



MAKING MEDIA WORK FOR HIV JUSTICE

*An introduction to media engagement for advocates opposing
HIV criminalisation*

Part of the HIV Justice Toolkit, from HIV JUSTICE WORLDWIDE

**HIV JUSTICE
WORLDWIDE**



Produced by:

Positive Women’s Network - USA, on behalf of **HIV JUSTICE WORLDWIDE**

HIV JUSTICE WORLDWIDE is a global campaign to abolish criminal and similar laws, policies, and practices that regulate, control, and punish people living with HIV based on their HIV-positive status.

HIV JUSTICE WORLDWIDE is run by a 10-member Steering Committee:

- AIDS Action Europe / European HIV Legal Forum
- AIDS-Free World
- AIDS and Rights Alliance for Southern Africa (ARASA)
- Canadian HIV/AIDS Legal Network
- Global Network of People Living with HIV (GNP+)
- HIV Justice Network
- International Community of Women Living with HIV (ICW)
- Positive Women’s Network – USA (PWN-USA)
- Sero Project (SERO)
- Southern African Litigation Centre (SALC)

The HIV Justice Network serves as the secretariat for HIV JUSTICE WORLDWIDE. Enquiries should be addressed to: info@hivjustice.net.

“Together we can make HIV JUSTICE WORLDWIDE a reality”

See the HIV JUSTICE WORLDWIDE Toolkit for more information and tools:
toolkit.hivjusticeworldwide.org

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This toolkit is made possible by the financial support of the Robert Carr Fund for civil society networks.

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Contents

INTRODUCTION	5
Who is this toolkit for?.....	6
What is “media” and why is it important?	7
WHAT IS HAPPENING?.....	8
What is HIV criminalisation?	8
What leads to charges against people living with HIV?	8
Where is this happening, and how big is the problem?.....	9
Where do these laws come from?	9
Who do these laws target?.....	10
Do these laws have a public-health purpose?.....	12
How do community members feel about HIV criminalisation laws?.....	13
Selected References	13
WHY THE MEDIA MATTERS IN HIV CRIMINALISATION ADVOCACY	15
Selected References	16
WHAT CAN WE DO?	17
Do no harm	17
Have patience—media visibility is not always warranted	17
FOR EXAMPLE: California.....	18
FOR EXAMPLE: Missouri.....	19
FOR EXAMPLE: United Kingdom	20
Align your media strategy with your overall advocacy strategy.....	20
Refrain from amplifying problematic stories or practices.....	21
WORTH NOTING: What Is an “Advocacy Plan”?	21
Keep in touch!.....	22
Be sure your messages do not reinforce stigmatising ideas about people living with HIV.....	23
Get the message right	24
What is a message?.....	25
What are talking points?	27
What is a message frame?	28
Messaging risk and harm: Framing current HIV science in HIV criminalisation advocacy.....	29
Who should deliver our message?	30
WORTH NOTING: Preparing spokespeople to work with journalists	31

Selected References: Framing, Messaging, Talking Points.....	32
Gather comrades, allies, accomplices.....	33
WORTH NOTING: Why engage a diverse coalition?	35
WORTH NOTING: Engaging a group that has communications capacity	36
Use your tools.....	37
WORTH NOTING: Choosing the format to fit the issue	37
Pamphlets and videos.....	38
News releases	38
Media advisories.....	40
Blogs	40
PWN-USA Blog Worksheet.....	41
Responding to negative or ignorant HIV criminalisation coverage	43
Correcting stigmatising headlines and incorrect facts.....	43
FOR EXAMPLE: Uganda.....	44
Opinion pieces.....	45
Letters to the editor.....	45
Social media	46
Responding (or not) to online “Comments”	46
Watch your language.....	49
Selected References: Preferred Language in HIV	50
Know that you are not alone—in more ways than one	51
CASE STUDY Uganda: A Belated Victory in a “Trial by Media”	52
CASE STUDY Iowa: Media Visibility at the Right Moment.....	55
CASE STUDY Malawi: Improving a Bill by Centering Human Rights and Affected Communities	58
CASE STUDY Mexico: Media as Allies in a New Network Opposing HIV Criminalisation	61
CONCLUSION.....	64
ACKNOWLEDGEMENTS	66
Covering HIV criminalisation: four tips for journalists.....	67
Notes.....	69



INTRODUCTION

“We shouldn’t have to live in fear of being who we are.”¹

— Monique Howell-Moree, wife, mother, advocate, military veteran,
and HIV criminalisation survivor (United States)

Advances in global HIV prevention, care, science, and treatment in recent years, and the potential benefits to the lives of people living with, at risk of acquiring, and affected by HIV, are astounding.

Effective HIV treatment has made healthy and normal lifespans a reality for millions of people living with HIV across the globe², and treatment and human rights advocates continue to work to secure access to these lifesaving treatments for everyone living with HIV.

The science is clear: When taking effective anti-HIV medication, a person living with HIV cannot transmit the virus to a sexual partner.³ If they are pregnant, the chance that their baby will acquire HIV during birth can drop to less than one percent.⁴ Even without being on treatment or using a condom or other barrier, HIV is difficult to transmit: per-act HIV transmission risk of the sex act most likely to result in HIV transmission is less than 2 in 100 occurrences.⁵ And if HIV transmission occurs, the person acquiring HIV has a serious but manageable disease and can expect to live a normal lifespan with adequate treatment.

All over the world, communities have worked to bring their HIV epidemics under control, and many are making great progress toward those goals.⁶

Yet these soaring advances, which have saved and extended countless lives, have all too often been misunderstood, misrepresented, or ignored within criminal justice systems the world over. Across the globe, 68 countries have enacted laws explicitly targeting people with HIV. That number is increasing, not falling, while unjust prosecutions continue even in jurisdictions without such laws.

We cannot end the HIV pandemic without ending the epidemic of criminalisation of people living with HIV.⁷

Who is this toolkit for?

If you have found your way to this toolkit, then chances are you or someone in your community is facing the unfortunate intersection of criminal law and HIV. Perhaps there have been news reports of an arrest; a person's private medical information has been disclosed publicly in the form of their HIV status; or you're looking for a way to respond to unfair, inaccurate, overblown, or misinformed allegations. Perhaps this is the first time this has happened in your area, or the first time the phenomenon of HIV criminalisation has come to you or your group's attention.

Unfortunately, you're not alone in facing these injustices. You are also not alone in fighting them.

You will see that a recurring theme in this resource is *nuance*: subtle distinctions, and sometimes tensions, in meaning or expression. HIV criminalisation is a complicated issue. This toolkit is assembled from the evidence-based perspective that HIV criminalisation harms public health while doing nothing to reduce HIV transmission and providing no benefit to communities. But illustrating this reality for community members and creators of media can be challenging, since individuals' reactions to HIV criminalisation are tied to their experience of external stigma and their knowledge (or lack thereof) of HIV transmission risks, as well as their feelings about themselves, their relationships, and the legal system.



For a detailed illustration of the negative impact of HIV criminalisation on public health, watch the 30-minute video [More Harm Than Good: How Overly Broad HIV Criminalisation Is Hurting Public Health \(2013\)](http://www.hivjustice.net/moreharm/), from the HIV Justice Network. (Available at: <http://www.hivjustice.net/moreharm/>)

Another useful film-based resource on how criminalisation particularly harms women is [Positive Women: Exposing Injustice \(2012\)](http://www.positivewomenthemovie.org/), from the Canadian HIV/AIDS Legal Network. (Available at: <http://www.positivewomenthemovie.org/>)

In communicating about HIV criminalisation, it is important to be thoughtful about what you want to say, and how you want to say it, to clearly deliver your desired message about this unjust practice. That message, and the methods of delivery, will change depending on your community, your context, and the nature of the case or campaign you're supporting. There are no one-size-fits-all solutions, in HIV criminalisation or in media advocacy. This toolkit is meant to provide resources for you and your group to create solutions that fit your context.

Another purpose of this resource is to inspire readers to know that this can be done, that there have been successes around the world in ending HIV criminalisation with the support of rigorous media work—and to further prepare potential advocates for what may be a delicate, challenging, long-term process.

The story of the end of HIV criminalisation across the globe, and the role of mainstream media in its demise, is still being written. The advocacy you undertake may someday become a part of that collective story of victory.



What is “media” and why is it important?

Media (also sometimes called *press*) is the collective term for mechanisms and creators of mass communication (e.g., broadcast TV or radio; newspaper, magazine or book publishing; and the Internet, including social media).

Media can be a powerful tool for getting your message across to a wider *audience* (who you want to reach with your message, including potential supporters and allies of your campaign or issue) as well as for putting pressure on the *targets* of your campaign (the people in power, such as leaders of institutions or law enforcement officials, who may stand in the way of the change you want made).

What else can media coverage do?

- Provide free exposure for your issue—as well as for your group
- Help establish your group’s activities as important or notable
- Increase your profile among the general public and decision makers
- Change, inform, or elevate the conversation on your issue

Adapted from The Our Community Group’s help sheet, “Media – Making Contact – Why Media is Important” (Available at: https://www.ourcommunity.com.au/marketing/marketing_article.jsp?articleId=1593)



WHAT IS HAPPENING?

What is HIV criminalisation?

HIV criminalisation is a term that describes the unjust use of the criminal law (or similar laws, such as public health, civil and/or administrative law) to punish and control the behaviour of people living with HIV based on their HIV status. Behaviour in these cases is most often consensual in nature.

This can happen through HIV-specific criminal statutes, or by applying general criminal laws governing offences such as assault (including sexual assault), reckless endangerment, or even attempted murder, to instances of potential or perceived exposure to HIV. Use of the law in this way ignores robust and widely available scientific and medical evidence related to HIV and its transmission, and to the realities of living with HIV in the modern era of the epidemic.

HIV criminalisation is a growing, global phenomenon. However, it seldom receives the attention it ought to, considering not only that it undermines the HIV response by compromising public health and the human rights of people living with and affected by HIV, but also that there is **no evidence of any benefit from these laws**.

What leads to charges against people living with HIV?

In many instances, laws that criminalise HIV are exceedingly vague or broad—either in their wording, or in the way they have been interpreted and applied. This opens the door to a host of potential human rights violations against people living with HIV.

Usually these laws are used to prosecute individuals who are aware they are living with HIV and allegedly did not disclose their HIV status prior to sexual relations (HIV non-disclosure); are perceived to have potentially exposed others to HIV (HIV exposure); or are thought to have transmitted HIV (HIV transmission). The laws are often enacted, and applied, based on myths and misconceptions about HIV transmission—as well as stigma against communities living with or affected by HIV.

Some of these laws allow prosecution for acts that constitute no, or a vanishingly low, risk of HIV transmission: spitting, biting, scratching, oral sex, sex with condoms or a low viral load. In many countries a person living with HIV who is found guilty of other “crimes” – notably, but not exclusively, sex work, or someone who spits at or

bites law enforcement personnel during their arrest or incarceration – often faces enhanced sentencing even when HIV exposure or transmission was impossible, or virtually impossible.

Two significant problems with most HIV criminal laws and prosecutions are that:

- they typically focus on proof of HIV disclosure, rather than on whether a person had any intent to do harm or whether a perceived harm (i.e., transmission) actually occurred; and
- felony punishments and severe sentences sometimes treat any level of HIV exposure risk as the equivalent of murder, manslaughter, or rape with a weapon – a patently false and dangerous equivalency.

One key aim in reforming HIV criminal laws can be to challenge these two problems by advocating for the corresponding core legal principles that:

- convictions must require proof that the person intended to do harm; and
- the degree of punishment must be closely related to the level of harm.

Where is this happening, and how big is the problem?

As of February 2018, HIV JUSTICE WORLDWIDE estimates that 68 countries currently have laws that specifically allow for HIV criminalisation; including the 29 individual states in the United States with such laws raises the total to 97 jurisdictions. Other jurisdictions have non-specific laws that are still used to criminalise people living with HIV. Prosecutions for HIV non-disclosure, exposure, and transmission have been reported in 69 countries – 116 jurisdictions, including 38 US states and the US military.

HIV-related cases can be challenging to track – even more so in countries where such information is not freely available. Therefore, it is impossible to determine an exact number of HIV-related criminal cases for every country in the world. Much of what is known about individual cases comes from media reports, and often the outcome of a reported arrest or criminal case remains unknown.



For an up-to-date, curated, searchable collection of global news reports relating to HIV criminalisation, visit the “Cases” section of HIV Justice Network’s website.
(Available at: <http://www.hivjustice.net/site/cases/>)

Where do these laws come from?

The world’s first HIV-related prosecutions, and eventually HIV-specific laws, occurred in the mid-late 1980s, when HIV was truly a death sentence for millions

of people who acquired the virus. These legal actions grew out of lack of control of the epidemic and widespread ignorance about the nature of HIV transmission. Their enactment was also driven by stigmatising myths of “intentional HIV transmitters,” fed by mainstream media reports that often exploited other forms of bias, such as anti-Black racism and homophobia.

The number of countries enacting such laws has increased in the decades since, even as powerful HIV drugs became available which dramatically lengthened lifespans for those with access to them, and reduced to effectively zero the risk of HIV transmission from those taking them. Sub-Saharan Africa had no HIV-specific laws when the 21st century began; now nearly half the countries on the continent have a mechanism for prosecuting people living with HIV. This trend has also been present in high-income countries in recent years.⁸

“Somewhere in the mid-90s, when combination therapy came out, the popular perception of people with HIV began to change,” explained Sean Strub, founding director of the Sero Project and a world-renowned HIV criminalisation activist, in a 2012 interview.⁹ “[I]ncreasingly [we’re seen] through the prism of our potential to infect others. Seeing us—defining us—as viral vectors, potential infectors. **The most extreme manifestation of [HIV-related stigma] is the criminalisation of HIV.**”¹⁰

Who do these laws target?

Under these overly broad statutes, virtually anyone who is living with HIV could be prosecuted.

Laws that criminalise people living with HIV disproportionately affect communities that already face undue levels of policing, incarceration, and human rights abuses—including people of colour; sex workers; women, inclusive of transgender women; and people living at the intersections of these identities.

These laws are often framed in the media as protecting women “victims” from dishonest partners. Media reports go to particular lengths to exploit this dynamic when the “villainous” partner is a racialised Black man.¹¹ But laws that criminalise HIV exposure do not protect women. Women living with HIV may face violence if they disclose their HIV status, but risk arrest and prosecution if they do not disclose—or they do disclose, but their partner claims they did not. Many women have been arrested or sent to prison based on accusations by former partners who used HIV criminal laws as a tool of harassment or control, often after the woman attempted to end the relationship.

