



Disclosure of HIV-positive status: Towards the development of guidelines, strategies and interventions



Questions

1. What are the facilitators and barriers for disclosure of HIV-positive status?
2. What are the impacts, consequences and outcomes of disclosing?
3. What are effective strategies for disclosing?
4. Are there effective interventions to guide disclosure? If so, how are they effective?

Key Take-Home Messages

- HIV disclosure is a lifelong process. Reasons for disclosing/not disclosing change constantly - many individuals having their own personal strategies and reasons for disclosing which are carefully planned to elicit positive outcomes.
- Common facilitators/reasons for disclosing are: trust in the recipient of disclosure; positive experiences with previous disclosure; existence of strong social support; to gain social support; to obtain stress relief from withholding a secret; obligation and duty to inform; self-acceptance of HIV-positive identity; to share knowledge; and to control disclosure (i.e. to disclose before someone else exposes them).
- Common barriers to disclosing are: negative experiences with previous disclosures; fear of discrimination, stigma and rejection; lack of a strong social network; feelings of shame and guilt regarding one's status; struggle with HIV+ identity; cultural factors (ie. homophobia) within one's community; lack of HIV education and inability to cope with the outcome of the disclosure; and concern of harming or burdening others.
- The impacts and outcomes of HIV-disclosure are wide-ranging. Negative outcomes include: rejection, abuse, violence, stigma and discrimination, while positive outcomes include: more high quality social support, stronger family cohesion and relationships, reductions in anxiety and depression, and improvements in physical health. Most studies found more positive outcomes than negative ones, particularly over the long term. . Furthermore, the majority of disclosures have reported little to no regret post-disclosure.

EVIDENCE INTO ACTION

The OHTN Rapid Response Service offers HIV/AIDS programs and services in Ontario quick access to research evidence to help inform decision making, service delivery and advocacy. In response to a question from the field, the Rapid Response Team reviews the scientific and grey literature, consults with experts, and prepares a brief fact sheet summarizing the current evidence and its implications for policy and practice.

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- There have been very few studies examining interventions targeting HIV disclosure. Of the interventions reviewed, those that guided HIV-positive individuals through an introspective process, and helped them develop a disclosure plan and the skills to communicate their status, were found to be most effective in increasing disclosure, and improving disclosure outcomes.

The Issue and Why It's Important

Disclosure is something that every person living with HIV experiences and struggles with. The process is complex and fraught with mixed emotions, and the outcomes can be unpredictable and difficult to handle. Despite the difficulty disclosure might pose, non-disclosure has detrimental impacts on the person living with HIV and is associated with personal distress, loneliness and social isolation.(1-4) Furthermore, non-disclosure may lead to medical non-adherence as a way to conceal the disease from others.(5;6) Not only is disclosure important for the HIV-positive individual, but it is also important for those around them – for example, children who are unaware of their mother's HIV-status can often perceive something is wrong and thus become distressed when they are unable to express their feelings.(7;8)

In the context of society and community, disclosure is thought to be important for public health purposes in terms of preventing the spread of HIV. Furthermore, non-disclosure of one's HIV-positive status prior to a sexual act can lead to criminal prosecutions in Canada and elsewhere. Given the personal and societal importance of HIV disclosure, it is important to gain an understanding of the experiences of HIV disclosure, as well as on effective disclosure strategies and interventions for people living with HIV.

What We Found

We found the following studies, reviews, and dissertations addressing the four research questions: three reviews (a literature review, a systematic review and a meta-analysis) that summarize the evidence around facilitators and barriers to HIV disclosure; 24 articles or dissertations on the impact, consequences and outcomes of disclosure; 13 articles or dissertations exploring disclosure strategies; and eight articles examining interventions developed to increase and/or improve HIV disclosure. Most papers examined were based on findings and experiences of specific populations (men who have sex with men, heterosexual persons, people who use drugs, women and more specifically, mothers, and ethnic/visible/racial minorities), and on disclosure events and outcomes with a specific target audiences (family, children, friends, sexual partners, and in the workplace). However, despite the population differences, many of the findings overlapped and were common across all contexts.

