HIV Stigma Is Common and Increasing; Here's How That's Harmful

What's more, most HIV stigma is based on fear and blame, finds a new report from the Williams Institute.

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HIV-related stigma in the United States is not only widespread but also growing—and it affects the health and well-being of people living with HIV, including leading to unjust HIV crime laws, according to the results of a study by the Williams Institute at the University of California, Los Angeles School of Law.

Notably, the report found that 43% of U.S. adults held at least one stigmatizing belief about people with HIV in 2024—an increase from 31% in 2021.

"HIV stigma continues to pose a significant barrier to addressing the HIV epidemic in the United States," said lead author Jordan Grasso, a research data analyst at the Williams Institute, in a press statement. "Persistent misperceptions about transmission, along with moral judgments about people living with HIV, shape public attitudes in ways that undermine health and well-being, contributing to poorer mental health outcomes, reduced engagement in care and lower quality of life."

The report breaks down HIV stigma into two main types: one based on fear, the other on blame. For example, fear-based stigma includes discomfort being around people with HIV and misinformed beliefs about how HIV is transmitted. Blame-related stigma entails judging people who are HIV positive and believing they are somehow immoral or at fault for their status. The report found that:

- 31% of adults express fear-based stigma;
- 26% of adults expressed blame-based stigma.

The report explains that HIV stigma "affects physical health outcomes by decreasing HIV testing, engagement in care and treatment adherence, limiting achievement of an undetectable viral load and increasing the risk of transmission."

The report continues: “Stigma manifests through internalized stigma, referring to the internal adoption of negative beliefs about HIV; anticipated stigma, or expectations of discrimination from others; enacted stigma, which involves actual experiences of prejudice, exclusion or mistreatment; and structural stigma, which refers to the policies, laws and institutional practices that systemically disadvantage [people living with HIV].”

For the report, researchers analyzed data from the nationally representative General Social Survey (GSS). Other top-line findings include:

- Heterosexual adults (45%), those with lower education and conservatives (61%) were more likely to express stigmatizing views.

- Stigmatizing beliefs generally decrease as educational attainment increases. About half of adults with a high school diploma (52%) or less (51%) reported at least one stigmatizing belief, compared with individuals with some college education (40%) or higher—bachelor’s (39%) and graduate degrees (37%).

- Stigmatizing beliefs about HIV are generally consistent across racial and ethnic groups. Over half of white adults (58%) and Black adults (61%) did not report any stigmatizing beliefs. Hispanic adults (56%) reported a higher prevalence of stigmatizing beliefs than white (42%) and Black (39%) adults; however, this difference was not statistically significant.

- Ending the HIV epidemic requires reducing HIV stigma that underlies HIV criminalization laws.

- The share of adults who reported both fear- and blame-based stigma nearly doubled between 2021 and 2024, increasing from 8% to 14%.

The Williams Institute report underscores how stigma results in unfair HIV criminalization. This refers to the use of unfair laws to target people who have HIV—notably, African-American, Latino and LGBTQ people and women—and to punish them because of their HIV status, not because of their actions. Under outdated laws, people with HIV can be sentenced to prison in cases where HIV was not transmitted and their only crime was allegedly not disclosing their status.

It should be noted that repealing HIV laws does not mean that people can’t be held accountable

for intentionally transmitting HIV. Other laws may apply to the situation.

Many HIV laws were passed in the early days of the epidemic, when fear and lack of scientific knowledge about the virus reigned. Fast-forward four decades, and today we know, for instance, that people with HIV who take their meds and maintain an undetectable viral load do not transmit the virus sexually, a fact referred to as Undetectable Equals Untransmittable, or U=U.

Currently, 32 states have laws that criminalize HIV, and 28 states impose enhanced penalties tied to a person's HIV status, notes the Williams Institute.

"Outdated HIV criminal laws frequently criminalize behaviors that scientific evidence has shown to pose little or no risk of HIV transmission, such as spitting," said coauthor Nathan Cisneros, HIV criminalization project director at the Williams Institute. "Ending the HIV epidemic requires expanded public health outreach, modernization or repeal of HIV criminal laws and investments in evidence-based interventions to reduce stigmatizing beliefs about people living with HIV rooted in fear and blame that feed HIV criminalization."
