

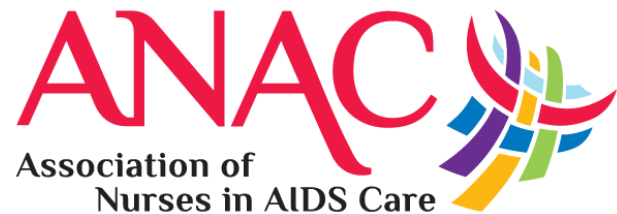
HIV Criminalization: Attitudes and Opinions of the American Public and of Nurses

Tuesday November 17, 2015
Webinar

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Disclosures

Faculty Conflict of Interest Disclosures

Carole Treston, Sean Strub and Craig Phillips have no actual or perceived conflicts of interest for this presentation.

Housekeeping

- Participant lines muted during the webinar
- Type questions in the “Question” pane of your Dashboard
- Q & A session at the end of the webinar.



Continuing Nursing Education

Upon full participation in this webinar & completion of an evaluation, participants will be awarded 1.0 contact hours.



The Association of Nurses in AIDS Care (ANAC) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.



Objectives

1. Discuss the relationship between HIV criminalization statutes and stigma.
2. Describe common misbeliefs about HIV criminalization held by the US public and how simple messaging can be effective in providing relevant up to date information.
3. Describe common knowledge gaps about HIV criminalization held by Nurses in the US and approaches for nursing in-service and professional development education.

Agenda

1. ANAC & HIV Criminalization: Overview
2. Survey: HIV Criminalization: Attitudes and Opinions of the American Public
3. Survey: American Nurses' Knowledge of HIV Related Criminal Laws
4. Q & A Discussion

Association of Nurses in AIDS Care

Core Ideology: Public policy must be grounded in patient advocacy, human rights, compassion, and social justice. We promote the inclusion of the nursing perspective in promoting the health, welfare, and rights of all individuals affected by HIV and its comorbidities.

Two Fundamental Beliefs:

- Nurses can have an influential and powerful voice as public policy advocates.
- Nurses have expertise related to health care and human rights.

ANAC Policy Agenda

- Access to Care for All Individuals Living with HIV/AIDS
- Human Rights: Decriminalization of HIV, HIV exposure/transmission and support LGBT rights in all jurisdictions locally and globally.
- Dissemination and implementation of evidence-based HIV care and prevention programs, including harm-reduction approaches.
- Support for HIV/AIDS workforce development

HIV Criminalization Examples

Nick Rhoades, an Iowa man who had a one-time sexual encounter, using a condom and while he had an undetectable viral load. He was sentenced to 25 years in prison and lifetime sex offender registration.

Eddie Casto, who was born with HIV, and was convicted as a teenager in Spokane, Washington, for failing to disclose even though he had an undetectable viral load.

Monique Moree, who was prosecuted by the Army in South Carolina, even though she had an undetectable viral load and her partner said she told him to use a condom.

Mark Hunter, born with hemophilia and acquired HIV from blood products; after Mark and his fiancée broke up, she pressed charges for him not having initially disclosed his HIV status, even though they always used condoms and he had an undetectable viral load. He served 2.5 years in Arkansas.

Robert Suttle: Served 6 months in Louisiana prison in 2011 for HIV exposure under a plea deal. He was prosecuted after he and a former partner, with whom he had a contentious relationship, stopped seeing each other. The HIV negative partner had previously threatened to file charges against Suttle.

HIV Criminalization

- Most states (33) have Criminal Liability for HIV exposure
- 67 Laws- HIV specific or HIV enhancements
- Intent or Actual Transmission is not relevant in these laws
- Conflict with current knowledge
- Media frenzy & disclosure issues
- Disproportionate sentences
- Number of cases may be small, impact is great
- History- 1990 Ryan White Care Act

WHEN SEX IS A CRIME AND SPIT IS A DANGEROUS WEAPON

A SNAPSHOT OF HIV CRIMINALIZATION IN THE UNITED STATES



! In South Dakota, a 19-year-old student was charged with intentional HIV exposure after consensual sex with another student.

! A man with HIV in Michigan was charged under the state's anti-terrorism statute with possession of a "biological weapon" after an altercation with a neighbor. Prosecutors equated his HIV infection with "possession or use of a harmful device."

! A 23-year-old Oregon man was sentenced to 87 months in prison after pleading guilty to unprotected sex without disclosure of his HIV-positive status to a man he met on Manhunt.com.

! An Idaho man was sentenced to 15 years in prison for engaging in sex (no ejaculation, no transmission) without disclosing his HIV status.

! A man with HIV in Iowa who had an undetectable viral load, was sentenced to 25 years after a one-time sexual encounter during which he used a condom.

! A man with HIV in Texas is serving 35 years for spitting at a police officer.

