
The Legal Needs of People Living with a Sexually Transmissible Infection or Blood-Borne Virus: Perspectives From a Sample of the Australian Sexual Health and Blood Borne Virus Workforce

David J Carter, Benjamin Riley, Rhys Evans, Adel Rahmani, Anthea Vogl, Alexandra Stratigos, James J Brown, Hamish Robertson and Joanne Travaglia*

Law and the legal environment are important factors in the epidemiology and prevention of sexually transmissible infections (STIs) and blood-borne viruses (BBVs). However, there has been no sustained effort to monitor the legal environment surrounding STIs and BBVs. This article presents the first data on the incidence and impacts of unmet legal needs for those affected by an STI or BBV in Australia using a survey administered to a sample of the Australian sexual health and BBV workforce. Migration, Housing, Money/Debt, Health (including complaints about health services), and Crime (accused/offender) were reported as the five most common legal need areas, with 60% of respondents describing these legal problems as generating a "severe" impact on health. These results indicate that unmet legal needs generate significant negative impacts in terms of individual health, on public health, and the ability to provide sustainable services such as testing and treatment to those facing unmet legal needs.

Keywords: *legal needs; HIV; viral hepatitis; legal epidemiology; public health law; medical-legal partnership*

I. INTRODUCTION

Despite progress in reducing incidence and impacts of communicable diseases, sexually transmissible infections (STIs) and blood-borne viruses (BBVs) remain a significant public health challenge. While

* David J Carter: Faculty of Law & Justice, University of New South Wales; Chief-Investigator, Health+Law Research Partnership. Benjamin Riley: Policy and Public Affairs Manager, ASHM Health, formerly known as Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine; Partner Investigator, Health+Law Research Partnership. Rhys Evans: Doctoral Candidate, Faculty of Law, University of Technology Sydney. Adel Rahmani: School of Mathematical & Physical Sciences, University of Technology Sydney. Anthea Vogl: Faculty of Law, University of Technology Sydney; Chief-Investigator, Health+Law Research Partnership. Alexandra Stratigos: Principal Solicitor, HIV/AIDS Legal Centre; Partner Investigator, Health+Law Research Partnership. James J Brown: School of Mathematical & Physical Sciences, University of Technology Sydney; Chief-Investigator, Health+Law Research Partnership. Hamish Robertson: Faculty of Health, Queensland University of Technology; Chief-Investigator, Health+Law Research Partnership. Joanne Travaglia: Faculty of Health, Queensland University of Technology; Chief-Investigator, Health+Law Research Partnership. Declaration of Funding: This research was funded by the University of Technology Sydney, Cross-Faculty Collaboration Scheme and the Department of Health and Aged Care through the Blood Borne Viruses (BBV) and Sexually Transmissible Infections (STI) Research Program. Ethics approval: The research was approved by the University of Technology Sydney HREC (ETH21-6200). Consent to participate: Informed consent was obtained from all individual participants included in the study. Data Availability Statement: The data that support this study will be shared upon reasonable request to the corresponding author. Acknowledgments: We acknowledge the support of colleagues and community members of Hepatitis NSW, Positive Life NSW, Queensland Positive People and Hepatitis Queensland for their guidance and consultation in the design of this and other elements of this research project. We thank especially those who participated in this research and Casey Carpenter, Erol Dulagil and Katrina Mathieson for research assistance.

Conflict of Interest: Nil declared.

Correspondence to: david.carter@unsw.edu.au



Australia has achieved much in terms of creating a multidisciplinary approach to BBV and STI services, with support across a continuum of care for those affected, one area that has received less attention in this domain is the integration of legal support. Indeed, little is known in the peer-reviewed or grey literature about the legal needs people living with communicable conditions face, and even less is known about the impact of these legal needs on the provision of health services.

In this article, we examine the need and place of legal support for those living with a STI or BBV. We begin by presenting information on the now longstanding recognition of the importance of law, the legal environment and access to justice for effective responses to STIs and BBVs in Australia. Here we describe how despite this recognition in multiple STI and BBV national strategies and other sources, there has been little by way of defining and measuring the existence or impact of unmet legal needs for those affected by STIs or BBVs. With this context established, we report the results and analysis of a survey of the Australian STI and BBV workforce about their current views and experience of the legal needs that their patients and clients face. We demonstrate that these members of the STI and BBV workforce are acutely aware of and engaged with the legal needs of their patients/clients. They report that legal needs generate significant impacts on the health and wellbeing of their patients/clients and that they are actively attempting to assist and support their patients/clients with their legal needs, despite their own need for further education and practical support to offer this support.