Facilitators and barriers to disclosing HIV-positive status

Trust was the overarching theme and core value for disclosure among people living with HIV (PHAs). The idea and feeling of 'trust' comes into play when deciding to disclose in many ways. For example, individuals might only disclose if they feel that the recipient of disclosure can be trusted to keep the HIV-status information private.(5;9-11) More importantly, the act of disclosure requires the trust that the HIV-positive person will not be ostracized, criticized, stigmatized, or rejected after the event. Aside from trust, the decision to disclose one's HIV-

positive status depends largely on what the perceived benefits are, and whether those benefits outweigh the potential risks and harms associated with disclosure. Many of the perceived benefits and harms – which act as facilitators and barriers – of disclosing can be loosely categorized based on three objectives a person may have: instrumental goals, identity goals and relational goals.(12)

Two common instrumental goals of disclosing one's status are to gain information and to seek support, emotional and practical, from inside or outside one's social network.(5;9;12-16) Literature shows HIV-positive persons tend to disclose more frequently to family and relatives than to friends, and also to steady/long-term/monogamous partners more often than casual partners, perhaps because of the perceived probability of gaining support and the inherent level of trust.(5;9-11;13)

Disclosing to seek support is most likely when the individual perceives a strong social network (6); and is less likely when an individual feels socially isolated. (17) HIV-positive persons may also disclose in order to find relief from the stress of harbouring a secret (9), or to share knowledge about the disease with others.(13) There tends to be fewer disclosures immediately after diagnosis, but the frequency of disclosure as a mechanism to cope with the disease generally increases over time as the HIV-positive person gains increased self-acceptance and knowledge of the disease, and increased ability to cope with disclosure. (9;13) There are also instrumental goals unique to specific populations, for example, a person who injects drugs might avoid disclosure due to a fear of loss of income and drugs.(6)

Non-disclosure is often used as a mechanism to achieve a person's identity goals,(12) which might be to maintain a positive identity and avoid stigma and discrimination.(7;18) Fear of stigma is exacerbated by constricted social networks, and thus compounds the difficulties faced by those with limited social support.(2) Perceived stigma is associated with an individual's self-acceptance of their disease status and overall perception of self – if they haven't come to terms with their disease, and feel shameful or guilty, then they would be unlikely to talk about it with others.(9;19;20) On the other hand, an HIV-person might choose to disclose in order to avoid second-hand disclosure (someone finding out from someone or somewhere else), which has a higher likelihood of affecting their identity and create regret.(8;13;21) HIV-positive individuals from racial/visible/ethnic minorities report more perceived, and real, stigma than white populations, and thus some studies have shown fewer disclosures in these groups.(3;9;22) Furthermore, cultural norms specific to different communities may dictate different responsibilities towards disclosure. For example, in Asian communities, the norm of collectivism dictates that disclosure of one's HIV-status affects not only the individual, but also their families – thus, non-disclosure could be a means to avoid embarrassment for the larger family and community.(3)

Relational goals – to maintain a friendship or relationship bond (12) – could push individuals to either disclose or conceal their HIV-positive status. Concerns that disclosure might harm a relationship and lead to rejection are shared by most PHA.(5;7;16;17;23;24) Furthermore, individuals often worry disclosure might harm the recipient – for example, mothers might worry about burdening their children with their disease.(24) On the other hand, HIV-positive individuals may sometimes disclose their status as a way to reconcile and reconnect with friends and family members, with whom they might have strained relationships due to their sexuality, history with addictions, or any other reason.(13) They

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could also disclose in order to feel closer to someone, or because they feel a sense of obligation and duty to inform.(5;11;13)

