is-preventable-but-rampant/news-story/9328faae80a8718e63974fc817f53a58>.
- Freebody, Kelly, Michael Balfour, Michael Finneran and Michael Anderson (eds.) *Applied Theatre: Understanding Change*. Switzerland: Springer, 2018.
- Gracey, Michael and Malcolm King. "Indigenous health part 1: determinants and disease patterns." *Lancet* 374 (2009): 65-75. doi: [10.1016/S0140-6736\(09\)60914-4](https://doi.org/10.1016/S0140-6736(09)60914-4).
- Graham, Simon, Jane Hocking, Catherine C. O' Connor, Stephen Morgan, Catherine Chamberlain. "Prevalence of HIV among Aboriginal and Torres Strait Islander Australians: a systematic review and meta-analysis." *Sexual Health: CSIRO Publishing* 14, no. 3 (2017): 201-207. doi: [10.1071/SH16013](https://doi.org/10.1071/SH16013).
- Grant, Maggie, Susan Laird and Marie Cox. "Fifteen Years of Health Promotion in Kimberley Aboriginal Community-controlled Health Services." *Health Promotion Journal of Australia* 8, no. 1 (1998): 46-50.
- Groves, Abigail. "Not art: creativity, chaos and activism." *HIV Australia* 12, no. 3 (2014): 19-20.
- Groves, Abigail. "A time to be loud and furious: AIDS activism in Australia." *HIV Australia* 12, no. 2 (2014): 17-18.
- Grulich, Andrew E, Rebecca Guy, Janaki Amin, Fengyi Jin, Christine Selvey, Jo Holden, Heather-Marie A Schmidt, Iryna Zablotska, Karen Price, Bill Whittaker, Kerry Chant,

- Craig Cooper, Scott McGill, Barbara Telfer, Barbara Yeung, Gesalit Levitt, Erin E Ogilvie, Nila J Dharan, Mohamed A Hammoud, Stefanie Vaccher, Lucy Watchirs-Smith, Anna McNulty, David J Smith, Debra M Allen, David Baker, Mark Bloch, Rohan I Bopage, Katherine Brown, Andrew Carr, Christopher J Carmody, Kym L Collins, Robert Finlayson, Rosalind Foster, Eva Y Jackson, David A Lewis, Josephine Lusk, Catherine C O'Connor, Nathan Ryder, Emanuel Vlahakis, Phillip Read, and David A Cooper. "Population-level effectiveness of rapid, targeted, high-coverage roll-out of HIV pre-exposure prophylaxis in men who has sex with men: the EPIC-NSW prospective cohort study." *The Lancet HIV* 5, no. 11 (2018): 629-637. doi: [10.1016/S2352-3018\(18\)30215-7](https://doi.org/10.1016/S2352-3018(18)30215-7).
- Handelman, David. "Act Up in Anger: A controversial group has become the catalyst for innovations in the way we fight AIDS." *RollingStone*. Published March 8, 1990. <https://www.rollingstone.com/culture/culture-news/aids-activism-larry-kramer-act-up-fauci-241225/>.
- Handspan Theatre. "Slow Down Cuz." Handspan Theatre: Productions. Published 2016. <https://www.handspantheatre.com.au/info/Slow+Down+Cuz>.
- Henry, John, Terry Dunbar, Allan Arnott, Margaret Scrimgeour, Lorna Murakami-Gold. *Indigenous research reform agenda: a review of the literature*. Links Monograph Series: 5. Darwin: Cooperative Research Centre for Aboriginal and Tropical Health, 2004. <https://www.lowitja.org.au/content/Document/PDF/IRRA5LinksMonographs.pdf>.
- Hudson, Sarah. *Evaluating Indigenous programs: a toolkit for change*. Sydney: The Centre for Independent Studies, 2017. <https://www.cis.org.au/app/uploads/2017/06/rr28.pdf>
- International Reference Group on Transgender People and HIV/AIDS. "Counting Trans People In: Advancing Global Data Collection on Transgender Communities and HIV." 2016. Available at: <https://transglobalactivism.org/wp-content/uploads/2016/07/Counting-Trans-People-In-Web.pdf>.
- King, Malcolm, Alexandra Smith and Michael Gracey. "Indigenous health part 2: the underlying causes of the health gap." *Lancet* 374 (2009): 76-85. doi: [10.1016/S0140-6736\(09\)60827-8](https://doi.org/10.1016/S0140-6736(09)60827-8).