The results reported here are some of the only data on the legal needs of those living with STIs or BBVs in Australia today. They form an important first view of the incidence of unmet legal needs and the significance that legal issues have for those living with a communicable condition in terms of their personal health, on public health, and the ability for the STI and BBV workforce to provide sustainable services such as testing and treatment to those facing unmet legal needs. What they describe and establish is concerning, and we argue that this survey must now be complemented by further primary research conducted with and focused on those with lived experience of communicable conditions to understand the nature of unmet legal needs on health-seeking behaviours, access to testing and treatment, as well as quality of life and human rights.

II. RECOGNITION AND RESPONSE TO THE LEGAL NEEDS OF THOSE AFFECTED BY AN STI OR BBV

Many Australians who live with a communicable disease are vulnerable or marginalised. The majority of people living with chronic hepatitis B in Australia, for example, were born overseas, while those born in Australia include already marginalised communities, including Aboriginal and Torres Strait Islander peoples, people who inject drugs, and men who have sex with men.¹ The same pattern exists for affected communities with relation to HIV, hepatitis C, and other communicable diseases. Marginalisation and socio-economic disadvantages are similarly intertwined with the experience and impact of law, legal needs, and access to justice. This includes law's complex interface with poverty and homelessness, drug use, cultural and language diversity, mental health, violence, and discrimination. Taken together, law and legal practices that unjustly burden those from already marginalised communities become non-biological drivers of further risk and marginalisation.²

While the legal epidemiological drivers of disease are complex and multifaceted,³ Australia has long-acknowledged law and the legal context as key enablers of effective responses to HIV and other BBVs or STIs. As far back as 1989,⁴ for example, through close consultation with affected communities, federal,

¹ B Positive, *Prevalence and Epidemiology of Hepatitis B* <<https://www.hepatitisb.org.au/prevalence-and-epidemiology-of-hepatitis-b/>>.

² S Burris et al, "A Transdisciplinary Approach to Public Health Law: The Emerging Practice of Legal Epidemiology" (2016) 37(1) *Annual Review of Public Health* 135.

³ AJ Siegler, KA Komro and AC Wagenaar, "Law Everywhere: A Causal Framework for Law and Infectious Disease" (2020) 135(1_suppl) *Public Health Reports* 25S.

⁴ Department of Community Services and Health, Commonwealth of Australia (ed), *National HIV/AIDS Strategy: A Policy Information Paper* (Australian Government Publication Service, 1989).

state, and territory governments have demonstrated global leadership in centring the need for an enabling legal environment to respond effectively and justly to the HIV epidemic. However, despite this sustained recognition of the importance of law and the legal environment, law and legal practices continue to undermine the achievement of an enabling legal environment for affected communities. Perhaps most obviously, criminal laws in all Australian states and territories continue to apply to the transmission of communicable diseases.⁵ Indeed, in many jurisdictions, mere risk of transmission remains sufficient grounds for a serious criminal offence, while the advent of new biomedical prevention approaches to HIV such as PrEP (pre-exposure prophylaxis) and U=U (undetectable equals untransmissible) have begun to generate gaps between current prevention practices and law, which may undermine open engagement with testing and treatment, open disclosure, and discussion of risk.⁶

A. The Law and Legal Environment in the Australian Response

From a policy perspective, law and the need for an enabling legal environment have been features of successive national strategies for HIV and viral hepatitis since the first Australian national strategy for HIV in 1989.

When the HIV epidemic began in Australia, the political, medical and social environment relating to the lives of those most affected by HIV was shaped by conservative political and social attitudes. These attitudes were expressed in forms of prohibition or proscription against sex work, homosexual sex, drug use, as well as the criminalisation of individuals and communities who engaged in these practices.⁷ It was only in 1975 that male homosexual sex was first decriminalised in South Australia, taking until 1985 for its decriminalisation in New South Wales. The first Australian needle and syringe exchange program was established illegally in 1986,⁸ and decriminalisation of some aspects of sex work occurred for the first time in 1979 in New South Wales.⁹

