

Awareness, understanding and perceived healthcare impacts of HIV non-disclosure case law among women living with HIV in Canada

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CONFERENCE
CAHR
2017

CHIWOS



Étude sur la santé sexuelle et reproductive
des femmes vivant avec le VIH au Canada

Canadian HIV Women's Sexual and
Reproductive Health Cohort Study

Conflicts of interest

- We have no conflicts of interest to declare

Acknowledgements

Nous honorons et nous rappelons les 28 participantes CHIWOS de partout au Canada qui sont décédées et qui ne sont plus parmi nous.

We honour and remember the 28 CHIWOS participants from across Canada who have passed away and are no longer with us.



*À la mémoire de
Marisol Desbiens
PAR CHIWOS et une
collègue appréciée*

*In memory of
Marisol Desbiens
CHIWOS PRA and
valued colleague*

Acknowledgements

We would like to thank...

- All the women living with HIV who participate in CHIWOS;
- The national team of Peer Research Associates, Co-investigators and Collaborators;
- The Steering Committee, Community Advisory Boards, and Aboriginal Advisory Board;
- The BC Centre for Excellence in HIV/AIDS for data support and analysis;
- Our affiliated studies: CANOC, REACH, OSC;
- And all our partnering organizations who support study recruitment and operations.
- Our funders: CIHR Institute of Gender and Health, the CIHR Canadian HIV Trials Network (CTN 262), the OHTN, and the Academic Health Science Centres Alternative Funding Plans Innovation Fund;**

•Thank you to the following organizations who have partnered with CHIWOS to provide interview space:

- In **BC**: AIDS Vancouver Island, BC Centre for Excellence in HIV/AIDS, Cool Aid Community Health Centre, Downtown Community Health Clinic, Keys Housing and Health Solutions (Positive Haven), Living Positive Resource Centre, Oak Tree Clinic, Positive Living Fraser Valley, Positive Women's Network, Positive Living North, and Vancouver Island Persons with AIDS Society.
- In **ON**: 2-Spirited People of the 1st Nations; 519 Community Centre; ACCKWA; Africans in Partnership Against AIDS (APAA); AIDS Committee of Durham Region; AIDS Committee of Guelph and Wellington County; AIDS Committee of Simcoe County; AIDS Network Hamilton; Alliance for South Asian AIDS Prevention; Black Coalition for AIDS Prevention; Bruce House; Casey House; Centre Francophone; Elevate NOW; Fife House; Hemophilia Ontario; HIV/AIDS Regional Services (HARS); Maggie's: Toronto Sex Worker's Action Project; Peel HIV Network; Positive Living Niagara; Prisoners with AIDS Support Action Network; Réseau Access Network; Toronto PWA Foundation; Women's Health in Women's Hands; Children's Hospital of Eastern Ontario; Kingston Hotel Dieu Hospital; Health Sciences North, Sudbury Regional Hospital, HAVEN Program; Lakeridge Health; Maple Leaf Medical Clinic; McMaster Family Practice; Ottawa General Hospital; Riverside Family Health Team; SIS Clinic, Hamilton Health Sciences; St. Joseph's Healthcare London; St. Michael's Hospital; Sunnybrook Health Sciences Centre; Toronto East General Hospital; Toronto General Hospital; William Osler Health System; Windsor Regional Hospital, HIV Care Program.
- In **QC**: ACCM; L'ARCHE de l'Estrie; ASTT(e)Q; BLITS; BRAS-Outaouais; CACTUS; CASM; Centre Sida Amitié; Corporation Félix Hubert d'Hérelle; COCQ_SIDA; Fondation d'Aide Directe-SIDA Montréal; GAP-VIES; GEIPSI; M.A.I.N.S-Bas St-Laurent; Maison Plein Coeur; Maison Dominic; Maison du Parc; Maison Re-Né; MIELS-Québec; Le MIENS Chicoutimi; Portail VIH/sida du Québec; Sidaction Mauricie; Sida-Vie Laval; Stella, l'amie de Maimie.



