



CAYR
COMMUNITY CONNECTIONS
People Supporting People



Harm
Reduction



HIV/
AIDS



Rainbow
Space



Learn



Grow



Partner

HIV DISCLOSURE POSITION STATEMENT

Approved: February 25, 2016

I. Commitment

CAYR COMMUNITY CONNECTIONS (CAYR) is committed to upholding the right to self-determined HIV disclosure throughout its programs and services and to their ongoing improvements to ensure they remain relevant to each unique client's unique needs.

II. Context/Background

- Disclosure of HIV status is a life-long and complex process that changes and evolves over time.
- HIV disclosure situations can include disclosure to friends, family, service providers, employers, immediate community (e.g. geographic, cultural, religious), sexual partners and/or the public at large. CAYR staff will refer to and/or partner with other service systems where specific knowledge is required (e.g. housing, or family support). All disclosure situations can have some level of legal implication and as a result, it is appropriate to provide referral information to the HIV & AIDS Legal Clinic Ontario (HALCO).
- Specific circumstances such as changes in health, relationships, employment, broader determinants of health as well as increased or diminished personal capacity all contribute to disclosure decisions.
- HIV disclosure happens in the context of life in broader society. In Canada, decisions are affected by the variable prevalence rates in different communities, by pervasive stigma based on HIV status, race, sex, gender and sexual orientation, as well as by the common discomfort that many experience in discussing disease, mortality and multiple forms of shame.
- Current Canadian criminal law means there is an additional legal context that can significantly affect HIV disclosure decisions, particularly in relation to sexual and drug sharing partners.
- Additionally, Ontario public health law can affect HIV disclosure by granting to health authorities the power to protect the public's health, and by placing a duty on some persons (doctors, nurses, teachers, or laboratory technicians) to report known and suspected cases of infection with transmissible diseases, including HIV and many sexually transmitted infections (STIs).

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- At the same time, significant biomedical advancements are changing the disclosure discussion at personal, community, healthcare and public levels.
- CAYR acknowledges that in an environment where clients feel ready and/or safe to disclose, that process can be empowering and positively affect a person's life. Conversely, where clients are not ready or do not feel safe to disclose, pressure to do so is unhelpful and can even at times be harmful to the individual.
- While CAYR may, over time, experience changes of programs and staff, we are committed to stable, principled, relevant, and responsive programming.

III. Principles

CAYR upholds the following core principles as they apply to HIV disclosure decisions and actions:

- The **client's choice and right to self-determination** is the foundation of our response;
- Each client and their **circumstances are unique** and will be treated as such;
- People living with HIV/AIDS (PHAs) will experience a **non-judgemental** staff response to the expression of their needs and choices;
- Being careful not to push clients to make disclosures, **we will inform clients of our programming** related to HIV disclosure decision-making.
- **Referrals to and partnerships with other services** are critical to providing effective support;
- **Inclusivity of perspectives**, opinions and diversity of interests will inform all responses;
- **GIPA/MIPA*** will be reflected in HIV disclosure policy, practices and programming.
- **Ethical decision-making** standards and tools will be employed in HIV disclosure situations where the rights and interests of two or more people are in conflict, or where an HIV disclosure situation presents two or more competing values or principles – and where operational policy is incapable of providing sufficient guidance.

**GIPA/MIPA = Greater and Meaningful Involvement of People Living with HIV/AIDS*