In this context, claims about the nature and threat posed by HIV were ill-informed, confusing, contradictory and incorrect,¹⁰ and law was central to this misinformation. The steps needed to respond effectively to the emergence of HIV were seen as radical and controversial at the time,¹¹ and they required the establishment of new legal environments to face up to the challenges of HIV while enabling and protecting those affected by the disease.¹²

It was in this context that the Commonwealth established the Intergovernmental Committee on AIDS in 1987, with a goal “to enable liaison and co-ordination between the Commonwealth and the States on aspects of HIV”.¹³ In late 1988, a policy discussion paper, “AIDS: A Time to Care a Time to Act – Towards a Strategy for Australians” was tabled in Federal and State parliaments. This process led

⁵ DJ Carter, “HIV Transmission, Public Health Detention and the Recalcitrant Subject of Discipline: Kuoth, Lam v R and the Co-Constitution of Public Health and Criminal Law” (2016) 25(2) *Griffith Law Review* 172; DJ Carter, “Transmission of HIV and the Criminal Law: Examining the Impact of Pre-Exposure Prophylaxis and Treatment-as-Prevention” (2020) 43(3) *Melbourne University Law Review* 937 (*Transmission of HIV and the Criminal Law*).

⁶ M Boyd et al, “Sexual Transmission of HIV and the Law: An Australian Medical Consensus Statement” (2016) 205(9) *The Medical Journal of Australia* 409; F Barré-Sinoussi et al, “Expert Consensus Statement on the Science of HIV in the Context of Criminal Law” (2018) 21(7) *Journal of the International AIDS Society* e25161; M Weait, *Intimacy and Responsibility: The Criminalisation of HIV Transmission* (Routledge-Cavendish, 2007).

⁷ W Bowtell, *Australia's Response to HIV/AIDS 1982-2005* (Report, Lowy Institute for International Policy, 2005) 77, 24.

⁸ Bowtell, n 7, 77, 24.

⁹ R Frances and A Gray, “Unsatisfactory, Discriminatory, Unjust and Inviting Corruption” (2007) 22(53) *Australian Feminist Studies* 307.

¹⁰ Bowtell, n 7, 24.

¹¹ Bowtell, n 7.

¹² RG Feachem, *Valuing the Past – Investing in the Future: Evaluation of the National HIV/AIDS Strategy 1993-94 to 1995-96* (Looking Glass Press for Publications and Design (Public Affairs), Commonwealth Dept of Human Services and Health, 1995) 181.

¹³ Department of Community Services and Health, Commonwealth of Australia, n 4, 9.

to community engagement and consultation, dovetailing and responding with a now strengthened community and activist response to HIV.¹⁴ One of the initiatives to emerge from this policy process was the establishment of six discussion panels which were convened around the country to address important issues relating to HIV and AIDS.¹⁵ One panel, “Discrimination and other Legal Issues”, engaged with the legal aspects of the response.¹⁶

It was in this context that the “National HIV/AIDS Strategy”¹⁷ (First National HIV Strategy) was released in 1989. It presented a frank acknowledgment of the need for law reform and strengthening of the human rights of people living with HIV.¹⁸ On a practical basis, it recommended the establishment of a legal working party consisting of representatives from State and Federal Attorneys-General and health departments. This group would review and report on legal issues that had been identified by the Discrimination and other Legal Issues discussion panel, which had informed the discussion of law in the First National HIV Strategy.¹⁹ In early 1990, the Intergovernmental Committee on AIDS established the Legal Working Party “to review legislation impinging on HIV/AIDS and make recommendations for uniform national law reform”.²⁰

The Legal Working Group produced its final report in 1992, following production of a series of discussion papers on topics including civil liability for the transmission of HIV, therapeutic goods regulation, HIV and the media as well as homosexuality law reform and sex workers and their clients. The process undertaken by the Legal Working Group was described as “a remarkable one; no other country has produced a comprehensive set of discussion documents on legal issues and HIV/AIDS”.²¹ The establishment of the Legal Working Group has since been described as an ambitious and comprehensive review of law reform which was later drawn upon as a model by other countries.²² Brian Howe, the Deputy Prime Minister and Minister for Health at the time concluded in the foreword to the report that:

This Government recognises the high priority of AIDS law reform in eliminating transmission of HIV through the removal of legal impediments to prevention efforts. This Report puts Australia at the forefront of worldwide efforts to eliminate the transmission of HIV and minimise the personal and social impact of HIV infection.