Because women may be more likely than men to engage with sexual and reproductive health care due to pregnancy, women are often the first person in a relationship

to be tested for HIV and to know their HIV-positive status. Even just an allegation of being the one to “[bring] HIV into the home,” or simply an accusation of non-disclosure that leads to an encounter with the criminal system, can result in a woman losing her housing, property, child custody, and more, creating negative repercussions for her entire family.

Most laws require only that a person knew their HIV status for a successful prosecution. This effectively punishes a person living with HIV for the health-seeking action of knowing their HIV status, and can result in a “he said/she said/they said” battle in court, in which the person who knows their HIV-positive status usually loses.

This was the case for Samukelisiwe Mlilo of Zimbabwe. In 2012, Mlilo was found guilty of “deliberately infecting” her husband with HIV, and faces up to 20 years’ imprisonment despite there being no proof that her husband acquired HIV from her, or that she did not disclose, which she claims she did. She alleges that her husband only made the complaint in revenge for her own complaint of intimate-partner violence following the breakdown of their marriage.



For more on Ms. Mlilo’s case in her own words, as well as various ways HIV criminalisation harms women, watch the video [Alone But Together – Women and Criminalisation of HIV \(Zimbabwe, 2014\)](http://www.hivjustice.net/video/alone-but-together-women-and-criminalisation-of-hiv/), by Zimbabwe Lawyers for Human Rights. (Available at: <http://www.hivjustice.net/video/alone-but-together-women-and-criminalisation-of-hiv/>)

At times, some groups have advocated for criminalisation in response to the serious phenomenon of women acquiring HIV through sexual or intimate-partner violence. Issues of violence against women must be urgently addressed. However, leading feminist scholars and experts have asserted that using sexual assault law in the context of HIV non-disclosure not only harms communities affected by HIV, but also may have a negative impact on sexual assault law itself as a tool to combat gender-based violence.¹²

Further, criminalising HIV status does nothing to curtail the epidemic of gender-based violence, or the profoundly unequal power dynamics in relationships and in society, that are at the root of women’s and girls’ disproportionate vulnerability to becoming HIV-positive.

Ultimately, HIV criminalisation is part of a lattice of efforts to use punitive laws and policies to regulate reproduction, sexuality, gender, and the bodily autonomy of individuals who do not appear to conform to dominant-culture notions of sexuality and gender, or are perceived as threatening to social order and public health. A steadily widening circle of HIV advocates recognise that the root causes of these assaults on bodily autonomy are intersectional; that criminalised groups in general face multiple layers of social, legal, economic, and political oppression; and that HIV

advocates are likely to find common cause with movements to secure reproductive, immigration, gender, racial, and other intersectional forms of justice.¹³

Do these laws have a public-health purpose?

No. In fact, HIV criminalisation is at odds with public health objectives, such as UNAIDS' 90-90-90 goals for ending epidemic HIV.

Anecdotal evidence as well as several analyses have suggested that fear of prosecution may deter people, especially those from communities highly vulnerable to acquiring HIV, from getting tested and knowing their status, because laws apply mainly to those who are aware they are living with HIV. HIV criminalisation can also block access to HIV care and treatment, undermining counselling and the relationship between people living with HIV and health care professionals, because medical records can be made publicly available and used as evidence in court.



Read studies and reports illuminating how HIV criminalisation “Drives people from healthcare, including testing” in this topical section in the HIV Justice Toolkit. (Available at: <http://toolkit.hivjusticeworldwide.org/theme/criminalisation-drives-people-away-from-healthcare-including-hiv-testing/>)

To learn more about 90-90-90, see Joint United Nations Programme on HIV/AIDS (UNAIDS). 90-90-90: An Ambitious Treatment Target to Help End the AIDS Epidemic. 2014.

(Available at: <http://www.unaids.org/en/resources/909090>)

There is no evidence that HIV criminalisation laws deter behavior that can transmit HIV, or reduce the number of new HIV cases. Further, by making it illegal for a person with HIV to have sex without disclosing their status, HIV criminalisation delivers the inaccurate message that all people with HIV are inherently dangerous, and that an adequate prevention strategy is to rely on partners to disclose and avoid those who share the information that they are living with HIV. In reality, a large proportion of new HIV cases result from unprotected sex with a person who is living with HIV, but has not become aware of their HIV status through testing—or has had barriers to staying connected to HIV care.¹⁴ In a true public health approach, all consenting partners take responsibility to engage in safer sex.

How do community members feel about HIV criminalisation laws?

A number of anti-criminalisation advocates working in different countries and contexts, who shared their experiences for this toolkit, stressed the importance of educating people living with HIV and allies, including addressing philosophical and strategic disagreements, as part of a campaign strategy.

In a 2015 study initiated by the Sero Project gauging attitudes and opinions of the United States public on HIV criminalisation, investigators found that most people knew nothing about HIV criminalisation, and their attitudes changed favorably and quickly when they were given information about its harms. However, as was discussed by SERO founder Sean Strub and others at a global gathering of anti-criminalisation advocates in 2016, it is sometimes the case that the hardest people to convince of the fallacies of HIV criminalisation are people living with or affected by HIV, who may believe the laws protect them, or would have protected them, from becoming HIV-positive. Strub cited a study indicating that a high percentage of gay men in the United States supported criminalising people living with HIV for having condomless sex without disclosing their status.

Restorative, non-punitive approaches to healing rifts in communities and relationships that may result from instances of HIV transmission need more vigorous exploration and wider application. It is important to uncover and discuss these differences of perspective within your group early on, to ensure that you can all move forward comfortably and confidently with the messages and goals of your campaign.

Educating intersectional communities not only about the harms of HIV criminalisation, but also the realities of living with HIV in the modern era, is part of building a base of support for criminalisation reform. This facilitates the development of more people who will have a thoughtful, informed response to media coverage of criminalisation cases. These actions are an important adjunct to your media work.



For more studies and conversations about attitudes toward HIV criminalisation in vulnerable communities, view the “Understanding views of affected communities” section of HIV JUSTICE WORLDWIDE’s online toolkit. (Available at: <http://toolkit.hivjusticeworldwide.org/theme/understanding-views-of-affected-communities/>)

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WHY THE MEDIA MATTERS IN HIV CRIMINALISATION ADVOCACY

When it comes to widely misunderstood, complex issues like HIV criminalisation, media can be a powerful tool or a blunt-force weapon.

Mainstream reporting on issues concerning HIV can be sensationalised and stigmatising, often doing more harm than good. Words have power: Repeatedly hearing language that reinforces stigma, oppression, and discrimination has an effect on the well-being of people living with HIV. As one US-based news commentator once warned: “Negative attitudes about HIV are literally killing people.”¹⁵

Mainstream media plays a significant role in reinforcing a society’s prejudices, and HIV criminalisation is just one lens for witnessing that insidious process. Because HIV criminalisation stories may involve salacious details of “sex, drugs, and crime,” media outlets may use dramatic headlines highlighting those details to grab attention in busy media markets. The images and language used in these stories increase the notoriety of specific defendants, and can serve to further marginalise and target individuals who are already members of vulnerable groups.

For instance, an ambitious study of HIV criminalisation coverage in Canadian media revealed a clear, long-standing pattern of anti-Black and anti-immigrant bias in such coverage.



Credit: Center for HIV Law and Policy

While Black immigrant men living with HIV accounted for 15 percent of known defendants in HIV criminalisation cases in the country, 61 percent of HIV criminalisation stories were about Black immigrant men. Forty-nine percent of the sample of coverage concerned the cases of only four men, all of them Black immigrants. Meanwhile, white defendants were shown to experience a level of protection from having the details of their cases paraded through the media.¹⁶

Inaccurate, biased, and excessive media coverage of HIV criminalisation cases is a major player in destroying the lives of those accused, and even affecting the outcomes of criminal proceedings. By becoming informed about the realities of living with HIV and incorporating these facts and stories into their reporting, media makers can also be some of our greatest allies in improving lives and upholding rights of people living with HIV.

Engaging with creators of media to improve their HIV coverage is not asking for favors; it is helping them to satisfy their professional responsibility to seek and report truth. By working to shift the messages and images in the media regarding HIV criminalisation, you are contributing to changing the culture of bias in media against communities living with and vulnerable to HIV. You are also playing a role to ensure that people living with HIV need not live in fear of being who they are.



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WHAT CAN WE DO?

Do no harm

Do your best to ensure the actions you or your group take on behalf of a person being criminalised will not harm this person, their case, or the community as a whole.

This tip may at first seem obvious, as the purpose of advocacy in any arena is to help, not harm. But there are a number of ways in which advocates with the best of intentions may take steps that are ultimately counterproductive to their advocacy goals.

Some points to keep in mind as you begin your media work:

Have patience—media visibility is not always warranted

It is natural to want to take immediate action to support a person being criminalised for their HIV status in your community, and to raise awareness of the stigmatising nature of their case and of HIV criminalisation in general. Often-times, coverage of the case by media outlets can seem like a valuable goal to pursue early on—it gets the word out about the case to a wider audience than you or your group can reach by yourselves; and it is visible, definitive proof that those involved with a given campaign are taking action on the issue.

However, a wider audience is not always the best thing for the defendant, the campaign, or the movement overall.

- The person’s legal defence team may have reason to want to handle the case “under the radar,” and bringing wider attention to the individual might ultimately harm the case they are attempting to build. “Defence counsel [might] be in the middle of negotiating a plea or preparing for a sentencing hearing and be very concerned about publicity around a case,” explained Mayo Schreiber of the US-based Center for HIV Law and Policy. He noted that media coverage “may have the effect of ‘backing the prosecutor or judge into a corner,’ i.e., causing the prosecutor or judge to make an example of the defendant ... when that may not be an issue if there is not a lot of media attention.”¹⁷

FOR EXAMPLE: California

In October 2017, the governor of the US state of California signed a bill that modernised the state’s HIV-specific laws.¹⁸ This victory, the result of several years of advocacy by Californians for HIV Criminalization Reform—a broad coalition of people living with HIV, health providers, civil rights organisations and public health professionals—did not come without challenges.

An early push for media coverage of the proposal of the measure by its legislative sponsor led to several negative articles and opinion pieces on the bill, including one from the adult son of famed rap artist Eazy-E, who passed away from complications of AIDS in 1995.¹⁹ Right-wing national media also picked up the story, eventually adding the fabricated detail that the bill “allow[ed] HIV-positive people to donate their blood to others”²⁰ and other misinterpretations that were ultimately debunked by fact-checking websites.²¹

The bill did pass, but the negative press posed an additional challenge to the process. Further, commented Jennie Smith-Camejo, communications director at Positive Women’s Network - USA (PWN-USA): “We were and continue to be concerned that the negative press [the bill] got could affect current or future efforts at changing laws in other states, particularly [Republican or Republican-leaning] states.”²²

- There also may not be a case—yet. Local media may be making more out of an arrest than the court eventually will, and responses to that coverage run the risk of making into a visible, sustained issue something that might have disappeared on its own from headlines, and public consciousness, after a single day. Ultimately, it may be an outlet’s stigmatising version of the story, and not your group’s reasonable framing, that endures.

Instead of writing or pitching a response to the issue of criminalisation for publication, consider reaching out to the journalist and their editor, pointing out what you or your group found to be in error in the facts or framing of the piece, and sharing information on how to cover HIV-related stories in a less stigmatising, more informative way. Be sure to include the contact information of someone they can follow up with for further questions, or even future HIV-related stories. See the “Use your tools” section of this toolkit for further information on correcting erroneous news stories.

FOR EXAMPLE: Missouri

If the media outlet is receptive, an incomplete, ignorant story can become a teaching tool for readers and viewers, as well as local media. In one instance, the television station FOX 2 St Louis, in the US state of Missouri, ran a stigmatizing story about a local woman living with HIV facing non-disclosure charges. Local social worker and HIV advocate Aaron Laxton reached out to the station, objecting to the lack of consideration of the latest scientific knowledge of HIV transmission in the piece. The next evening, Laxton was in the news, beneath the headline “Social worker says criminal laws related to HIV need to be updated.”^{23,24}The story references ground-breaking treatment-as-prevention studies, as well as the US Department of Justice’s guide to reforming HIV-specific criminal laws.²⁵

- While every individual accused of a crime is innocent until proven guilty, every once in a long while there may be instances in which your group chooses not to go on record as supporting a particular defendant. An example is if their alleged crime is unequivocally violent, such as sexual assault, intimate partner violence, or crimes involving children, and the person also happens to be living with HIV. While they have a right to access legal resources and support, and to the privacy of their medical information, these are cases in which your media work may best be kept behind the scenes.

As above, you can use this media coverage as a teaching moment, sharing information with the media outlet about why a person’s private health status ought not to be brought into a criminal case. Your group may also consider having a carefully worded and framed media statement prepared for such rare cases. The more established your group becomes, the more likely you will be called upon for comment when these cases arise and as outlets are covering them. If members of the media call, you can be ready with reactive, broad messaging that frames the issue in the way that you want your audience to understand it, without commenting on the details of the individual’s alleged crimes.

FOR EXAMPLE: United Kingdom

Cases of intentional transmission of HIV are extraordinarily rare and difficult to prove, contrary to the language often employed in media surrounding instances of HIV criminalisation. When they occur, which is close to never, these are also cases in which you can engage in advocacy privately, without publicly allying with a person whose actions may run counter to the values of your group.

Such was the case of a Brighton, UK man against whom there was hard evidence, such as mocking text messages to partners with whom he'd had sex without condoms, of intent to transmit HIV.²⁶ The UK organisation National AIDS Trust developed a resource to answer, in a fact-based and non-judgmental way, questions that members of the media and others might ask about the case—and to again assert the extreme rarity of such occurrences.

Even the prosecutor in the case, in an interview with the BBC, said that it was “not something I’ve ever come across in 25 years as a prosecutor and I don’t expect to ever come across a case like it again.”²⁷

Read the Q&A regarding this case, developed by National AIDS Trust (Available at: <https://drive.google.com/file/d/1e8hhmJO4dNxaa6RaZYLclNxyJyJd0IA/view?usp=sharing>)

It is vitally important to be thoughtful about when media coverage will and will not serve the goals of your advocacy. Ultimately, media coverage ought not be a goal in itself. News or opinion coverage of your issue should be one of many tactics supporting the overall goals of your advocacy strategy around that issue.