Background¹⁻⁴



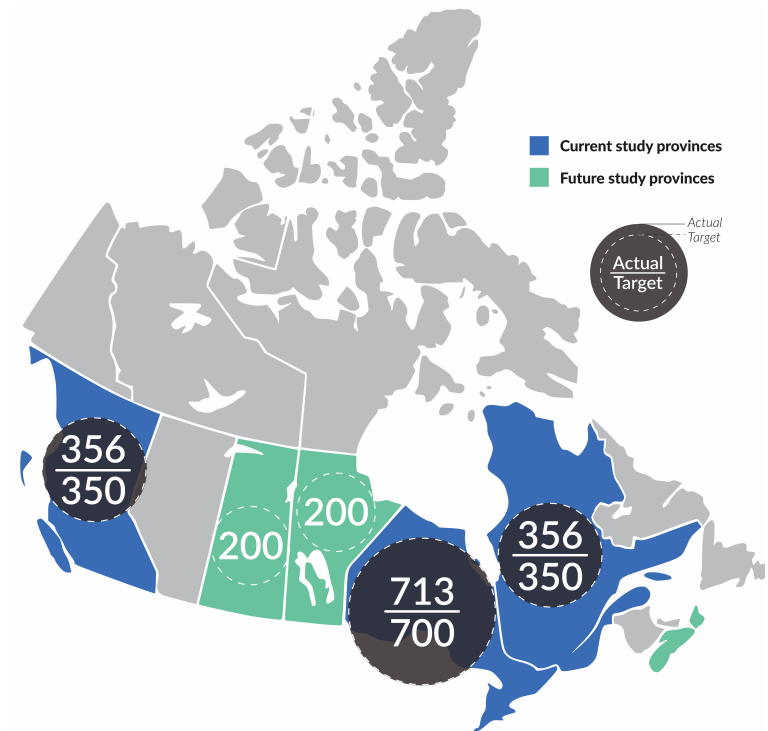
Objectives

In a community-based cohort study developed *by, with, and for* women living with HIV in three Canadian provinces, we assessed:

- **Awareness and understanding** of the 2012 Supreme Court ruling on HIV non-disclosure.
- **Sources of information** about the law
- **Existing and preferred role** of healthcare providers in conversations with women around HIV disclosure and the law.
- Women's **perception of the impact** of HIV non-disclosure case law on the healthcare engagement of women.

Data Source: CHIWOS⁵

- **Cross-sectional survey data from**
 - A multi-site, community-based, cohort study *by, with, and for* women living with HIV
 - Enrolled 1,425 women living with HIV from BC, ON & QC
 - GIPA & MIWA
- **Inclusion:** Self-identified women with HIV (cis and trans inclusive), ≥ 16 years
- **PRA-administered survey** at baseline with 18-month follow-up (Wave 2 complete, Wave 3 currently underway).



Inclusion criteria for analysis

Enrolled in CHIWOS between August 2013 and March 2015
(n=1,425)

Completed Wave 2 survey between June 2015 and January 2017
(n=1,235)

Answered questions on the criminalization of HIV non-disclosure
(n=1,231)

Measuring Awareness & Understanding of the law

Awareness

“In 2012, the Supreme Court of Canada made a new ruling regarding the conditions under which a person living with HIV has to disclose his or her HIV status to a sexual partner. **Are you aware of this new ruling?**”

PRA
interviewer
provided a
concise
definition of
the most
recent case
law

‘Understanding’

“How similar is this definition to what you thought you understood about HIV disclosure and the law in Canada?”

Statistical Analysis

- Descriptive statistics
- Multivariable logistic regression identified covariates independently associated with awareness of the ruling.