Efforts to enact law reform saw some immediate wins. The period 1990–1992 leading up to the release of the report saw the “most active period of law reform”²³ in the States and Territories, with new laws and reform to existing provisions. Moreover, in the years that followed, HIV was firmly recognised as “more than a mere medical condition”. As the legal analysis and law reform efforts had recognised, the “socio-political dimensions” of HIV were “manifesting in debates about the regulation of private sexual behaviour ... discrimination, and issues relating to questions of drug use and marginality”.²⁴ However, as described by a review of the status of the recommendations of the Legal Working Party undertaken in 1999, “progress on the meeting of the objectives of the Legal Working Party has been slow and generally

¹⁴ Department of Community Services and Health, Commonwealth of Australia, n 4, 4.

¹⁵ Department of Community Services and Health, Commonwealth of Australia, n 4, 5.

¹⁶ A Orme, “Turning Hard Cases into Good Laws – HIV/AIDS Law Reform” (1992) 2 *Australasian Gay & Lesbian Law Journal* 71.

¹⁷ Department of Community Services and Health, Commonwealth of Australia, n 4.

¹⁸ S Clayton, “Public Health Law, Human Rights and HIV: A Work in Progress” (2010) 21(3–4) *New South Wales Public Health Bulletin* 97.

¹⁹ Department of Community Services and Health, Commonwealth of Australia, n 4, 46; Orme, n 16, 71.

²⁰ Feachem, n 12, 181.

²¹ Intergovernmental Committee on AIDS (Australia) and Australia (eds), *The Final Report of the Legal Working Party of the Intergovernmental Committee on AIDS* (Dept of Health, Housing and Community Services, 1992) 2.

²² Australasian Society for HIV Medicine (ed), *HIV and Hepatitis C: Policy, Discrimination, Legal and Ethical Issues* (ASHM, 2005) 16.

²³ Feachem, n 12, 183.

²⁴ Australian National Council on AIDS and Related Diseases and Intergovernmental Committee on AIDS (Australia) (eds), *Status Report on Implementation of the Final Report Recommendations of the Legal Working Party* (The Council, 1999) iv.

unsatisfactory”,²⁵ despite the “growing web” of “legal responses to various aspects of the disease and its progression”²⁶ enacted since 1992.

The recognition of the importance of law and the legal environment surrounding HIV which finds its roots in the policy process of the mid 1980s continues to find expression in successive national strategies for HIV, as well as now all national strategies regarding BBVs like hepatitis B and hepatitis C. Progress regarding our understanding of law and the status of the legal environment surrounding these conditions and those most affected by them has been halting, slow and generally unsatisfactory. While significant reforms have been achieved in relation to HIV-specific transmission-related criminal offences,²⁷ the work of the Legal Working Party in the 1990s was the last time that there was a systematic review of the legal environment surrounding HIV. No such review has ever been undertaken in relation to viral hepatitis.

While successive national strategies have repeatedly referred to legal barriers and the need to create and sustain an enabling legal environment as a foundation for success, little by way of measurement or concrete goals relating to law and the enabling legal environment has emerged during that time. This includes a failure to embed practical support, such as the consistent provision of direct representation and legal advice for those living with HIV or viral hepatitis. At present, we know too little about the state of the legal environment surrounding STIs and BBVs, and almost no information exists in either the scholarly or policy literature that describes the contemporary experience of people affected by STIs and BBVs with regards to the law, their legal needs, or the effect of both on their health, quality of life or on health system functioning.²⁸

There are, however, some movements within the scholarly and practice communities which are paying increased attention to this conjunction between law, unmet legal needs and health. Primary care providers in the United States, for example, recognise the legal needs of their patients as medical needs. In recent research, 85% of primary care providers reported that “unmet social and legal needs lead directly to inferior health outcomes”.²⁹ This recognition has led to decades of work to integrate legal services into the health care system. Most recently, the Medical-Legal Partnerships (MLP) model has risen to prominence. The MLP is an effort to integrate lawyers and legal resources directly into health care settings to reduce legal barriers to accessing care and continuance with treatment, and thus legal barriers to sustainable health systems and service delivery. This model acknowledges that people with health care needs often have complex and unmet health-harming legal needs and that engaging with and resolving those needs can assist individuals who may otherwise face barriers to accessing legal assistance to resolve or ameliorate subsequent health-harming effects. In Australia, the Health Justice Partnership model has arisen as an application of the MLP model, with approximately 30 such HJPs now operating around the country. The HIV/AIDS Legal Centre – Australia’s only specialist HIV-specific community legal centre – has been operating in this domain and model since its establishment in 1992.

