

RESEARCH BASED TEMPLATE

Submissions must not exceed 300 words (excluding title & authors). The document **must not** be password protected or saved as read only as this may result in your abstract failing to upload successfully. Use Arial 12 point type only. Please structure your submission using the subheadings below. If the abstract does not fit the headings, please put full abstract beneath introduction and we will remove the headings once submitted.

REDUCING STIGMA: where did sexual community go?

Authors: Race, K.¹ Murphy, D.,² Mudford, I.,² Newham, B.,³ Gorman-Murray, A.,⁴ Rule, J.,³ Wright, E.⁵

¹ School of Humanities, University of Sydney

² Australian Research Centre in Sex, Health and Society, La Trobe University

³ NAPWHA

⁴ Social Sciences, Western Sydney University

⁵ School of Translational Medicine, Monash University.

Background: The earliest construction of AIDS as a gay disease ('GRID') meant that AIDS was grasped from the outset as a stigma: a marker of homosexuality, promiscuity, drug abuse, social abjection and moral deviance. Over the last half century a vast literature on the topic has emerged across several disciplines, from queer theory to the sociomedical sciences. Earlier discourses framed stigma as a social designation to be *managed* (citing Goffman, 1963); a catalyst for social movements and cultural intervention (ACT UP, 1988); or a sociopolitical situation to be *addressed* by human rights and whole-of-government responses (e.g. Australia's (1988) 'partnership approach'). Only relatively recently did a discourse of '*reducing stigma*' emerge (2003) when a groundswell of technical/scientific literature began to adopt this terminology.

Methods: We conducted a genealogical investigation of the construction of stigma in HIV/AIDS discourses from 1980-2025 across public health policy, the sociomedical sciences, the humanities and activist material. Attending historically to the systems of thought governing the production of knowledge about HIV stigma, we considered how each system is implicated in specific logics of responsivity, governance and control.

Results: The discourse of *reducing stigma* reflects the ascendance of HIV biomedical prevention, whereby stigma becomes technologized and increasingly subject to the evidentiary hierarchies of Evidence-Based Medicine. The discourse of *stigma reduction* frames HIV-stigma as a 'thing' whose scale and magnitude can be quantified/addressed by means of technical measures. Recent advocacy efforts (U=U) reduce stigma to fears around transmission.

Conclusion: Stigma has been extracted from the embodied situations, relational dynamics and sociocultural circumstances through which it is felt in recent discourses that are arguably conditioned by the very aversion to sex driving the stigmatization of people with HIV/AIDS and at-risk groups. Excavating examples from Australia's historic community-led approach, we demonstrate how HIV stigma can be confronted otherwise; not through 'test and contain' strategies but re-activating the principles of sexual community.

RESEARCH BASED TEMPLATE

Submissions must not exceed 300 words (excluding title & authors). The document **must not** be password protected or saved as read only as this may result in your abstract failing to upload successfully. Use Arial 12 point type only. Please structure your submission using the subheadings below. If the abstract does not fit the headings, please put full abstract beneath introduction and we will remove the headings once submitted.

Disclosure of Interest Statement: This research is supported in part by an ARC Discovery Project, *Addressing the opportunities and risks of HIV elimination in Australia* (DP250100183) led by Dean Murphy. No pharmaceutical grants were received in the development of this study.