The decision to disclose is highly complex and goes beyond the aforementioned goals. For most individuals, before even contemplating individual goals and objectives, and weighing the potential benefits and harms, the decision is very much informed by their own knowledge about HIV – and therefore their ability to cope with the disclosure process and its outcomes (addressing questions and concerns) (23;24) – as well as by their past experiences with disclosure. (5;13;17;19;23)

Impact, consequences and outcomes of HIV disclosure

The outcomes of HIV disclosure can be stressful but also rewarding. There isn't a 'rule of thumb' for when outcomes or consequences might be positive or negative – but overall, evidence suggests positive reactions to disclosure outweigh negative ones,(5;17). Furthermore, studies have found very few HIV-positive individuals who reported regret from previous disclosures. (20;21;25;26) If there are regrets about any disclosure event, they generally fall in six categories: lack of preparation; poor timing; wrong context or setting; unsatisfactory disclosure content; second-hand disclosure; and negative outcomes.(20;21)

Overall, negative reactions from family, friends, employers and the community were relatively low, ranging from three to 15% of reported disclosures.(9;27) On the contrary, studies have found high levels of supportive reactions after disclosure across diverse settings.(9;17) Immediate reactions to disclosure can be categorized as: shock, fear, anger, violence, explicit or implicit advice, emotional or instrumental support, relationship assurance (“we'll always be friends”); acceptance and rejection.(12;28) Disclosure can lead to disrupted relationships with families and communities, rejection by friends and close ties, separation from partners, abuse, criticism, ostracism and isolation.(9;23) Negative reactions are more likely if the HIV-positive person was perceived as being responsible for becoming infected, and also more likely for people – particularly women – characterised by a history of abuse, drug use and low socioeconomic status.(9;29) However, in most cases, these immediate reactions undergo positive changes,(28) and even if the initial response was shock, anger or disappointment, strong relationships are not impacted and remain intact.(27;30)

For many individuals, disclosure helped them gain higher levels and better quality of social support.(2;7;9;15;22;24;30-33) However, in contexts where there is a high level of stigma, this association between disclosure and social support is weakened.(9) Social support can be emotional or practical – emotional support includes expressions of concern and acceptance, and practical support includes financial or housing support and assistance with medical visits. (22) In a Greek study of HIV-positive individuals disclosure experiences to 'close family,' ,(32) relationships that provided the most support were from friends, lovers and partners, whereas fathers and children provided the least support.

In addition to obtaining social support, disclosure often has positive benefits for the HIV-positive person's physical and mental health. A systematic review by Ammassari et al. (34) found that social support was consistently associated with better medical adherence, thus by association, disclosure should lead to better adherence as well. There is some research evidence showing a direct link between HIV disclosure and better medical adherence, however this relationship is mediated by the amount and quality of social support.(6;35;36)

Those who have disclosed report lower levels of emotional distress, depression and anxiety than those who have not, although this relationship depends largely on the level of social support garnered from disclosure.(1;4;5;7;24) Disclosure has been found to strengthen relationships and improve family cohesion, perhaps because of the increased level of trust and comfort to confide. (7;8;23;24;27;32;37) In long-term relationships, the disclosure process is an act of honesty and integrity that improves a relationship in healthy situations: (23), however, poor (unsupportive, strained or abusive) relationships are rarely strengthened and often worsened by disclosure.(27) In those situations, disclosure can lead to increased stress and poorer psychological wellbeing. (27;38)

Mother-to-Child Disclosure

Many studies specifically examined disclosure experiences of HIV-positive mothers to their non-infected children. Their findings were consistent with studies on other populations, which include: improved health, and reductions in stress, depression and anxiety for the mother, and improved family cohesion.(7;26) Children report strong negative emotions of shock and fear at the actual disclosure event (37) Older adolescent children have poorer reactions and more problematic adjustment post-disclosure than younger children.(24) Furthermore, there is more reported anxiety among children when the mother is visibly ill at the time of disclosure.(24) But over time, as children become more informed about the disease and their mother's health, most adjust well and will experience reductions in depression and anxiety, as well as increases in involvement and happiness.(7;24;26;37;39;40) Overall, only a very small percentage of children become maladaptive and act out over time (7;39) – it is important to note that children sworn to secrecy and have nobody to talk to about their mother's illness tend to demonstrate more externalizing problems and poorer social competence. (7;26;41)