Align your media strategy with your overall advocacy strategy

To ensure that your media activities support advocacy goals, and are timed accordingly, be sure to develop your strategy for communicating with media alongside your general advocacy strategy around a given case or campaign.

Questions to guide media goal-setting:

Who do you want to hear about your campaign and its goals?

What do you want that audience to know and/or believe?

How can you get them to understand and believe in your goals?

When do you want a broader public to know about and/or get involved with your efforts?

What are you asking the public/audience to do?

How will media coverage *help* you achieve that goal? **How** could it *hurt*?²⁸



WORTH NOTING: What Is an “Advocacy Plan”?

An *advocacy plan* is a plan of action that considers:

- what the problem is
- what change you want to bring about to deal with the problem, and
- how best to bring about this change.

An advocacy plan starts with an advocacy agenda. This defines the problem, the main issues, and the goals.

An advocacy agenda is followed by an advocacy strategy. This defines what you will do, with whom you will do it, and how you will reach the goal. It should also indicate how you will evaluate success, especially since success in advocacy can be nuanced.

Adapted from The HIV/AIDS and Human Rights Advocacy and Training Resource Manual, Section 8: Advocacy (begins on page 149), from the AIDS & Rights Alliance for Southern Africa (ARASA) (Available at: <http://www.arasa.info/info/training-manuals/>)

Other tools for developing an advocacy plan:

HIV Justice Toolkit: Increasing awareness and strategizing for future advocacy. HIV Justice Worldwide. (Available at: <http://toolkit.hivjusticeworldwide.org/theme/increasing-awareness-and-strategizing-for-future-advocacy/>)

Ending and Defending Against HIV Criminalization, A MANUAL FOR ADVOCATES, VOLUME 3—This is How We Win: A Toolkit for Community Advocates. Center for HIV Law and Policy, 2013. (Available at: <http://www.hivlawandpolicy.org/sites/default/files/Community%20Advocacy%20Toolkit.pdf>)

Tools for evaluating advocacy, including tracking media coverage:

Canadian HIV/AIDS Legal Network. Advocacy and Social Justice: Measuring Impact. (Available, in French and English, at: <http://www.aidslaw.ca/site/our-story/measuring-impact/>)

Refrain from amplifying problematic stories or practices

When the names, photos and/or addresses of people living with HIV are released in the media as part of an HIV criminalisation case, their right to privacy has been violated. Even if media coverage is corrected or improves, that initial damage has often already been done.

Your group must not participate in that violation, even with good intentions: *Do not use names, photos, or other details of potential defendants in your materials*, even if they have already been reported in media. This practice adds to the stigma surrounding the case and the individual.

To a similar point, publicly sharing a piece of stigmatising, inaccurate HIV criminalisation coverage online with your community via social media—even with the intent to criticise the piece or point out how ridiculous it is—adds to the “clicks” and exposure that indicate to the news outlet that the story is popular with readers. Try not to contribute to the amplification of biased HIV coverage.²⁹

If your group wants to respond, consider writing a blog post about the impact of the coverage, or a letter to the editor of the publication, reframing the issue. Then, you can feel free to amplify *that* material in your online communities. See the “Get the message right” and “Use your tools” sections for more on these methods.

Keep in touch!

It’s important that your group maintain as close contact as you are able with entities most involved with the case or campaign, to ensure that any media activities you undertake will support and not hinder these efforts. In the case of an individual being criminalised, one of those entities would be defence counsel.

Make every effort to establish contact with them before proceeding with any advocacy efforts, and to stay abreast of developments in their case that may affect, or be affected by, future media work. If you don’t hear back the first time, follow up politely several times, as people in this line of work tend to be quite busy. Keep in mind that they will not be able to discuss with you all the details of their interactions with their clients and that, as stressed above, it may ultimately be in the best interest of the defendant not to bring media attention to the case.

It may be frustrating, but some attorneys may be unable or unwilling to communicate with your group about your advocacy strategies. Even if you haven’t heard directly from defence counsel or someone close to them, it’s still important to maintain awareness of the potential delicate nature of their case, and to refrain from communicating about specifics in the media.

In order to help cultivate a groundwork of support for the person being criminalised, consider whether it will satisfy your communications goals to engage in more general public media and education efforts, highlighting what is detrimental about the law under which the individual is being charged, without mentioning their name or any distinguishing aspects of their case. Again, make sure you do not name/use photos of anyone accused, no matter if media have already reported this information.



Selected resources for developing a media and communications plan for your campaign:

Makani Themba, courtesy of The Praxis Project. SAMPLE Media Planning Worksheet. Center for Media Justice, 2009. (Available at: <http://centerformediajustice.org/wp-content/uploads/2014/10/SampleMediaPlan.pdf>)

Lori Dorfman and Sonja Herbert. Communicating for Change, Module 2: Planning Ahead for Strategic Media Advocacy. Berkeley Media Studies Group, 2007. (Available at: <http://www.bmsg.org/sites/default/files/tce-bmsg-c4c-mod2-strategy.pdf>)

Robert Bray, SPIN Works! (San Francisco: Independent Media Institute, 2002. (Available at: <https://spinacademy.org/wp-content/uploads/2012/04/SPIN-Works.pdf>)

Be sure your messages do not reinforce stigmatising ideas about people living with HIV

In securing community support for a person being criminalised for their HIV status, supporters may attempt to cast an individual as an “innocent victim” of the person from whom they acquired HIV, or as “one of the good ones” if they disclosed their status before sex, used a condom during sex, had an undetectable viral load, or did not transmit HIV.

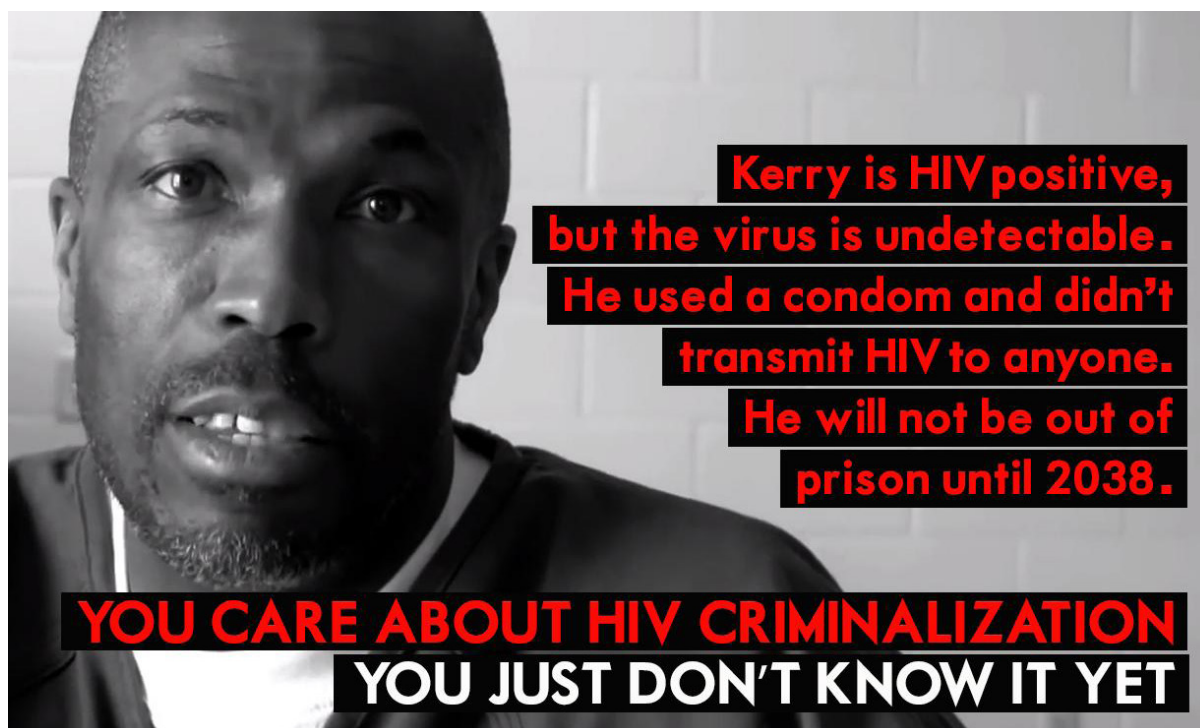
This is common framing in many communities, even among people living with HIV. When a person is accustomed to being judged, maligned, stigmatised, and dismissed because of some aspect of who they are, whether it be HIV status, race, sexual expression, gender identity, class background, or other aspect of their experience, it can be tempting to reaffirm their “goodness” by distancing themselves from the “bad” traits of others with the same identity.

Charles Stephens of the CounterNarrative Project commented on observing this dynamic in LGBT, HIV, and other communities in a recent webinar on values-based messaging, sponsored by PWN-USA: “The kinds of narratives that are often the most amplified, even sometimes from our community, are folks that fit into certain criteria”—specifically, narratives must have clear “victims” and “villains” within the community; be rooted in some way in dominant cultural values in terms of race, gender identity, sexual expression, and other aspects of identity; and uplift people with privilege as “poster children.”³⁰

This “innocence” framing reinforces HIV stigma, which is damaging to all people living with HIV, by sending the false message that certain, other people living with HIV “deserve” punishment for having acquired, or having passed on, HIV. Advancing this framing to a wide audience can compromise support for people living with HIV whose stories may be different, and not “perfect” by narrow media standards. **Always keep in mind how today’s messaging may affect tomorrow’s defendant.**

An important role of advocates opposing HIV criminalisation is to remove moralising, polarising framing from our messaging around the issue, and to uplift the human rights and dignity of all people living with and affected by HIV. “We have to be careful about not assimilating into very racist, sexist, homophobic, transphobic notions of who is ‘worth saving,’” Stephens said. “Even as we attempt to bring people over to our side and articulate our core values, it’s also really important that we remain courageous, that we remain true to who we are.”³¹

See the sections “Get the message right” and “Watch your language,” below, for more relevant points.



Visual message, developed at the 2014 HIV Is Not a Crime gathering in Iowa, featuring incarcerated advocate Kerry Thomas. Credit: HIV Is Not a Crime Flash Collective

Get the message right

What do you want to say about the issue of HIV criminalisation, and/or the case at hand? And how do you want to say it?

Making these decisions with your fellow advocates can take time and extensive discussion, so be proactive in establishing a consensus within your group or organisation about what your key messages will be. That way, you aren’t starting from scratch during an emergency HIV criminalisation scenario.

What is a message?

Your message is the information you convey, using words or symbols, that communicates the essence of what your group is working toward.

Your campaign's messages are at the core of all the materials you will develop, and pitch, throughout your campaign: press releases, blog entries, social media posts, letters to the editor, and more. See the "Use your tools" section for more on these materials.

"Building blocks" of a basic message:

- Shared value or human right (communicates "What we all want or need")
- Talking point (communicates "What's wrong"—what is keeping some of us from what we want or need)
- Story: Compelling example illustrating the facts behind your talking point (communicates "Why it matters")
- Call to action: What you want readers/listeners to do with this information (communicates "What can be done about it")—will vary widely based on the occasion, your advocacy strategy and goals—can range from simple awareness to a specific advocacy ask

Leading with values; leading with rights

As HIV advocates, when we communicate about our campaigns, we tend to lead with the problems we want people to know about—because for us and for the communities we live in and advocate alongside, these problems are a matter of life or death, freedom or repression, health or peril; and because they are often so misunderstood and stigmatised that *not* leading with the problems can seem like an attempt to minimise them, instead of communicating their urgency.

But research on messaging shows that, to shift people's opinions toward progressive solutions like HIV criminalisation reform, leading with a value that you and your group share with your intended audience, and then framing the problem in your talking point as something that gets in the way of achieving that shared value, is more effective than handing folks another problem to take on.³²

One example of a lead to a *values-based message* that is relevant to HIV criminalisation:

Most people seek to treat others as they want to be treated. Discrimination against anyone is out of line with that goal.

Depending on your context, and the audience you are trying to influence with a particular message, it may be more appropriate to begin your message with an allusion to shared rights rather than shared values. *Rights-based messaging* puts human rights in the foreground of communications about HIV criminalisation.

One example of a rights-based lead related to HIV criminalisation:

Every person, everywhere, has the right to equal protection under the law.

Messages are not one-size-fits-all. Your group will need to explore and decide which kinds of messages will resonate with the audiences that you want to reach, and *tailor messages based on intended audience.*

For example: Messaging grounded in protecting human rights may be more convincing to an audience of committed advocates than values-based messaging, which may persuade a broader base of community members who are less familiar with the human-rights framework. If you are communicating with an audience of health service professionals, foregrounding the public-health costs of HIV criminalisation may hold their attention. Similarly, many lawmakers may be compelled by arguments grounded in science and logic.

Barb Cardell, a leader in the successful movement to modernise the HIV-specific statute in the US state of Colorado, shared an anecdote about this discovery at the global Beyond Blame gathering of anti-criminalisation advocates in 2016:

“I talk about stigma and human rights for people living with HIV,” Cardell explained. “What [Colorado state] legislators wanted to hear was about science, and about how these laws didn’t actually reflect science anymore, and that having these laws on the books was keeping people from testing and accessing care—which are things that we know, but often-times we don’t lead with. Sometimes that’s what legislators need to hear.”³³



To deepen your understanding of rights-based messaging in HIV, peruse these resources by the International Planned Parenthood Federation on another topic related to public health, bodily autonomy and sexual and reproductive rights: “How to talk about abortion: A guide to rights-based messaging.” (Available at: <https://www.ippf.org/resource/how-talk-about-abortion-guide-rights-based-messaging>) The page includes a brief video that illustrates the importance of rights-based messaging to combat stigma.

For a great primer on values-based messaging through an HIV advocacy lens, watch and listen to this webinar by PWN-USA: “Choosing Frames, Changing the Narrative: Values-Based Messaging 2.0”—featuring Charles Stephens of CounterNarrative Project, Dr Andrew Spieldenner of the US People Living with HIV Caucus, and internationally renowned messaging expert Anat Shenker-Osorio. (Available at: <https://youtu.be/UCXmyrnXjaw>)

What are talking points?

Talking points are aspects of the issue you are working on that you and your group strive to highlight and eventually change with your campaign. They should be carefully selected and worded to ensure that they are clear, factually accurate yet easy to understand, and in line with your or your group's stated values. Developing the appropriate talking points for your group around a given issue is "walking a tight-rope of accessibility and accuracy," according to Janet Butler-McPhee, director of communications and advocacy at the Canadian HIV/AIDS Legal Network.³⁴ Take time and care with the process.