- Kirby Institute. *National update on HIV, viral hepatitis and sexually transmissible infections in Australia 2009 –2018*. Sydney: Kirby Institute, University of New South Wales, 2020. <https://kirby.unsw.edu.au/sites/default/files/kirby/report/National-update-on-HIV-viral-hepatitis-and-STIs-2009-2018.pdf>.
- Kirby Institute. *Bloodborne viral and sexually transmissible infections in Aboriginal and Torres Strait Islander people: Annual surveillance report 2018*. Sydney: Kirby Institute, University of New South Wales, 2018. https://kirby.unsw.edu.au/sites/default/files/kirby/report/KI_Aboriginal-Surveillance-Report-2018.pdf.
- Kirby Institute. *HIV in Australia: annual surveillance short report 2018*. Sydney: Kirby Institute, University of New South Wales, 2018. https://kirby.unsw.edu.au/sites/default/files/kirby/report/supplHIV2018_content_2_0180920r.pdf.
- Laycock, Alison, Diane Walker, Nea Harrison and Jenny Brands. *Researching Indigenous Health: a practical guide for researchers*. Melbourne: The Lowitja Institute, 2011.

https://www.lowitja.org.au/content/Document/Lowitja-Publishing/Researchers-Guide_0.pdf.

- Lowitja Institute. "Chapter 10: methods for reporting and dissemination' in *Researching Indigenous Health: A practical guide for researchers*" Lowitja Institute: Carlton, 2015. <https://www.lowitja.org.au/researchers-guide/>.
- Lys, Candice, Carmen H Logie, Nancy MacNeill, Charlotte Loppie, Lisa V Dias, Renée Masching and Dionne Gesink. "Arts-based HIV and STI prevention intervention with Northern and Indigenous youth in the Northwest Territories: study protocol for a non-randomised cohort pilot study." *BMJ* 6, no. 10 (2016): e012399-e012403. doi: [10.1136/bmjopen-2016-012399](https://doi.org/10.1136/bmjopen-2016-012399).
- Matharu, K. "Using Indigenous Australian drama to break cultural barriers in healthcare relationships." *Medical Humanities* 45, no. 1 (2009): 47-53. doi: [10.1136/jmh.2008.000364](https://doi.org/10.1136/jmh.2008.000364).
- Mayer, Kenneth H and Kartik K Venkatesh. "Interactions of HIV, Other Sexually Transmitted Diseases, and Genital Tract Inflammation Facilitating Local Pathogen Transmission and Acquisition." *American Journal of Reproductive Immunology* 65, no. 3 (2011): 308-316. doi: [10.1111/j.1600-0897.2010.00942.x](https://doi.org/10.1111/j.1600-0897.2010.00942.x).
- McEwan, A., A. Crouch, H. Robertson and P. Fagan. "The Torres Indigenous Hip Hop Project: evaluating the use of performing arts as a medium for sexual health promotion." *Health Promotion Journal of Australia: Official Journal of Australian Association of Health Promotion Professionals* 24, no. 2 (2013): 132-136. doi: [10.1071/HE12924](https://doi.org/10.1071/HE12924).
- Mellick, Richard. "Spread the Message: An overview of the play NO PREJUDICE from the Kimberley Aboriginal Medical Service's Council in Broome, Western Australia." *Aboriginal and Islander Health Worker Journal* 19, no. 6 (1995): 10-12.
- Mikhailovich, K., P. Morrison and K. Arabena. "Evaluating Australian Indigenous community health promotion initiatives: a selective review." *Rural and Remote Health* 7, no. 2 (2007): 462-479.
- Moon, Celia. "Moving Stories." *Artwork Magazine* 36 (1997): 12-17.
- Mooney, Brett. "That Rope Pulls Along Many People." In *Colouring the Rainbow: Blak Queer and Trans Perspectives*, edited by Dino Hodge, 139-151. South Australia: Wakefield Press, 2015.
- O'Keefe, Finn. "Positively fabulous: the art of raising awareness and changing women's lives." *HIV Australia* 12, no. 3 (2014): 23-37.
- O'Keefe, Finn and Linda Forbes (eds.) "Fire in the Belly: the call to action to HIV from Aboriginal and Torres Strait Islander Communities." *HIV Australia* 13, no. 3 (2015).
