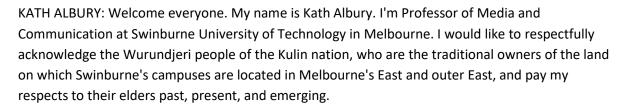# Transcript

Title: Digital cultures and sexual health, research and practice roundtable (Digital and data literacies for sexual health policy and practice 2022 webinar series)
Creator: Kath Albury; Heather McCormack; Jennifer Power; Daniel Reeders; Andrea Waling
Year: 2022

Audio/video for this transcript available from: http://commons.swinburne.edu.au

KATH ALBURY: Welcome everyone. My name is Kath Albury. I'm Professor of Media and Communication at Swinburne University of Technology in Melbourne. I would like to respectfully acknowledge the Wurundjeri people of the Kulin nation, who are the traditional owners of the land on which Swinburne's campuses are located in Melbourne's East and outer East, and pay my respects to their elders past, present, and emerging.

And I'm honoured to recognise my connection to history, culture, country, and spirituality through these locations, and we at Swinburne strive to ensure that we operate in a manner that respects and honours the elders and ancestors of these lands.

We also acknowledge and respect the traditional owners of lands across Australia, their elders, ancestors, culture, and heritage, and recognise the continuing Wurundjeri sovereignties of Aboriginal and Torres Strait Islander nations. And I'd like to respectfully welcome all of Swinburne's Aboriginal and Torres Strait Islander staff, students, alumni, partners, and visitors, and all of the indigenous people who are joining us today in this webinar.

This is the first of a series of events that I will be running through the auspices of my Australian Research Council Future Fellowship, which has started very recently. I am looking at digital literacies and data literacies in the context of sexual health. And the point of difference, I guess, for this project is that I'm trying to think about what digital literacy and data literacy means, not as an individual attribute, but what it means in an organisation or in a community.

If we're thinking about literacies or capacities or capabilities around digital technologies or data, how can we think of those in relation to culture? How can we think about them in relation to policy? How can we think about them basically in relation to how organisations think about themselves, or the way we do things around here?

And to think about that in relation to sexual health in the Australian context, at least, I think is pretty new and in some ways maybe coming a little late in the game, but maybe not. I have the good fortune to be a bit of an outsider in the space of sexual health, in some ways, but with a foot in that camp. And so I'm really grateful to be kicking off my research process and four years of what I think will be really interesting and exciting collaboration with people in Australia and across the world, in such a great company as we have in the panel today.

I've been really grateful that Heather McCormack, Jen Power, Daniel Reeders, and Andrea Waling have been able to join us today to really have, in some ways, unstructured, in other ways, I guess, it's going to be very rich because of the experience of our four panellists, a really provocative introductory roundtable.

We're very sorry. Barrie Shannon sends their apologies. They are in the nasty stage of a COVID infection today, and are coughing too much to join us. And they will join us in a later conversation.

I'll say a little bit more about the framing of the conversation today before I hand over to the panellists, but just to give a bit of a context with this event. It is very much a round table. We're going to be very open to questions from the rest of the participants here today.

I know the webinar format makes it a little hard to see, but there are actually 51 of us attending today. It's a really diverse group. I'm just scrolling down the participant list-- there are a lot of academics, but there are a lot of people from the space of health service provision as well joining us today. And so what we're hoping is we can have a very lively interdisciplinary conversation.

The project that I am running focuses on young people, and traditionally, my research has focused on young people, but it is not focused at all on school-based sex education or the children. And that, in itself, I think is a bit of a novel thing in the Australian landscape for thinking about sexual health and sexual learning.

It is part of the Australian STI strategy to think about young people as a priority population, but often I think in practice, the funding and a lot of the research in this space is channelled into school-based sexuality education. What I'm really interested in this project, and why I've invited these great scholars and practitioners, is thinking about 18 to 29-year-olds who are in the, quote unquote, young people category within many Australian sexual health policies, but are often kind of under-represented in the nuanced conversations we might have around digital technologies and their role in sexuality and well-being and sexual health.

I also want to think about what might count as good practice, or bad practice, or best practice, in this space. I'm not asking anyone to dob in any particular organisation, by the way. We're not going to drop names here. But the do's and do-not's of this space, obviously, digital health is no longer a novel space, and yet it very often is treated as if it's novelty or innovation.

I also want to think about who might be left out of current service provision. I know that the ways that trans people and gender diverse people are included or excluded from the space of public health is a very raw issue right now.

I also am very grateful that Heather is here to talk about the Take Blaktion project from New South Wales Health because thinking about the ways that indigenous people, Aboriginal and Torres Strait Islander people here in Australia, are and are not included in really careful and culturally appropriate health campaigns, and also clinical health service provision, is a very intense question right now. There are real challenges in relation to funding, and we don't know where things will be going after the elections, both state and federal, that are coming up right now, and Heather's practice is such a

leader in this space, and her colleagues as well. I'm very pleased that she's here today to speak to that.

So that is enough rambling from me. I will hand over to Heather, and I will ask her to introduce herself and to respond to one of my provocations, or maybe both, and I'll just reiterate those for the audience. So my provocations for the panellists were, what kinds of tech are 18 to 29-year-olds currently using to explore their sexuality, health, and well-being? Or, and or, what do we currently know about good practice in digital sexual health promotion? And I'll let Heather introduce herself and speak to those questions, and hopefully share some content with us.

HEATHER MCCORMACK: Thanks Kath. I'm Heather McCormack. I am a senior program manager at the New South Wales STI Programs Unit, which is part of the New South Wales Ministry of Health. And I'm a Wiradjuri woman, so my portfolio at the STI Programs Unit is a bit of a weird mix. I lead most of our Aboriginal Programs, but the other half of my portfolio is kind of communications related things that don't really fit with anyone else's body of work.

So Take Blaktion is a sexual health promotion communications campaign targeting Aboriginal young people aged 15 to 29 in New South Wales. And this campaign came out of early findings from research we did at another one of our projects that was based at music festivals. And that research found that Aboriginal young people were less likely to report condom use than non-Aboriginal young people.

But what we thought was much more significant was that they were much less likely to report that they thought their friends used condoms. So as we know, these kinds of social norms are a really important influence on sexual behaviour, and shame and stigma are massive barriers to use of condoms and access to sexual health services for Aboriginal young people. So all of this kind of helped identify the need for an Aboriginal-led campaign in New South Wales to empower Aboriginal young people to take charge of their sexual health.

So the core components of Take Blaktion are high profile comedy ambassadors, comedy sketch videos, and activations. And I can usually see some eyebrows going up when I say that, and people are like, comedy? That doesn't sound what we were expecting.

But comedy has a really long history within Aboriginal media. We see this really uniquely Aboriginal sense of humour across written fiction, theatre, comedy sketch shows, like ABC Black Comedy US-- some of our ambassadors first hit the public eye. And when it's used effectively, humour can defuse the discomfort that surrounds sensitive topics. So what I mean by that is that it can sometimes be easier to talk about different topics if you can-- sorry, difficult topics if you can have a laugh about them.