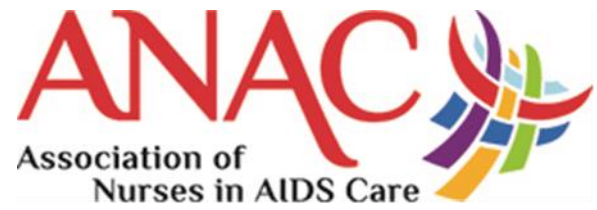
! A man in New York was sentenced to 10 years for aggravated assault after biting a police officer.

THE NATIONAL HIV/AIDS STRATEGY ON HIV CRIMINALIZATION (JULY 2010)
 "Since it is now clear that spitting and biting do not pose significant risks for HIV transmission, many believe that it is unfair to single out people with HIV for engaging in these behaviors and [people engaging in these behaviors] should be dealt with in a consistent manner without consideration of HIV status. Some laws criminalize consensual sexual activity between adults on the basis that one of the individuals is a person with HIV who failed to disclose their status to their partner. CDC data and other studies, however, tell us that intentional HIV transmission is atypical and uncommon.... [These laws] may not have the desired effect and they may make people less willing to disclose their status by making people feel at even greater risk of discrimination.... In many instances, the continued existence and enforcement of these types of laws run counter to scientific evidence about routes of HIV transmission and may undermine the public health goals of promoting HIV screening and treatment."

- HIV-SPECIFIC STATUTE, AT LEAST ONE PROSECUTION IN PAST TWO YEARS
- HIV-SPECIFIC STATUTE, NO RECENT REPORTED PROSECUTIONS
- HIV-RELATED PROSECUTIONS, THOUGH NO HIV-SPECIFIC STATUTE
- ▲ PUNISHMENT INCLUDES SEX OFFENDER REGISTRATION

THE CENTER FOR HIV LAW & POLICY
 The Center for HIV Law and Policy
 65 Broadway, Suite 832
 New York, NY 10006
 212.430.6733
www.hivlawandpolicy.org

*The total number of arrests and prosecutions from 2008-2013 reported here are illustrative, not a precise count. It is impossible to track all such arrests and prosecutions as there is no uniform system of monitoring and reporting them. The numbers represent those cases that are searchable in news and legal databases or that otherwise have come to the attention of the authors.



Experiences of Stigma*

Label of devaluation; “other” based on characteristics

- Confrontations: Assaults, Threats
- Access to work, education, health care, housing, services
- Perceived Stigma: Gossip, non-verbal, harassment
- Internalized stigma: fear, anticipation of what others will do/think
- **Rights, laws , policies**

HIV Criminalization laws  Institutionalized Discrimination

*PLWH Stigma Index

ANAC & HIV Criminalization

- AMICUS briefs
- JANAC articles
- Nursing Survey
- Member Education & Engagement
- Organizational Statement
- ANA Co-endorsement
- Advocacy for REPEAL HIV Criminalization Act
- Member of Positive Justice Project/CHLP
- Clinician Guides (January 2016)

Nurses Individual Role

1. Maintain Trust & Therapeutic Relationship
2. Preserve a safe space for candid dialogue
3. Each person/circumstance/relationship is unique
4. Recognize and support that real life experiences of HIV disclosure are more complex than the simple good/bad perspective expressed in criminal laws
5. Provide accurate information
 - Clinical/Transmission Risk
 - Criminalization Environment in State*
 - Resources*
6. Appropriate documentation
7. Education & Advocacy



HIV Criminalization: Attitudes and Opinions of the American Public

Sean Strub, Executive Director
SERO Project

Association of Nurses in AIDS Care
November 17, 2015

OBJECTIVES

The objectives of this study were to:

Assess current attitudes and opinions on *HIV-related issues*

Assess current attitudes and opinions *about HIV criminalization statutes*

Test potential messages that might be used to *educate and inform the general public* about HIV criminalization statutes

Determine the types of messages that are **most and least effective** with supporters, potential supporters, and likely opposition groups

METHODOLOGY



- The questionnaire was designed by the **Sero Project's Sean Strub**, and **Jeff Henne and Rosita Thomas of The Henne Group**



- The study was in the field **from April 10-27, 2015 – 800 telephone interviews** were conducted with respondents selected from a nationwide random sample



- **57%** were contacted via landline; **43%** were contacted via cell-phone



- Average questionnaire length was **22 minutes**



- The sample was purchased from Scientific Telephone Samples, an **industry leader supplying random digit dial samples** to the market research industry

SUMMARY

Significant percentages have misperceptions about transmission

Most are completely unaware of HIV criminalization

Lack of awareness causes the public to presume the current HIV specific laws must exist for valid reasons

- The initial natural inclination for most – including subgroups found to be most supportive of revising these statutes – is that non-disclosure “is a legal matter for the criminal courts” (78% agree).
- Many, however, struggle to answer this and other similar questions, in part because they have never really thought about it before, and these are complex, difficult issues.
- 8 groups were identified early in the survey as most supportive, initially, of criminalization
 - Men, Hispanics, African Americans, conservatives, those living in the South, those who don’t know anyone with HIV, and those who go to church at least once a week.

SUMMARY

A little information helps the public understand and believe the logic behind the need for modernization of HIV criminalization statutes

Attitudes change quickly when provided more information.