Below are just a few of the core talking points widely used by advocates opposing HIV criminalisation.

Laws criminalising perceived HIV exposure are a problem in part because they:

- Are based on disproven misinformation about HIV transmission risks, and do not reflect contemporary science;
- Increase discrimination against people living with HIV by singling out HIV for criminal prosecution;
- Promote HIV stigma by reinforcing inaccurate beliefs about the routes, actual risks, and consequences of HIV transmission;
- Hinder HIV prevention and care efforts, increasing all people's vulnerability to HIV³⁵;
- Make the complex, sensitive task of HIV disclosure even more challenging, because individuals may fear legal recourse if they tell their partners they have HIV³⁶;
- Contradict public health messages about shared responsibility for sexual health by putting the responsibility for HIV prevention solely on the person living with HIV.³⁷

The talking points you choose and tailor, as well as the language, supporting evidence, illustrative stories, rights, and shared values that complete the messages around these points, will change depending on the goals of the group and the context in which you're working.



For more background and evidence illuminating these and other HIV criminalisation talking points, see the "How HIV Criminalisation Undermines the HIV Response" section of the HIV JUSTICE WORLDWIDE toolkit. (Available at: <http://toolkit.hivjusticeworldwide.org/theme/how-criminalisation-undermines-hiv-response/>)

What is a message frame?

People use language within contexts. The words people choose to discuss a given issue are not neutral; they affect the way readers and listeners perceive and understand that issue. A given word, phrase, or image will trigger a set of associations that draw the reader or listener's attention to one way of looking at the issue; likewise, the way a frame around a painting is placed defines what part of the total picture a viewer can see. The frame also defines what viewers do not see—or what parts of the story consumers do not hear.

When we talk about frames in news media coverage, we are talking about the different ways media makers define, package, and present a given issue. For instance, news stories about alleged HIV non-disclosure often carry headlines indicating that an individual was “hiding” their HIV status; common associations with things that people “hide” are that those things are shameful, painful, or dangerous, or that the person hiding is trying to deceive or mislead others.

Similarly, headlines and stories commonly read that a person living with HIV “knowingly exposed” or “intentionally infected” others, or was “trying to spread HIV,” indicating deliberate effort and malicious intent. This language often mirrors the fear-based terminology of HIV-specific laws or charges themselves, thereby contributing to stigma not only in the application of the laws, but in the way they are worded and framed in the first place.

Mainstream news stories about people being charged under HIV-specific laws that exclusively use police reports as source material advance the framing of HIV as a criminal concern to be dealt with by punishing individuals. They also obscure other frames for the story, such as the legal frame which exposes the fundamental unfairness in the application of these laws; the public-health frame that stresses shared responsibility for sexual health; or the fact that the very existence of these laws codifies and fuels the stigma that leads to HIV being treated as “exceptional” among treatable, manageable health conditions.

These are examples of *landscape frames*. Consider an image of a landscape: It might include elements like trees, buildings, groups of people milling about, all related to one another in a single frame. Conversely, a portrait is traditionally an image of a single person or thing, obscuring elements that affect their experience. One of the tasks of media work around HIV criminalisation is to encourage shifting public discussion from a *portrait frame*, focused on individual behaviour, personal responsibility, or “flaws,” to a landscape frame that accounts for the broader social, political, or legal contexts in which these laws are enacted, and in which those who have been charged lead their lives. A landscape frame may still include portrait aspects, like stories of individuals or events, but will explicitly make the connection between those and larger systemic forces.

Messaging risk and harm: Framing current HIV science in HIV criminalisation advocacy

A common talking point in HIV criminalisation advocacy is that these laws do not align with current science. This is most appropriately expressed by highlighting that, thanks to ground-breaking developments in HIV treatment and science, **both the risk of HIV transmission and the harm incurred when HIV transmission happens have decreased dramatically in recent years.**

Many advocates are eager to incorporate the notion of Undetectable Equals Untransmittable, or U=U³⁸, into HIV criminalisation advocacy as part of the argument that people living with HIV do not pose the kind of dangerous transmission risk that HIV criminal laws allege that they do.

But these laws are unjust not because some people have undetectable viral loads and are unable to transmit the virus, but because the low-to-nonexistent level of harm is wildly disproportionate to the stiff penalties and their long-term consequences; because in many cases the people charged under these laws are already vulnerable to being unfairly profiled and targeted by law enforcement; and because having a health condition should never be a crime, regardless of treatment status.

The role of current science in public health strategies and individual cases is different from its limited value in criminal law reform and messaging. Legal defence in individual cases could certainly include showing the person's low viral load as evidence of their risk-reduction efforts. Further, the concept of U=U may be used to illustrate to lawmakers why effective HIV prevention requires unfettered access to testing, care, and the services individuals need to stay engaged in care, while criminalisation incurs no prevention benefit while causing great harm.

However, naming specific HIV treatment and prevention methods in revised criminal laws will have negative, if unintended, consequences for people who for whatever reason have not achieved viral suppression.

In your advocacy and messaging, it is important to be careful not to give legislators, media makers, or community members the false impression that, in the absence of HIV treatment or an undetectable viral load, transmission risk is high or prosecution of people living with HIV is warranted.

It is important for the law's treatment of HIV risk, harm, and related punishment to reflect current science. It must also reflect the essential principle that in order to be convicted of a crime, a person must be proven to have acted with the clear intent to do harm, which in HIV criminalisation cases is almost never the case. Advocacy around HIV criminalisation, and particularly the meaning-making work of media advocacy, must also never lose sight of the intersectional ways that, due to race, gender, economic status, or other factors, some individuals may be less likely than others to encounter fair treatment in court, by the medical system, or in media.³⁹

Who should deliver our message?

Not every single person working on your campaign needs to be prepared to speak to members of the media when the time comes. Everyone involved with the campaign should know who the designated spokespeople are, so that if a reporter asks them a question, they can redirect that person to someone they know is ready to speak with them.

As a group, in selecting spokespeople, ask yourselves questions like:

- Who supports your advocacy goals?
- What unique perspective can they offer?
- Who will your target audience respond to?⁴⁰

Depending on the needs of your campaign, spokespeople can be legal or other service providers, medical professionals, community advocates, or others. It is vital to any campaign around HIV criminalisation that **the pool of spokespeople include diverse people living with HIV** who can speak in different ways to how the issue affects them and their communities. This is important because journalists will often ask to speak with a person living with HIV for their stories, but not only for that reason: If the foundation of the movement to end HIV criminalisation is to uplift and support the dignity and agency of people living with HIV worldwide, then the voices of people living with HIV must be at the center of our campaigns.

Spokespeople must be trained, prepared, and supported for the rigors of communicating with media and staying on message, being careful not to stray onto tangents. There may be a place for speaking out in a more spontaneous manner over the course of a campaign; being a spokesperson of the campaign charged with delivering a specific message is not the place.

An essential part of this preparation is for spokespeople to ensure that they are ready for the increased exposure and, sometimes, negative consequences that media visibility can bring. This is especially true for spokespeople who intend to share aspects of their own personal connection with the issue, including HIV-positive status or criminalisation experience. Before individuals choose to be spokespeople, it is important for them to decide how much, or how little, they would be willing to share; consider the ramifications of sharing; practice maintaining those boundaries when they speak publicly; and know that they alone have the freedom to make those decisions for themselves, and be supported in those decisions.



For a detailed collection of pointers for spokespeople to use before, during, and after the interview, see this “Spokesperson Tips Handout” from the Center for Media Justice. (Available at: <http://centerformediajustice.org/wp-content/uploads/2014/10/SpokespersonTipsHandout.pdf>)



WORTH NOTING: Preparing spokespeople to work with journalists

Pro Tips from Matty Smith, former Communications Director, One Iowa⁴¹ (see page 55 for a full case study)

- 1. In working with people to tell their own story, work with them to **develop their own talking points****—and practice with them to ensure they are clear on what those talking points will be.

- 2. Make sure what reporters are hearing is what you want them to hear.**

This may be the most important thing for a spokesperson to learn! Don't answer the question the reporter asks but the one you *want* them to ask. This may require *pivoting* from the topic they introduce with their question back to the core theme and message in your talking points.

Here are some pivoting tips from US-based group Indivisible (Available at: <https://www.indivisible.org/resource/give-media-interview/>); and here is a real-life video of a person using this technique, which has become an example for communications professionals to share with individuals to help them prepare to speak with media (Available at: <https://www.youtube.com/watch?v=-41QciKkLhA>).

- 3. Make sure your message comes across in sound bites.** You may talk with the reporter for 45 minutes, but in the end it's 10 seconds of what you said that makes it into a half-inch in an article—or 10 seconds in a radio or television interview. Use that time as effectively as possible by pivoting back to your key messages over and over. The more you go off-message, the higher the likelihood that your points will be altered or compromised in the editing process. *You're not there to debate; you're there to deliver your message.*
- 4. Become best friends with the reporters interviewing you.** It is difficult to teach empathy to a reporter, or to force it. But a lot comes down to accommodating that reporter, being available, returning their phone calls or emails as soon as you're able when they contact you, and being prepared for your interview. The more empathy that reporter has, the more it comes across in the story.

5. Find a champion: A reporter you know will cover this story

empathetically. As a group, knowing local and regional reporters covering similar or intersecting issues in a thoughtful way, and cultivating them to the point where you can ask them to write the story you want to tell about HIV criminalisation, takes a lot more research into your area's media market, and takes time to develop those relationships. This longer-term work can yield great rewards.

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Gather comrades, allies, accomplices

Your group need not, and should not, be alone in carrying messages critiquing HIV criminalisation. If you are not already connected with a larger local network of people living with HIV, this is a first essential connection for your group to make.

As noted elsewhere in this toolkit, HIV criminalisation is an intersectional issue, relevant to a number of diverse communities of experience and advocacy. Identify individuals and groups working on intersecting issues in your area (and remember to take note of journalists who are thoughtfully covering those issues).

A few examples of advocacy areas that intersect with key aspects of HIV criminalisation:

- Sex worker advocacy
- Transgender advocacy
- Reproductive and sexual health, rights, and/or justice
- Youth organising
- Racial justice and anti-racism

- Immigrant rights
- Juvenile justice
- Prison reform or abolition

When approaching a new group, it is important to think through and tailor your message to this particular audience. What will **they** care about regarding this case? For instance, if you are approaching a reproductive rights organisation, talking points connecting to the ways HIV criminalisation compromises the bodily autonomy of people living with HIV may be compelling.

In part due to the proliferation of stigmatising coverage of such cases, other groups may need introductory education on the harmful nature of these laws and charges. Don't assume the group knows nothing; start by asking questions regarding their awareness of HIV criminalisation, and go from there.

Ultimately, that growing understanding of the issue throughout intersectional community groups will amplify messages against HIV criminalisation, but that process of trust-building, relationship-building, and education may take some time. There is little doubt that your group will learn from other groups' approaches to the issues as well.



The Sero Project has developed a helpful, comprehensive guide for building networks of people living with HIV. See Building PLHIV Networks, Building Power: A Network Empowerment Toolkit, in particular Chapter Four: "Building Network Effectiveness Through Collaboration." (Available at: <http://www.seroproject.com/wp-content/uploads/2016/11/NEP-Took-Kit-Guide2.pdf>)



WORTH NOTING: *Why engage a diverse coalition?*

Pro Tips from Lillian Mworeko, Executive Director, International Community of Women Living with HIV Eastern Africa⁴² (see page 52 for a full case study)

“You need to build a community, a coalition of different partners with different viewpoints, so [your audience] are not seeing it as just you pushing the issue; they are seeing a community of different people on the issue. Reaching out to different people is very important.

“You need to have a message that speaks to them, that is tailored to speak to that category of people. For example, if you are going to bring members of Parliament on board, you probably need to speak to the fact that the issue is affecting their voters, so that they look at it from [the perspective of]: ‘Ah, these women are voting for me; I probably have a duty to engage, to participate.’

“You need to know:

- **who** you want to bring on board;
- **why** you want to bring them on board, and
- **what** is the message that they will understand better, in order to join you?”



WORTH NOTING: *Engaging a group that has communications capacity*

Nowadays there are so many tools for communicating with media that are available to a wide range of people. At the same time, there are also people who have years of experience working with media on behalf of advocacy organisations and campaigns that could bring a wealth of expertise, and existing connections with local and regional media that they've spent years cultivating.

When your group makes decisions about what resources you may need over the course of your campaign and who has what you need, think of communications capacity as one of those resources. Many grassroots anti-criminalisation campaigns have benefited from involvement by a non-governmental organisation (NGO) that contributed its communications resources. Here are a few tips for finding that organisation and starting a conversation:

- Narrow the field to NGOs that work on issues that intersect with yours, so that organisation will have a stake in HIV criminalisation (if they haven't already worked on the issue, which is ideal!)
- Narrow it further to NGOs that work in your region. Points if they are familiar with your local context, but a larger NGO may also be able to assess the needs and climate in your area. Either way, they should connect people on the ground with resources and knowledge to amplify their message
- Are they looking to move into a new issue area? You will probably find this out by asking, but you can also look at the NGO's work in recent years. Have they recently closed a long campaign? They may be looking for another to shift their focus to
- Treat the initial conversation like a job interview: Know your issue, and balance professionalism with passion
- Be willing and able to educate the organisation's staff and constituents – you are there to educate them on your issue and build your base of support as much as you are there to get them to work with you

Use your tools

It is never too early to begin to build relationships with local media by sharing tools and best practices for covering HIV-related stories in a more balanced, less stigmatising way.

If possible, even before your group is working on an HIV criminalisation issue, you can begin to make sure your local publications' editors are aware of guides to help them be more informed when they cover HIV-related issues. We tend to remember to do this when a publication makes an error in their HIV coverage, and the occasion of a complaint may be the moment when they are most likely to take notice.

When you are doing outreach for your group, include local publications' editors, to introduce your group and share helpful resources to aid them in covering HIV when the moment arises. You can do the same with journalists you've identified that cover issues you care about, or issues that intersect with HIV, in a thoughtful manner. Reach out to them via email, on social media or by phone, thank them for their work, and let them know that your group can be a resource for HIV-related stories.



WORTH NOTING: *Choosing the format to fit the issue*

Pro Tip from Janet Butler-McPhee, Director of Communications and Advocacy, Canadian HIV/AIDS Legal Network⁴³

As has been stressed throughout this toolkit, the issue of HIV criminalisation is complex and imbued with subtle nuances. Therefore, the topic lends itself more favorably to certain for a in the media.