So Take Blaktion uses this uniquely Aboriginal humour of the comedy ambassadors to kind of get around shame and connect young Aboriginal people to relevant and appropriate sexual health promotion messaging. It's a partnership between the New South Wales STI Program Unit and the Aboriginal Health and Medical Research Council of New South Wales, and the creative is developed by an Aboriginal media agency, and the project is overseen by an Aboriginal Advisory group, who provide really diverse regional and frontline perspectives.

So great campaign, funny videos, how do we know it's working? We've used a few different measures for evaluation for each of the different components. It's predominantly a social media campaign. So we can look at coverage, reach, engagement, likes, shares, things like that.

So far, the campaign has exceeded KPIs on reach and engagement every year that it's run, and our content continues to reach more young women than young men. But we do have a really sizeable minority of young men viewing our content, particularly on Instagram. They're just much less likely to engage with the content or follow the page.

But that engagement, getting people to engage with sexual health content, it influences those social norms that I mentioned before. Just seeing friends tagging each other and commenting helps normalise the conversation around sexual health.

But performance on social media is a pretty easy thing to measure, but we need to dig a little deeper to find out if we're actually getting the outcomes we want in the target audience. So other things we look at are our website traffic, essentially completion of key engagement activities.

So for example, on our website we have a service locator where young people can put in their post code and find a bulk billing doctor or Aboriginal medical service near them where they can get a free STI test, and we would record that as an intention to test. We collect some basic data at the community events that we run-- so engagement, resources, giving out, things like that. And in year two, we commenced some survey collection with Aboriginal young people in collaboration with the Centre for Social Research and Health, and those surveys formed the baseline of an ongoing evaluation where we're measuring changes in attitudes and behaviours.

So the evaluation survey launched at the end of last year's campaign, which was year four, and it's a longitudinal tool that aims to compare trends in sexual health behaviours and attitudes related to condom use and STI testing. And we're looking at both a cohort of people who were exposed to the campaign and a cohort of people who were not exposed to the campaign.

That's a bit about what Take Blaktion is. What I think has made it successful, the most significant factor is that it's Aboriginal led. It's Aboriginal led on every level. We have an Aboriginal media agency. It's a partnership with AHMRC. It's an Aboriginal governance group, and the ambassadors are high profile community members, as well as celebrities.

The Aboriginal creative agencies have been really essential. They know our audience, they have real insight into how they use media and how they interact with these topics, and they're able to engage them in a really meaningful way. The Aboriginal-led advisory group made up of Aboriginal sexual health workers from around the state have really useful local knowledge and community connections to be able to guide the project.

And of course, the ambassadors are really well known and liked. They've all gone above and beyond sharing the content, attending events, bringing so much energy to the campaign. They are influencers, but they're also, as I said, high profile community members. So their involvement and endorsement is really valuable, and it enables people to feel more comfortable engaging with the content, and therefore contributing to that normalisation of conversations about sexual health.

And finally, I'd say the adoption of a strength-based approach throughout the Program of work. Aboriginal young people hear a lot about how disadvantaged and disproportionately affected by various negative things they are. So we made sure that the tone of Take Blaktion consistently emphasised community strengths.

We don't want to make people feel bad about themselves. We want to challenge the shame and stigma around sexual health and get people thinking creatively about how they can look out for their own health, and how they can look out for the health of their partners.

So I'm going to try now to share a couple of the videos from the last couple of years of Take Blaktion. We did a little practise of this before you guys joined, so let's see if it's going to work. I've got two.

[VIDEO PLAYBACK]

[MUSIC PLAYING]

- Pox.

- Crabs.

- Chlamydia.

- Uh-huh.

- Condoms.

- Syphilis.

- (DISTANT) Sandra. (NORMAL) Sandra.

- Oh. Oh. That's me.

- Oh, good. Hello. Follow me.

[MUSIC PLAYING]

- Go get tested, you mob. Don't make a big song and dance about it.

[END PLAYBACK]

HEATHER MCCORMACK: So that's one. And now I'm just going to do that again. This is not the smoothest process. Here's another one.

[VIDEO PLAYBACK]

[INTIMATE LAUGHTER]

Oh, yeah.

[MUSIC PLAYING]

- (SINGING) If you might be looking for some interaction, the kind that bring love satisfaction, take a moment before you take action, play it safe and Take Blaktion. It ain't a joke when having a poke to risk an STI, that can make your fork broke, so take a moment, think about what's spoken, Take Blaktion, be strong fork folk.

[MUSIC STOPS]

- What are you doing in our room?

- Yeah. We're trying to have some alone time.

- Ah!

- Hey!

- (WHISPERING) Take Blaktion, Blaktion, Blaktion, Blaktion, Blaktion. Wear condoms, condoms, condoms, condoms, condoms, condoms. Get tested, tested, tested, tested, tested, tested, tested.

- Get out, out, out, out, out.

- OK, OK, OK, OK, OK,

- OK. That was weird, ay?

- Yeah. Catchy tune, though.

- Oh, true ay.

- Yeah.

[MUSIC PLAYING]

[LAUGHTER]

[SNORING]

[LAUGHTER]

[END PLAYBACK]

HEATHER MCCORMACK: So yeah, let's Take Blaktion.

KATH ALBURY: Awesome. Thank you so much, Heather. Folks, I wanted to say to everyone, we will have plenty of discussion and conversation later on. We do-- because we're using the webinar platform for Zoom, not the meeting when we have the separate Q&A box. So feel very free to put questions in the Q&A, but also you can raise your hand when we have question time later. And Paul, who is our fantastic host, will give you access to the mic.

Thanks again, Heather McCormack. We will have heaps of conversation about that very shortly, I'm sure. But before we do, I will invite our next panellist, Jen Power, to offer her insights/provocations.

JEN POWER: Thanks, Kath. It's a little bit hard to follow that because I feel pressure to be funny, but I'll just go with what I'm doing. So my name is Jen Power. I'm a researcher at the Australian Research Centre in Sex, Health and Society at La Trobe University. I am speaking to you from the Wurundjeri lands of the Kulin nations in Melbourne, and I would like to acknowledge elders past, present, and emerging from across the country.

So I wanted to respond to Kath's question of what do we know about good practice in digital sexual health promotion. And I'm going to speak a little bit broadly about that, and probably covering ground which many of us have thought about, but I just think it doesn't hurt, to just remind us that the way in which we evaluate, or think about, or make sense of good practice in digital sexual health promotion fundamentally comes back to the ways in which we understand sexual health, or the ways we define sexual health.

So I'm sure you're all very familiar with the World Health Organisation definition of sexual health, which emphasises a holistic approach to sexual health as being more than the absence of disease, and uses terms around a positive and respectful approach to sexuality and sexual relationships and the possibility of having pleasurable and safe sexual experiences free of coercion, discrimination, and violence.

So it's a very broad term. It's a very social term. It refers to sort of big structural rights and structural freedoms. And it's been noted many times that that definition is quite widely cited in approaches to sexual health policy and programming in practice, but it's a very difficult definition to bring into Programs. And most often, funding for sexual health Programs is quite clinically sort of determined, or it's come through a Health Organisation or government health department.