Despite the increasing interest in such integrated models of health care and legal services, as well as sustained emphasis on law and enabling legal environments at the policy level, very little is known about the legal needs of people living with communicable conditions in Australia today. More is known about the legal needs facing those with HIV in the United States;³⁰ however, given the salience of both health

²⁵ Australian National Council on AIDS and Related Diseases and Intergovernmental Committee on AIDS (Australia) (eds), n 24, iv.

²⁶ Australian National Council on AIDS and Related Diseases and Intergovernmental Committee on AIDS (Australia) (eds), n 24, iv.

²⁷ *Transmission of HIV and the Criminal Law*, n 5.

²⁸ See, eg, in relation to Hepatitis B, DJ Carter et al, “The Legal Needs of Those Living with Chronic Hepatitis B in Australia: A Rapid Review of the Literature” (SocArXiv, 19 July 2022) <<https://osf.io/preprints/socarxiv/s8bvq/>>.

²⁹ M Muñoz-Laboy et al, “Examining the Impact of Medical Legal Partnerships in Improving Outcomes on the HIV Care Continuum: Rationale, Design and Methods” (2019) 19(1) *BMC Health Services Research* 849.

³⁰ Muñoz-Laboy et al, n 29; SM Fuller et al, “Medical–Legal Partnerships to Support Continuity of Care for Immigrants Impacted by HIV: Lessons Learned from California” (2020) 22(1) *Journal of Immigrant and Minority Health* 212; EA Arnold et al, “Documenting Best Practices for Maintaining Access to HIV Prevention, Care and Treatment in an Era of Shifting Immigration Policy and Discourse” (2020) 15(2) *PLOS ONE* e0229291; AK Arora et al, “Barriers and Facilitators Affecting the HIV Care Cascade for Migrant People Living with HIV in Organization for Economic Co-Operation and Development Countries: A Systematic Mixed Studies Review” (2021) 35(8) *AIDS Patient Care and STDs* 288.

and legal system differences between the two jurisdictions, the data gathered in that context have limited relevance in the Australian setting.

Given this lack of knowledge, we sought the perspectives of the Australian STI and BBV clinical workforce on the legal needs facing their own clients/patients and the effect of those legal needs on individual and public health, as well as their ability to respond to these needs. The aim was to understand more about the incidence and nature of unmet legal needs today, and to establish whether further research was justified to understand and explore this issue more fully. Research in this field requires a thoughtful approach, cognizant of the impact of research on populations whose experience – like those living with HIV – may be over-researched, and by contrast those whose experience may be under-researched – like those living with hepatitis B. Understanding the contemporary experience of law and legal needs would require extensive fieldwork which engaged and called upon the support of those living with a variety of communicable conditions. For ethical as well as practical reasons, such work should only be undertaken if justified by clear signals that the impost that this form of research that would generate on those affected by conditions like viral hepatitis or HIV was warranted. This article reports the results and analysis from that survey.

III. SURVEY METHOD

We utilised an electronically administered survey to collect the data. The survey aimed to understand how clinicians and support workers viewed the legal needs faced by their patients who live with “priority communicable conditions”. This is a common term in the Australian clinical and policy context, and we defined this for participants by reference to priority communicable diseases or conditions which are listed in the public health legislation of their Territory or State. Examples of priority communicable conditions include HIV, Viral Hepatitis, Tuberculosis, and other Blood Borne Viruses. Those who were over the age of 18 and provided directed patient or client services in Australia relating to STI or BBV were eligible to participate.

The survey was launched following a webinar hosted by the Faculty of Law at the University of Technology Sydney, the HIV/AIDS Legal Centre and ASHM Health, which provided education to clinicians on HIV and migration law in Australia. The research was approved by the relevant ethics committee.

IV. RESULTS

We received 32 responses to the survey. Respondents were predominantly registered health practitioners, with around 40% medical practitioners and about 20% registered nurses. One participant was a counsellor, one was a social worker, and 34% responded as “other” regarding their profession role and identity, including LGBTIQ health promotion workers, pharmacists, and peer workers (supporters, case managers, navigators), among others. Each of the respondents identified as a clinician or support worker who had regular and direct contact with people living with or affected by an STI or BBV in Australia.