Workplace Disclosure

Disclosure in the workplace can create great stress in PHA but is often necessary in order to access necessary accommodations, such as reductions in work load and time off for medical visits or ill health. The challenge of workplace disclosure is becoming more prevalent as more HIV-positive persons are experiencing improved health with the advent of highly active antiretroviral therapy, and are subsequently seeking or maintaining employment.(42) Only three studies and reviews included in this report examined disclosure experiences in the workplace specifically.(6;42;43) They found that the majority of employed HIV-positive persons have not disclosed their status. Those with poorer health, who were visibly ill or had symptomatic AIDS were more likely to have disclosed than those who were healthy.(6;42) As with other forms of disclosures, the concerns of stigma, harassment and discrimination in the workplace are the largest deterrent against disclosure – these concerns are stronger in less HIV-educated and supportive workplaces and when there aren't strong bonds with coworkers, and are often worsened by how 'public' workplace disclosures can be.(6;42) Despite the small proportion of HIV-positive employed persons who reported full or selective disclosure of their status, most of those who did disclose reported positive experiences: better workplace accommodations; supportive reactions from coworkers and supervisors; and less stress from concealment of their illness. (6;42) Furthermore, carefully planned disclosure led to more positive consequences than anticipated – including fewer terminations and more supportive reactions than expected prior to disclosure.(6)

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HIV Disclosure strategies

There is strong evidence to show that careful planning and preparation for a disclosure increases the likelihood of positive reactions, and of achieving the different goals of disclosure. The planning process includes decisions on: who to disclose to; why disclose; when to disclose; where to disclose; and how to disclose. Based on reported negative experiences, HIV-positive persons advise against: disclosing because they feel pressured to; not planning before disclosure for both the actual event as well as coping with the outcomes; and disclosing too soon before dealing with personal emotions and feelings towards the new diagnosis.(5;20;44)

Approaches to HIV disclosure fall under three categories: disclose to everyone, disclose to no one; and selective and strategic disclosure.(2;5;9;17) Those who choose to disclose to everyone face the highest risk of stigma and discrimination, but tend to be more prepared to deal with those negative outcomes, have a high sense of self-esteem and have a “take me as I am attitude.”(2;5) Contrastingly, those who disclose to no one have lower self-acceptance, less access to social support networks, greater fears and concerns of stigma, and face the highest risk of social isolation and loss of close personal relationships due to disease-related stress.(2;5;9) The selective approach to disclosure is most common amongst PHA. (2;5;9;17) Disclosing is a way of coping, as is not disclosing, and results from the strategic weighing of the benefits and harms of disclosure for each disclosure event – there isn't a single formula, and differs for different targets of disclosure (friend, family, spouse, etc.) and for different contexts. Even though these approach categories are helpful in summarizing disclosure experiences, they aren't static – individuals' decisions around disclosure change constantly over time depending on their circumstances.

Effective, and ineffective, strategies discussed by PHA in the literature are similar across contexts and settings. That is, what's advised as effective for mother-to-child disclosure is also applicable for other forms of disclosure among other populations. Generally, selective disclosers will only disclose to those individuals who they deem likely to have a positive reaction and would be able to provide support, and to those who they feel the duty to inform (such as medical personnel or sexual and/or drug-using partners). Below is a summary list, from the literature, of reported strategies and advices based on the PHA experiences with HIV disclosure:

- Carefully decide who to disclose to: When deciding on whom to disclose to, individuals should assess the following: the type of relationship with the individual; the quality of the relationship; and the perceived likelihood of confidentiality.(11) To help with this decision, individuals could make a disclosure list (27), which helps to assess one's social network and “can be a validating experience for those with an adequate network”. Particularly, individuals who've prepared such a list often feel empowered by the number of high quality relationships they might have and trust to have positive disclosure experiences with.(27) This list should be as comprehensive as possible, and should include everyone in one's social network (friends, family, partners, colleagues, social workers, health care staff, etc.), even poor relations. Compiling a list is helpful for preparing for potential reactions, and is also useful for assessing the three aspects of each relationship, and to decide who to disclose to now (usually for support and to help build confidence), who to disclose to later and who not to disclose to.
- Probe, hint and “test the waters”: If unsure of what someone's reaction to HIV disclosure might be, individuals might “probe their target for stigma and

perceptions about HIV” (5). Individuals might ask their disclosure targets if they know anyone with HIV, or what they think about the criminal law against non-disclosure of HIV. People who are knowledgeable about HIV or who knows someone else with HIV tend to be more accepting.(27) Before disclosure, the individual might also “set the stage” by providing ample hints – verbal, symbolic, listing HIV status online – to get an idea of how someone might react and to prepare the other person for their disclosure.(45)

- Seek similar: HIV-positive individuals might start off by, or only choose, disclosing to others who are HIV-positive or who are allies of PHAs.(16;45) “Disclosing to other HIV-positive people seemed to minimize feelings of stigma associated with disclosure to HIV negative sexual partners. Furthermore, the support provided by these individuals seems to allay some of the negative consequences associated with disclosure.”(16) Individuals can also use this method to learn from other people’s disclosure experiences and share HIV knowledge.(13) Individuals with limited social network, or who wish to further enhance social support from disclosure, might benefit from becoming more socially involved in the larger community through support groups, advocacy groups and community activities – particularly those related to PHAs.(23)
- Be sure to deal with personal feelings with diagnosis: Most successful and positive disclosure experiences start with self-acceptance with regards to one’s HIV/AIDS status.(2;5;19;23) Having a positive self-image and pre-disclosure perception of positive reaction from the disclosure target are associated with positive disclosure outcomes.(23) Getting comfortable with and accepting one’s diagnosis, and understanding how it impacts one’s life, are important steps to gaining the confidence to deal and cope with disclosure – this includes being able to answer questions someone might have after receiving the news, and also being able to provide emotional support for the recipient when needed.(19) If the HIV-positive person is struggling with their HIV identity, then they are likely “less adept at communicating information about their diagnosis and eliciting a positive reaction.”(19) One suggestion for people with greater HIV struggle is to participate in expressive writing and therapeutic settings to process their diagnosis-related thoughts and feelings. (19)
- Educate self and others: The first step to self- acceptance, and subsequently successful disclosure, is education. There is consensus that an individual should learn as much as possible about the diagnosis and how it affects themselves and others.(23)
- Self-education about HIV/AIDS – by talking to health care professionals, talking to other PHAs, reading and attending conferences – helps to empower individuals so they feel more prepared and able to disclose and share information about their diagnosis.(20) Furthermore, being readily able to provide information, assurances and answers about one’s diagnosis can alleviate stress and anxiety, and increase the likelihood of positive adjustment over time, for both parties during and after disclosure.(8;20;23;24;26) One strategy that HIV-positive mothers in one study (20) found useful was to disclose in two stages: start the disclosure process by teaching age-appropriate concepts about HIV to their children, and only proceed to disclose when the child seems to be ready for the news.