“For example,” wrote Butler-McPhee in a recent correspondence, “if ‘changing hearts and minds’ is a goal, then pursuing an interview with a longer-form media program or publication is worthwhile.” One might also think about how personal story might be persuasive in these types of media. In these instances, your spokespeople will have more time to talk through and explore the topic, making points clearly while advancing your group’s frame and messages on the issue.

“A call-in radio or television show is often not ideal for this type of issue,” said Butler-McPhee. “Callers can be extremely ignorant of the issue and drag down the conversation, in some instances. If you decide to take these types of interviews, make sure you have a clear understanding of the audience and prepare for questions appropriately.”

Pamphlets and videos

To reach out to, educate, and inspire your base, you may also want to develop materials that tell the story of your group, its members and activities, or provide more in-depth information about the topic you're working on. Pamphlets may be simpler to create on an average home or office computer, but the availability of tools to create great digital videos is growing as well. Many cell phones even have video cameras nowadays. It may also be beneficial to engage someone with the expertise to create a high-quality, polished video.

Videos have been a particularly powerful tool in educating communities about the injustice of HIV criminalisation. If your group has connected with a larger organisation with a communications infrastructure, consider asking them if video production is a resource they would be interested in supporting on behalf of your group. Also, be on the lookout for community-based videographers who have a passion to document and share compelling stories—and connect with them.



Some powerful video-based tools in the HIV criminalisation movement

HIV Is Not a Crime. Sean Strub and Leo Herrera/HomoChic, 2011.

(Available at: <https://www.youtube.com/watch?v=iB-6blJbjc>)

Consent: HIV non-disclosure and sexual assault law. Canadian HIV/AIDS Legal Network and Goldelox Productions, 2015. (Available at: <http://www.consentfilm.org/watch-the-film-discussion-guide/>)

Videos by HIV Justice Network and from other relevant sources (Available at: <http://www.hivjustice.net/site/videos/>)

News releases

When your group is engaged in an event, milestone, or action that you want media makers to know about and cover, you can send out a news release to your list of journalists, editors, and other creators of media to let them know about it. A news release is basically a news article about your issue that you get to write yourself, framing the issue for journalists and offering facts and quotes from stakeholders they can use in the stories they write about the event. But remember, your news release must tell a current story, not simply highlight an old problem.

When you've got an event or there's a relevant *news hook* (newsworthy occasion that is relevant to your group's work, such as World AIDS Day or International Human Rights Day) coming up, you can translate your messages into an actual document (roughly a page in length) to send to members of the media. Rather than write an entirely new story themselves, media outlets will often borrow heavily from a news release for the piece they eventually run in their outlet—so write your news release exactly the way you would want to see the story portrayed in the news.



This "Sample Press Release Template," from the Center for Media Justice (Available at: <http://centerformediajustice.org/wp-content/uploads/2014/10/PressReleaseTemplate.pdf>), contains all the elements of a basic press release.

Contact

**** MEDIA ADVISORY FOR FRI., OCTOBER 23****

Contact: Jennie Smith-Camejo, 347-553-5174, jsmithcamejo@pwn-usa.org

Headline

NATIONAL DAY OF ACTION TO END VIOLENCE AGAINST WOMEN LIVING WITH HIV BRINGS SURVIVORS, ADVOCATES, EXPERTS TOGETHER TO DISCUSS SOLUTIONS TO EPIDEMIC OF VIOLENCE

Subheading

With 3 out of 4 women with HIV reporting a history of violence or abuse--which all too often stands in the way of successful treatment HIV treatment--now is the time for policy and programmatic solutions.

Intro ¶

Over 55% of the approximately 300,000 women living with HIV (WLHIV) in the US have experienced violence or abuse at the hands of an intimate partner. 30% of WLHIV suffer from post-traumatic stress disorder (PTSD)--five times the rate among the general female population. In fact, WLHIV are today far more likely to die from the effects of lifetime trauma than from HIV disease.

To bring attention to this epidemic of violence hiding in plain sight and to put forward solutions, Positive Women's Network-USA is calling for a second National Day of Action to End Violence Against Women Living with HIV on October 23, during Domestic Violence Awareness Month. In addition to a variety of social media activities happening on and before October 23, at least 16 in-person events and actions are planned in 15 different cities throughout the US--including here in Oakland, where experts from the UCSF Women's HIV Program, Transgender Law Center, Women Organized to Respond to Life-Threatening Diseases (WORLD), HIVE and PWN-USA are convening to screen a new film on the topic from the Kaiser Family Foundation, Empowered, followed by a panel discussion.

Event details

WHAT: Screening of Empowered (from Kaiser Family Foundation) and panel discussion

WHEN: Friday, October 23, 1:30-3:30 PM

WHERE: New Parkway Theater, 474 24th St, Oakland, CA

WHAT: Women living with HIV, clinicians and policy advocates discuss the epidemic of violence against women living with HIV and present solutions

-context, background, quotes

Teresa Sullivan, a member of the PWN-USA Board of Directors, describes spending 5 months in jail and another 3 years on probation when her partner of 7 years lied to police to punish her for ending the abusive relationship. Nancy Asha Molock's verbally abusive partner threatened to email all of her friends and disclose her HIV status to them--something she had not yet done--in an attempt to coerce her into staying in the unhealthy relationship. While stories like these are inexcusable, Sullivan and Molock are lucky compared with some. Other women, like Cicely Bolden and Elisha Henson, both of Texas, have been brutally murdered following disclosure of their HIV status.

###

Boilerplate language

Positive Women's Network-USA (PWN-USA) is a national membership body of women living with HIV and our allies that exists to strengthen the strategic power of all women living with HIV in the United States. We combat stigma, analyze policy, and promote HIV-positive women's visible leadership. In addition to national advocacy, we support leadership at a local and state level.

PWN-USA chapters are located in six regions and three metropolitan areas: Philadelphia, PA; San Diego, CA; San Francisco Bay Area, CA; Colorado; South Carolina; Michigan; Ohio; Georgia; and Louisiana.

Media advisories

If your group is involved in an event for which you specifically want there to be a media presence, send them a media advisory. These are different from press releases in that they are explicitly meant to draw journalists to a place for an event. A media advisory lists the “who, what, when, where, and why” of an event, frames the issue, and provides background information. This document also details whatever compelling visuals and spokespeople reporters will have the opportunity to photograph, speak to, or capture on film if they attend. Send the media advisory the day before the event, then follow up with the media outlet via phone call the day of the event.

Blogs

A blog, broadly speaking, is an article for publication on the Internet. Beyond that, the definition is very wide as to what a blog is. Though some blogs are thoroughly researched and cited, like traditional articles, there is room for a more casual or connective approach within the format.

Blog writing can give you the opportunity to respond to an important issue in the way *you* want to respond. The form is known for providing people who are not professional writers with a platform to share their views and even their expertise. It could also be a great chance to deepen readers’ understanding of an issue by connecting aspects of your personal story to the larger structural concerns underpinning the issue you’re working on.

Different blog sites may have different styles or editorial guidelines. Your group, or you individually, may want to set up your own blog using one of the many free or affordable platforms available online, such as Wordpress or Wix; Tumblr is also a popular platform with activists, with its easy-to-share content and focus on visuals. NGOs with blog platforms on their websites may also welcome guest blog entries from members of their communities.

Remember that it is *always* important to be factual, no matter how conversational the tone.

PWN-USA Blog Worksheet

1. Outline your blog

a. Audience: _____

b. Topic: _____

c. Goal: _____

2. Title: _____

a. Is my title relevant to my audience?

b. Does my title actively reflect my topic?

c. Does my title GRAB my attention?

d. Does my title give a sneak preview to my goals?

3. Opening Line(s) [1-3 sentences]

a. Does my opening line foreshadow the rest of my blog?

b. Does my opening line cause interest?

4. Your Main Points [spend 4-5+ sentences on each point depending on how many you have – remember less can be more!]

a. Point #1 _____

Supporting info

b. Point #2 _____

Supporting info

c. Point #3 _____

Supporting info

5. Call to Action!

- a. Is my call to action a realistic ask from my readers?
- b. Does my call to action benefit my reader?
- c. Is my call to action clear in what I am asking?

Adapted from PWN-USA's "Blog Tips" (2014)⁴⁴

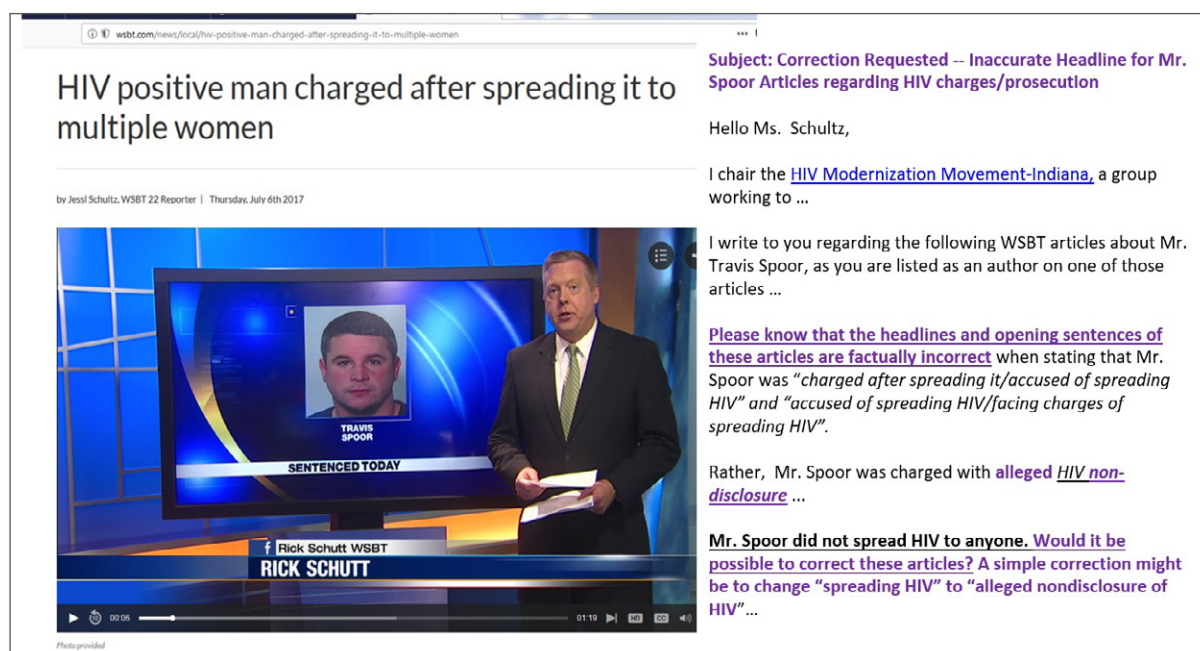
Responding to negative or ignorant HIV criminalisation coverage

Even with this advance education, the lure of a “scandalous” story of HIV criminalisation may overwhelm a media outlet’s commitment to responsible, accurate reporting. Community members can use the tools available to them to point out to journalists the harmful consequences of falling short on their responsibilities. Before employing these tools, it is also important to remember the points addressed in the “Do no harm” section earlier in this chapter, and be thoughtful about what approach to media coverage, if any, is warranted.

Correcting stigmatising headlines and incorrect facts

In many cases, an HIV-related story may be written well, but the headline on the piece is written to grab attention by using sensationalised language. Often the editor and not the journalist is responsible for the headline; contact the author as well as the news editor of the media outlet, pointing out why the headline is harmful, and suggesting corrections to be made on the online piece or printed in a subsequent issue of the publication.

There are also common cases in which an erroneous headline does reflect factual errors in the article itself. In that event, make sure the journalist and their editor are aware of what is incorrect in the piece, and precisely why. Include a link to an article or resource from a reputable source that corroborates your assertion.



The image shows a screenshot of a news article and an email. The news article, from WSBT, is titled "HIV positive man charged after spreading it to multiple women" and is dated Thursday, July 6th, 2017. It features a video of a news anchor, Rick Schutt, reporting on the story. The video shows a man, Travis Spoor, on a screen with the text "SENTENCED TODAY" and "TRAVIS SPOOR". The anchor's name "RICK SCHUTT" is visible at the bottom of the video. To the right of the article is an email with the subject "Subject: Correction Requested -- Inaccurate Headline for Mr. Spoor Articles regarding HIV charges/prosecution". The email is addressed to Ms. Schultz and discusses the inaccuracies in the article's headline and opening sentences, stating that Mr. Spoor was charged with "alleged HIV non-disclosure" and did not spread HIV to anyone.

Communication with a media outlet from Dr Carrie Elizabeth Foote, chair of the HIV Modernization Movement in the US state of Indiana and a woman living with HIV, attempting to change a headline and news story which mistakenly conflated perceived HIV exposure with HIV transmission — asserting that a defendant “spread [HIV] to multiple women” when his charge was alleged HIV non-disclosure, and none of his partners became HIV-positive.

FOR EXAMPLE: Uganda

Ideally, efforts to convince a media outlet to correct its errors would always be successful, since advocates who point out such mistakes and misinformation are helping the outlet to fulfill a common goal of good journalism, which is to seek and report truth. Unfortunately, outlets do not always make such corrections -- but sometimes they do. In Uganda, in the midst of a troubling media firestorm around Rosemary Namubiru's criminalisation case (see page 52 below for a case study), the Associated Press (AP) ran the following headline on 19 May 2014:

Uganda nurse jailed for trying to infect patient with HIV

AP was among the many news sources reporting that Namubiru "tried to infect" a patient while performing her duties as a nurse, when there was not a single bit of evidence of intent to do so. There were also numerous headlines like this one:

Court remands suspected baby killer

... conflating a potential HIV exposure with an actual murder, when no one died, or was going to die, as a result of this alleged event.

Ultimately, on 21 May 2014, AP changed their headline to "Uganda nurse is jailed in HIV exposure case" and issued the following correction:

Correction: The original version of this story misstated that Rosemary Namubiru intentionally spread HIV to a patient. She was found guilty of criminal negligence.

See page 19, in the "Do no harm" section above, for another example of how a stigmatising story became a teaching moment for news consumers about HIV in the modern era.

Headline reproductions courtesy of AIDS-Free World.

Opinion pieces

An opinion piece or “op ed” can be proactive, serving to place an issue in the news that may not have been there before. It can also be reactive, addressing an issue in the news from an angle that may not have been covered before in that media outlet, or critiquing the manner in which an issue was covered. In some cases, opinion pieces authored by an expert in medicine, public health, or law enforcement may be stronger for the purposes of swaying opinion than pieces by community members who may be more easily dismissed as not having the expertise to speak to the issue.