Respondents were asked to describe the organisational context in which they came into most contact with clients living with a communicable condition. One participant worked in a general or medical specialist practice outside of the public health system, one participant worked for the National Disability Insurance Scheme, and eight participants worked in the community or not-for-profit sector. Most worked in the public setting, with 21 naming a public hospital, community health service, or public health system as their work context.

A. The Nature, Incidence, and Impacts of Legal Needs

Respondents were asked to recall if any of their patients or clients living with a communicable condition had experienced legal problems or disputes in the previous five years. In total, 87% of those who responded to this question replied that they had. Respondents were then asked to answer what percentage of their total patient or client group they knew to have had experienced legal problems or disputes in the past five years. The results varied widely, with one respondent reporting that they were aware that approximately 5% of their patient or client group had experienced legal problems and another who reported that 90% of

their patient or client group had experienced a legal problem or dispute in the previous five years (median value of 20% with the middle 50% of respondents between 9.5% and 30.5%).

Given our interest in the nature of unmet legal needs, respondents were asked to select from a pre-determined list of legal domains in which their patients or clients experienced a legal problem or dispute in the previous five years. These domains were taken from a large-scale national legal needs study undertaken by Australian governments and legal services providers.³¹ Migration, Housing, Money/Debt, Health (Long Term Injury/Illness, Complaints about Health Services), and Crime (accused/offender) were the five most common categories the respondents selected (Table 1).

TABLE 1. Areas of Legal Need Experienced by Clients or Patients Identified by Respondents

Area of Legal Need	Count of Times Selected by Respondents	% of areas identified
Migration (eg disputes relating to immigration or residency, access to work rights or Medicare)	21	12%
Housing (eg issues with mortgage repayments, default or repossession, disputes with neighbours, disputes arising with a public housing authority such as eviction, rental agreements or bonds)	15	8.62%
Money and Debt (eg eligibility or reviews of government payments or concessions, creditor taking or threatening action for an unpaid bill or debt, bankruptcy)	14	8.05%
Health – Long Term Injury/Illness, Complaints about Health Services (eg problems with access to or quality of disability or care services, complaints about health services or disputes related to treatment, medication or payments)	13	7.47%
Crime – Accused/Offender (eg charged, arrested, questioned or gaoled in relation to a crime)	12	6.90%
Illicit Drug Offence (eg charged with possession, distribution or importation of an illicit substance)	12	6.90%
Employment (eg being made redundant or fired, issues with working conditions, pay, hours or leave)	11	6.32%
Mental Health (eg disputes about mental health treatment or care, being hospitalised or detained for a mental health condition)	10	5.75%
Crime – Victim (eg robbery, theft, vandalism, threatened or actual assault)	10	5.75%
Discrimination (ie problems or issues not related to work such as discrimination based on marital status, age, gender, sexual orientation, religion, race, disability or parental or carer responsibilities)	10	5.75%
Family (eg disputes over wills or probate, custody issues or disputed child support payments, allegations made against or by patient about domestic violence, breaches of AVO conditions)	9	5.17%
Privacy (eg disclosure of health conditions)	9	5.17%
Government (eg fines, identity documentation, tax assessments or debts or disputes with government bodies)	7	4.02%
Public Health Law (eg Public Health Orders; isolation and quarantine)	7	4.02%
Criminal Law Process (eg problems with unfair treatment by police such as assaults, wrongful arrests or searches)	5	2.87%

³¹ C Coumarelos et al, *Legal Australia-Wide Survey: Legal Need in Australia* (Law and Justice Foundation, 2012) Vol 8.

TABLE 1. continued

Insurance (eg disputes about claims, premiums, eligibility, cover or cancellation)	5	2.87%
Education (eg unfair suspension, exclusion, student fees or loans, bullying or harassment)	2	1.15%
Other	2	1.15%
Consumer (eg goods which were faulty, disputes about services from tradespersons, water, electricity or gas companies etc.)	0	0%

Respondents were also asked to rank the areas of unmet legal needs that their own clients or patients experienced in terms of the relative impact of each legal need area on their patient or client's health, as well as the respondent's ability to provide support. This ranking resulted in the following list, in aggregate order from most severe to least severe impact on the patients' health or the participants' ability to provide support:

- (1) Victim of Crime (ie, robbery, theft, vandalism, threatened or actual assault);
- (2) Family Law (ie, disputes over wills or probate, custody issues, child support, domestic violence);
- (3) Discrimination;
- (4) Health or Long-Term Injury – complaints about health services (ie, problems with access to or quality of health services, medications, or payments); and
- (5) Insurance disputes (ie, claims, premiums, eligibility, cover, or cancellation).