- Be clear on why you are disclosing (to the target person): Knowing the reasons for disclosure helps tailor the message in order to accomplish desired goals, and produce more positive outcomes.(27) Is the reason or goal for disclosure to gain emotional or practical support? Is the disclosure due to a sense of obligation or duty to inform? Knowing why one is disclosing can also help set limits and boundaries to how much information to share in the process of disclosing – not setting these boundaries at the outset could increase distress and anxiety during and after disclosure. (27)
- Deliberate over the most appropriate time and setting: HIV-positive individuals should heavily avoid blurting out the news and disclosing unplanned – this often leads to significant regret. It is wise to consider when the best time to disclose is. First, the individual should assess their own mental state and their feelings. Only when the individual is in a good mood and feels prepared should they disclose. Second, the mental state and any special circumstances of the recipient should also be considered (did they just lose someone close or recently become unemployed? Are they too young or too uneducated on HIV issues?).(27) If the mental states of both parties are positive and stable, then the individual should also consider their own health. Disclosures tend to be more positive and less stressful when the disclosing individual is healthy – if possible, disclose before the disease has entered an advanced stage, this would be less stressful for the receiver and can also allow the receiver to prepare for the individual’s future health changes.(20;24) Other considerations of time and place include: should other people be present (health worker or other family members, for example); avoid disclosing late in the evening or when the recipient is tired; and avoid hurried, crowded, noisy or distracting situations.(27)
- Choose the appropriate method: The large majority of disclosures are face-to-face. However, sometimes disclosure can happen in writing (for example when the recipient is far away, when someone perceives better communication through written words, or who wants to avoid disruptions and the stress or rejection in face-to-face-encounters).(14) They can also occur online, or over the phone, among many other methods. Individuals should choose the most suitable disclosure method based on their own and their recipients’ circumstances.
- Tailor the disclosure message and content appropriately: The type and quality of a relationship, the age of a recipient, a recipient’s knowledge and understanding of HIV/AIDS, and goals and reasons of disclosing, are all important considerations for what to include in a disclosure event. One study provided a class of undergraduate students in a Midwestern university with hypothetical disclosure messages, and found that some ways of revealing one’s status is likely to be viewed more favourably than others. (12) Disclosures with a plain, direct and blunt message, such as “I have HIV,” are more likely to elicit negative emotions of sadness and fear. However, a simple message also yielded more emotional support, advice, and a feeling that disclosure made them feel closer to the disclosing individual. Messages that sought support, such as “I am going through a really hard time right now and could use your support. I was recently diagnosed with HIV,” led to higher levels of support and concern, and relatively low levels of blaming.
- On the other hand, messages that asked for assurance of privacy (“Don’t tell anyone else, but I have HIV”), or sought for relational assurance (“Please don’t let this affect our friendship, but I have HIV”), or mentioned the recipient’s right to know (“I’m telling you this because I think you have the right to know”) were more likely to lead to negative reactions, including

blaming, a diminished sense that a relationship will be closer, less comforting, and less emotional support.

- External support: Seeking help from others, such as health and social workers, can help individuals cope with disclosure and its aftermath. (9;11;20;23;27;39) As Rodkjaer et al. (2) observed: “The infected person might benefit from a systematic and ongoing discussion of all the issues linked with disclosure to reduce the stress and depressive symptoms, focusing on what puts the person off balance rather than thinking of risk factors to adopt a more healthy disclosure strategy to stay in balance.” External help could be emotional support through the disclosure planning process or practical support for planning and implementing disclosure (role-playing and practicing the disclosure, or brainstorming potential reactions), and could be for both the HIV-positive individual and the disclosure recipient. (11;23)

Strategies and advice specific for HIV-positive mothers planning disclosure to children: Although many of the advice and strategies offered for HIV-positive mothers planning disclosure can be translated to other populations and audiences, there are some unique to this group:

- Prepare a ‘safe list’ of people their children can talk to after disclosure to relieve the stress caused by secrecy.(39)
- Make the disclosure personally and do the actual explaining to the child—although another person could be in the room for support.(20)
- Control your emotions and demeanor – stay calm and natural. (20)
- Provide emotional support and reassurance throughout the disclosure process to reassure them and dispel their fears.(20)
- Plan appropriate psychological follow-up for the children to discuss their concerns and fears, and perhaps seek professional support after the disclosure to increase the venues through which the children can address their anxieties.(20;39)
- Introduce children to other healthy HIV-positive mothers so they know they’re not the only ones coping with this illness, and they can see other mothers living healthy productive lives.(20)

