2026

STATE OF HIV STIGMA

glaad

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Why Accurate HIV Storytelling Is Essential in the Current Age of Misinformation

A Letter from GLAAD President and CEO Sarah Kate Ellis

More than 40 years ago, GLAAD was founded in response to harmful and inaccurate media coverage during the HIV/AIDS epidemic because our founders understood then, as we do now, that media shapes the public's knowledge, how policy is made, and ultimately, who gets treated with dignity and humanity.

Today, the ways we communicate have dramatically changed, but the need for accurate, human, and fair storytelling remains as urgent as ever.

The 2026 State of HIV Stigma Study arrives at a critical moment. This year marks a decade since the **Prevention Access Campaign (PAC)** and its partners launched the U=U (Undetectable = Untransmittable) movement, a groundbreaking public health campaign that helped transform global understanding of HIV by amplifying a simple but powerful truth brought about by advancements in science and medicine: people living with HIV who are on effective treatment cannot sexually transmit the virus.

U=U should be synonymous with current mentions and reports about HIV. GLAAD's commitment, together with other LGBTQ and HIV organizations, is to make that a reality.

Alongside advancements like PrEP, U=U has fundamentally changed what it means to live with and prevent HIV. People living with HIV are thriving, living long and healthy lives, and contributing to their communities in indispensable ways. Yet, despite this extraordinary scientific progress, public understanding has not kept pace.

Scientific advancement alone does not end stigma. Public education, visibility, and cultural understanding must evolve alongside it.

At the same time, we are living through a profound shift in how people receive information and decide what to trust. News and information no longer come from a small group of widely shared sources. Instead, people are navigating an endless stream of content across social media, podcasts, streaming platforms, influencers, and now AI-generated content.

"Access to information has expanded, but trust has become harder to build, and misinformation spreads faster than ever."

1. GLAAD analysis of podcasts mentioning HIV or related search terms on Podchaser between March 1, 2025–March 1, 2026.

In this environment, silence, confusion, and misinformation create space for HIV stigma to grow.

The impact of this shift can be seen throughout this report. Authentic stories about people living with HIV have become increasingly rare across mainstream entertainment and journalism, even as audiences continue searching for trustworthy and relevant information. Most recently, a GLAAD analysis found only 0.09% of podcasts mentioned HIV over the last year.[1] And when HIV is represented, the stories are too often rooted in fear, outdated stereotypes, or misinformation instead of reflecting the realities of people living full, healthy, and joyful lives today.

These gaps in understanding are especially harmful to younger generations. Gen Z is the most out LGBTQ generation ever, with Gallup reporting this year that over one in five U.S. adults under the age of 30 identify as LGBTQ.[2] This generation has grown up in an age when the end of HIV transmission is closer than ever before due to medical advancements in HIV prevention and treatment, yet many report feeling underinformed about HIV and how it impacts people today.

When people do not receive clear and accurate information, stigma fills the gaps and the door to transmission and growing HIV rates opens. Stigma fuels discrimination, shapes policy decisions, and creates barriers to healthcare, education, and support. It creates space for harmful funding cuts and outdated criminalization laws that continue to punish people simply for living with HIV.

But despite these challenges, there is real reason for hope.

Our research shows that audiences demand more honest, modern, and nuanced stories about HIV. People want narratives that reflect the realities of today, not the fear-driven misinformation of decades past. Storytelling and visibility remain the most powerful tools we have to build understanding, challenge stigma, and move culture forward.

This moment requires action from all of us. Storytellers, journalists, technology platforms, digital creators, podcasters, advocates, and public health institutions all have a role to play in shaping a more informed and compassionate future. We must prioritize accurate and inclusive narratives that reflect the lived experiences of people with HIV and meet audiences where they are, across every platform and within every community.

Ending HIV stigma is possible. But it will require all of us to choose truth over misinformation, visibility over silence, and empathy over fear. If we do, we can help build a future where HIV transmission ends and anyone living with HIV can live openly, safely, and free from stigma.

SARAH KATE ELLIS
President & CEO, GLAAD

2. Jeffrey M. Jones, "LGBTQ+ Identification Holds at 9% in U.S.," Gallup , 16 Feb. 2026 , news.gallup.com/poll/702206/lgbtq-identification-holds.aspx.

An Introduction to GLAAD's HIV Stigma Report

On behalf of
The Sero Project

SERO

Now more than ever, narratives shape policy, and policy should reflect the lived experience of those impacted by policies. Partnerships that uplift and amplify those lived experiences are essential, and we are grateful to GLAAD for continuing to invest in documenting and challenging HIV stigma in media through this report.

And yet, this moment calls for a deeper truth: stigma does not move in a single direction, nor does it live in a single space. Stigma and its experience are not monolithic. The reflection of HIV stigma through media spaces is a reflection of one of many. At **The Sero Project**, we recognize the multifaceted implications of stigma in policy, healthcare systems, and everyday access to care, as reflected in the media. We know and have felt the impact of public health and HIV prevention funding being under threat, criminalization persisting, and inequities deepening at the state level. We are reminded that progress in visibility does not always mean progress in lived reality.

As an organization led by people living with HIV, we see stigma as structural, impacting how outcomes are shaped, limiting access to treatment and resources for quality of life or even being able to socialize and build community, thus reinforcing harm. Addressing stigma requires alignment across sectors, with media, policy, and community voices working together to reflect the truth and drive change.

The call to action is clear. Media must continue to evolve toward accurate, accountable storytelling. Policymakers must end harmful laws and invest in equitable public health systems. Funders must resource community-led solutions. And all of us must move beyond awareness into action, challenging stigma, confronting injustice, and showing up as active allies and accomplices.

Because we are all HIV-possible, and that shared reality calls us to collective responsibility.