Respondents were also asked what impact each legal problem or dispute had on (1) their patient or client's own (individual) health; (2) public health; (3) the respondent's own ability to provide health and other services; and (4) the effective functioning of the health system. Notably, all respondents expressed that a legal problem or dispute has either a "severe" or "moderate" impact on the individual health of a person living with a communicable condition. Figure 1 outlines the participants' responses.

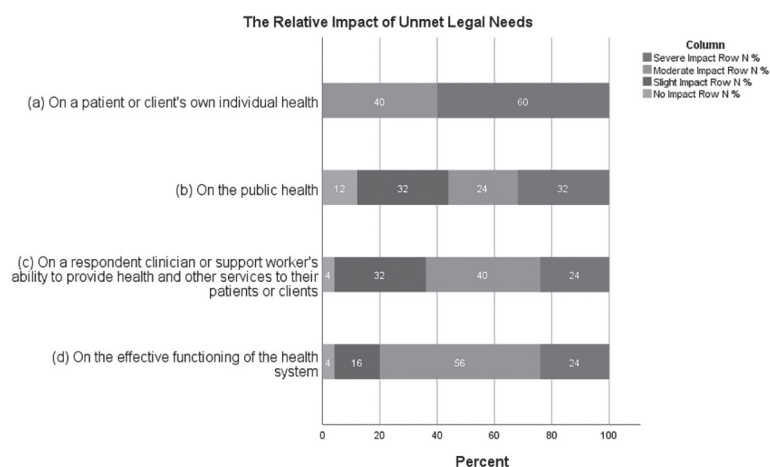


FIGURE 1. Results of Likert Scale responses to questions regarding the relative impact of unmet legal needs on individual and public health, clinician, and support worker ability to provide health services and upon health system functioning.

B. Providing Support for Legal Needs

Aiding patients or clients with legal needs can occur in a variety of ways. We prompted respondents by asking about their experience of becoming aware of legal needs or the need for a legal referral. In relation to becoming aware of a legal need, respondents indicated that they had become aware from a variety

of sources, with their patient or client volunteering information the most frequent source, followed by social history-taking, requests for advice or support followed by an intake process. They were asked if they had ever been approached to provide support to their patients or clients in relation to a legal issue or dispute. This could have been as an expert witness in formal court proceedings or providing a letter regarding the patient's treatment for the purposes of a legal dispute or process. Of the respondents, 76% agreed that they had been directly approached for such support, while 24% had not. Of those who had been directly approached, 57% of requests for assistance came directly from their patient or client, 30% from the patient's legal representative, and the remainder from colleagues, insurance companies, or social workers from a clinic structure. As for referrals, a total of 84% of respondents had made a referral for a patient or client to a lawyer or legal aid service in the previous five years, while the same number had referred a patient or client to a social or community services worker regarding a legal problem or dispute during the same period.

With relation to both direct and indirect referral pathways for legal support, respondents were asked about the barriers that they and their patients or clients face to resolving legal needs or disputes. For respondents, the most significant perceived barrier facing patients and clients receiving access to justice was the cost of legal advice or services. Most participants agreed that their patients' or clients' lack of knowledge about where to go for legal advice or representation was a significant barrier to justice and the resolution of legal problems. Respondents also agreed that other barriers included the stress of seeking legal advice; problems accessing technology, such as the internet or mobile phones; a fear of seeking advice; and the sense that seeking justice would be futile due to other barriers that their patient and client group faced. Finally, some participants expressed that their patients or clients also did not think their problem was important enough for which to seek legal advice or support.

When asked how frequently respondents were made aware of the impact of their support on the legal problems or disputes faced by their patients or clients, 63% of clinicians and support workers responded that they were only sometimes aware of that impact, and 26% stated that they were often made aware of their impact. Nevertheless, a considerable majority (88%) agreed that being aware of the outcomes of patients' legal disputes would assist them in providing better support and advice to future patients experiencing legal problems or disputes.