So often the points that we're trying to address in programming or in evaluation of Programs are things like contraceptive use, or STI diagnoses, or so-called behavioural changes, such as use of condoms or STI screening. And while that's fine, I think it doesn't necessarily capture the breadth of what we're often trying to achieve when we're talking about sexual health, or best practice sexual health promotions, particularly in this digital environment. But of course, that takes a much more complex approach-- you know, bringing in that holistic definition takes a much more complex approach.

So fundamentally, if we're trying to define good practice in digital sexual health promotion, we do need to think quite broadly. But I do think it's important to articulate what outcomes we're looking for-- what is good sexual health, and what do we assume are the changes we might be able to make-- what are the changes we're looking for in digital sexual health promotion? What do we assume this might be able to achieve? And also, what is digital sexual health promotion? Like, what is the nature of this practice, or this intervention, or this approach to sexual health?

So I wanted to talk about that because at ARCSHS we recently conducted a study to explore these questions-- when I say we, I mean Andrea and I and some of our colleagues. We were talking to young people-- so including people under 18, but also up to 21. So sort of slightly younger than the

cohorts you're talking about, Kath, but I think the issue's still relevant-- and certainly we're talking about sexual health promotion outside of the school-based format or forum.

So I thought I'd share a few thoughts and insights from that project. Firstly, when we interviewed young people-- so for this project, we spoke to young people. We also spoke to some key experts working in sexual health promotion or who are producing digital content for young people. We found that asking questions using the terminology of sexual health tended to elicit a focus on quite clinically based information, or information based resources-- so information about STIs, or information about contraception, or where to get a test-- which is fine.

But when we asked about sexual rights-- and of course, sexual rights is quite intimately connected to the achievement of sexual health, certainly using that broader definition-- we got quite a different perspective. And I guess by asking-- I mean, not just asking participants, but also asking ourselves-- if we look at the data that we're collecting, what is it telling us about-- or what do we see if we apply this lens of sexual rights, rather than sexual health?

So that helped us to shift our focus from the concept-- I guess to think more broadly about the different forms of online content or online engagements that relates to sexual health or constitutes digital sexual health promotion practice. For example, a campaign for better consent education in schools using an online petition led by a young person, which was very high profile a couple of years ago, is a really excellent example of digital sexual health promotion, or perhaps of the potential for digital media and digital connectivity to support sexual rights and sexual health.

And I imagine we could find more examples of the ways in which digital media is being used to support sexual rights in this way, and more examples of where young people-- and by young people, I mean up to 30, or just got to 40 for young people-- just finding examples of where young people are leading the way in digital forums. And I know Kath, you've certainly had that sort of counter public health approach and online connectivity on your radar in your past work.

And I think if we're talking about kind of research to identify good practice in digital sexual health promotion, you know, we might be looking at questions like, how does something like this sexual rights campaign actually then go on to perhaps support young people to feel more confident in navigating sexual relationships, or in having conversation about conversations about sex and rights, or perhaps sort of more broadly developing a sense of sexual agency? And then we might sort of understand, I think, more about the potential for online resources, or digital and sexual health promotion to support sexual health.

The other thing we found in this study-- well, we found lots-- but one of the other things was about the way the online environment supports the development of sexual literacy. So we see in the online environment that there's simply a really large volume of resources related to sex and relationships and sexual health, and there's a whole range of formal and informal resources or content, and there's a lot of different mediums. So you know, ads like the Blak Nation, sort of short video format ads, TikToks, podcasts, websites, YouTube, through to things like more formal websites, information based websites, and apps.

So the sheer volume of-- sorry, the sheer volume of information, the different types of resources and content really encourages people to do what you do online and follow rabbit holes. Go down the rabbit hole, follow different lines of inquiry, think of different things, seek information. So there is a-- people are learning online. It's a really excellent forum for people to learn about sexual health.

So I do sort of wonder that when we're talking about what is good practice in terms of digital sexual health promotion, actually encouraging or recognising the way people are already searching for information-- using digital content is a really important part of that.

But the other thing that's come up in our research, and other research, is the fact that when people go online to learn anything, or to investigate I guess, anything to do with sex or relationships or sexual health, they're rarely seeking information in the abstract. It's quite different to a classroom where a particular curriculum is being delivered. People are usually seeking info that's quite specific, quite relevant to them, or sparked by an issue or a problem or something that's come up in their life, or a question that they've thought of, something that's relevant to their life.

So people might engage with sexual health information resources about STIs or contraception or whatever else, but usually people are actually looking for stories that are relevant to their own experiences, looking for people who post similar questions on forums, or whatever-- or looking for images or scenarios or videos or something that reflects their own life, or helps them engage with understanding something about themselves or the experiences that they're going through.

And I think this is really important for thinking about digital sexual health promotion, but also thinking about this definition of sexual literacy. So literacy is not just about knowledge of sexual health, or what does it an STI look like-- this might be part of it, of course-- but really good health literacy, and sexual health literacy is about being able to apply knowledge to one's life.

I notice there's a few people in the attendance list who would have heard me go on about this before, but I will go on about it again. I often use the example of the feminist health book that came out in the 1970s, "Our Bodies, Ourselves," to talk about the definition of sexual literacy, because I think it's a really good one.

So if you're not familiar with that book, it was a book that was written by feminists targeted towards women, and really focused on sexual and reproductive health. And this book really did teach women about things like contraception, but it also encouraged them to reflect on their lives, and reflect on their sexuality and their relationships, and reflect on gender relationships more broadly.

It didn't just provide info about contraceptions, but-- although it did do this-- it also encourage women to wonder about what it might mean, for example, for a married woman to be on the pill. What freedoms this entailed? What barriers might lie ahead for them, in terms of negotiating that with doctors or with their husbands? So it encouraged thought, encouraged reflection, it encouraged action, it encouraged agency.

So I often think of that as a really good-- that book has good sexual health promotion practice for women in the 1970s. And I do kind of think that in 2022, it's possible that digital media is achieving

something similar, I said possible, because I think it's less clear cut than one book, and the internet's many, many different things.

But I do think the online environment does facilitate access to content that encourages that sort of reflection, because people are looking for information that's really specific to their needs, information that encourages reflection, encourages learning about oneself, encourages someone to be curious about their lives. And I'm sure many of you would be familiar with the sort of large volume of image-based resources that have been created by disability, sexual rights activists-- showing people with physical disabilities in sexual clothing or sexual scenarios, sexualized images just to counteract this assumption that people with disabilities are not sexual or don't have sexual desires.

And I think that sort of resource could be really important for some people, in terms of developing sexual agency or understanding their own sexuality, and plays a role in sexual rights. It plays a role in sexual literacy, using that definition of understanding oneself and sort of figuring out how to apply knowledge about sexual health to one's life. So sexual literacy as not just sort of an A on a test or a state of knowing, but about having the confidence and resourcefulness to understand information, to seek information, and to reflect and draw from knowledge.

So I think that the online environment actually is doing this to a certain extent. What we need to do is better understand how, and how that connects with the way people feel about themselves, the decisions, and the practices in sort of off-line lives, I guess. So research which helps kind of understand the ways the digital environment support sexual literacy, I think, will help us build an understanding of best practice digital sexual health promotion.