Table 1: Socio-demographic characteristics of participants (n=1,231)

Characteristics	Median [IQR] or n (%)
Age at interview	44 (37, 52)
Ethnicity	
Indigenous	271 (22)
African, Caribbean, and Black	366 (30)
White	507 (41)
Other & mixed ethnicity	87 (7)
Education > high school	610 (50)
Unstable housing*	138 (11)
Experience of violence as an adult ⁺	956 (78)
History of injection drug use	361 (30)
History of incarceration	426 (35)
*defined as living outside/in a car/couch surfing, living in a transition house/halfway house/shelter/single room occupancy hotel; +physical, verbal, controlling or sexual violence	

Table 2: Clinical characteristics of participants (n=1231)

Characteristics	Median [IQR] or n (%)
Years living with HIV <6 6-14 >14	300 (25) 476 (40) 419 (35)
HIV medical care since last interview	1151 (94)
On ART at interview	1054 (86)
Undetectable viral load at interview (self-report)*	1040 (90)
Aware of HIV prevention benefits of ART	884 (72)
HIV work in community since last interview	367 (30)
High HIV-related stigma [†]	578 (47)

*A validity study showed self-reported VL to be strongly predictive of laboratory-confirmed (true) VL in CHIWOS⁶

[†]Measured using the 10-item HIV Stigma Scale, with scores \geq median recorded as “high” HIV-related stigma vs. “low”

Awareness of 2012 ruling on HIV non-disclosure

- **73%** (n=900) were **aware** of the 2012 Supreme Court ruling on HIV non-disclosure
 - **51%** of those aware had an **understanding** of the legal obligation to disclose
- Overall, **37%** of women were both aware of and understood the conditions under which a person living with HIV is obligated to disclose HIV status.



Table 3: Correlates of awareness of 2012 Supreme Court ruling on HIV non-disclosure (n=1159)

Characteristics	Unadjusted OR (95% CI)	Adjusted OR (95% CI)
Age at interview (per year increase)	1.01 (1.00 -1.03) [†]	Not Selected
Province of interview: Ontario British Columbia Quebec	1.00 1.25 (0.90-1.73) 1.01 (0.74-1.38)	Not Selected
Ethnicity: White Indigenous African, Caribbean, Black Other	1.00 0.61 (0.44-0.85) 0.75 (0.55-1.03) 0.88 (0.52-1.49)	1.00 0.81 (0.57-1.15) 0.66 (0.47-0.92) 0.78 (0.45-1.34)
Education ≤ High school	0.58 (0.45-0.75)	0.71 (0.53-0.94)
Unstable housing	0.67 (0.45-1.00) ^{††}	Not selected
HIV work in community since last interview	2.27 (1.65-3.12)	1.97 (1.42-2.74)
Injection drug use in the last 6 months	0.64 (0.41-0.98)	0.70 (0.44-1.12)
Viral load at interview: Undetectable Detectable/don't know	1.00 0.46 (0.33-0.64)	1.00 0.59 (0.41-0.85)
HIV medical care since last interview	0.47 (0.29-0.77)	Not selected
Unaware of ART prevention benefits	0.54 (0.41-0.71)	0.66 (0.49-0.88)
Tested for an STI in past year	0.97 (0.74-1.28)	Not selected
Experience of violence as an adult	0.92 (0.66-1.29)	Not selected
High HIV-related stigma	0.63 (0.49-0.82)	0.75 (0.57-0.99)

Figure 1: Adjusted Odds Ratios [95%CI] of correlates of Awareness of the 2012 Supreme Court ruling on HIV non-disclosure (n=1,159 women with HIV)