C. Further Resources and Skills to Support Patients and Clients with Unmet Legal Needs

Despite the desire for and active participation in the identification and support or referral for those experiencing a legal need, respondents were not confident in their skills in this area of practice. With regard to the identification and response to a legal need, for example, no respondent said they strongly agreed that they were confident in screening for legal problems. Only 61% said they 'somewhat agreed' that they were confident in making referrals to legal advisers and services and knew where to get information and advice about resolving legal problems. However, 65% of respondents stated that they somewhat or strongly agreed with being concerned about providing general information to clients, as it may be construed as "legal advice".

Despite this sense that further skill-building and workforce development may be required, 52% of participants agreed that they would like to make more referrals for legal services or support – in the context of an already active referral practice.

Respondents were asked to consider the use of a simple legal needs screening tool to support patient and client referrals to legal advice and services. In total, 95% agreed that a simple legal needs screening tool to support referral to legal advisers and services would be useful in the Australian context for use by those working with people living with a communicable condition.

All respondents agreed that it would be useful to have additional education in relation to communicable conditions and the law and how to screen and provide effective referrals and support. In relation to this education, respondents were invited to suggest resources or training needs that would help them to address the legal needs or disputes of those living with a communicable condition. They expressed interest in a broad range of issues related to migration and health care, including how to support patients

or clients through their migration process and migration-related employment and discrimination issues. Respondents also expressed a strong interest in transgender-related law and rights. Regardless of areas of law, respondents called for regular updates on a range of legal issues or practices important to assisting them in their clinical or support practice. This included updates on changes to the law, confidentiality, and the consequences of breaches, as well as information about insurance and disclosure. Respondents also wanted culturally and linguistically appropriate information about laws and rights relevant to culturally and linguistically diverse patients and clients.

V. DISCUSSION

This article adds to the literature on the legal needs of patients in the Australian health care system. Specifically, it reports new data on an area in which little is known: people living with a communicable condition and their experience and interaction with clinicians and support workers concerning unmet legal needs. Although there is increasing interest in the intersection of health and justice in Australia, the legal needs of people who live with chronic infectious diseases remain underexplored and little understood.

In this survey research, we were able to identify a number of key issues regarding the views and experiences of clinicians and support workers on the legal needs of people living with communicable condition. Some of the most significant findings were that almost all respondents had worked with patients or clients who they were aware had experienced an unmet legal need in the previous five years, with the majority of legal needs relating to migration, followed by housing and debt.

The impact of these unmet legal needs was also significant, with respondents agreeing that unmet legal needs had a severe impact on their patients' or clients' health, as well as public health and their ability to offer health and support services. Another significant finding was that despite active efforts to engage and provide support for patients or clients with unmet legal needs, respondents were not confident in their ability to do so, and so sought further education, training, and practical support to better aid their patients.

Our study has several limitations. Primarily, we collected data from clinicians and support workers regarding the legal needs facing those living with a communicable condition. While we did ask participants about their own experiences with the legal needs of clients or patients and the effects of these needs on their ability to deliver services, naturally enough, direct engagement with those with lived experience of a communicable disease is necessary to truly understand the nature and impact(s) of unmet legal needs. Our decision to engage with clinicians and support workers does, however, reduce the burden on those with lived experience, at least in this early research. We now know that legal needs are an important and high-impact factor in the context of STIs or BBVs and so feel more confident that asking for the co-operation and support of those with lived experience will be justified.

Second, our recruitment method means that we drew largely from those in the clinical workforce who had some awareness and engagement with legal needs. Many had elected to attend continuing professional development on migration law and HIV prior to completing the survey. It is possible, therefore, that this study sample was already more aware of the conjunction of law and health. If so, there is the potential that other clinicians who may be less exposed to or engaged with legal needs in their practice may feel less well-equipped to engage and support clients or patients with legal needs when they arise in clinical practice.

Despite these limitations, our findings underscore the potential benefits of developing further research and practical support to fill the gap between the current state of knowledge regarding the experience of law and legal needs, of referral and support practices to support access to justice as well as the potential for models of integration between health care and legal sectors. Given its popularity with our respondents, this may include the development of a simple legal needs screening tool, something used successfully in other health care contexts, along with further education and training for clinical and support workers in this sector. Any such effort will need to engage with barriers for effective referral, relating to the accessibility of appropriately specialised legal services.