Think about who you want to reach with your message, and where they go for news, as a guide to where you will want to pitch and publish op eds. Op ed authors must generally exhibit some degree of official credibility with regard to the topic they are writing about—and by turns, writing an op ed further positions you as an authority, an expert on the issue you are working on. Op eds have been known to influence with policymakers. Pay particular attention to length, as you will likely be edited by your media outlet of choice.



For more information on writing and placing these articles, peruse “Op-ed Writing: Tips and Tricks,” as well as other resources from the Op-Ed Project. (Available at: <https://www.theopedproject.org/oped-basics/>)

Letters to the editor

When you want to respond urgently and immediately—within a day or two—to an event or error reported in the news, and insert your perspective and frame on the issue into the media discussion, a “letter to the editor” of that publication can be an excellent tool. Many publications, both print and online, have pages featuring letters to the editor, and clearly indicate an email address or form to which you can direct a letter. If you cannot find that page, the publication may not have one; but if you have found the page but not the method of submission, give the publication’s news editor a call to ask how to submit.



Another helpful resource from the Center for Media Justice is this “Letter to the Editor Worksheet” (Available at: <http://centerformediajustice.org/wp-content/uploads/2014/10/LettertotheEditorWorksheet.pdf>), to help you and your group organise your thoughts before submitting your communication.

Social media

Not only have social media platforms like Twitter and Facebook changed the face of activism worldwide; they have also made possible an exceptional level of access to and potential connection with journalists and creators of media.

You can use social media to get the word out about your group's events, activities, and materials; when you succeed in securing media coverage of your work, you can share that widely as well. Social media is interactive, so be sure to "tag" (use a person's or entity's Twitter name or "handle") those whom you want to see and interact with your tweet. Social media can also be a tool of your strategy for reaching and pressuring targets of your campaigns.



Check out these resources for more information:

"Talking to the Media and Using Social Media," a fact sheet geared toward people living with HIV, by The Well Project (Available at: <http://www.thewellproject.org/hiv-information/talking-media-and-using-social-media>)

Strategic communicator Alison Park, on journalists' "love affair" with Twitter (Available at: <http://centerformediajustice.org/2013/02/21/a-communications-love-story-twitter-and-the-journalist/>)

Amnesty International Australia's "skill-up" toolkit, Social Media for Activists (Available at: <https://www.amnesty.org.au/skill-up/social-media-activists/>)

Responding (or not) to online "Comments"

The vitriolic, ill-informed discourse on the Comments sections of HIV-related online articles can be infuriating and painful to witness. HIV advocates are of different minds regarding how to handle negative comments on articles and social media posts related to HIV criminalisation.

For instance, Diane Anderson-Minshall, editor-in-chief of US-based *Plus* magazine and a veteran of HIV- and LGBT-focused media, had this advice: *Don't engage*.⁴⁵

"There's little point in responding to online comments to articles about HIV; they are often written by the most ignorant readers," Anderson-Minshall explained. "For people living with HIV (as well as those in other groups, like LGBT people or single mothers), comments are merely intended to demoralise you. Don't read them, and it won't happen. Their point is to rile up people like us."

"When the publication corrects the article (which is your ultimate goal), it makes all those commenters below look stupid anyway."

Other advocates see value in engaging with supporters of HIV criminalisation, in the spirit of correcting misinformation. Social media Comments sections may be better suited to these kinds of conversations, since for many people social media platforms are an extension of their community, whereas the Comments section of an article page tends to be more anonymous.

Renee Bracey Sherman is a reproductive justice activist who, in addition to sharing her own story of having an abortion as part of her advocacy, is an expert on abortion storytelling and the representation in media of people who have had abortions. She advises other abortion storytellers, and has authored several resources on publicly sharing one's personal experience.⁴⁶

"It's easy to tell storytellers to ignore the comments," Bracey Sherman said; "but it's hard when they prickle at our internalized stigmas, sensitive parts of our experiences, or when it's coming from someone we love."⁴⁷ Regarding what she tells other abortion storytellers about responding to such comments on articles or social media: "Basically, I tell them they have the freedom to reply to whatever they want, but they're unlikely to convince some random person online of their humanity.

"I suggest that they focus their energy on the people and comments in which they will leave the interaction feeling good or heard, even if it still ends in disagreement, and not those that will just delve into deeper fighting and harmful comments."

You are not required to respond to negative comments on article pages or on the social media site of publications; and what constitutes a "good response" will depend on the specific instance and the context in which it is taking place. Here are a few general tips in the event that you or members of your group make the choice to engage with online commenters:

- **Keep your comment brief and to the point**
- **Rise above a commenter's disrespect by responding in a respectful manner.** Avoid personal counterattacks and foul language
- **Lead with facts** — including links to research articles and well-established resources that support your points and refute the commenters'. Remember, the truth is on your side
- **Balance using your talking points on the issue with changing your message slightly depending on the specific content of the comment.** If you copy and paste the same comment over and over again in response to abusive assertions, you may yourself be flagged as a social media "troll"
- **Consider responding exclusively to comments from people who disclose that they are living with HIV and express support for HIV criminalisation** — or limiting the field of response in other ways that make sense to you and your group. Bracey Sherman also notes that, for the most part, she

only responds to negative comments from people who indicate that they themselves have had abortions, because that is the core audience for her storytelling advocacy

- **Consider reaching out to friends and fellow/sister advocates to insert their own fact-based comments onto the thread with accurate, non-stigmatising messages about the issue.** If the comments are too painful for you to engage with, you may ask those trusted people to respond so that you don't have to. This can save individual advocates' time and energy, and bring more affirming voices into the discussion in the Comments section
- **Recognise that a comment like “People with HIV who have sex without telling their partner should all be shot” is, by definition, an online attack.** These comments are coming not just from misinformation, but from a place of violence within the commenter, and no one is under any obligation to try to heal a stranger of their abusive proclivities. You can feel free to report such violent comments to the social-media outlet on which they appear
- **Working with the publication to correct any errors in a headline or article is a worthy goal in itself, and may have the additional benefit of improving the quality of future comments on the piece.** The tone of the headline of an article can sometimes have an effect on the tone of the comments on the article page. Fear-based and stigmatising headlines may be more likely to generate comments driven by fear and stigma, whereas thoughtful headlines grounded in facts leave little for a would-be bully to rant about

There is no way to clearly assess the full impact of these engagements, since commenters may never respond on threads they've posted; it's impossible to know in most cases whether any of them have returned to the article to read replies; and it's not likely that people whose erroneous facts have been corrected or minds changed would post publicly to that effect.

However, by this same logic, it is also not possible to know how many people have learned important points from your evidence-based and compassionate comments – or been relieved to see that someone else “out there” on the Internet is on their side, pushing back against commenters' ugliness. For many advocates, these potential unseen benefits may be reason enough to engage.



Bracey Sherman is also a co-author of a resource published by Feminist Frequency, entitled [Speak Up & Stay Safe\(r\): A Guide to Protecting Yourself From Online Harassment](https://onlinesafety.feministfrequency.com/en/). (Available, in Arabic, English, and Spanish, at: <https://onlinesafety.feministfrequency.com/en/>) Read this guide, particularly the “People-focused Strategies” section, for more information on handling online abuse.

Watch your language

As an advocate doing media work around an issue that is highly stigmatised and not well understood, you are in a position to model the language we all want to hear used to speak or write about HIV and criminalisation. It is imperative for advocates to point out and address uses of stigmatising language, particularly in the context of a social justice movement challenging HIV criminalisation, and to model language and issue framing that upholds the dignity and agency of people living with HIV.

HIV Communication: Using Preferred Language to Reduce Stigma



Vickie Lynn, Valerie Wojciechowicz

Stigmatizing	Preferred
HIV infected person	Person living with HIV, PLHIV. Do not use "infected" when referring to a person. Use <i>People First Language</i> , which emphasizes the person, not their diagnosis
HIV or AIDS patient, AIDS or HIV carrier	
Positives or HIVers	
Died of AIDS, to die of AIDS	Died of AIDS-related illness, AIDS-related complications, or end stage HIV
AIDS virus	HIV (AIDS is a diagnosis not a virus it cannot be transmitted)
Full-blown AIDS	There is no medical definition for this phrase, simply use the term AIDS, or Stage 3 HIV.
HIV virus	This is redundant; use HIV.
Zero new infections	Zero new HIV acquisitions/transmissions
HIV infections	HIV transmissions, diagnosed with HIV, PLHIV
HIV infected	living with/diagnosed with HIV or contracted/acquired HIV
Number of infections	Number diagnosed with HI or /number of HIV acquisitions
Became infected	Contracted, acquired, diagnosed with
HIV-exposed infant	Infant exposed to HIV
Serodiscordant couple	Serodifferent, magnetic, or mixed status couple
Mother to child transmission	Vertical transmission/perinatal transmission
Victim, Innocent Victim, Sufferer, contaminated, infected	Person living with HIV, survivor, warrior (Do not use "infected" when referring to a person)
AIDS orphans	Children orphaned by loss of parents/guardians who died of AIDS related complications
AIDS test	HIV test (AIDS is a diagnosis, there is not an AIDS test)
To catch AIDS, To contract AIDS, Transmit AIDS, To catch HIV	An AIDS diagnosis, developed AIDS, to contract HIV (AIDS is a diagnosis, which cannot be passed from one person to the next)
Compliant	Adherent
Prostitute or prostitution	Sex worker, sale of sexual services, transactional sex
Promiscuous	This is a value judgment and should be avoided instead use "having multiple partners"
Unprotected sex	Condomless sex with PrEP, Condomless sex without PrEP, sex not protected by condoms, sex not protected by antiretroviral prevention methods
Death Sentence, Fatal condition or life-threatening condition	HIV is a chronic health condition, a manageable health condition (as long as people are in care and treatment)
"Tainted" blood; "dirty" needles	Blood containing HIV; shared needles
Clean, as in "I am clean are you?"	Referring to yourself or others as being "clean" suggests that those living with HIV are dirty. Avoid this term
"a drug that prevents HIV infection"	a drug that prevents the transmission of HIV
End HIV, End AIDS	End HIV transmission, Be specific: are we ending HIV or AIDS?

Thanks to those who have assisted in the creation and dissemination of this information.
We continue to educate in order to reduce stigma and improve the quality of life for those living with HIV.
In honor of those who have gone before us and those who continue to advocate for human rights.

Developed by Vickie Lynn and Valerie Wojciechowicz, both long-time advocates and long-term HIV survivors.
(Available at: <http://www.seroproject.com/wp-content/uploads/2016/11/HIV-Language-Matters-2016-2.pdf>)

Part of this awareness involves not adopting language or issue frames that communicate an uncritical perspective on HIV criminalisation. For instance, the term “over-criminalisation of people living with HIV,” which is in fairly common use in HIV criminalisation advocacy, suggests that there is an appropriate level at which people living with HIV ought to be criminalised.

Similarly, the notion of an “HIV transmission law” – when the law doesn’t require transmission or may not even require a risk of transmission, for the person with HIV to be charged – is misleading. This goes for “HIV exposure law” as well, as those statutes typically cover situations where there is not exposure, or there is only the potential for exposure. Using the phrase “perceived or potential exposure” refutes the notion that any contact with a person living with HIV, whether sexual or with saliva or in the presence of a sneeze, is necessarily exposure. It is not.

The person charged should get the benefit of the doubt in the language used to talk about a case. Don’t accept that the person did not disclose; use the phrase “alleged non-disclosure,” which is far more often the basis of a charge than actual exposure or transmission.⁴⁸



UNAIDS’ 2015 “Terminology Guidelines” (Available at: http://www.unaids.org/sites/default/files/media_asset/2015_terminology_guidelines_en.pdf) is a helpful, comprehensive, regularly updated document detailing stigmatising and preferred language for communicating about HIV and communities most affected by HIV, as well as background information on numerous commonly used terms.

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Know that you are not alone—in more ways than one

Every day, advocates around the world are not only working against the criminalisation of HIV, but also working *for* more ethical, responsible reporting on a range of issues affecting the most vulnerable and marginalised communities in our societies. We often do the work of challenging biased, ignorant media coverage of HIV criminalisation cases within a widespread media culture which dictates that “If it bleeds, it leads.”

In this context, even the most well-meaning journalists are compelled to mine the most salacious aspects of a news story, often playing to the assumed biases of the audience, and edging out key facts and background information on the issues. The *intent* may not be malicious—position in the race to grab the attention of ever larger audiences in over-saturated and ruthlessly competitive media markets can mean life or death for an outlet, or an individual journalist. But the *impact*, as we discuss throughout this toolkit, is often devastating to the specific targets of these stories, harmful to the communities they are part of, and damaging to future defendants in similar cases.

In working with members of the media to challenge bias and uplift facts in HIV criminalisation reporting, we become part of a larger movement to shift a culture of blame and bias in mainstream media as a whole.



Some groups working on ethical practices in reporting:

WITNESS: Resources (Available at: <https://witness.org/resources/>)

Center for Media Freedom & Responsibility
(Available at: <http://cmfr-phil.org/>)

Center for Cooperative Media
(Available at: <https://centerforcooperativemedia.org/about-us/>)

Exhale Pro-Voice: Ethical Story-Sharing
(Available at: <https://exhaleprovoice.org/content/thaler-pekar%E2%80%99s-ethical-storysharing-roundup>)



CASE STUDY:

Uganda: A Belated Victory in a “Trial by Media”

What Happened?

As is often the case in instances of HIV criminalisation, the media reached Rosemary Namubiru before advocates could.

Namubiru is a mother, a grandmother, and a nurse with 35 years’ experience. At age 64, while attempting to start an intravenous line for a 2-year-old patient who wouldn’t hold still, she accidentally pricked her own finger, which she quickly cleaned and dressed before returning to her patient. After the incident, the child’s mother complained to hospital management; it was confirmed that Namubiru was living with HIV and taking HIV treatment.

Namubiru was arrested; the media was waiting for her outside the police station. “They were trying to manhandle me,” Namubiru said, in a 2016 interview, of her experience being paraded in front of journalists. “They were calling me all sorts of names, ‘Murderer, killer.’” The initial charge against Namubiru was attempted murder — reflecting both the media frenzy and the misinformed, stigma-based approach of court officials and lawyers to the case.

What Was the Role of Media?

