

Concept Mapping: Research and Advocacy for HIV Care Providers

Brainstorming

- What are South Asian women's thoughts on bringing charges forward against their spouse who infected them? How can we engage South Asian women in research? How are they coping? Their only engagement with the HIV community is when they visit the clinic; no emotional support.
- Homeless population – how is previous trauma, addiction, mental health linked to the current trauma they are dealing with around an HIV diagnosis – how does this impact their mental health and addiction?
- What do healthcare providers know about HIV and criminalization and how do they currently counsel their patients on this topic?
- Develop an online training program for healthcare professionals and assess pre- and post-test knowledge.
- Who is the best person to counsel on criminalization and how? Healthcare providers? Social workers?
- Develop clear guidelines for healthcare providers on the messaging they are giving about criminalization.
- Are healthcare providers talking to patients about their legal obligation to disclose prior to testing and disclosure, testing to evaluate pre- and post-test counseling.
- Duty to report – research about the misinformation regarding the duty to report non-disclosure.
- More youth and indigenous-led research.
- Youth born with HIV – navigating their sexuality and the criminalization laws.
- Health and wellness of women living with HIV – how do we live with the criminal laws, and how does it affect our health and sex lives?
- How do we navigate the system for someone who has been charged with nondisclosure?
- Exploring ways to protect people's autonomy when they test.
- Find ways to effectively communicate the law, tailor it for different populations.
- Measuring and studying HIV disclosure and its impacts without compromising confidentiality.
- Roots of criminalization – how do we reduce HIV stigma?
- How does criminalization produce/reproduce social inequities? How are bodies impacted (e.g. Aboriginal woman in sex work vs. Jamaican male)? Does disclosure look different for different populations?
- Immigration – PHAs get informed of HIV status and the law when they test positive – work needs to be done about the process of immigration and the law, and how this process happens.
- In Ontario, done surveys and focus groups with MCFD workers and social work students to test knowledge about HIV and criminalization – they know nothing! This needs to be done at other schools in other provinces – need to link research to training, education – applied research!
- Knowledge, attitudes and behaviours of healthcare workers, social justice workers.
- Get into spaces where workers do not go, e.g. prison system – action research project to find out how they want info on criminalization.
- Highlight the fact that as HIV moves into the chronic disease realm, and being managed by



GPs in the community, the level of knowledge they have is less than the specialists, so we need to tailor the education we are talking about for a lay provider, a community-based provider – there’s so much misinformation given to patients.

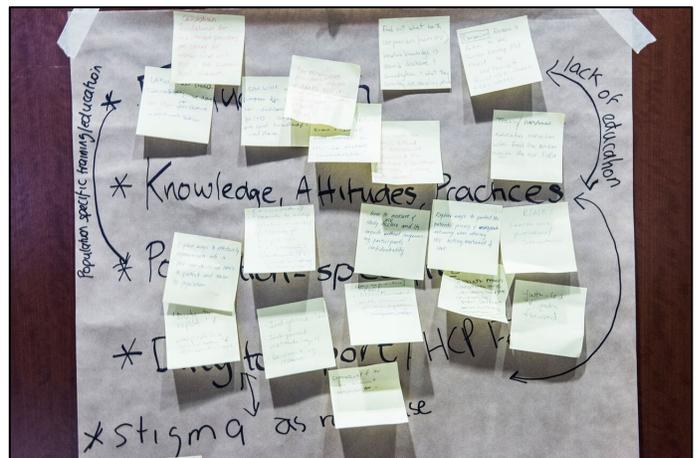
- Discussion about how the ‘duty to report’ is being misinterpreted by social workers, healthcare providers, family doctors, etc. – Cases of family doctors bullying patients into disclosing to their employers, landlords, etc. – This is a larger issue of misuse of power, lack of education, poor assessments being done.
- Work needs to be done between the law, social work, healthcare – we need guidelines! How do we practice in a fear-based culture? Moral panic and impact on professionals – who are we protecting? Ourselves as workers or our patients/clients? We need to return to client-centered practice!
- How basic education affected attitudes and practices – does it make a difference?

Linking

- Education – Research to develop effective models of training for healthcare and social providers on criminalization and HIV.
- Knowledge, attitudes, and practices
- Population-specific – understanding the nuances – WLWH, Indigenous, Youth, South Asian
- Duty to report – part of knowledge, attitudes and practices, as well as stigma (fear-driven moral panic about HIV is a new way to channel stigma, the law introduced another level of fear about HIV). Fear around HIV and people who are already stigmatized – another way to put marginalized people in jail.
- Stigma as a root cause, institutionalized stigma (Racism, sexism, homophobia, and more)

Priorities

- 1) Research to develop effective models of training for healthcare and social providers on criminalization and HIV
- 2) Research on the interface between criminalization of HIV non-disclosure and intersecting stigmas, and how it is connected with the ‘duty to report’, and how criminalization impacts different populations.
- 3) Assess knowledge, attitudes/perceptions and practices and critical lens/commitment to social justice and human rights (KAP) of health and social service providers regarding HIV and criminalization.



NOTE: We believe it is crucial for the idea of PHAs, self-determination, and the principles of GIPA and MIPA to be emphasized in all research.

