HIV disclosure without consent linked to increased risk of violence against women living with HIV in Metro Vancouver, British Columbia

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Violence Against WLWH

- Global estimate of 89% of WLWH have experienced violence before, since and/or because of their HIV status.
- Literature suggests that the risk of intimate partner violence can increase after HIV disclosure.
- Violence against WLWH is also associated with adverse HIV-related health outcomes.
HIV Non-Disclosure

- Canada is known for its aggressive legal approach to HIV non-disclosure.
- Canadian law requires PLWH to disclose their status before engaging in sexual acts that have a "realistic" possibility of HIV transmission.
- SCC ruled that HIV non-disclosure before sex = fraud & invalidates consent, so PLWH can be convicted of aggravated sexual assault.

HIV killer ruled dangerous offender

An Ontario man convicted of first-degree murder in the deaths of two of his sex partners through HIV transmission has been declared a dangerous offender.

Man arrested after failing to disclose he was HIV positive

Toronto Police say the man had unprotected sex with a woman for over a year, and they add there might be more victims.
Non-disclosure for WLWH is often motivated by fear of violence/abuse, harm or rejection, not to assert force over another person with intent to harm …

Aggravated sexual assault
273 (1) Every one commits an aggravated sexual assault who, in committing a sexual assault, wounds, maims, disfigures or endangers the life of the complainant.

-Canadian Criminal Code

Equating HIV non-disclosure to sexual assault makes women less safe and only amplifies the many forms of systemic violence WLWH already face.
BACKGROUND

Disclosure & Violence Against WLWH

Self-Disclosure
Intentionally disclosing HIV status to others; element of choice

Non-Voluntary Disclosure
HIV disclosure without consent e.g. by healthcare providers, housing providers/staff, ex-partners etc.

• Currently limited quantitative understanding of how HIV disclosure shapes experiences of violence amongst WLWH
• Even less understanding about the effect non-voluntary disclosure on the safety of WLWH
Study Objectives

• (1) Examine the prevalence and correlates of physical and/or verbal violence against WLWH due to HIV status in Metro Vancouver, Canada

• (2) Examine the particular impact of non-voluntary HIV disclosure (i.e., disclosure without consent by healthcare providers, housing providers/staff, friends, ex-partners etc.) on physical and/or verbal violence against WLWH in Metro Vancouver
Sexual Health & HIV/AIDS: Women’s Longitudinal Needs Assessment

• Initiated following 6 months of community consultation with WLWH & service providers on research priorities & gaps

• Community-based longitudinal research project with WLWH (trans inclusive) either living and/or accessing services in Metro Vancouver

• Recruitment through Peer Research Associates (PRAs), women’s HIV care providers, ASOs, & clinical outreach
Baseline & semi-annual interview questionnaires & clinical research visit: on WLWH’s experiences navigating HIV care, community supports, sexual and reproductive health, and treatment outcomes amongst WLWH

Qualitative research & photo-voice with subset of ~80-90 WLWH in SHAWNA

Interviews completed by community & PRA interviewers & clinical component including VL/ CD4 and STI/HCV serology by sexual health research nurses (RNs) to facilitate education, support & referral

Funded by CIHR (2014-2020) & MacAIDS
Eligibility Criteria and Study Sample

• WLWH, trans inclusive, who had completed a baseline questionnaire

• Study period: May 2010-Sept 2016

• N=255
Statistical Analyses

• **Outcome measure**: physical and/or verbal violence due to HIV status

• Bivariate and multivariable logistic regression using SHAWNA baseline data
Baseline Demographics

Of 255 WLWH:

• Average age **44** (IQR: 37-52)
• 82% had ever been homeless
• 78% had ever done sex work
• 65% had ever been diagnosed with a mental health condition
• 50% had ever had their HIV status disclosed without consent
• 61% self-identified as having Indigenous ancestry
• 33% self-identified as being gender/sexual minority
Outcome:

38.0% (n=127)

- Physical and/or verbal violence due to HIV status
49.8% (n=127)

• Non-voluntary HIV status disclosure
Table 2. Multivariable ORs using logistic regression for the correlates of lifetime physical and/or verbal abuse due to HIV status among 255 WLWH in the SHAWNA cohort in Metro Vancouver, Canada

<table>
<thead>
<tr>
<th>Variable (lifetime)</th>
<th>Physical and/or verbal abuse due to HIV status</th>
<th>Adjusted Odds Ratios (95% Confidence Intervals)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-voluntary HIV disclosure</td>
<td></td>
<td>4.94 (2.73-8.95)</td>
<td>&lt;0.001*</td>
</tr>
<tr>
<td>Homeless/lived on the street</td>
<td></td>
<td>2.74 (1.14-6.59)</td>
<td>0.025*</td>
</tr>
<tr>
<td>Diagnosed with a mental health condition</td>
<td></td>
<td>2.12 (1.12-4.02)</td>
<td>0.021*</td>
</tr>
</tbody>
</table>
• The association between non-voluntary HIV disclosure and violence is alarming

• Among the first quantitative studies to examine correlates of violence specifically because of HIV status

• Distinguishes non-voluntary disclosure from self-disclosure as a variable of potentially increased violence risk in a context of criminalization

• Suggests that the current law as an instrument of structural violence may actually instigate and perpetuate HIV stigma and violence against women
Limitations

• This study does not identify the source of non-voluntary HIV disclosure
  • However updated questionnaires will provide this information in future analyses (e.g., healthcare providers, housing providers, ex-partners, etc.)

• Sexual violence is addressed separately and so not included in this analysis
Policy and Program Implications

- Eradicate use of criminal law against PLWH
- Tackle gender-based violence from interpersonal to structural levels
- Further research into HIV disclosure without consent to inform targeted interventions and education (e.g., confidentiality training, inclusive program or building design)
- Increase media competency/literacy around HIV through KT initiatives
- Particular focus on Indigenous women given Canadian context of colonialism and oppression
- Centre WLWH in their own treatment and care decisions and program-building to increase safety
SHAWNA Project Team, Partners, & Advisories

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Positive Women’s Advisory Board
Community Partner Advisory Board

- Donna Tennant, Positive Women’s Network (PWN)
- Sherri Pooyak, Canadian Aboriginal AIDS Network (CAAN)
- Patience Nyoni, Afro-Canadian Positive Network of BC
- Sarah Chown, YouthCO
- Jesse Brown, YouthCO/ PAN
- Terry Howard, Positive Living BC
- Andrea Langlois, Pacific AIDS Network
- Sandra Chu & Cécile Kazatchkine, Canadian HIV/AIDS Legal Network
- Dr. Sylvia Guillemi, BC-CfE/ IDC
- Students/ RAs/ Fellows: Daniella Barreto, Tamara Dudley, Premala Matthen, Karina Czyzewski, Eugenia Socias, Meaghan Thumath, Margaret Erickson, Ofer Amran
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www.gshi.cfenet.ubc.ca/SHAWNA
References