I've got more to say, but I'm going to stop there, and hopefully--

KATH ALBURY: Yeah. Leave us in suspense for now. Thank you so much for that, Jen, because we will have a chance to come back to all of these issues. And one of the reasons I'm a bit sorry that Barrie isn't here today is I think one of their really provocative conclusions in their recent book was that we've put a lot of time and energy into seeking to reform school-based sex education, and maybe it's irredeemable, in terms of helping people understand their lives and their experiences in the ways that you have described-- not because there is not goodwill in that space. There's wonderful goodwill. But there are so many systemic blocks that, in fact, it may be time to look towards some workarounds in this space.

I mean, I know, and I will not go into it now, my colleagues in the Centre for Automated Decision Making and Society and myself, including Joanna Williams, who is here today, are looking at the ways platforms can make these processes quite difficult for organisations that are seeking to work in the online space. We won't have that discussion today--

JEN POWER: But the real explicit content, I think, is relevant.

KATH ALBURY: Yeah. Well, it doesn't have to be explicit, unfortunately, to be shut down by content moderation. And that's the question that we're looking at right now. It just needs the wrong keyword, the adult keyword in it. But we will move on to our next panellist.

I'm very sorry we can't all be in the same room today for this conversation, especially given how many wonderful people are participating in the audience, but I am super pleased that we're on Zoom because it meant that Heather and Daniel can be with us today. So I will hand over to Daniel Reeders. Thank you.

DANIEL REEDERS: Thanks, Kath. And hi everyone. I'd like to acknowledge that I'm speaking from the Gadigal land, the Gadigal people of the Eora nation up here in Sydney. I'm a queer non-binary person with disability. And I've been a practitioner in HIV and sexual and reproductive health for coming up on 20 years.

My first project was way back in 2003, and it was setting up an online community for people who wanted to talk about HIV and sexual health in the queer communities in Melbourne, back when digital was still legitimately kind of a new thing.

I describe myself in my bio as an academic, because I've been a research fellow on three different projects, looking at hepatitis B, peer-based Programs, and the National Disability Insurance scheme. I'm also a PhD candidate in regulation and governance at the ANU, and I have a real passion for thinking about engagement, and that's what I'm going to have a bit of a rant about this afternoon.

Typically, we think about engagement is something that an Organisation does. So it's an Organisation-centric view of engagement. And in my PhD, I try to kind of mix that up a bit by asking not how do we engage with the communities, but how do communities engage in order to reconfigure the regulation of licit drugs, like HIV medicine, and illicit drugs, like crystal meth.

So I have two case studies in a digital ethnography of what I'm calling interstitial movements, and they're movements that kind of emerge in an established field of players and try to reconfigure the relationships among them in order to achieve a different outcome for the regulation of the issues they care about.

And that emerges out of my interest as a health promotion practitioner, where we're very often trying to engage with what the Australian researcher Michael Hurley called cultures of care. So they are cultures of everyday practice. You might think of the gay community, negotiating HIV during sexual practices, and we're interested in the media circuits and the cultural practices that sustain the outcomes of interest-- in this case, in Michael's era, with the use of condoms, and in our era, it's the use of PrEP and U=U.

However, when we're talking about engagements, there's a real risk of talking about abstractions. And the abstractions that we constantly use include the term culture, but also the term population. It includes reach, it includes audience. There's a real danger of using this kind of nearly metaphysical language of airy fairy abstractions that cover over or obscure what it is we're actually dealing with.

So I want to make one point two ways today. And the first point is from a practitioner perspective, and it's about the importance of organisations maintaining an ambient presence in digital cultural spaces, and not just engaging when you have an intervention or a research project that you want to promote.

And I can think of a couple of examples-- actually three examples. I'm thinking of Shine SA, who do sexual and reproductive health work in South Australia; Our Watch who do work challenging domestic and family violence, particularly among young people.

And more recently, the Australian Electoral Commission of all the institutions have been doing really fabulous job on Twitter of participating in what people call The Discourse, capital T, capital D, sharing content and engaging in replies, retweets, quote tweets, to really establish themselves as a player in that discursive space so that when people come to them with a question, they have a brand, they have a following, they have a network of existing relationships that they can call on in order to engage with people and disseminate information. And that's crucial at a time when there's no shortage of state and non-state actors engaging in disinformation, whether for strategic purposes or just for fun.

All of these different organisations are engaging on sensitive topics, and they're very conscious of the need to tread that fine line between promoting what they do on a day-to-day basis in everyday language, using relatable-- that terrible word-- but relatable content on the one hand, and then on the other hand, when they need to, being able to share what can be quite pointed crunchy material about really sensitive and difficult topics.

There's a process of building up trust, not just with the audience, but also with the platform and the algorithm that happens when you're present in those spaces in an ambient sense, and when you're not just showing up because you have a study that you need to recruit for.

So now let me make the same point in more technical researcher-y terms. And I'm using here some thinking from Jenna Burrell and Jessa Lingel that I've drawn on in my PhD research, and they think about a really similar abstraction, similar problem of abstraction, and that's the notion of the field.

So you have ethnographers. In the old days, the field was a literal village or community site, and you would show up and you would put down kind of roots and you would stay there until you had finished studying your project. These days, when we look at digital ethnography, the problem of setting a boundary around the field of deciding what's in and what's out, how long you're going to be there, and when you're going to leave, that all depends on the researcher making decisions.

And they propose the concept of networked field studies as a way of thinking through those difficulties. And the point they make is that you can't really engage directly with a digital culture except via relationships and circuits that you have done the work yourself to establish over time. And in a digital field site, the only necessary connection between the different objects that you might be studying is often the linkages that you've created yourself as the researcher. And I think that's a really useful way of thinking about engagement in digital sexual health promotion as well.

I had the experience last year of working on developing an engagement strategy for the Victorian Department of Health in the aftermath of the nine towers lockdown, when the Public Health Intelligence Unit at Department of Health realised that they needed an engagement strategy to rebuild trust with the culturally and linguistically diverse communities that had been affected by the lockdown, without any notice, and without any wraparound support of nine public housing towers. So great, that they recognised that there was a problem there.

And my contact was a very concrete thinker, and I say that in the best possible way. They insisted that we have to think about engagement as something mediated via specific personal relationships, that you can't just talk about the department engaging with the community, that instead you have to be specific about who in the department, and who in the community, and how are they connected. And I think that's really good methodological discipline. It has been for my PhD, and it is in my practice trying to engage with digital sexual cultures.

So the one thing I would note about that, though, is that whereas my friend and a contact working on that project insisted that engagement is personal, in my PhD research I'm also looking at the network of both human and non-human actors that is implicated when we try to engage with a community or regulatory space. So those non-human actors can be quite mystified, in the case of the algorithm that we're constantly talking about, but it can be incredibly mundane.

So the login switcher for Google Apps has turned out to be a key player in the chains of association that mediate engagement in my digital field work. Whenever we say, would you open this document here, you suddenly have a Zoom meeting or a Google Hangout full of people going oh, it says I don't have permission to access that, and then we have a five minute conversation about, OK, you're logged in as one Google persona, and you need to switch to a different Google persona, and that will give you access to this document.