- When informed these laws exist, opinion totally flips, with 71% saying there should not be “*special laws that treat people with HIV differently*”.
- When further information is given about modernizing these laws, almost everyone (93%) agrees modernization is important.
- At the end of the survey—after being read 15 different arguments—further movement was seen on the “special laws” question (above), from 71% to 78%.
- At the end of the survey, all subgroups were supportive of reform, though some, such as men and conservatives, were a bit less supportive.

SUMMARY

The most effective messages are those that point out:

- The current laws are inconsistent with current scientific knowledge.
- Unintended consequences of the current laws are that they discourage: testing, getting treatment and disclosure.

- Messages pointing out that HIV-specific laws do not reflect current scientific knowledge worked especially well, particularly when told the American Medical Association (AMA) and public health professionals favor modernization.
- Messages that cause respondents to question the validity of certain aspects of the message can backfire
 - *“modernizing these laws will save taxpayers money”*
 - *“people with HIV who are taking their HIV medications as prescribed almost never infect someone else”*
- Civil liberty messages worked for some, but weren’t as effective as the modernization or public health messages, and they were less effective with African-Americans, Southerners, and Conservatives.

ATTITUDES ABOUT HIV

Misconceptions about transmission still exist.

POTENTIAL OPPOSITON GROUPS

Demographic groups more likely than total average population to believe:

35% believe there is a high chance that someone could be infected with HIV through exposure to saliva.

40% or more

- 65 or older (49%)
- 50-64 yrs. (45%)
- Republicans (41%)
- African Americans (41%)
- Believe non-disclosure is matter for courts (47%)
- Live in rural areas (44%)

29% do not think HIV is a manageable condition.

33% or more

- 18-29 yrs. (36%)
- Northeast (35%)
- Do not know anyone who tested positive for HIV (33%)

There is little understanding of the newest science.

80% or more

- **79%** believe the risk of transmission is high if medications are taken as prescribed and condoms are not used.

- 18-29 yrs. (84%)
- Moderates (85%)

HIV STIGMA

This survey corroborates stigma across several variables.

Demographic groups significantly more likely to stigmatize people with HIV:

47% believe people get HIV because they engage in irresponsible behavior.

50% or more:

- Males 50 & older (60%)
- Republicans (57%)
- Regions: South (55%) & Midwest (48%)
- Believe non-disclosure is matter for courts

11% believe contracting HIV is punishment for bad behavior.

15% or more:

- 65 or older (22%)
- Conservatives (19%)
- Don't know anyone who tested positive for HIV (15%)

14% believe that most of those living with HIV do not care if they infect other people.

19% or more:

- 65 or older (21%)
- African Americans (30%) & Hispanic/Latinos (21%)
- South 16%

15% say they would feel ashamed if they were to learn that someone in their family had HIV.

19% or more:

- 65 or older (31%)
- Republicans (24%)
- Don't know anyone who tested positive for HIV (19%)
- Pre-test initial group who believes there should be special laws that apply only to those with HIV & not other STDs (22%)

INDIVIDUAL RESPONSIBILITY & INTENT

The survey was a teaching moment for many of the respondents; their responses changed significantly as different language is used.

- While initially almost all were in favor of criminalization, when questions were posed differently, and additional information provided, the numbers became more favorable.
- Shared responsibility and intent to harm matter to the American public.

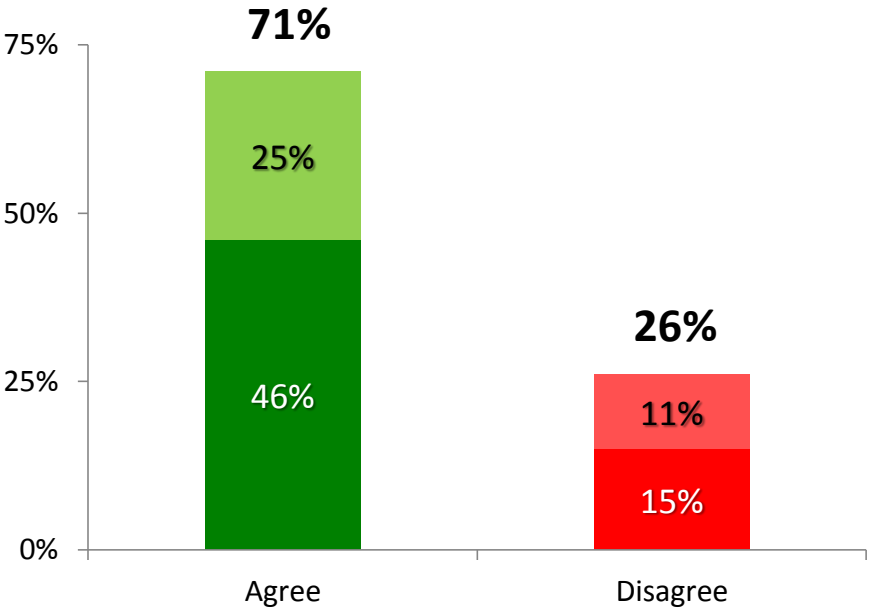
Asked <u>before</u> providing specific information about state criminalization laws	% Strongly Agree
When two consenting adults have sex, they should be equally responsible for preventing communicable diseases (Q4_G)	88%
People <u>should not</u> be labeled as criminals just because they have HIV (Q4_F)	81%
People with HIV should <u>only</u> be prosecuted if they <u>tried to infect</u> someone on purpose (Q4_H)	60%
People with HIV should <u>only</u> be prosecuted if they <u>infected</u> someone <u>on purpose</u> (Q4_I)	58%

PRE-TEST

Text read to respondents before asking about HIV disclosure laws.