HIV disclosure interventions

We found six studies examining specific interventions (7;25;46-49) and one review examining and comparing thirteen HIV Prevention with Positives (PwP) interventions in the United States(50). Of the six primary studies, four of them were effective in promoting disclosure and improving disclosure processes and outcomes: a four-session intervention for helping mothers living with HIV/AIDS disclose to their children (The Teaching, Raising, And Communicating with Kids (TRACK) program);(7) a four-session intervention designed to assist in the planning and preparation for disclosure to family among HIV-positive men who have sex with men (MSM);(25) a 9-minute video drama called “The Morning After” that was “designed to promote critical thinking about HIV disclosure, HIV testing, alcohol use, and risky sexual behaviours”(46); and a 10-session HIV prevention intervention for HIV-positive heterosexually active injection drug users, which was designed as a highly practical forum for participants to practice disclosing skills and the language for doing so.(49)

Each of these intervention utilized practical components to help individuals plan for their disclosure – role-playing and behavioural exercises, discussing and thinking about what needs to be considered prior to disclosure, developing communication (and parenting) and language skills applicable to disclosure, and preparing for potential reactions and outcomes to disclosure. The critical thinking,

introspective and practical elements were common for these interventions and important to their success. This finding is similar to that observed by Frye et al. (50) in their review of 13 PwP interventions in 13 different clinical/medical settings in the U.S: “The opportunity to develop communication skills and strategies to disclose, reflect about living with HIV, explore fears of rejections, and explore a sense of responsibility were topics that influenced patients’ intention to disclosure and their disclosure practices. Intervention pathways that influenced disclosure provided patients with an opportunity for introspection, increased support, discussing stigma, and developing skills to disclose.”

On the other hand, the two interventions that did not lead to significant differences or improvements in disclosure and disclosure outcomes did not include those elements, however both included group sessions and peer-support groups: an intervention to increase HIV status disclosure and condom use among women living with HIV/AIDS;(48) and a disclosure intervention for MSM comprising of small group sessions facilitated by HIV-seropositive peers. (47) Wolitski et al. (47) suggest that the lack of effect on disclosure from their peer-led intervention might be because these group sessions “inadvertently exposed lower-risk participants to beliefs of higher-risk group members that were inconsistent with the intervention. These discussions may have created negative role models whose beliefs and behaviours were inconsistent with those communicated by the peer facilitators.”

Factors That May Impact Local Applicability

The majority of the studies were conducted in North America, and a few were conducted in other high-income contexts. Thus, the reported experiences and summarized evidence from HIV disclosure are likely relevant and similar to the experiences of people living with HIV in Ontario and Canada. However, it is important to note that context plays an important role in disclosure planning, implementation and outcomes, and thus disclosure preparation and results can vary from person to person, and from community to community.

What We Did

We searched Medline using a combination of MeSH term HIV AND either MeSH term Self Disclosure or Disclosure or Truth disclosure, or keyword Disclosure. We also searched PsychInfo using a combination of MeSH term HIV AND either MeSH term Self Disclosure or keyword Disclosure. We also searched the Cochrane Library and SHARE (www.hivevidence.org), a synthesized research evidence database, for any relevant systematic reviews using the text terms HIV AND Disclosure. Lastly, we reviewed citations in Adam BD, Elliott R, Corriveau P, Travers R, English K. How criminalization is affecting people living with HIV in Ontario. Ontario HIV Treatment Network, 2012 and did a related article search in PubMed for Simoni JM, Pantalone DW. Secrets and safety in the age of AIDS: does HIV disclosure lead to safer sex. Topics in HIV Medicine 2004;12(4):109-18. All searches were conducted on 14 February 2013 and results limited to English articles published from 2000 to present with a study jurisdiction in a high income country.