Other very basic things, like, as a person with disability, I'm both neurodiverse and I live with cognitive disability. And the scroll interface in the Facebook app is non-human actor that I am constantly wrestling with in my attempts to engage with the kind of materials that I'm talking about. So it's really valuable to think about, when we're engaging, it's not just about personal relationships, but it's those chains of association between people, non-human objects, and the different kinds of networks that we're engaged with that really determine whether we succeed or fail in those engagement attempts.

So that's my rant. That's really all I wanted to say about engagement. But I'd really welcome some questions about how we can practice this differently, and what are those points of intersection between research and practice when it comes to this kind of engagement with digital sexual cultures.

KATH ALBURY: Sorry. I had a few days off work, and I forgot how to use the mute. Again, the non-human actor comes to the fore. Thank you so much. That was amazing. Really thoughtful and thought provoking, I think. And I will invite Andrea Waling then to respond-- sorry, as an A, I always feel really bad about doing things in alphabetical order because I'm not-- especially when there's a W on the bill, so sorry, Andrea. Next thing I do will be reverse alphabetical order.

Yeah, I'm going to restrain myself from responding to Daniel because I would say too much, and I want Andrea to have her time to shine. So Andrea, please.

ANDREA WALING: Thank you. Thank you so much. Just a very quick note on speaking on the land of the Wurundjeri people of the Kulin nation. I'd like to pay my respects to elders past and present.

I'm going to have a bit of a provocative discussion today. To give a bit of a background, I'm an ARC DECRA fellow based at the Australian Research Centre in Sex, Health and Society with Jen, and I'm currently leading a project that's exploring cisgender heterosexual men's understandings and engagements with sex, intimacy, and thinking about sexual communication, consent, and sexual health.

So I'm working with a population group that is often not normally a target of sexual health promotion, and for very good reason. And so I wanted to answer the question around what is good practice in digital sexual health promotion for this group.

And my answer is it doesn't exist at the moment, and I'm going to kind of explore why that is. But I also don't have an answer as to what we can do. I'm still trying to kind of figure that out myself, so I don't really have a way through it. And so I really welcome some ideas, or suggestions, or kind of discussion around it.

So one of the things that I've been realising in my work on kind of young cishet men, and this includes kind of work with expert stakeholders that also work with this population group-- and this includes policy and practice, sex education workers, and gender violence prevention, groups that work with boys and men, kind of sporting groups as well-- is that cishet men have a really interesting visible and visibility. They are so visible in our society. We're very aware that cishet men kind of are dominant groups in our society, particularly white cishet men, particularly able-bodied cishet men.

And because of that, they have such a presence that we don't often actually think about them when we think about deficits, when we think about needs, when we think about resources. And that is, of course, for very good reason. It's very aware that there are other groups in Australian society and elsewhere that actually need our resources, that need our attention, that need our support.

So what happens is we have a group that seems to be doing OK, that's kind of trolling along, they don't really need any support because they're already a dominant group, and what happens is we're actually missing some really important opportunities to engage them in sexual health. And that actually, to me, has really important implications and consequences-- for example, how we're thinking about sexual violence, how we're thinking about gendered violence, and how we're thinking about violence towards other groups that experience at the hands of cishet men. So for example, violence towards queer people, towards trans women who might sleep with cishet men, and so forth.

So we don't include them. And when we do include them, we have a tendency to focus on very specific deficit areas, such as their pornography use, and concerns around pornography use. We look at whether or not they're using enough Viagra, we kind of come at it from a very mythologized place, from a harm reduction place, or violence place.

We look at whether or not they've got sex addiction, we're looking at whether or not there's good or bad representations of their sexuality in the media, or for older men, we're really focused on prostate and testicular cancer, even though young men actually are a very high risk for testicular cancer.

So these are kind of the ways in which we think about men, and we've kind of missed some really important opportunities. And some things that I've been kind of looking at in that is that there's a lot of gaps in our knowledge about what we need to do to get men engaged and how to go about it. And some of those include things like, we don't really know how men are dealing with unwanted pregnancies-- again, for good reason. Unwanted pregnancies disproportionately impact people who can have a pregnancy. Over men, they're the ones who are going to have to go through what it feels like to have a pregnancy, may or may not have access to pregnancy termination, may be more likely the ones that have to care for the child, and so forth.

It's the same for infertility experiences. It's the same for sexual violence. It's the same for accessing sexual health information. Because we understand sexual health information is already constructed within a narrative of heterosexuality, we kind of just assume that men are getting everything they need.

And that's actually just not the case. And we know that. We know that from the fact that most of them actually, and in the research I'm doing, have no idea how to navigate sexual communication in a really kind of positive and affirming way. They don't really know how to engage in mutually reciprocal and pleasurable sex with women. They don't really understand how to have a difficult conversation about navigating sexual health, whether or not they should talk about using condoms, using birth control, and so forth.

So there's a lot of kind of little gaps that we're not really talking about or thinking about. And this is really challenging because it's really difficult to address these gaps, but not redirecting resources where they need to go. And that's where I don't have any answer, is how do we address gaps for cishet men without redirecting important resources from other groups that need it?

And one example that I've been seeing in my work, for example-- sorry, one thing that I've noticed in my work that I've been doing with young men in particular is that we have a really large discourse at the moment about consent and consent education. We need to get consent education in schools, we need to get it in digital online spaces, we need to really talk to young men about sex and consent because they don't know how to understand consent. They don't understand what it looks like, they don't understand how have a sexual encounter, and this is going to address sexual violence.

And I've recently done several interviews with young men asking them to describe for me those sexual scenarios and sexual situations in which they're engaging in consent, in which they're engaging in sexual communication. And they're very aware of what it looks like. They're very aware of what the body looks like when it's not consenting. They're very aware from the minute details of breathing patterns, of the way the skin looks, the way the body reacts to touch.

They're incredibly aware, and so that tells me that we need to really maybe rethink this idea about consent education, particularly in a later age, because if they're already aware and still engaging in violations, is consent education actually going to do anything, or is our approach to consent education actually going to do the work that we needed to do to address sexual violence? And I don't think it's going to if they're very aware.

And the only exception to that are men with neurodiversities that I spoke with. So for example, someone who talked about their experiences of autism had a very different experience with that, and that they very much needed the verbal confirmation of consent during a sexual moment. But for those who identified as neurotypical, they're incredibly aware. So that's why I'm very cautious about some of the approaches that we're talking about now, to try and get men engaged, because I don't think they're going to do the work they're going to do.

On the other hand, I do think there's some things that are starting to happen that are being effective that we need to think about. So for example, in the 2009 to 2018 national update on HIV viral hepatitis and sexually transmissible infections in Australia by the Kirby Institute, it noted that there was a 300% increase of reported syphilis infections among cisgender women, and that suggests an increased heterosexual transmission. And so while we know that syphilis can be transmitted between women, it's a much rarer occurrence.

And what I found when I'm talking to expert stakeholders about that is they said, well, we don't really talk to men about STIs or STI transmission. We don't really engage with them about it. We kind of just say use condoms. But most contraception, most reproductive-- most kind of sexual health stuff around the use of condoms is based in contraceptive. So it's based on reproduction and making sure you don't get your partner pregnant. It's still kind of not really based on an STI framework when we're talking about cisgender heterosexual relationships.