Currently, many states have criminal laws that only apply to people with HIV. Basically these laws mean that if someone with HIV doesn't inform their sex partner prior to having sex, they can be prosecuted and jailed – even if they use condoms or do not do anything that presents a risk of infecting the other person – even if they don't infect anyone, and even if they had no intention of infecting anyone.

- After hearing this explanation, **71%** said there should **NOT** be special laws for those with HIV when there are no such laws for other STDs; **26%** said there should.



■ Strongly Agree ■ Strongly Disagree
■ Somewhat Agree ■ Somewhat Disagree

Response	Subpopulation	%
More Likely to Strongly Agree	50 or older	55%
	Liberal	54%
	Female	51%
Less Likely to Strongly Agree	Conservative	42%
	Male	41%
	Younger than 50	40%

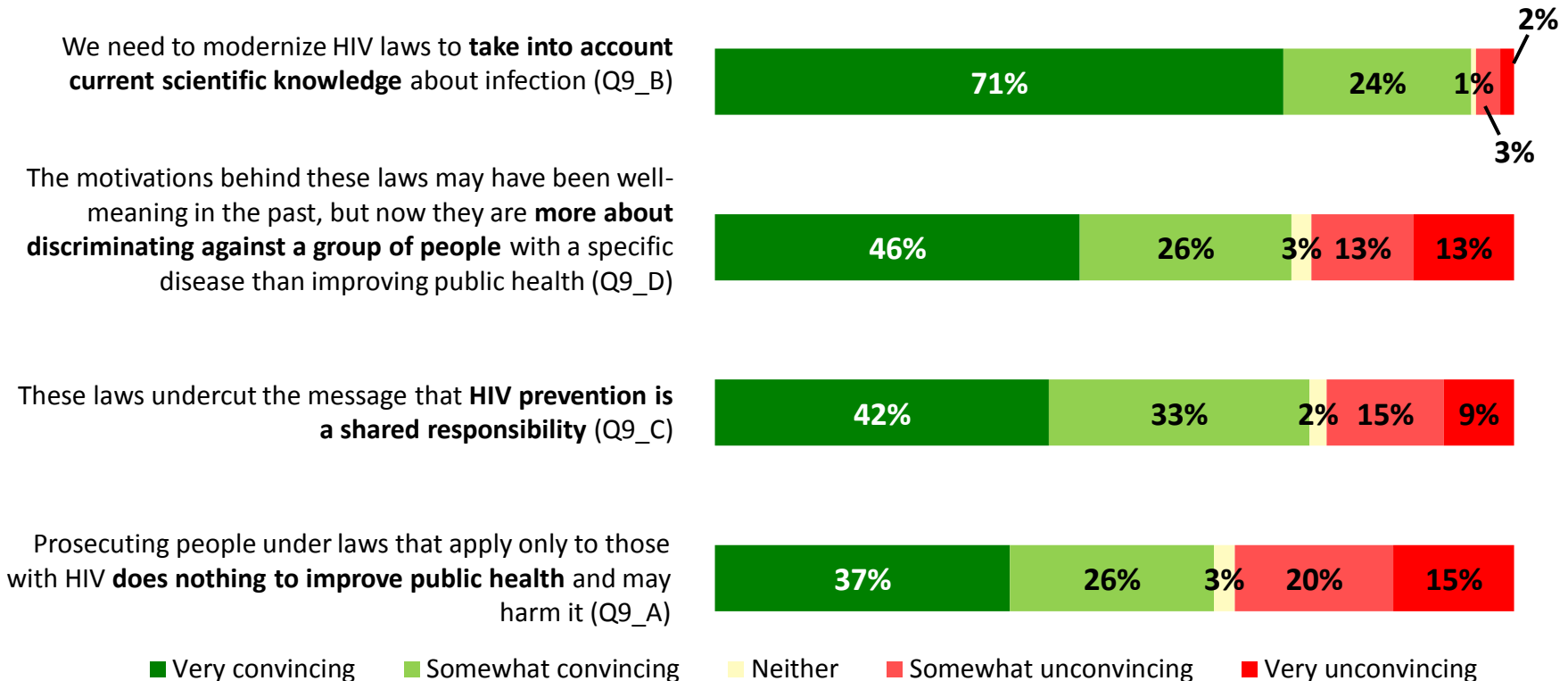
* 3% answered "don't know"

Q6_A. How much do you agree or disagree with the following statement: there should NOT be special laws that treat people with HIV differently than people with other STDs

4 MESSAGES

Respondents were read four messages and asked if each would be a convincing argument for modernizing these laws. 50% or more found all 4 “strongly” or “somewhat” convincing.