- O'Keefe, Finn and Linda Forbes (eds.), "HIV, activism and the arts." *HIV Australia* 12, no. 3 (2014).
- Okioli, Chinyere, Nicolas Va De Velde, Bruce Richman, Brent Allan, Erika Castellanos, Benjamin Young, Garry Brough, Anton Eremin, Giulio Maria Corbelli, Marta McBritton, W. David Hardy, Patricia de los Rios. "Undetectable equals Untransmissible (U=U): Awareness and Associations with Health Outcomes Among People Living with HIV in 25 Countries." *Sexually Transmitted Infections* 97 (2021): 18-26.
- Parkhill, Nic. *Australian PrEP trial leads to unprecedented reductions in HIV transmission*. Sydney: Kirby Institute, University of New South Wales. Media Release, October 17, 2018. <https://kirby.unsw.edu.au/news/australian-prep-trial-leads-unprecedented-reductions-hiv-transmission>.

- Power, Jennifer. *Movement Knowledge, Emotion: Gay Activism and HIV/AIDS in Australia*. Canberra: ANU Press, 2011. <https://press-files.anu.edu.au/downloads/press/p144081/pdf/book.pdf>.
- Prendergrast, Monica and Juliana Saxton. "Theatre in Health Education (THE)." In *Applied Theatre: International Case Studies and Challenges for Practice*, edited Monica Prendergrast and Juliana Saxton, 87-103. Bristol, UK: Intellect, 2009.
- Reisner, Sari L and Gabriel R Murchison. "A global research synthesis of HIV and STI biobehavioural risks in female-to-male transgender adults." *Global Public Health* 11, no. 7-8 (2016): 866-887. doi: [10.1080/17441692.2015.1134613](https://doi.org/10.1080/17441692.2015.1134613).
- Rogers, Matthew. "Connecting with youth: how arts-based health campaigns are engaging young Aboriginal people in NSW." *HIV Australia* 11, no. 3 (2013): 46-48.
- Ryan, K.E., J. Wiggins, N. Higgins, C. El-Hayek, and M. Stoove. "Improved capture of trans and gender-diverse people diagnosed with HIV infection in Victoria following refinement to notification form." *HIV Medicine* 21 (2020): e23-e24. doi: [10.1111/hiv.12915](https://doi.org/10.1111/hiv.12915).
- Scott, Michael. "Promoting Aboriginal and Torres Strait Islander gay men and sister girl sexual health in Queensland: The 2 Spirits Program." *HIV Australia* 11, no. 3 (2013): 20-25.
- Shapiro, Johanna, and Lynn Hunt. "All the world's a stage: the use of theatrical performance in medical education." *Medical Education* 37, no. 10 (2003): 922-927. doi: [10.1046/j.1365-2923.2003.01634.x](https://doi.org/10.1046/j.1365-2923.2003.01634.x).
- Shea, Beverley, Clive Aspin, James Ward, Chris Archibald, Nigel Dickson, Ann McDonald, Mera Penehira, Jessica Halverson, Renee Masching, Sue McAllister, Linda Tuhiwai Smith, John M Kaldor, and Neil Andersson. "HIV diagnoses in indigenous peoples: comparison of Australia, Canada and New Zealand." *International Health* 3, no. 3 (2011): 193-198. doi: [10.1016/j.inhe.2011.03.010](https://doi.org/10.1016/j.inhe.2011.03.010).
- South Australian Health and Medical Research Institute (SAHMRI). *HIV and Aboriginal & Torres Strait Islander Communities in 2019*. South Australia: SAHMRI, 2019. http://www.atsihiv.org.au/wp-content/uploads/2019/11/ATSIHAW-booklet-2019_1.pdf.
- Sriranganathan, G., D. Jaworsky, J. Larkin, S. Flicker, L. Campbell, S. Flynn, J. Janssen, and L. Elrich. "Peer sexual health education: Interventions for effective programme evaluation." *Health Education Journal* 71, no., 1 (2010): 62-71, doi: [10.1177/0017896910386266](https://doi.org/10.1177/0017896910386266).
- Stardust, Zahra, Teddy Cook, Laurie Hopkins, James Gray, and Kimberly Olsen. *Effective and Meaningful Inclusion of Trans and Gender Diverse People in HIV Prevention*. Sydney: ACON and PASH, 2017. https://www.acon.org.au/wp-content/uploads/2017/12/Policy-Discussion-Paper-Trans-and-Gender-Diverse-Inclusion_V2a.pdf.