And so what happens then is that the burden of responsibility of contraception still falls on women, and that's also from a long history of control of women's bodies around the use of hormones, around kind of controlling their capacity to get or not get pregnant, which has had amazing leaps and bounds in terms of rights to liberation and bodily autonomy. But the downside means that men don't hold responsibility at all for contraception, and they're continuing to not hold it.

And the men that I spoke with in my study, they often just assume that she's on birth control and then they don't use a condom. And they don't even think about STIs. They're not thinking about STI transmission. They just assume that if she says that she's clean-- and I hate that language-- but she says she's clean and hygienic, then as long as she's on birth control, we don't care. And that's a real concern.

And I think where something is working is that we know that in 2013, HPV vaccination was included for cisgender men that could take it. And that actually was seeing a really important reduction of HPV and genital warts diagnosis among this population group. And that's really important because if we're seeing a decrease in diagnosis among men, particularly men who have sex with people with a cervix, that actually has potentially really important implications for people with a cervix of a reduction of that STI and the possible development of cervical cancer, which is a very serious development.

So when men are not really included, or when they are included, there's a lot of uncertainty. And in a lot of the research, we know they're also not really learning about how to have sex. We know that RSE isn't really doing that kind of job.

They're looking to pornography. Some pornography can be really helpful into showing the bodies and providing reassurance, and as we know, some of it is not. Some of it can be very violent and may not actually demonstrate the kinds of sexual activities that they want to engage in.

And I feel like I'm kind of going on a little bit of a rant and kind of lost my place a little bit, but I think what my point is that gender power is still very much present when we're talking about this population group, and I don't actually have any answers. How do we have effective engagement, that is effective and is doing the work of sexual health promotion, but is also actually addressing some of the kind of greater bigger gender power things that sit underneath what it means to be a cishet men engaging in sexual relations with women, or with women with trans histories?

What does that actually look like, and how do we address that? How do we shift the conversation and narrative to make men responsible for contraceptive, and to take responsibility for contraception? How do we shift the narrative that they're having those conversations with the people they're going to have sex with around safe sex?

How are we going to get them into testing, because they're often the least likely to go get tested, and they're the least likely in clinical settings to be asked to be tested because there's less of an organic opportunity to actually talk to them about, you're here, you've got a cold, why don't we go and get you tested? It's a very different conversation too, if you've got a young person, for example, who experience menstruation. They might be going to get access to birth control, and the doctor might say, oh, are you interested in getting some sexual health testing as well? There's a lot of kind of discrepancies around that.

So yeah, I think that's my main point, is that I think when working with this population group, there's a visible invisibility, and I don't know how to address it, and I don't know what that looks like for good sexual health promotion, but I think we need to start. And we need to start in a way that continues to lift up other groups in population groups that actually really need the resources, need our attention, need our support, but we can't leave this group behind, even if they are a dominant group in our society.

KATH ALBURY: Awesome. Thank you. And thank you, Andrea. You were not off topic at all. That was great. Thank you to all the panel. We've got some comments in the comment thread. I'd like to invite the people who are here with us today also to put a question in the Q&A or ask a question by raising their hand. If you raise your hand, Paul will put you on mic. So I'll let you have a little time to think about that now.

Can I ask first, though? Does anyone on the roundtable panel have a response or a comment or a question for any of your fellow panellists?

It's like oh, now we're in the spot. OK. Well, in that case, I would like to kind of do a little reflecting. As I said, my project that I'm taking forward-- the selfish reason I've invited everyone here today. And I have been soaking all this up, and I'm really looking forward to going back to the transcript again after this presentation-- and both the transcript and the recording will be available after this presentation subject to the roundtable participants approval.

One of the things that really interested me in my project was what I saw as a kind of fade away in conversations around sexual health, and that's why I appreciate, Andrea, that you really pushed that to the fore. The increased rates of gonorrhoea and syphilis in Australia, it's just unthinkable to me that this is happening now.

And I know there's a pandemic on and we've got other stuff to think about, but I wonder why there is so little focus on sexual health right now, outside of sexual health organisations themselves, which, as we know, are kind of sketchily funded and very much on the front lines, and kind of lurching from project to project.

We've got a question from the group. I'll leave that kind of observation there because I'm as kind of outraged and bemused as you, Andrea, on that point.

There's a question from the audience. How do we encourage research that is not just extractive, but also empowering, in that participates-- participants, I should say, also directly benefit from research. I know many of you have done that kind of work, so I'll invite anyone to respond first around research practice and partnerships that benefits participants.

JEN POWER: I'm happy to have a stab at that question. On some level, I find that a difficult question to answer without falling back on the really obvious things that we all sort of say about the importance of community-- leadership and community participation, and certainly in the HIV sector, we use the language of meaningful involvement, or meaningful engagement of people living with HIV in research.

And I think that's a really important term. Like, what does it mean to have meaningful engagement? Sorry, I've got a loud heater on, Meaningful engagement, or meaningful involvement of community isn't just about consulting on the survey design, or consulting on how to promote the study. It's actually about understanding and, I think, valuing different forms of knowledge-- so really understanding and appreciating that people from a whole range of different experiences bring important knowledge to bear on a study.

So actually, bringing a whole different-- a whole range of voices to a table means you all learned something, and that your study improves and is better as a result. It's not just consulting community for the sake of the politics of it, or to show or demonstrate that you've consulted with people would actually research this understanding how much their project can be improved with different insights and experiences.

And also sort of trying to, I guess, locate research questions around-- oh, sorry. I'm going to go on a little rant, as we keep on saying.

I think it's a tricky question, because often if you go in and say directly to, say, a community organisation, what are your immediate needs, they'll be able to talk about Program evaluation, they'll be able to talk about what sort of informational needs they require to support advocacy or funding submissions, and all of that is really important. But I also think there's a role for researchers-- and I think we see this again, drawing from the HIV epidemic, or the sort of research response to

HIV-- there's a role for researchers in really pushing thinking-- for example, pushing thinking around what public health or health promotion or sexual health promotion might be.

So if you look back to the history of HIV, we had these amazing researchers in Australia who introduced this idea that public health research was about understanding community, was about understanding connection, was about understanding some of the things Daniel spoke about before, such as networks of care, the way in which people look after each other; the way in which sexual networks, in this case, particularly of gay men, were about promoting ideas or promoting conversations about use of condoms or sexual health, and those networks were key to shifting cultures so that safe sex was normalised.

So what those researchers did was sort of shift the way we approach public health research in general to being a sort of humanities focus, a community focus, not just a clinical question. And that, I think, continues to be really important and really relevant-- sorry, I hope I'm not losing you.

I think my point is I don't always think it's really obvious, and I don't want this to sound like I'm saying well, you should trust the researchers, they know best-- I think there are many questions that might end up in the long term being really important, in terms of things like funding more creative approaches to health promotion, but they might not be the obvious, this is what we need in the immediate moment questions. Does that make sense?

The whole point is it's a really-- it's a much more complicated question than I think is immediately obvious, once you really delve into it. Daniel, can you jump in?

DANIEL REEDERS: I can. I'll be really quick because I would love to hear Heather's perspective on this as well.