- **The most convincing argument is that current laws need to reflect current science.** The discrimination argument is strongly convincing for almost half (46%). The other two points are less likely to be strongly convincing.



SUPPORTERS' REACTIONS TO 4 MESSAGES

Demographic groups more likely than total average population to believe:

Modernization/Current Science message:

76% or more

71% “strongly agree”

—*We need to modernize HIV laws to take into account current scientific knowledge about infection.*

- Liberals (80%)
- Democrats (76%)
- Females (77%)
- Know someone with HIV (81%)

Discrimination message:

51% or more

46% “strongly agree”

—*The motivations behind these HIV laws may have been well-meaning in the past, but now they are more about discriminating against a group of people with a specific disease rather than improving public health.*

- Liberals (55%)
- Know someone with HIV (54%)

Shared Responsibility message:

45% or more

40% “strongly agree”

—These HIV laws undercut the message that HIV prevention is a shared responsibility.

- Hispanic/Latinos (56%)
- Females (46%)
- West (45%)

Public Health message:

41% or more

36% “strongly agree”

—Prosecuting people under laws that apply only to those with HIV does nothing to improve public health and may harm it.

- Liberals (49%)
- Know someone with HIV (44%)

LESS SUPPORTIVE GROUPS' REACTIONS TO 4 MESSAGES

- The **strongest most convincing message** (50% or more) across the less supportive groups is— we *“need to modernize to take into account current science”*.
- The *“shared responsibility”* message is second most convincing for **4 of the 8** less supportive groups (AA, Hispanics, Conservatives and those who go to church more than once a week).
- The *discrimination* message works second best for men, those in the South, and those who don't know anyone with HIV.
- The *“prosecuting does nothing to improve public health”* message works second best for those with a HS education or less.

	SCIENCE Need to modernize to take into account current science	CIVIL LIBERTIES Discriminates	PUBLIC HEALTH Prosecuting Does Nothing to Improve Public Health	PUBLIC HEALTH Shared Responsibility
<div style="display: flex; flex-direction: column; gap: 5px;"> <div> = Best of 4</div> <div> = 2nd best</div> <div> = Two least “strongly convincing”</div> </div>				
Question Number	9b	9d	9a	9c
Total for Population	71%	45%	36%	40%
Male	63	41	33	36
African-American	71	43	38	46
Hispanic	64	44	33	56
South	69	45	34	42
Conservative	62	32	23	38
High School or Less	53	48	56	40
Church More than Once a Week	69	46	37	49
Doesn't Know Anyone with HIV	66	41	32	29

EDUCATIONAL IMPACT

All of the 8 groups that emerged as being most in favor of HIV criminalization statutes at the beginning of the survey ended up supporting modernization in the end (see third column—50% or more).

- Southerners, conservatives, and those with a high school education or less move the least.

Changing Attitudes of Less Supportive Groups		
Content	There should not be special HIV laws	There should not be special HIV laws
Question Number	Q6_A (Pre)	Q10_A (Post)
Response Category	Strongly agree	Strongly agree
Total for Population	46%	59%
Opposition Threshold	≤ 41%	≤ 54%
Male	41%	57%
African-American	42%	55%
Hispanic	36%	64%
South	42%	53%
Conservative	42%	51%
High school or less	69%	55%
Church more than Once a Week	43%	59%
Doesn't Know Someone with HIV	46%	59%

■ = Support
 ■ = Soft Support
 ■ = Significantly more opposed than average for Total Population

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Key Insights

There is great opportunity to change public opinion

- Because few are aware of this issue, there is an opportunity to take the lead and help shape public opinion.
- Attitudes change quickly when respondents are provided additional information

Messaging needs to be simple, easy-to-understand, and to the point

- Final messages should be crafted to be understood by those at lower education levels to ensure that everyone comprehends them.
- While the message that the laws are not consistent with current science is widely understood, tying reform messaging to the specifics of the science is challenging—for example, most respondents did not believe that transmission is next to impossible for those who are adherent to their medication regimen, so the public health message tied explicitly to that idea didn't test as well.

Modernization messages tested the best. Civil liberties arguments were least effective

- Tying modernization to support from institutions such as the American Medical Association (AMA) could make for a very powerful message.
- The public health messages that worked best are that under the current law—people are less willing to get tested, less willing to disclose their status, and less willing get treatment.

AMERICAN NURSES' KNOWLEDGE OF HIV-RELATED CRIMINAL LAWS



J. Craig Phillips, Brian Heffernan, &
Jean-Laurent Domingue



uOttawa



OVERVIEW

Background : Current Legal Context of HIV

Survey methodology

Study results

Where do we go from here?

