

Digital Storytelling and HIV and/or Other Sexually Transmitted and/or Blood-Borne Infections: A Scoping Review Protocol

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ADMINISTRATIVE INFORMATION**Support** - CIHR.**Review Stage at time of this submission** - Data extraction.**Conflicts of interest** - None declared.**INPLASY registration number:** INPLASY202630006**Amendments** - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 2 March 2026 and was last updated on 2 March 2026.**INTRODUCTION**

Review question / Objective What is known in the existing literature about how digital storytelling has been used with people living with and/or affected by HIV and/or other sexually transmitted and/or blood-borne infections (HIV/STBBIs)?

Background Digital storytelling is a methodology of story-sharing that allows individuals to explore, develop, visually present and share personal stories. Digital storytelling grew from a history of community theatre, merged with new techniques of digitization in the 1980s and 1990s [1]. While digital videos had existed before, this era brought new and accessible technology that reduced barriers and allowed people with varying levels of expertise to create their own stories in digital format [2]. As a process, digital storytelling usually involves a multi-day workshop where community experts with lived experience are supported to create multimedia video presentations of approximately three to five minutes [3]. The

approach generally involves iterative feedback between and among facilitators and participants to choose and develop a narrative as well as access to and support for digital technologies (e.g. video editing software) [3]. Stories often involve subtitled voiceover narration, using either the participant's voice or a stand-in, combined with images collected by the participant in the real world or online to represent their story; background music may also be included [1]. The StoryCentre's "Digital Storytelling Cookbook," provides one standardized approach to digital storytelling, although other methods exist [4].

Digital storytelling has been operationalized as a creative process of self-expression that can have powerful impacts on individuals' self-identity, relationship with life events and construction of personal perspective [1]. Over time, digital storytelling has been adapted for an increasingly wide variety of uses, including for educational purposes, as a tool of advocacy, in health promotion, as a knowledge translation and exchange tool and as interventions; several recent

scoping reviews have aimed to better understand this diversity of processes, uses and outcomes [5–9]. Digital storytelling has also increasingly been used as a research methodology, and may be especially appropriate among marginalized people who have historically been excluded from research [10]. Digital storytelling can support participants to define their own identities and narratives, and subverts the traditional researcher-participant relationships [3, 10]. At the same time, unique challenges remain, including power and agency related to the distribution and ownership of the stories, and approaches to supporting emotional safety during the creation of digital stories [11].

Sexually transmitted and blood-borne infections (STBBIs) are bacterial or viral infections that are acquired through activities involving blood, like sharing needles, and/or through sexual contact; some may also be acquired through vertical transmission [12]. Digital storytelling represents a natural and timely extension of the rich narrative traditions that have long shaped HIV and STI advocacy and activism, with communities using a variety of methods of storytelling and testimony to resist stigma, discrimination and violence and advocate for accountability. Digital storytelling expands historical practices (e.g., oral testimony [13, 14], print [15, 16], performance [17, 18], community activism [19]) through contemporary digital platforms that amplify reach across geographic and social boundaries. Digital storytelling offers a unique method of understanding personal narratives, gathering rich qualitative data, supporting health promotion, reducing stigma, and facilitating knowledge translation, and is thus a uniquely promising avenue for future research and interventions with people living with and/or affected by HIV/STBBIs.

Rationale There is increasing interest globally on digital storytelling approaches to help participants explore lived experiences and personal narratives as well as understand topics related to HIV and other STBBIs, as demonstrated by a growing number of studies. However, to our knowledge, there has not been a scoping review completed of the literature focused on how digital storytelling is being used with and among people living with and/or affected by HIV/STBBIs. Evaluating and summarizing evidence in a scoping review on successes and issues from previous digital storytelling projects with people living with and/or affected by HIV/STBBIs thus will offer valuable insights for future projects and studies. There is great value to synthesizing existing evidence to understand the digital storytelling approaches currently being applied, identify best practices for

planning, creating and sharing these types of stories, and assess potential challenges or harms that may arise. The objective of this scoping review is therefore to investigate how digital storytelling is being used with and by people living with and/or affected by HIV/STBBIs, as well as identify gaps in the literature.

METHODS

Strategy of data synthesis The proposed scoping review will follow the Joanna Briggs Institute (JBI) methodology [20], with a research librarian guiding the development of the search strategy. The following databases will be searched in January 2026: MEDLINE (Ovid), EMBASE (Ovid), CINAHL, Scopus, Web of Science Core Collection, and PsycInfo (EBSCO). As well, the reference lists of identified articles will be searched for additional papers. If the digital stories are not available online and the paper does not clearly state that they cannot be accessed, we will contact the study authors to ask whether the digital stories created in their research can be viewed.