The story swept the country, carrying sensationalised headlines like:

- “Woman arrested for injecting baby with HIV infected blood” (New Vision, Jan. 12, 2014);
- “Killer nurse charged with attempted murder, remanded” (HOWWE Entertainment, Jan. 14, 2014); and
- “When Health Centres Become Death Traps” (AllAfrica.com, Jan. 15, 2014)

— as well as fabricated allegations, such as that Namubiru “maliciously infect[ed] her patients, mainly the children” and “has been engaging in the act for a pretty long time.” Her case, the first instance of HIV criminalisation in Uganda, was used to justify the passage of the contentious HIV Prevention and AIDS Control Bill 2014, which contained several provisions for forced disclosure and criminalisation of perceived HIV exposure.

Despite there being no evidence of attempted murder, even when the charge against Namubiru was reduced to negligence she was still repeatedly denied bail, likely due to the false narratives that had spread through national media.

What Did Advocates Do?

By the time Namubiru's story reached the attention of Lillian Mworeko, executive director of the International Community of Women Living with HIV Eastern Africa (ICWEA), Namubiru's family was having challenges securing legal representation because of the media surrounding the case.

Mworeko and her colleagues were not immune to the falsehoods delivered through media surrounding Namubiru's case. But they reached the conclusion to rally support for Namubiru's case, based on ICWEA's commitment to stand with women living with HIV. Besides, Mworeko added: "When I watched her on TV, I was seeing somebody at the age of my late mother, and I thought, 'I cannot allow this to happen.' ... Justice has [to be done] ... not 'Just go because you are a criminal,' without even knowing whether that is indeed true or not."

Through her advocacy skills and connections in the region, Mworeko assembled a legal team and an advocacy coalition to support Namubiru. The team included staff members from US-based international advocacy organisation AIDS-Free World, who contributed legal and communications support. They also secured involvement of the international community, including international nurses' unions and, eventually UNAIDS, as allies in supporting Namubiru and decrying cases of this kind.

Namubiru was initially sentenced to three years in prison on the charge of negligence; on appeal, the verdict stood, but she was released with time served. However, there was still the matter of the untruths and abuses levelled at Namubiru by the media in her country.

On three separate occasions, advocates attempted to engage Ugandan media directly regarding the unethical, damaging manner in which they handled Namubiru's story. At an initial meeting convened by Dora Kiconco Musinguzi of UGANET with roughly a dozen journalists who had reported on the story, the writers themselves expressed remorse for abandoning their journalistic standards amid the frenzy and failing to check the facts of the case; they also expressed doubt that editors at media houses could be convinced to stop publishing on a story that was so successful at grabbing attention and selling papers.

In a second meeting, a breakfast chaired by the Uganda AIDS Commission and attended by a group of the aforementioned editors, a few apologised but the primary sentiment was that advocates should have reached out to them much more quickly, when the story was first publicised; few offered ideas for what could be done after the fact.

Finally, Mworeko and the advocacy team determined that leaders of media houses might be more likely to respond to two individuals of prominence throughout the region, which would highlight the fact that their handling of Namubiru's story had become an embarrassment witnessed by an international audience. Festus Mogae, former president of Botswana, and former special envoy for HIV/AIDS in Africa Stephen Lewis, convened a media dialogue at which Namubiru was the first person to speak, sharing directly with editors the actual, human consequences of their erroneous coverage. As a result, editors pledged to print an op ed piece written by Judy Thongori, a Kenyan human-rights attorney and Namubiru's personal advocate at the event, describing the dialogue, distorted coverage, and ways media fed into stigmatisation of people living with HIV.

Conclusion

"What Rosemary wanted most was recognition from the media of what they had done," explained Paula Donovan of AIDS-Free World. At long last, she received that recognition, but at the cost of her livelihood, community, peace of mind, and quality of life.

"Rosemary had lost her job, the world had known her as a killer, and that could not be taken back," concluded Mworeko. "But we believe that that was probably a learning lesson for [Ugandan media houses] in terms of, how do you report [in such a way] that you are not going to cause damage to the people you are reporting on?"

Adapted in part from personal communications with Lillian Mworeko (3 November 2017); Paula Donovan and Seth Earn, AIDS-Free World (29 January 2018).

References and Further Reading:

Natasha Mitchell. The brutal politics of a virus that won't go away. Background Briefing, 14 August 2016. (Available at: <http://www.abc.net.au/radionational/programs/backgroundbriefing/2016-08-14/7720904>)

Edwin J Bernard. UGANDA: 'Trial by Media' of Nurse Accused of Exposing a Child to HIV via Injection Sets a 'Dangerous Precedent.' HIV Justice Network, 12 February 2014. (Available at: <http://www.hivjustice.net/news/uganda-trial-by-media-of-nurse-accused-of-exposing-a-child-to-hiv-via-injection-sets-a-dangerous-precedent/>)



CASE STUDY:

Iowa: Media Visibility at the Right Moment

What Happened?

In 2014, Iowa took its place among the first US states to make crucial changes to its HIV-specific criminal law. That success did not come in a single legislative session, but was the result of five years of advocacy, lobbying, educating community members, cultivating allies, building relationships with legislators, and, at a certain point, engaging with media.

Tami Haught, a grassroots organiser with Community HIV and Hepatitis Advocates of Iowa Network (CHAIN) and a woman living with HIV, led the broad coalition of advocates that drove the state's HIV criminalisation reform efforts. She first enlisted the support of One Iowa, a state-wide LGBTQ organisation, as coalition partners about two years before the coalition's eventual success.

Matty Smith, then the communications director at One Iowa, remembered when Haught first came into their office. "She had passion! She was on fire," Smith said. It helped that One Iowa, fresh from their success advocating for marriage equality in the state, was ready to move on to another issue area. "We were looking for something, and Tami walked in and nailed it: She was so professional, knew her issue, and was willing and able to educate us."

What Was the Role of Media?

As a result, Haught and her fellow advocates had access to resources and visibility that they needed at that point in their campaign. "They were incredible partners and allies, sharing CHAIN information via their listserves and social media," Haught recalled. "Matty and One Iowa's contacts and insights to friendly journalists were really helpful." Smith drafted press releases, which the coalition had not previously done; and set up timely interviews with reporters. With Smith's work, there were a number of thoughtful editorials, broadcast spots, news pieces, and longer-form human-interest articles in local and national media regarding the efforts in Iowa, and the individuals whose lives would improve with the law's modernisation.

"We didn't know what we were missing until we had it," said Haught of Smith's and One Iowa's contributions to the campaign.



As Tami Haught (left of the governor), other advocates, and HIV criminalisation survivors look on, Iowa Governor Terry Branstad signs the bill modernising the state’s HIV-specific statute.
Credit: Matty Smith

What Did Advocates Do?

Even with the communications resources available, Smith remembered, it was still necessary to engage community members directly, and confront ignorance and bias in the conversation about HIV criminalisation. He and other advocates were often met with negative comments and backlash on social media, and in bars where they would do outreach about their activities. “It was really difficult to get past that impression people have of HIV, particularly “young kids” who think: ... ‘This legislation protects me,’” Smith said. “Those conversations, I found, had to be done face to face.”

One Iowa hosted community forums for its members – and because Des Moines, Iowa’s capital city where Smith worked, is “a small town in a big city,” as he described it, he was often able to connect directly with individuals, even some of those on social media, who criticised the campaign.

Conclusion

“It doesn’t really matter how many letters to the editor or on-camera interviews you do,” Smith said, without a companion campaign of direct community engagement –which, thankfully, the Iowa coalition had already been doing. “Anytime you read something in an article or on social media, there’s that natural barrier there,” Smith concluded; “You have to add a human element.”

Adapted in part from personal communications with Matty Smith (7 December 2017) and Tami Haught (1 February 2018).

References and Further Reading:

One Iowa. Iowa is First State to Reform HIV Criminalization Statute. 3 June 2014. (Available at: <https://oneiowa.org/2014/06/iowa-is-first-state-to-reform-hiv-criminalization-statute/>)

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See also Advancing HIV Justice 2, Section 4.3.4 -- United States: Multi-Year Efforts Lead to Modernisation of Iowa's HIV Disclosure Law. (Available at: www.hivjustice.net/wp-content/uploads/2016/05/AHJ2.final2_10May2016.pdf)



CASE STUDY:

Malawi: Improving a Bill by Centering Human Rights and Affected Communities

What Happened?

Malawi's HIV and AIDS Prevention and Management Bill was originally introduced in 2008, and had gone through several iterations by the time of its June 2017 tabling in Parliament. While the Bill, according to Chikondi Chijozi of the Centre for Human Rights Education Advice and Assistance (CHREAA), had "some admirable qualities," the June 2017 version still contained provisions to coerce and punish the behaviour of people living with HIV, and criminalise "deliberate" HIV exposure.

Coordination among civil society and highly impacted groups to oppose the passage of this version of the Bill generated momentum. Using direct pressure on Parliament as well as a press strategy engaging stakeholders to publicly denounce the Bill in its current form, human rights, HIV, and key population advocates succeeded in stopping a parliamentary vote on the current Bill. Fuelled by this momentum, CHREAA launched a media campaign that included training journalists to cover the Bill from a human rights perspective in advance of the next seating of Parliament in November, when the Bill was to again be tabled.

What Was the Role of Media?

This was not CHREAA's first time engaging media in this way. CHREAA had been working to sensitise journalists around human rights concerns for years, and engages in media advocacy as part of all its programmes. The training, facilitated by Sarai Chisala-Tempelhoff, president of the Women Lawyers Association (Malawi), took place in October 2017, and included journalists from every Malawi media house, including three editors. "Our media in Malawi are responsive to the issues of vulnerable groups," commented Victor Mhango, CHREAA's executive director; "They are actually human rights activists."

The training had the desired outcomes of more coverage on the controversies around the Bill, including more in-depth and human rights-centred coverage of the criminalisation aspects. The articles, while not all perfect, were predominantly positive and nuanced, and included expert voices of people most affected by the harmful provisions in the Bill.

What Did Advocates Do?

Key to the quality and depth of the coverage was the fact that, on the day prior to the training, the Global Network of People Living with HIV (GNP+) had assisted CHREAA in convening a civil society strategy meeting to marshal activism on the Bill. At the meeting, it was widely agreed that the voices of people affected by the Bill were not being heard thus far in processes surrounding it. Because of this, NGOs rallied to ensure representatives of women living with HIV, sex workers, youth, and LGBT communities attended and spoke at the press training, and were provided opportunities to be interviewed and consulted on the Bill thereafter. Their views were represented in the resulting press coverage. Further, women from the Coalition of Women Living with HIV and AIDS in Malawi (COWLHA) led the presence of activists at parliamentary proceedings immediately before the Bill was eventually passed, in November 2017, without the contentious and criminalising Section 43.

Offered to both journalists and parliamentarians in the way of context was a case from the previous year, in which a woman living with HIV was prosecuted for breast-feeding. There was one piece of negative coverage of the case, prior to her appeal. During the appeal, which was supported by Southern Africa Litigation Centre (SALC), Wesley Mwafurirwa, the woman's lawyer, obtained an anonymity order to protect her from having any information reported that might reveal her identity. According to Mwafurirwa, "We were in control of how the media was covering the story during and after trial." The woman was acquitted and her original trial deemed to be in violation of her human rights.



Extensive, largely thoughtful news coverage of the HIV and AIDS Prevention and Management Bill and related issues. Credit: CHREAA and COWLHA

Conclusion

Following the journalists' training, Annabel Raw of SALC observed that members of media "were very interested in the idea that transmission route is usually difficult to prove beyond a reasonable doubt, and interested in the accuracy of things like phylogenetic testing to prove transmission route." She and her colleagues referred them to studies and other resources, though she noted that an independent expert or a simplified resource on that point would have been helpful.

"The strategy of bringing humanity to the technical discussions was the most effective and important," concluded Raw; "it would have been useful, had we had the time and prior knowledge, to anticipate their particular interest in this."

Adapted in part from personal communications with Annabel Raw (29 January 2018), Chikondi Chijozi (31 January 2018), and Wesley Mwafulirwa (1 February 2018).

References and Further Reading:

Nyasa Times. Activists celebrate Malawi's adoption of amended law that removes criminalising transmission of HIV. 29 November 2017. (Available at: <https://www.nyasatimes.com/activists-celebrate-malawis-adoption-amended-law-removes-criminalising-transmission-hiv/>)

Audrey Kapalamula. House Passes HIV/AIDS Bill. The Times Group, 29 November 2017. (Available at: <https://www.times.mw/house-passes-hiv-aids-bill/>)

Fighting HIV and Injustice: Putting human rights at the centre of the HIV response. United Nations Development Programme, 16 September 2017. (Available at: <https://stories.undp.org/fighting-hiv-and-injustice>)

News Release: Malawi High Court affirms Human Rights approach to Criminalisation of HIV transmission and exposure. SALC, 1 February 2017. (Available at: <http://southernafricalitigationcentre.org/2017/02/01/news-release-malawi-high-court-affirms-human-rights-approach-to-criminalisation-of-hiv-transmission-and-exposure/>)



CASE STUDY:

Mexico: Media as Allies in a New Network Opposing HIV Criminalisation

What Happened?

On 11 and 12 October 2017, the first-ever Spanish-language “HIV Is Not a Crime” meeting was convened in Mexico City by the Grupo Multisectorial en VIH/SIDA e ITS del estado de Veracruz (Veracruz Multisectoral Group on HIV/AIDS and STIs, or Grupo Multi) and the Sero Project, supported by the HIV JUSTICE WORLDWIDE coalition. The convening led to the formation of the Red Mexicana de Organizaciones contra la criminalización del VIH (Mexican Network of Organisations Against HIV Criminalisation), bringing together 33 organisations and individuals, representing people living with HIV, lawyers, human rights advocates, activists, academics, and members of the media from across Mexico. Three of the country’s 32 states have, or have recently considered implementing, HIV criminalisation laws; and many more have prosecuted individuals under a punitive sexually transmitted infection law on the books in 30 states.

What Did Advocates Do?

The nascent network summarily released an 11-point Declaratoria Mexicana contra la criminalización del VIH (Mexican Declaration Against HIV Criminalisation), directed toward judicial and governmental stakeholders in the national HIV response. The meeting, and the network’s formation, followed attempts in the states of San Luis Potosí (2016) and Quintana Roo (2017), as well as Chihuahua (2017), to punish real or perceived HIV transmission or exposure. The year 2016 also saw a widely publicised constitutional challenge to the Supreme Court of Justice of the Nation by Grupo Multi and the National Commission on Human Rights to the HIV-specific law on the books in the state of Veracruz. Veracruz has logged the highest number of prosecutions under the STI law (15) of any Mexican state.