ACKNOWLEDGMENTS

Community Partners

- ANAC – Association of Nurses in AIDS Care
- ANA – American Nurses Association
- IAFN – International Association of Forensic Nurses

International Nursing Network for HIV Research at Rutgers: An Affiliate of ANAC

Funders

- University of Ottawa, Undergraduate Research Opportunities Program (UROP)
- University of Ottawa, Faculty of Health Sciences, Initiation of Research Grant
- Canadian Institutes of Health Research, Health Sciences Student Undergraduate Research Bursary
- Survey scale-up to Southern USA – Elton John AIDS Foundation



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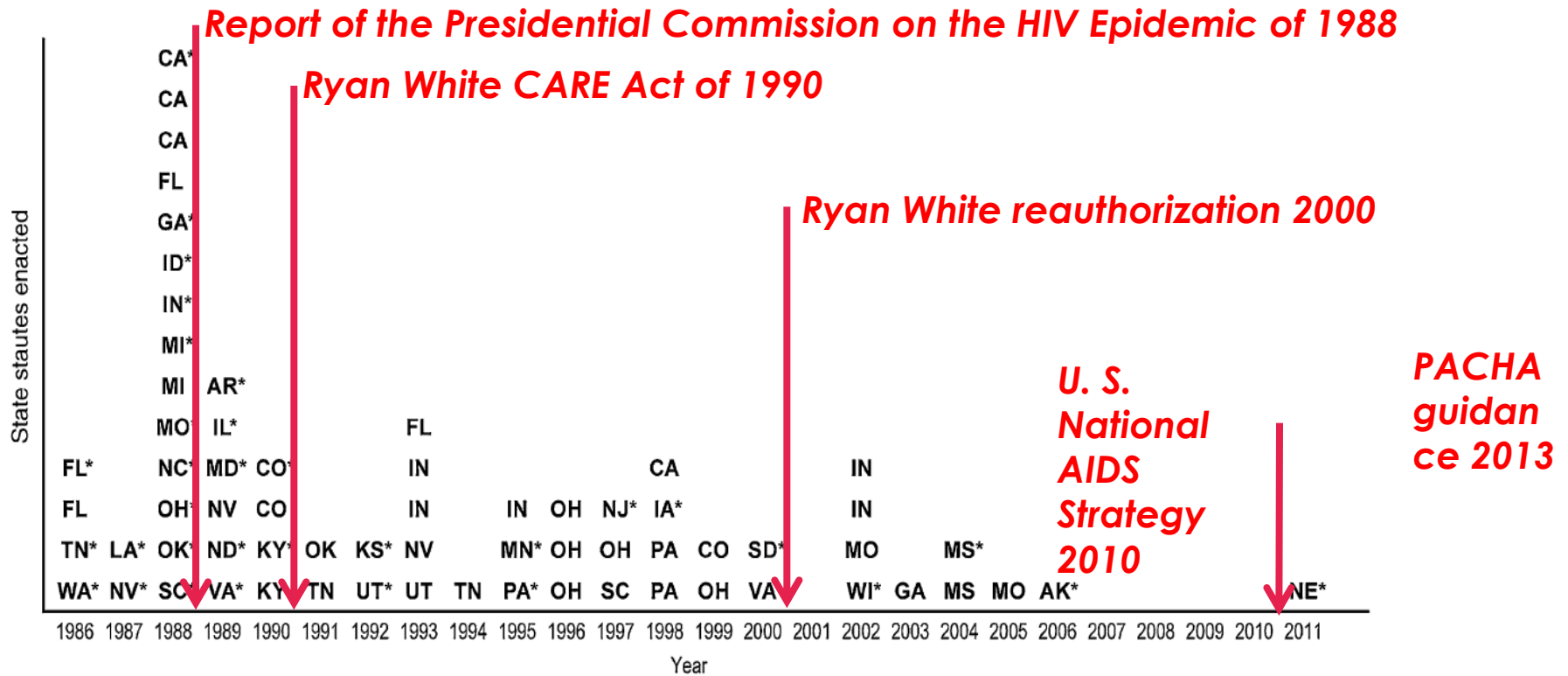
Study Results

Where do we go from here?

ESTIMATED PER-ACT PROBABILITY OF ACQUIRING HIV FROM AN INFECTED SOURCE, BY EXPOSURE ACT*

Type of Exposure		Risk per 10,000 Exposures
Parenteral	Blood Transfusion	9,250
	Needle-sharing during injection drug use	63
	Percutaneous (needle-stick)	23
Sexual	Receptive anal intercourse	138
	Receptive penile-vaginal intercourse	11
	Insertive anal intercourse	8
	Insertive penile-vaginal intercourse	4
	Receptive oral intercourse	Low
	Insertive oral intercourse	Low
	Other	Biting, Spitting, Throwing body fluids (including semen or saliva), Sharing sex toys

Retrieved from: <http://www.cdc.gov/hiv/policies/law/risk.html>



* First state law enacted in any given state. For each year, state laws enacted in that year are listed alphabetically