Search conducted on PubMed (MEDLINE):

Search terms

- 1 exp Sexually Transmitted Diseases/
- 2 (sex* transmitted adj1 (infection* or disease*)).tw,kf.
- 3 (STI or STIs or STD or STDs or STBBI or STBBIs).tw,kf.
- 4 blood-borne infections/
- 5 blood-borne infection*.tw,kf.
- 6 hepatitis c/
- 7 hepatitis c.tw,kf.
- 8 Chlamydia muridarum/ or Chlamydia Infections/ or Chlamydia trachomatis/ or Chlamydia/
- 9 chlamydia.tw,kf.
- 10 Gonorrhoea/
- 11 (Gonorrhoea or gonorrhoea).tw,kf.
- 12 syphilis/ or syphilis, cardiovascular/ or syphilis, congenital/ or syphilis, cutaneous/ or syphilis, latent/
- 13 syphilis.tw,kf.
- 14 Human Papillomavirus Viruses/
- 15 (Human Papillomavirus Virus* or genital wart*).tw,kf.
- 16 HPV.tw,kf.
- 17 HIV Infections/
- 18 HIV/
- 19 hiv*.tw,kf.
- 20 human immunodeficiency virus*.tw,kf.
- 21 Acquired Immunodeficiency Syndrom /
- 22 AIDS.tw,kf.
- 23 Hepatitis B/
- 24 hepatitis b.tw,kf.
- 25 Trichomonas Infections/

26 " (Trichomoniasis or Trichomonas*).tw,kf."
 27 Herpes Simplex/ or Herpes Genitalis
 28 Herpesvirus 1, Human / or Herpesvirus 2, Human/
 29 herpes.tw,kf.
 30 ((digital or participatory or community or computer-based or multimedia) adj4 (stor* or narrati* or video*)).tw,kf.
 31 Narration/
 32 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25 or 26 or 27 or 28 or 29
 33 30 or 31
 34 32 and 33.

Eligibility criteria Definition of 'digital storytelling': The StoryCentre Cookbook approach outlines a helpful framework for inclusion and exclusion of a particular study in the current scoping review and was used to guide this process. For the purposes of this scoping review, we included a broad definition of 'digital storytelling', even if the methodology differed from the format laid out in the Cookbook (e.g. podcast, blog post), as long as the study self-identified the methodology as digital storytelling. We also included studies that used methods similar to the Cookbook method, even if the study authors did not explicitly refer to their studies and methods as 'digital storytelling'. However, some research includes digital stories that are created or curated by researchers or other professionals as part of an intervention (e.g. a smoking cessation program designed by health professionals); this scoping review did not include this type of digital story, instead focusing on studies that drew on digital storytelling as a method that centred narratives and stories that were created by community experts with lived experience.

Eligibility criteria:

Inclusion criteria: 1) includes a digital element of story creation or viewing (i.e. must be digitized - not analog); 2) includes stories created by community experts with lived experience; 3) study topic is focused on HIV and/or STBBIs; 4) study self-identified the process as digital storytelling, or the story process was recognizable as digital storytelling similar to the StoryCentre method 5) published in English; 6) peer-reviewed, original research.

Exclusion criteria: 1) non-digital stories; 2) story not created by study participants (i.e. created by researchers or outside parties); 3) does not include a focus on HIV and/or other STBBIs; 4) published in non-English language; 5) Non-peer reviewed and/or non-original research (e.g. dissertations,

conference abstracts, systematic reviews, meta-reviews.

Source of evidence screening and selection

Title/abstract and full-text screening will be conducted by two research assistants (BL, RO) using predefined eligibility criteria. Both reviewers will screen all articles at title/abstract as well as full-text stages. Conflicts will be addressed by discussion between reviewers, with the lead investigator (KD) consulted if consensus cannot be reached. Additional co-authors, including community researchers with lived experience, will provide leadership and guidance in interpreting studies.

Data management Covidence will be used to manage references during the screening process. Extracted data will include: author(s), year of publication, country, aim/objective of study, study population (including sample size, gender, and HIV/STBBI context), definition of digital storytelling used by researchers, study design, intervention, outcomes, and key findings/implications. As the review progresses, the data extraction table may be updated as needed to capture relevant information from studies.

Reporting results / Analysis of the evidence A descriptive analysis will be conducted to report the results of the scoping review. A summary table of the included articles and extracted data will be created. Definitions and approaches to digital storytelling will be examined, and the types of HIV/STBBIs that studies focus on will be identified and discussed. Key challenges and lessons learned in the studies will be highlighted, along with gaps that future research can address. Links to publicly accessible digital stories will be included in the data extraction table.

Language restriction Only articles published in English will be included given the language abilities of the reviewers.

Country(ies) involved Canada - Department of Medicine, University of British Columbia.

Keywords Digital storytelling; sexually transmitted infections; blood-borne infections; STBBI; HIV.

Dissemination plans The authors of this protocol will disseminate the results of the scoping review through traditional academic channels, including submitting to peer-reviewed journals for publication and conferences for presentation. Additionally, the results of this review will be summarized and shared with broader communities

of people living with and/or affected by HIV/STBBIs and their health providers, including through community-based organizations, clinics and providers and health authorities. Leadership and guidance regarding the development of recommendations and knowledge translation activities will be provided by co-authors who are community researchers with lived experience.

Contributions of each author

Author 1 - Beatrix Lehmann - The author wrote and incorporated co-author feedback on this protocol. She will lead the search and screening process, as well as data extraction, synthesis, and writing of the manuscript.

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Author 3 - Desire King - The author contributed to the conceptualization of the review and will provide feedback on the manuscript.

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Author 4 - Melanie Lee - The author contributed to the conceptualization of the review and will provide feedback on the manuscript.

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Author 5 - Kathleen Deering - The author led the conceptualization of the review, provided input on the protocol and will supervise the search and screening process, data extraction, synthesis, and drafting of the manuscript.

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