The network also achieved near-immediate results. First, in the state of Quintana Roo, Congresswoman Laura Beristain, who had proposed the implementation of strict punishment for HIV transmission in her state, committed to abandoning her proposal following a meeting with members of the network. Thanks to further organising by the network, a similar proposal was withdrawn in the state of Chihuahua by Representative Miguel Alberto Vallejo Lozano, several weeks later.



Panelists (including Dr Patricia Ponce, in yellow scarf) and attendees at the first-ever Spanish-language HIV Is Not a Crime convening. Credit: Nicholas Feustel

What Was the Role of Media?

Another product of the meeting was widespread, thoughtful media coverage of the formation of the network, and of its early success. This was part of the leadership’s plan from the outset of the gathering: Allies in Mexican media had been invited to the event, and key media makers also became part of the network.

“As a network, our first approach to the press was on the day of its creation,” explained Patricia Ponce of Grupo Multi, a coordinator of the network. They had already engaged two journalists from different parts of the country to lead media efforts at the gathering. One, a Mexico City-based reporter, has worked for years at Letra S, a health and sexuality-focused news agency which publishes a monthly supplement in *La Jornada*, one of the most important newspapers in the country; the other, based in Veracruz, is part of national and international networks of journalists focused on gender.

“Both have a serious commitment to the issue of HIV and human rights,” said Ponce. “They were carefully selected for the aforementioned characteristics.” Likewise, they already had a long working relationship with Grupo Multi as a source of accurate and scientific information about HIV, and were familiar with their dedication to human rights for those most affected by the epidemic.

Among their roles at the convening was to train and sensitise other journalists to the issue to improve their coverage; and to cover the event themselves. The Mexico City-based contact circulated a press release in advance detailing the meeting, and was in charge of bringing journalists to the event.

Those two key journalists are now part of the network’s press committee. The network uses social media and the smartphone communication tool WhatsApp to keep

one another, and their media allies, connected and informed of events and actions at the national level, and to coordinate media coverage when relevant news breaks. “In other words, we make a lot of noise in different parts of the country with the same news,” Ponce noted.

Conclusion

The network’s beneficial relationship with media in their country can certainly be attributed to the factors indicated above. These conditions have positioned the Mexican Network as pioneers in bringing the issue of HIV criminalisation to national attention, and guiding that conversation. Further, Ponce concluded: “I believe that constant work—voluntary, non-profit, non-partisan, without the purpose of obtaining personal or group benefits—and passion are a good combination.” All these factors have allowed the network to sensitise the media and to take ownership of the message around HIV criminalisation in Mexico.

Adapted in part from personal communication with Patricia Ponce (2 February 2018), translated from Spanish by author.

References and Further Reading:

Edwin J Bernard. MEXICO: First Spanish Language ‘HIV Is Not a Crime’ Meeting Leads to New Network and Impressive Early Results. HIV Justice Network, 22 November 2017. (Available at: <http://www.hivjustice.net/news/mexico-first-spanish-language-hiv-is-not-a-crime-meeting-leads-to-new-network-and-impressive-early-results/>)

Watch a video chronicle of the meeting (Available at: <https://youtu.be/ZfDfB2j2j9w>)

Red Mexicana de Organizaciones contra la criminalización del VIH. Declaratoria Mexicana contra la criminalización del VIH, 12 October 2017, Updated 11 November 2017. (Available at: <https://vihnoescrimenmexico.wordpress.com/declaratoria-mexicana-contra-la-criminalizacion-del-vih/>)

Letra S. Crean red mexicana de organizaciones contra la criminalizacion del VIH en el pais. 23 October 2017. (Available at: <http://www.letraese.org.mx/crean-red-mexicana-de-organizaciones-contra-la-criminalizacion-del-vih-en-el-pais/>)

La Silla Rota. Criminalizar transmision de VIH no significa prevenirla. 21 October 2017. (Available at: <https://lasillarota.com/opinion/columnas/criminalizar-transmision-de-vih-no-significa-prevenirla/184122>)



CONCLUSION

“A great message doesn’t say what’s already popular; a great message makes popular what needs to be said.”

- Anat Shenker-Osorio, messaging expert

You may not have planned to be, but by taking action in your own way to oppose HIV criminalisation and secure HIV justice, you are part of a growing movement gathering strength across the globe. Further, it is important to remember, through challenging conversations with community members and vexing responses from media, that you are part of a movement that has truth, science, human rights, and justice on its side.

It is a movement that has accomplished, in just the past several years:

- formation of a brand-new network of people living with HIV, legal professionals, media makers, and other experts opposing HIV criminalisation, which spans an entire Latin American nation (Mexico — see p. 57 for a case study);
- judicial dialogues on HIV, human rights, and the law which directly contributed to the success of a constitutional challenge to an HIV-specific statute ([Kenya](#));
- modernisation of HIV-specific criminal laws in the states of Iowa (see p. 52 for a case study), Colorado, and California, with many more states growing their capacity to follow suit (United States);
- withdrawal of an amendment to add “deliberate” HIV transmission to a roster of “heinous crimes” ([Brazil](#));
- passage of an HIV/AIDS Prevention and Management Bill, after removal of problematic, discriminatory, and criminalizing provisions (Malawi — see p. 54 for a case study);
- progress among Federal and Provincial ministers in consideration of current science in the prosecution of alleged HIV non-disclosure ([Canada](#));
- international health and human rights bodies including the Joint United Nations Programme on HIV/AIDS (UNAIDS), UN Special Rapporteur on the Right to Health, and World Health Organization releasing reports and guidance critiquing HIV criminalisation;

- new guidelines from the International Association of Providers of AIDS Care highlighting criminalisation of HIV status, and of groups highly affected by HIV, as a critical barrier to optimising HIV care and prevention and ultimately ending the HIV epidemic

... just to name a few.

HIV JUSTICE WORLDWIDE exists to shape the discourse on HIV criminalisation as well as share information and resources, network, build capacity, mobilise advocacy, and cultivate a community of transparency and collaboration. HIV JUSTICE WORLDWIDE is able to provide various levels of support to groups and individuals resisting HIV criminalisation; learn more about those opportunities in HIV JUSTICE WORLDWIDE's Frequently Asked Questions. (Available at: <http://www.hivjustice-worldwide.org/en/frequently-asked-questions/>)

National, regional, and international organisations working on HIV criminalisation that believe in our mission statement and share our values and principles (available at: <http://www.hivjusticeworldwide.org/en/about/values-and-principles/>) are invited to join the growing HIV JUSTICE WORLDWIDE movement.

As well as receiving our newsletter, your organisation will also have access to our listserv, a safe space to discuss and share information not in the public domain, where we can share resources, mobilise for rapid response to cases and proposed laws, and inspire advocacy to oppose existing laws criminalising people living with, and vulnerable to, HIV.

Individuals are unable to join HIV JUSTICE WORLDWIDE, but are welcome to subscribe to our newsletter. (Available at: <http://www.hivjusticeworldwide.org/en/join-the-movement/>)

We look forward to staying connected with advocates and groups working, each in their own unique and context-specific ways, to say and to amplify what must be said about the harms of HIV criminalisation.



ACKNOWLEDGEMENTS

The author and producers of this resource wish to recognise Edwin J Bernard (HIV Justice Network), Naina Khanna (Positive Women’s Network - USA), and Nic Holas (The Institute of Many), for skilful guidance in developing this resource; as well as the many sharp eyes and brilliant minds that have directly contributed valuable time, perspectives, and expertise to the process: Annabel Raw, Southern Africa Litigation Centre; Chikondi Chijozzi, Centre for Human Rights Education Advice and Assistance; Diane Anderson-Minshall, Plus Magazine; Janet Butler-McPhee, Canadian HIV/AIDS Legal Network; JD Davids, TheBody.com; Jennie Smith-Camejo, Positive Women’s Network - USA; Julian Hows; Dr Laurel Sprague and Coco Jervis, Global Network of People Living with HIV; Lillian Mworeko, International Community of Women Living with HIV Eastern Africa; Lynette Mabote and Lesley Odendal, AIDS & Rights Alliance for Southern Africa; Marco Castro-Bojorquez, Venas Abiertas; Matty Smith, Iowa Coalition Against Sexual Assault; Mayo Schreiber, Center for HIV Law and Policy; Dr Patricia Ponce, Veracruz Multisectoral Group on HIV/AIDS and STIs; Paula Donovan and Seth Earn, AIDS-Free World; Renee Bracey Sherman; Sean Strub and Tami Haught, Sero Project; and Wesley Mwafulirwa, Kawelo Lawyers.

The work and experiences of too many additional advocates, communicators, journalists, and experts to name provided inspiration and conceptual grounding for this project.

This toolkit does its best to represent the body of knowledge available at the time of this writing regarding the complex dynamics of communicating to end HIV criminalisation. Day by day, in all corners of the globe, justice advocates are adding to and innovating upon that body of knowledge through their work on the ground, their accomplishments and their shortfalls, all of which contain valuable learning for this global movement. We acknowledge, with gratitude, the vision of anti-criminalisation advocates, and the courage of HIV criminalisation survivors, and hope that this resource and others like it can support their work while also learning by their examples.

Finally, we are grateful for the financial support of the Robert Carr Fund for civil society networks, without whom HIV JUSTICE WORLDWIDE, and this toolkit, would not be possible.



Covering HIV criminalisation: four tips for journalists

In the current media era of chasing clicks and page views, stories involving HIV criminalisation are tempting fare for journalists. Even the most balanced reporting can provoke an emotional and furious comments section, indignant article sharing, and a lot of judgement.

That's because stories involving HIV criminalisation usually contain elements that "sell papers": sex, alleged deception, "it could happen to you" fear mongering, and one of the most recognisable and terrifying epidemics of the 20th and 21st century: HIV/AIDS.

When you run a one-sided HIV criminalisation story (i.e., exclusively from the perspective of the police, prosecution, or complainants), before the accused has had their day in court, it paints them as guilty. Most legal systems around the world are based on the concept of innocent until proven guilty. These four tips show you how not to allow trial-by-media to undermine this basic tenet of justice.

1. Regardless of legal guilt or innocence, your reporting may ruin someone's life.

Keep in mind that what might interest the public might not always be in the public interest. Allegations relating to HIV criminalisation in the media well before any case has gone to trial have, in the past, led to people living with HIV losing their jobs, their housing, and even committing suicide— regardless of whether or not a court found them innocent or guilty.

HIV criminalisation stories linger online forever, linked to the accused person. While the media isn't to blame for the systemic issues of intersectional stigma and discrimination at the heart of HIV criminalisation, it plays a huge part in the devastation that may occur in the lives of people living with HIV who fall foul of these unfair laws.

A bit of harm reduction: if your editor concludes a story must run, ensure that the "comments" function on the online piece is turned off. Comments can, at the least, fuel HIV-related stigma, and at worst, prejudice a case.

2. Are you doing the police's work for them?

One strategy employed by some police when building an HIV criminalisation case is to release names, photos, and/or other details to the media. Whilst this is often framed as a public health response (asking people who have been in contact with the accused to obtain an HIV test) it's also a "fishing expedition"—an attempt to get others who know or know of the accused to come forward.

This can provide evidence that is often circumstantial or otherwise unremarkable (i.e., an accused person living with HIV may not have disclosed their HIV status during an online

conversation), but can be used to build a case. Avoid playing this role in impeding justice for an individual accused under already unjust legal circumstances.

3. Go deeper: talk to community advocates

When running an HIV criminalisation story, you may assume that court reporting details and statements from law enforcement and lawyers representing the parties provide sufficient balance. We urge you to go deeper by contacting experts on HIV criminalisation, starting with local or national networks of people living with HIV and, sometimes, your local HIV/AIDS organisation. They can provide important context to the specifics of HIV risks, present-day consequences of HIV acquisition, stigma, and criminalisation.

Race, sexuality, gender identity, sex work, and injecting drug use are examples of issues that intersect with HIV and compound experiences of stigma and criminalisation. If individuals involved in your story belong to these communities, follow up with advocates who work around these issues to also speak to that case. Balance matters!

4. The story doesn't end at court

Between witness testimonies, defence and prosecution arguments, verdicts, and sentencing, the courtroom aspect of an HIV criminalisation story can provide compelling and salacious content for your news stories. However, when it comes to HIV criminalisation, your story does and should continue after the trial wraps up.

If a defendant is found guilty, their legal team or community advocates may attempt to appeal the decision. If you've been at the court reporting on the trial, stay in touch with the defendant's legal and support team to see what their next step might be.

Reach out to community advocates and voices, and see if they have a statement regarding the trial outcome. Include it in your story along with statements from the judge, prosecution, and defence.

Finally, consider the prison system the person living with HIV may be entering. In many instances, prisons are insufficiently equipped to deal with HIV, and are themselves sites of high rates of HIV transmission. Consider other intersecting issues and include them in your reporting (i.e., in a 2018 case in Australia, a trans woman was convicted in an HIV criminalisation case and was sentenced to time in a men's prison).

Remember, your HIV criminalisation story blowing up online may do great things for your page view targets and impress your editors. However, there are always multiple sides to a story, especially when it comes to reporting about proposed HIV criminalisation laws, or an ongoing case.

Multiple people living with HIV are at the heart of your story, and in many ways they represent the broad community of HIV-positive people who will all be the victims of imbalanced, or inconsiderate reporting.

This special section was written by Nic Holas.

Notes

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24. This story highlights how a stigmatising piece can create a teaching moment. What it teaches, however, is not ideal. The messaging in the story calls to mind the progress the HIV community has made since 2014 in the ongoing conversation around how to incorporate HIV scientific knowledge into criminal law reform. According to this particular piece: ‘a suspect’s treatment status shouldn’t be a minor detail in the court of law, because it’s often the difference between transmitting HIV, or not.’ There is growing consensus in the HIV criminalisation reform movement that, while the proven fact that an undetectable viral load renders HIV untransmittable has bearing on both the risk and harm of HIV transmission, making an individual’s health status a factor in deciding guilt or innocence could result in corresponding punishment for people who, for whatever reason, have a detectable viral load. See the subsection ‘Be sure your messages do not reinforce stigmatising ideas about people living with HIV’ for more on avoiding this pitfall; and the section ‘Get the message right’ for more on how advocates are incorporating science into their messaging.
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