** Number of laws enacted in any given state ranged from one to six laws (includes newly enacted laws and amendments to previous laws that did not originally contain HIV-specific language)

*** From 1986 to 2011, a total of 67 HIV-specific criminal laws were enacted in these 33 states

The information presented here does not constitute legal advice and does not represent the legal views of the Centers for Disease Control and Prevention, the Department of Health and Human Services, or the Department of Justice, nor is it a comprehensive analysis of all legal provisions that could possibly implicate the criminalization of potential HIV exposure. Rather, this information provides state-specific snapshots of HIV-specific criminal laws. This information is subject to change and does not contain measures implemented by counties, cities, or other localities. Use of any provision herein should be contemplated only in conjunction with advice from legal counsel

Fig. 1 Enactment of state laws that criminalize potential HIV exposure in 33 states—1986–2011***

LEHMAN, J. S., CARR, M. H., NICHOL, A. J., RUISANCHEZ, A., KNIGHT, D. W., LANGFORD, A. E., . . . MERMIN, J. H. (2014). PREVALENCE AND PUBLIC HEALTH IMPLICATIONS OF STATE LAWS THAT CRIMINALIZE POTENTIAL HIV EXPOSURE IN THE UNITED STATES. *AIDS AND BEHAVIOR*, DOI:10.1007/S10461-014-0724-0



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SURVEY DEVELOPMENT PROCESS

- Literature review to develop survey questions
- Content expert validation
- Feasibility study of survey conducted among nurses specialized in HIV care across Canada and the United States
- Survey scale-up

SURVEY METHODOLOGY

Online survey – a set of 39 questions – collected online using Fluid Surveys platform

Nurses ($n = 1,559$) from across the United States

Survey questions asked about:

- HIV-related criminal laws
- Clinical practices that may be influenced by those laws
- Where they first learned about those laws

Ethics approval obtained from University of Ottawa

SURVEY METHODOLOGY

Survey advertised through:

- Association of Nurses in Aids Care (ANAC)
- American Nurses Association (ANA) and Affiliates
- International Association of Forensic Nurses (IAFN)

Respondents informed that:

- Completion constituted informed consent
- Voluntary participation
- Given opportunity to be entered into a draw to win one of two tablets as incentive



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SAMPLE CHARACTERISTICS

Respondents ($n = 1,559$) were:

- Mostly White ($n = 1,225, 78.6\%$)
- Women ($n = 1,382; 89.4\%$)
- With 20.5 ± 14.2 years of nursing experience on average

PROFESSIONAL PRACTICE DIMENSIONS

Is it within your **scope of practice, professional duty, or professional responsibility** to inform a person living with HIV about legal regulations and the potential for criminal prosecution related to HIV exposure and transmission?

- Yes ($n = 373, 24\%$)

Do you think nurses should **acquire the expertise** to inform their patients living with HIV about HIV-related legal regulations?

- Yes ($n = 1191, 77\%$)

In your professional nursing role, do you **currently provide care to persons living with HIV?**

- Yes ($n = 898, 58\%$)

KNOWLEDGE DEFICIT

Evidence of a lack of knowledge about HIV-related criminal laws was observed:

- 32% of nurses ($n = 501$) correctly identified the existence of HIV-exposure without disclosure laws
- 43% of nurses ($n = 676$) correctly identified the existence of HIV-exposure with disclosure laws
- 31% ($n = 484$) correctly identified when there was no HIV-specific law

WORKPLACE SETTINGS

- **Acute care** (inpatient, emergence department; $n = 612, 39\%$)
- **Community and other settings** (outpatient, military, academic/educational settings, other; $n = 926$)
- Missing cases for this question ($n = 21, 1.4\%$).

Where did you FIRST learn about criminal laws that affect people living with HIV?

	<i>N</i>	%	
While completing this survey	380	24.4	
News media	375	24.1	
School (e.g., college, university)	301	19.3	
Other (please specify)	137	8.8	
Professional conference	92	5.9	
Professional colleague	91	5.8	
Internet	77	4.9	
Professional journal	67	4.3	
Licensing agency (State Board of Nursing)	24	1.5	
	Missing	15	1.0
	Total	1559	100.0



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PRACTICE RECOMMENDATIONS

- Nurses and persons living with HIV and other communicable diseases should **collaborate to develop best practices** for addressing patient concerns and fears about diseases that have criminal law penalties.
- Best practice guidelines should be developed so nurses know what **information and resources** are available and when to refer patients to those resources when the potential for criminal prosecution exists for persons living with or at risk of acquiring HIV or a communicable disease that is criminalized in the jurisdiction where they practice.
- Nurses and other health care providers should increase their **awareness of intended and potential unintended consequences** of criminal laws used to mitigate population and public health issues such as HIV and other communicable diseases. The overly broad application of **these laws stigmatize** persons living with these diseases and **contribute to discrimination** against those persons that may limit the effectiveness of evidence-informed public health interventions.