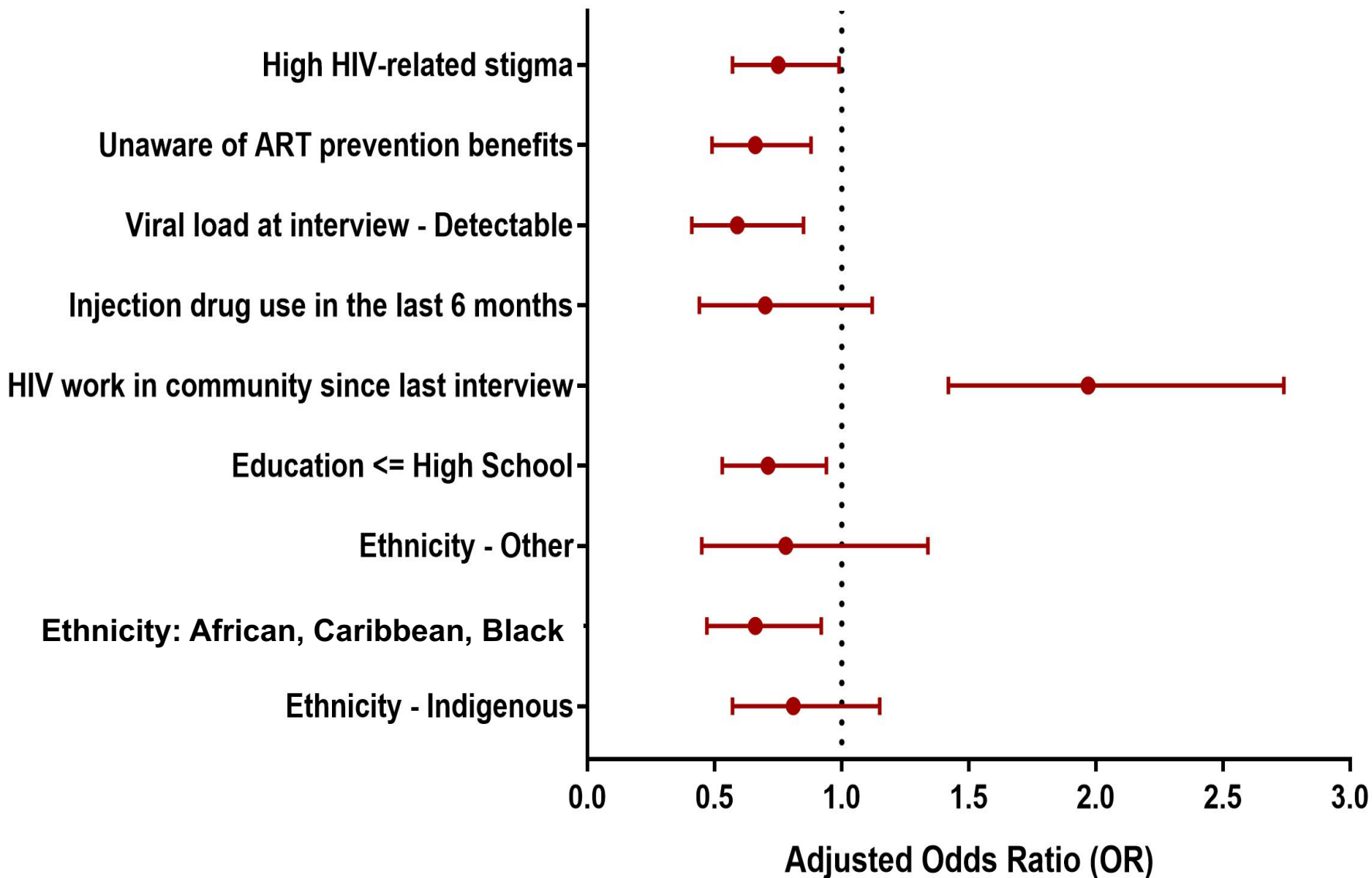


Figure 2. From where do women learn about the law? (n=900)

