HIV and the Police: Exploring local responses to HIV stigma in the police

Background
The police have a role in the effort to reduce HIV stigma in the UK and to achieve the goal to end new HIV transmissions by 2030.

It is widely recognised that there is a need to improve practice, with discriminatory or stigmatising behaviour unfortunately still commonly reported when interacting with the police as well as a high level of undue concern about risk of HIV transmission in the police.

Misinformation around HIV has devastating effects for people living with HIV, contributing to stigma. HIV stigma stops people from accessing HIV testing and treatment, hindering public health efforts, and significantly affecting the wellbeing of people living with HIV. When the police are perceived as perpetuating myths, it generates a lack of trust in the police among people living with HIV. It further marginalises an already marginalised group within society, making them less likely to engage with the police in times of need.

Description
National AIDS Trust held two roundtable discussions with a mix of local police representatives, the Police Federation, National LGBT+ Police Network and UNISON, as well as local HIV organisations, people living with HIV, and HIV clinicians. The first roundtable with Merseyside stakeholders took place over a full day in early March 2020 at Sahir House in Liverpool. The second roundtable with Avon and Somerset stakeholders took place via video call for an afternoon in August 2020.

The outcomes of the roundtables are contained within a report published in March 2021 so that other police forces can learn from the experiences of Merseyside and Avon & Somerset.

Lessons Learned
National AIDS Trust is calling for concerted action across the police force. The report’s key learnings and recommendations fall into four broad categories:

- **leadership and accountability**, including the importance of buy-in from senior officers to support initiatives and the benefits of appointing an HIV Champion
- **accessible HIV training** tailored to the police and involving people living with HIV
- **effective communications on HIV**, including the importance of considering and communicating about HIV as an equality issue, not just a health and safety issue. The need to ensure all internal policies and guidance about HIV are accurate and reviewed regularly
- **improved data management and confidentiality**. Someone’s HIV status is confidential medical information and should be treated as such. The report contains recommendations on how and when HIV should be recorded on databases and confidentiality in the context of investigations. Specifically, we’re calling for the removal and end of the use of HIV warning markers on the Police National Computer (PNC).

Conclusions
The findings demonstrate the benefits of a collaborative approach between the local police and HIV community. Though this is anecdotal, in both areas, people living with HIV and local charities reported improvements in interactions between the police and people living with HIV.

However, stakeholders in both areas were clear that there was still more to do. It is challenging to reach everyone across a big workforce and real change in attitudes requires more intensive engagement and conversation. We are now working with national policing stakeholders such as the National Police Chief’s Counsel (NPCC), the College of Policing, Police Federation and the Home Office to implement key recommendations. The fact that these have come from positive action led from within the police supported our conversations with decision makers.


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