EDUCATION RECOMMENDATIONS

- Educators should work with members of affected communities and relevant sectors of society to develop **transformational learning opportunities** for nurses and other health care providers about the existence of HIV and other communicable disease laws and the potential and real effects those laws have on clinical practices and patient outcomes.
- Educators should develop educational offerings that can be **tailored to the unique jurisdictional and practice setting requirements** that will facilitate nurses' and other health care providers' ability to provide quality care. High quality care ought to meet the community needs and be in accordance with ethical, legal, and professional standards nationally and in each jurisdiction.

ADMINISTRATION RECOMMENDATIONS

- Nursing and health care administrators should support the **development of policies and procedures** related to HIV and other communicable disease specific criminal laws that will **facilitate the provision of high quality care** that respects the **dignity and rights** of all members of society.
- Nursing administrators should work with members of affected communities, criminal justice, legal, and policy stakeholders to ensure that safe and ethical practices can be provided in patient care settings.

RESEARCH RECOMMENDATIONS

- Research is needed to **determine how media portrays persons** who have been accused, prosecuted or convicted of HIV and other communicable disease related criminal laws and what influence that portrayal has on stigma and discrimination experienced by persons living with HIV or other communicable diseases.
- Research is needed to **determine the efficacy of training and educational opportunities** to transform nursing and health care practices in contexts where criminal laws are used to manage population health issues such as HIV and other communicable diseases.
- Research is needed to **determine the individual outcome effects** of structural interventions such as criminal laws on individuals, families, and communities.
- Research is needed to **document uptake of HIV and other communicable disease testing initiatives and changes in rates of those diseases as criminal law reforms occur**. This information will be useful to document the efficacy of alternative population and public health intervention approaches.

POLICY AND ADVOCACY RECOMMENDATIONS

- Policy makers, professional organizations, and advocacy agencies should **fund training programs** to increase nurses' and other health care providers' awareness of HIV and other communicable disease related criminal laws. These funding initiatives should **require training programs to include efficacy evaluations**.
- Nurses and other health care professionals should **advocate for the reform of criminal laws** that specifically address HIV and other communicable diseases. This advocacy should include the use of scientific evidence, understanding of disease transmission, and respect for human dignity and rights, rather than the use of criminal laws as punitive measures to regulate behavior.
- Nurses should **seek active engagement with representatives of affected communities and other stakeholders** (e.g., criminal justice, law, health care and social services providers) in the development of policy and public health interventions that respect the dignity and rights of all persons.

REPEAL ACT (2013), LEGAL REFORM

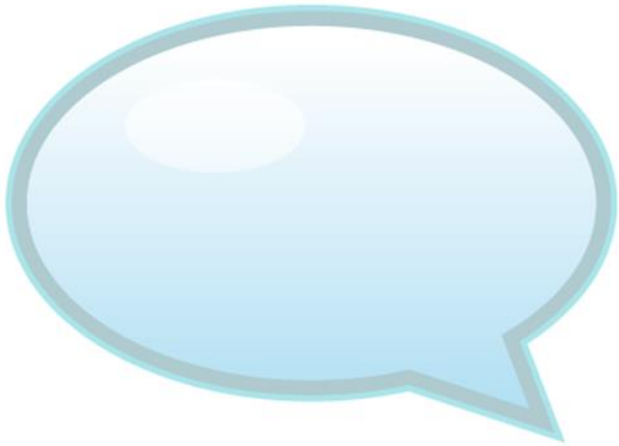
“These laws undermine current HIV testing and prevention priorities and must reflect current medical and scientific knowledge and accepted approaches. We are fighting an epidemic, and we must have laws that are rational, holistic, and truly human rights-based.”

United States Congresswoman Barbara Lee,
member of the Global Commission on HIV and the Law

DISCLAIMER

- The opinions expressed during this presentation are mine, they do not necessarily represent views of the University of Ottawa, ANAC, CANAC, or any of our funders
- The information I presented today is not meant to be taken as legal counsel
- Although every effort has been made to provide the most up-to-date and accurate information, the laws and policies that shape HIV's legal context in the United States is constantly changing
- If you have specific concerns about patients in your clinical practice setting, please consult with a lawyer or legal advocate who is knowledgeable about the legislation specific to the jurisdiction where you practice

Q & A Discussion



Additional questions?
Email Erin at erin@anacnet.org



Resources

- ANAC: Carole Treston carole@anacnet.org
- Sero Project: <http://seroproject.com>
- Center for HIV Law & Policy: The Positive Justice Project (PJP). www.hivlawandpolicy.org.
- Lambda Legal: www.lambdalegal.org
- CANAC: Legal & Clinical Implications of HIV Non-disclosure <http://librarypdf.catie.ca/pdf/ATI-20000s/26450.pdf>

Resources

- HIV positive justice alliance <http://www.preventionjustice.org>
- HIV justice network <http://www.hivjustice.net>
- Positive women's network - USA <https://pwnusa.wordpress.com>
- Global network of people living with HIV <http://www.gnpplus.net/>

Continuing Nursing Education

To be awarded contact hours for this webinar,
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Additional questions?

Email Erin at erin@anacnet.org

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