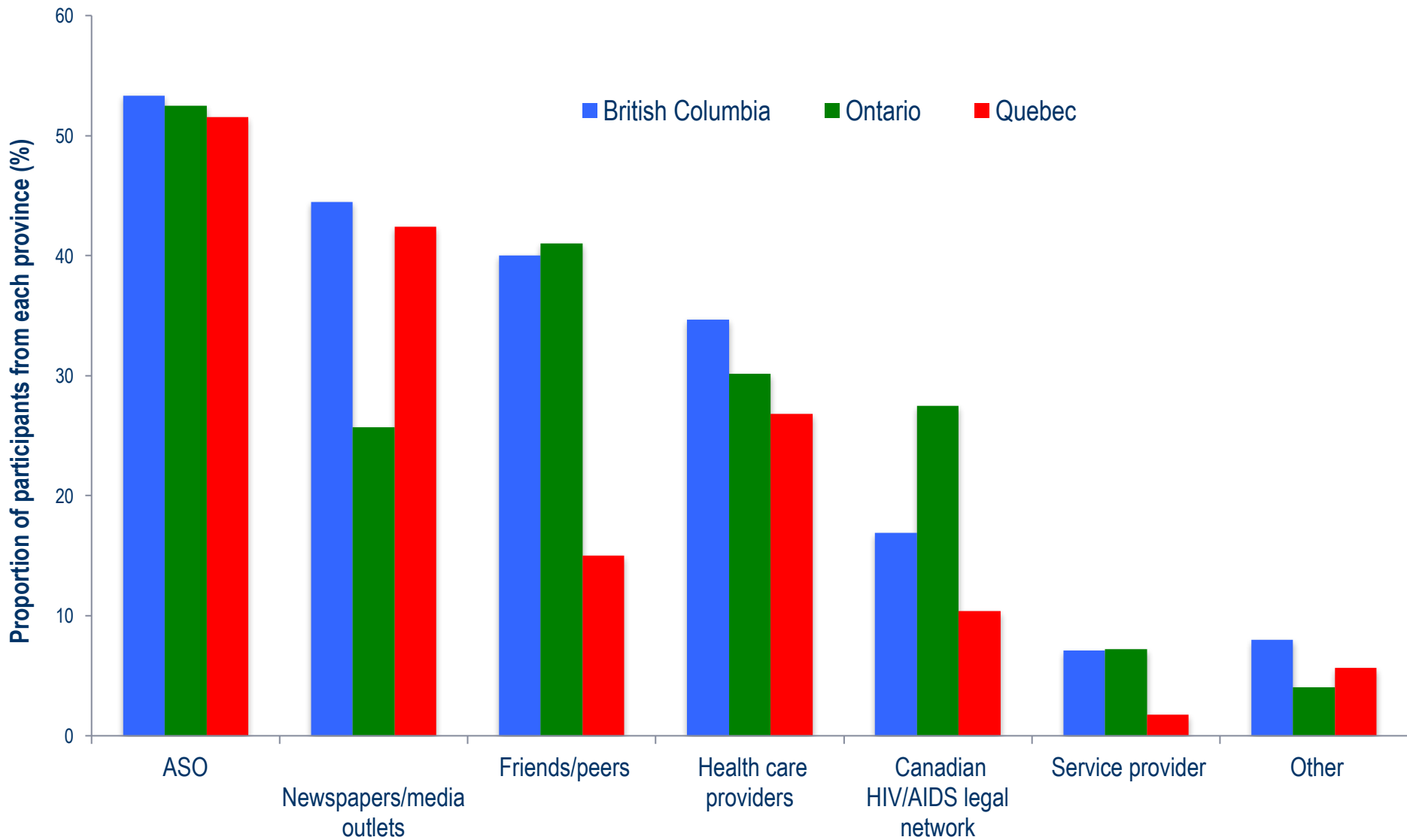


Figure 3: Type of providers that participants would feel comfortable talking to about HIV disclosure and the law (n=1,231)