KATH ALBURY: Yes. I was thinking of what you said about constituting your campaign, Heather, so I'll get Daniel and then Heather, I think.

DANIEL REEDERS: I work at the National Association of People With HIV Australia, which is one of the main clients, as it were, of Jen's research on the Futures study. Futures is a study that happens every two or three years, I think, of all of the people with HIV in Australia, as many of them as it's possible to recruit. And we realised that NAPWHA that we were missing a key group in that study sample, and that was positive Asian Pacific Islander men primarily, but people generally.

And so I think that my initial answer to that question of, how do you ensure that research is not extractive, is you need to have people in a position to be a little bit difficult when the moment calls for it, to get in a researcher's face and say-- in this case, it was a very polite conversation with Jen saying, hey, here's an issue, could we address this with a different sampling and research data collection method? And Jen, being the wonderful person she is, immediately saw the problem, and through a network called the Positive Asian Advocacy Network Australia, began recruiting for in-depth interviews people from that undersupplied group.

So you have a group that's too small to make much difference in their statistical analysis, but that meant that those in-depth interviews were infinitely more informative than what we had before about the needs and experiences of that group. So it's kind of a success story of identifying where

research was missing a kind of key population that we were really-- we thought it was really important to reach, and a really nice collaborative partnership for addressing those gaps.

So to come back to the point that I'm making, if the community can't make life difficult for the researcher, then it's probable that there isn't meaningful engagement. And I'm not going to name them, but I can point to surveys that haven't changed their methodology in the past 15 years. And they're really just generating the same results year after year after year, and they still missing out on those key populations whose experiences and needs are not represented.

So yeah, that's kind of my question as a practitioner, is are the researchers willing to be vulnerable? Are they willing to let you come in with difficult questions that make their lives, in a methodological sense, a bit more difficult in order to ensure that full diversity of the population is represented?

JEN POWER: I think, are they willing to turn up? Ambient presence and supporting really long term relationships are really relevant here too.

KATH ALBURY: Fantastic. Thank you. I would really like to hear from Heather because you really carefully stepped us through the way your campaign was constructed, and it seems very carefully put together, in terms of engagement. And I'd love to hear some more about that.

HEATHER MCCORMACK: Sure. I do have a bit of background noise going on. So I hope that's not too oppressive. On research-- so this is something we hear a lot. Aboriginal communities are heavily over-researched, and a lot of them have really bad relationships with the entire concept of research.

And it's something I hear a lot from non-Indigenous researchers, saying that the non-Indigenous researcher is researching Aboriginal people as a study population, investigating a question that the Aboriginal researcher wants to resolve, and how can they more meaningfully consult with Aboriginal communities to make their research more culturally appropriate? And I would argue that there are several false assumptions in that line of thinking.

It might be a radical position, but I'd say we need to reorient entirely so that research about Aboriginal people and communities is Aboriginal-led and focused on Aboriginal priorities. We so frequently see the meaningful Aboriginal engagement being consultation with advisory committees or organisations, or at best, you've got Aboriginal people engaged as peer research assistants.

And while I think all of that is very valuable, often non-Indigenous researchers can't really answer the question of why they haven't engaged Aboriginal people on their own level. There are Aboriginal researchers. We're all over the place.

I think Aboriginal research needs to have Aboriginal leadership. And part of that is like a really kind of radical shift to get non-Indigenous researchers to think of Aboriginal people not just as data points and stakeholders, but as colleagues and experts. And I think when people are consulting the Aboriginal community as experts and colleagues and potential leaders in the research field, rather than as an exercise to get through ethics, that's the only way we're going to see meaningful change on this front.

KATH ALBURY: Awesome. Thank you so much. We have another question from Caitlin McGrane, which I will read out for people who can't see the Q&A. And it's long, so I'm going to kind of cut to the question a bit, but there is awesome praise for you in it, Andrea, also.

Andrea, it's a question about your interviews. So you say that the men that you spoke to kind of knew about consent already. Did you get the sense that they were open to learning more, or did you suspect they were telling you what they wanted to hear? I'm about to start a project working with-- looking at online harassment, working with young men. I'm thinking about how I talk to and work with men and boys, thinking about problems that as you say, are deeply implicated with gendered power.

ANDREA WALING: Yeah. It's a really tricky, tricky one, actually, working with men in any of these spaces. The way I actually approach the interviews was that I had them describe to me an encounter, a kind of step by step encounter. And through those descriptions, I asked them to tell me about the feelings associated with them, I asked them to describe body positions, I asked them to describe, how did you know if she was enjoying it? How did you know if this was working? What was the kind of signal for you? And then I asked them to describe what was not enjoyment or what was not a signal.

So even if they were telling me what I wanted to hear, that still tells me that they know what it is. And I think that's the sticking point, is that it doesn't matter actually, in a way, if they're just kind of repeating verbatim. It means they have the knowledge. And so if they have the knowledge, whether or not they're engaging that in practice is the other question.

And I have to go, I don't know if they're actually engaging it in practice. I'm not in that moment with them. There always has to be a bit of a disbelief around it, or we have to decide, are we going to believe them on their terms, or are we not going to believe them on their terms, which is a whole kind of methodological issue to deal with when you're working with anybody, particularly cishet men in this space of gendered power of sexual violence, all of that.

But you kind of have to go in-- if you go in with the knowledge that what they're telling you, regardless as to whether or not it's what you want to hear, they still have it. So then that means that they know on some level what, like, right or wrong, for example, is, and whether or not-- and then we know, on the other side of that, that most women-- for example, for those talking about women, will have experienced the wrong side of that. So you kind of have to kind of make those kinds of connections.

In terms of learning more-- they were interested in learning more. If I asked them questions about sexual health, around-- some of them didn't even know what HVP was, they had-- no, HPV, sorry. HPV, sorry. HVP is a forestry plantation-- they didn't know what that was. They didn't know you could get a vaccination for it.

They didn't really have much knowledge around STIs. They didn't really know much about birth control. They kind of just thought all women had to take it. Like, I had some men who didn't even realise that some women didn't take it, and they didn't have an understanding as to why you might not choose to take it, or the impacts of it. They didn't understand the side effects.

There's a lot of stuff they didn't know that they were open to learning. But when it came to communication and consent, they were very, very articulate about exactly what is a consensual encounter and what isn't. So the real question isn't whether or not we know about it, but actually what are they doing in that practice? Are they choosing to ignore signs of rejection, to ignore signals that might be nonverbal, which I think is what's happening.

KATH ALBURY: Yeah. It takes this-- and we won't rant on this, but Daniel and I have had many fist shakings around awareness campaigns in the past because it's very clear in this area, as in many areas, that the issue is not awareness at all.

HEATHER MCCORMACK: It's quite a confronting thing to think about, though, isn't it? Like, I feel like the answer that all-- the problem is that they just don't know, and if we educate them, then that will fix it. Like, that's kind of a comforting idea, and it's quite confronting to realise that we might be looking at something much more complex and a bit darker.

ANDREA WALING: And it's also, I think, in a way, also reproduces the inherent unequal power dynamics within that. If we continue to find men as not knowing or needing educating, then we're not holding them actually responsible. And that's what we need to do, but that's not what's happening. We just shifted into oh, we need to educate and they'll be fine. They're still doing it.