- Strobel, Natalie A. and James Ward. *Education programs for Indigenous Australians about sexually transmitted infections and bloodborne viruses. Resource sheet no. 14*. Canberra: Australian Institute of Health and Welfare and Australian Institute of Family Studies, 2012. <https://www.aihw.gov.au/getmedia/00250e14-7b83-4da8-994e-723a25d96ab7/ctgc-rs14.pdf.aspx?inline=true>.
- Symons, Georgia. "GL RY: adventure in public art, HIV discourse and queer aesthetics." *HIV Australia* 12, no. 3 (2014): 27-30.

- UNAIDS. "90:90:90: Treatment for All." Last accessed November 12, 2019. <https://www.unaids.org/en/resources/909090>.
- United Nations Department of Economic and Social Affairs: Indigenous Peoples. "COVID-19 and Indigenous peoples." United Nations. Accessed July 27, 2020. <https://www.un.org/development/desa/indigenouspeoples/covid-19.html>.
- United Nations Department of Global Communications. "UN working to ensure vulnerable groups not left behind in COVID-19 response." United Nations. Published March 24, 2020. <https://www.un.org/en/un-coronavirus-communications-team/un-working-ensure-vulnerable-groups-not-left-behind-covid-19>
- VicHealth. *Promoting Aboriginal Health Through the Arts*. Melbourne: Victorian Health Promotion Foundation, 2013, 1-12. https://www.vichealth.vic.gov.au/-/media/ResourceCentre/PublicationsandResources/arts/VH_Promoting-Aboriginal-health-through-arts-V1.pdf?la=en&hash=1FF711CA90F45303E42D72D3E78AE645D943E491.
- Walmsley, BA (2013) 'A big part of my life': a qualitative study of the impact of theatre. *Arts Marketing: An International Journal*, 3 (1). 73 - 87. doi: [10.1108/20442081311327174](https://doi.org/10.1108/20442081311327174)
- Ward, James, Hamish McManus, Skye McGregor, Karen Hawke, Carolien Giele, Jiunn-Yih Su, Ann McDonald, Rebecca Guy, Basil Donovan, and John M Kaldor. "HIV incidence in Indigenous and non-Indigenous populations in Australia: a population-level observational study." *The Lancet HIV* 5, no. 9 (2018): E506-14. doi: [10.1016/S2352-3018\(18\)30135-8](https://doi.org/10.1016/S2352-3018(18)30135-8).
- Ward, James S, Karen Hawke and Rebecca J Guy. "Priorities for preventing a concentrated HIV epidemic among Aboriginals and Torres Strait Islander Australians." *Medical Journal of Australia* 209, no. 1 (2018): 5-6. doi: [10.5694/mja17.01071](https://doi.org/10.5694/mja17.01071).
- Ward, James S., Amalie Dyda, Skye McGregor, Alice Rumbold, Linda Garton, Basil Donovan, John M. Kaldor, and Rebecca J. Guy. "Low HIV testing rates among people with a sexually transmitted infection diagnosis in remote Aboriginal communities." *Medical Journal of Australia* 205, no. 4 (2016): 168-171. doi: [10.5694/mja15.01392](https://doi.org/10.5694/mja15.01392).
- Ward, James and Michael Costello (eds.) "Respect and Resilience: shaping the response to HIV and STIs among Aboriginal and Torres Strait Islander Communities." *HIV Australia* 11, no. 3 (2013).
- Whiteside, M., K. Tsey, A. Crouch and P. Fagan. "Youth and Relationship Networks (YARNS): mobilising communities for sexual health." *Health Promotion Journal of Australia: Official Journal of Australian Association of Health Promotion Professionals* 23, no. 3 (2012): 226-230. doi: [10.1071/he12226](https://doi.org/10.1071/he12226).
- Wilson, Ciann, Vanessa Oliver, Sarah Flicker, Native Youth Sexual Health Network, Tracy Prentice, Randy Jackson, June Larkin, Jean-Paul Restoule, and Claudia Mitchell. "'Culture' as HIV Prevention: Indigenous Youth Speak Up!" *Gateways: International Journal of Community Research and Engagement* 9, no. 1 (2016): 74-88. doi: [10.5130/ijcre.v9i1.4802](https://doi.org/10.5130/ijcre.v9i1.4802).