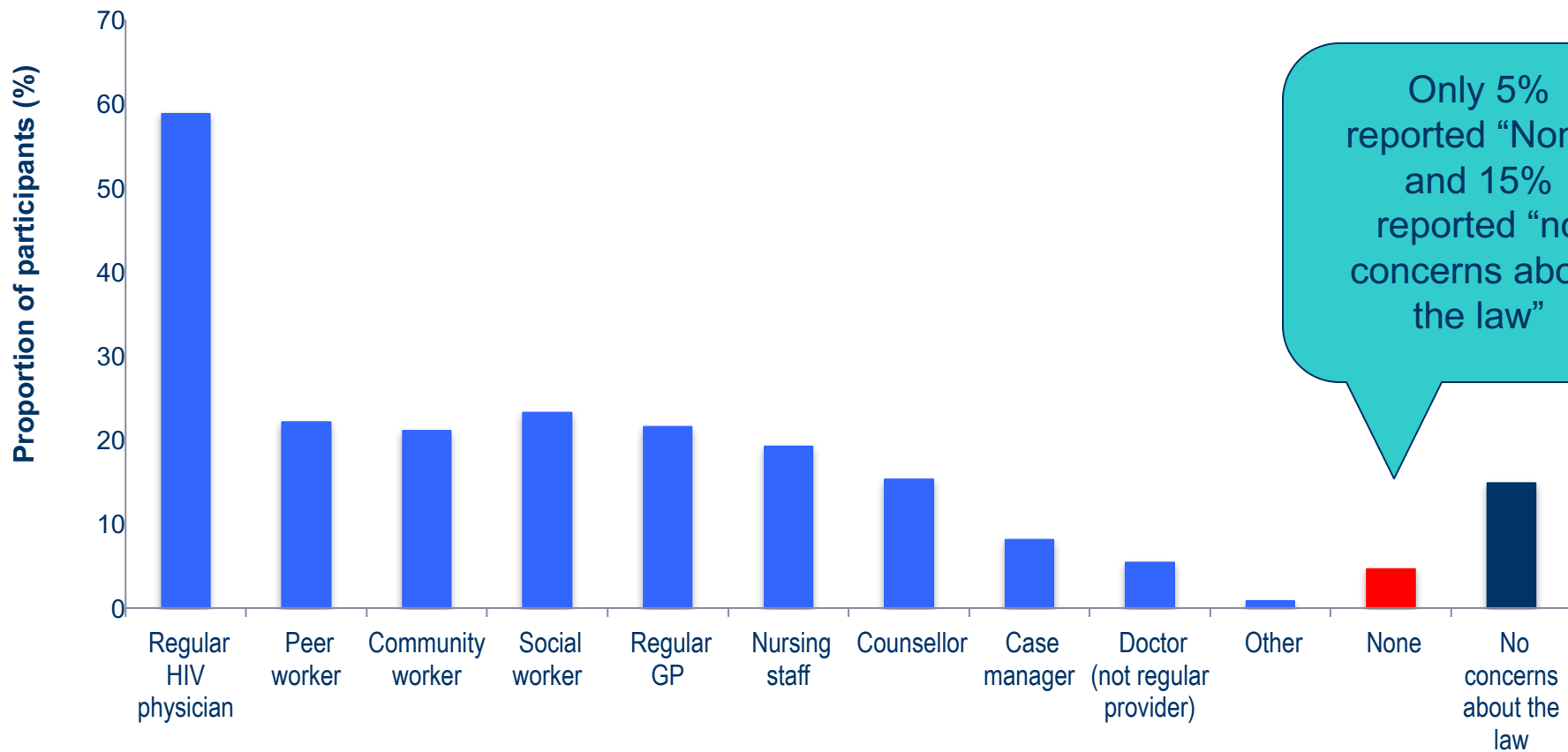
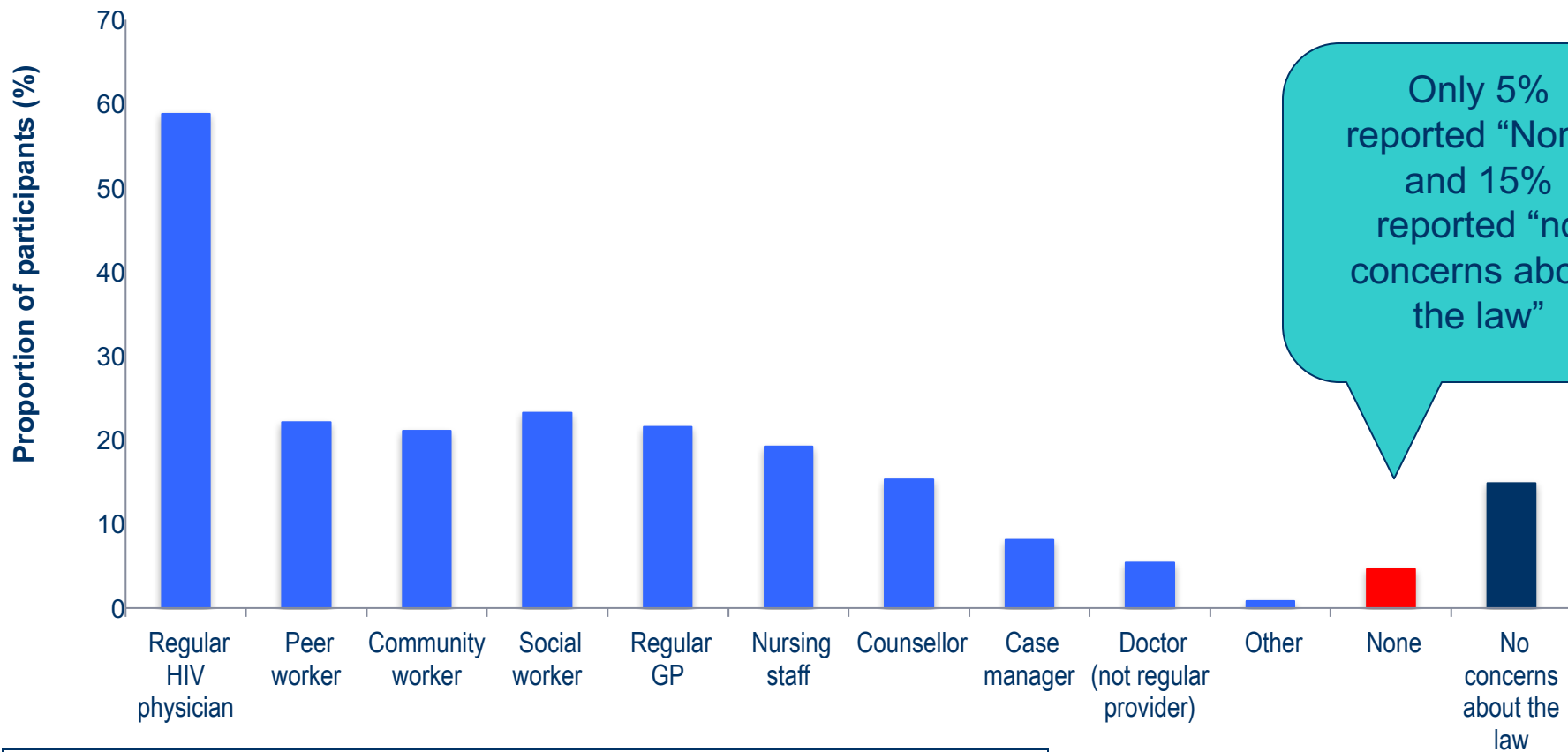