DANIEL REEDERS: Yeah. I worked as a researcher on one of the Victorian government inquiries on sexual offences law reform in the mid-2000s, and that was not a life-enhancing experience by any means. But it was really clear, even back then, that this account of accidental rape of cishet men not knowing what they're doing and not being aware of the possibility of their partners not consenting to sex was the dominant way of explaining the majority of sexual assaults, and that's a key defence. So it shows up a lot in legal cases and prosecutions for sexual offences. So it has kind of taken over in public discourse as the main explanation of why a sexual assault happens.

And it points in this really misleading direction towards sexual health promotion and sex education as the ways to stop rape, whereas if we follow the more holistic definition that Jen presented, then they're really important ways of having better sex. But they're probably not the key mechanisms that we should be looking at for sexual assault prevention.

ANDREA WALING: Yeah. Exactly.

KATH ALBURY: Right. Thank you. I will just say there's about 10 more minutes, folks. So if you are a participant who's not on camera and would like to ask a question of the panel, or offer a reflection or provocation of your own, now is the time to please plop your hand up or put a question in the Q&A.

I'm going to slightly shift back a bit to-- let's make it about me again. I'm going to slightly shift back a bit to the topic of the future fellowship, which is less about what we might teach outwards from a sexual health Organisation, or a clinical service, or a research Organisation, but what we might learn ourselves as researchers, as clinical practitioners, as sexual health promoters.

The question for my project is what does digital literacy look like within a sexual health Organisation, rather than-- and this question, I should say, arose from collaboration with some great organisations

here in Australia over the years as a researcher, sometimes working on the development of campaigns or advising on the development of campaigns, sometimes in other kinds of conversations, but a sense that for many organisations, digital culture seemed like a scary or novel thing that was happening out there. If someone in the Organisation knew anything about it, it was because they were the young person who'd just been hired, and they were supposed to be the embodiment of knowledge because they were the so-called digital natives, as if such things exist.

And there was very much a sense that the Organisation's perspective was that this was a site of risk. If there was a social media policy, the policy around social media was about conduct and reputation, and not bringing the Organisation into disrepute. It was not about the kind of ambient presence, and the role of the Organisation as a participant in digital culture that Daniel spoke about so compellingly, and yeah--

I see we've got another question, so I will follow up with that in a minute. But yeah, I wonder if each of you might give a kind of brief response about how you see the kinds of insights that you've offered today reflected back, or reflecting in the research and practice cultures that you're engaged in. I know, Heather, you're very much engaged in digital culture in your work, so I might ask you to go first.

HEATHER MCCORMACK: Sorry. I was reading what the question was and I got a bit lost.

KATH ALBURY: I was I was thinking about how does your-- what is your sense of the ways that health organisations, or health promotion organisations understand their own digital literacy in this space?

HEATHER MCCORMACK: Yeah, so this is a bit of a complicated one for me, because while I work in a leading sexual health Organisation, it is a sexual health Organisation that is part of government. And there is a level of risk avoidance that comes with being part of government that, to an extent, non-government sexual health organisations can distance themselves from a little.

So for example, with the Take Blaktion sister project, Play Safe, which is our youth Program that's targeted a mainstream youth audience, we got memed. We ended up in a bunch of Jimmy Rees content, kind of meaning about how ridiculous it is for the government to be telling you to have sex. And that's obviously something that is very much on the minds of the people who are approving all of our content, approving our strategies approving the ideas about everything we want to do.

So we have to be really clear that everything that we're putting out has a really clear health message attached to it, so that we can feel confident that the people who have signed off on it are not going to come back to us and go, why did you put out this content that's obviously just about sex and not actually about STI testing or condom use?

And we've had some luck in recent years about weeding some content, in that focus more on healthy relationships and female empowerment, and we did that in direct response to comments by young women made during our evaluation. But there's still-- like, we have like a fairly strict set of criteria we have to meet in order for our content to be endorsed. And sometimes I look at the sexual health content that's being put out on social and digital by some of the NGOs or some of the Bureau

organisations, and I'm just like oh, I would love to have the freedom that you appear to have with your messaging.

I feel like we're very lucky with Take Blaktion, that the incredibly positive response to the campaign has gotten, and the strong feeling of ownership of the community has over it, has meant that we have a bit of flexibility that a lot of government campaigns don't have.

But yeah, so that question about sexual health Organisation's use of digital communications is a little complicated by the overshadowing government context for me, but yeah.

JEN POWER: Maybe the digital literacy is the Organisation having to understand things like being memed is part of the game, part of the process, and you've got to relinquish a little bit of control there for it to be effective, actually.

HEATHER MCCORMACK: And I guess it's that the people who are making the content and deciding that something can be brief for approval, we have to have a good enough understanding of the digital context that our users are existing in to know that if we get called on to provide a rationale to the health minister because something has ended up on the front page of the Daily Telegraph, that we can do that in a manner that provides adequate rationale and justification for the decisions that we've made and they've signed off on.

KATH ALBURY: Yep. Great. Thank you very much. That's really-- yeah. Very, very succinct, and very much pointing to one of the big issues in Australia right now, that funding issue. And I was recently involved in a project where we were writing the evaluation and we're saying, oh well, can we say it's a great thing that we didn't get 'Stoner Slothed' And it's like, we didn't get 'Stoner slothed' yet.

[LAUGHTER]

Let's just wait and see, because yes, being memed is, I would say, part of the terrain. Daniel, you've got your camera-- not camera. Sorry, mic on. So I wondered if you had a follow up comment?

DANIEL REEDERS: So that is entirely accidental, but I'll have a crack. I've been the young person, a very long time ago, who was assumed to be a digital native, and it's a terrible model, because you take a person who is structurally disempowered in every possible way and then tell them that they are responsible for this thing that could be mission critical to the Organisation.

The advice I would give these days, talking to Program managers or Organisation managers, is you need to hop on TikTok. There is no substitute for getting your feet wet in the digital spaces that your Organisation is going to be operating in, and just getting a sense of what's normal, what the possible risks might be, how people manage those risks when they eventuate, and kind of take it from there.

KATH ALBURY: That was beautiful. Thank you. You gave the actionable advice for the manager there, which that is a sign of your 20 years of experience. That's so appreciated. Thank you.

Look. Thank you, everyone, for a great chat. I really do pine for the olden days where we would be all in a room and say, maybe we'll go and have a lovely mocktail or a glass of wine now and talk

some more in an informal way. I do hope the day will come when we can all be in a room talking about this informally.

And to all of you who've joined us in the webinar today, thank you very much. We really appreciate having you here in the sidebar, that you are the list of names. We could have talked a lot longer here, I think. It was a wonderful group of panellists, and everything that I could have wished for as the first formal event for this four-year project.

Thank you very much for coming today. We will have future events. People who were here today, we will share updates. And yes, there will be a recording of this event and a transcript once I check the AI version of the transcription for accuracy on the Centre for Automated Decision Making In Societies YouTube channel in a few days.

So please, let's do the virtual Zoom applause for everyone here today. Thank you, and I look forward to seeing you all again.

[MUSIC PLAYING]

[END OF TRANSCRIPT]