Figure 3: Type of providers that participants would feel comfortable talking to about HIV disclosure and the law (n=1,231)



79% of women believed HIV disclosure and the law was a very important issue for their HIV healthcare provider to discuss.

Perceived impact of case law on healthcare engagement

Of those receiving HIV care:

- 82% of women said that they **trusted** the healthcare providers at their HIV clinic.
- 65% of women reported that non-disclosure case law **might affect the type of information women would be willing to share** with providers, particularly related to disclosure and their sexual lives.

Discussion

- Awareness and understanding of HIV non-disclosure case law among women living with HIV in Canada is suboptimal
- Women who are most marginalized and least engaged in care are *least likely* to be aware of the law
- Lack of provider-led discussions about HIV disclosure and the law, despite women's willingness and desire to engage in such discussions
- Majority believe HIV non-disclosure case law may impact the type of information women would share with healthcare providers

HIV IS NOT A CRIME !!!

1. Education and information sharing about HIV non-disclosure case law *by, with, and for* women living with HIV
2. Need to support community-led initiatives for educating about criminalization & supporting decisions about safe disclosure
3. A peer partnership with healthcare providers to navigate discussions about HIV disclosure and the law in a safe and respectful way



Criminalization changes our

LIES	L	LISTEN
INSECURE	I	INVOLVE
VIOLENCE	V	VOICES
EMOTIONAL	E	EDUCATION
SEX OFFENDER	S	SAFE CHOICES



CHIWO S

Thank You & References

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For more information about CHIWOS:

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Limitations

- Women connected with community and health services are likely overrepresented within our sample
 - May over-represent awareness
- Simplistic definition of “understanding” of the law
- Self-reported variables are subject to social desirability reporting bias
- Questions on healthcare impacts were hypothetical – direct impacts of the law on personal healthcare engagement were not assessed