This report is a critical contribution to that effort, and an invitation to ensure that progress in narrative is matched by progress in people's lives. To learn more about The Sero Project's community policy priorities, please read about **them here**.

TAMI HAUGHT AND KAMARIA LAFFREY
Co-Executive Directors

GLAAD Community HIV Stigma Advisory Committee (CHSAC)

GLAAD is deeply appreciative and thankful to the work, insight, and expertise of the Community HIV Stigma Advisory Committee. The Community HIV Stigma Advisory Committee (CHSAC) is a national network of advocates, organizers, storytellers, researchers, and community leaders working to help guide GLAAD's ongoing HIV stigma reduction efforts and this year's State of HIV Stigma Study.

Through shared expertise, lived experience, and cross-community collaboration during regular meetings, CHSAC supports advocacy, media representation, education, and resource-sharing initiatives that uplift people living with and impacted by HIV across the country. Below are the following contributors:

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Executive Summary

HIV stigma continues to shape how people understand, talk about, and engage with HIV in the United States. While treatment and prevention have advanced, public understanding has not kept pace. What people know about HIV today is often incomplete, inconsistent, or shaped by outdated ideas.

Information is everywhere. Understanding is not.

This report examines how that gap is forming and why it matters now. Drawing on national survey data, qualitative focus groups, and the Community HIV Stigma Advisory Committee, it explores not only what people know, but how they come to know it, and how that shapes what they do next.

Across the data, five key takeaways define the current landscape:

1

The fractured media ecosystem and AI are fueling knowledge gaps about HIV.

People are learning about HIV in pieces. Social media, search engines, podcasts, AI tools and large language models (LLMs), and conversations with friends all play a role. Information is everywhere, but it is not always clear or consistent. Gen Z reports feeling the least knowledgeable about HIV shaped, perhaps in part, by how often they rely on social media and AI to learn about health.

2

Persistent stigma is connected to the low visibility of people living with HIV in mainstream media.

Stories about people living with HIV are largely absent from mainstream media and spaces where people spend their time. Additionally, comfort interacting with people living with HIV has gone down in recent years. Awareness of stigma exists, but that awareness is not translating into understanding or behavior.

3

Current mainstream HIV storytelling is rare, outdated, and fails to reflect modern reality.

Most Americans say they have not seen a real story about someone living with HIV in the past year. When stories include HIV, they often lean into fear, crisis, or outdated narratives. What is missing are stories that reflect people living with HIV building relationships, going to work, staying in care, creating families, and living full lives. Audiences are asking for these stories, and they are not seeing them.

4 Pervasive stigma, reinforced by media invisibility, is a key barrier to healthcare.

Stigma changes how communities show up in healthcare settings due to safety concerns. These experiences are even more pronounced in rural communities and marginalized identities. Stigma does not just shape opinions, it shapes behavior. The impact is not abstract. It shows up in real decisions that affect health outcomes, leading to communities delaying testing and avoiding care.

5 Federal funding cuts and HIV criminalization laws threaten progress.

The systems that support HIV prevention and care are under pressure. Federal funding cuts and policy environments including HIV criminalization laws, make it harder for people to access care and easier for stigma to take hold. Community-based organizations, which often serve as trusted entry points, are being stretched. When these systems weaken, access narrows and the progress of eradicating HIV slows.

Taken together, these findings point to a clear issue. There is a growing gap between what is possible in HIV prevention and treatment and what people actually understand about HIV today.

HIV education must expand into the spaces where people are already learning and forming opinions. This includes social media, digital platforms, podcasts, and emerging AI-driven tools.[3] These are not secondary channels. They are where understanding is being shaped in real time.

Storytelling must also evolve. HIV cannot remain invisible or reduced to outdated narratives. People need to see what living with HIV actually looks like today. That includes everyday life, long-term care, relationships, and community.

At the same time, access to care must be protected and strengthened. This includes supporting community-based organizations, restoring and expanding prevention funding, and addressing policies that discourage people from seeking care.

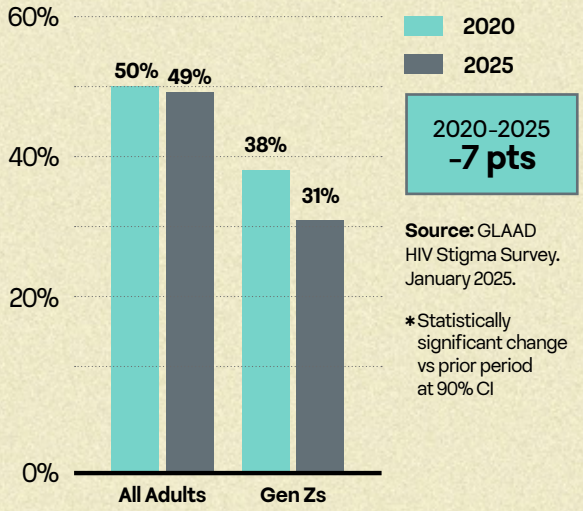
3. 2026 Edelman Trust Barometer Special Report: Trust and Health. Edelman Trust Institute, 2026, www.edelman.com/trust/2026-trust-barometer/special-report-health.

By the Numbers

GLAAD's 2026 HIV Stigma report details the state of HIV stigma by measuring knowledge and attitudes about HIV in the United States. In addition to quantitative survey data, this year's report also highlights and centers the lived experiences, stories, and perspectives of people living with HIV and frontline leaders working in the movement. Through these sources, the report explores how a fractured media landscape challenges accurate storytelling and education efforts, while examining Hollywood's role in representation and the impacts of a hostile legislative and funding environment on HIV care and stigma.

1 Gen Z HIV knowledge lags significantly behind older generations-a gap that has widened since 2020

% of adults who "feel knowledgeable about HIV"

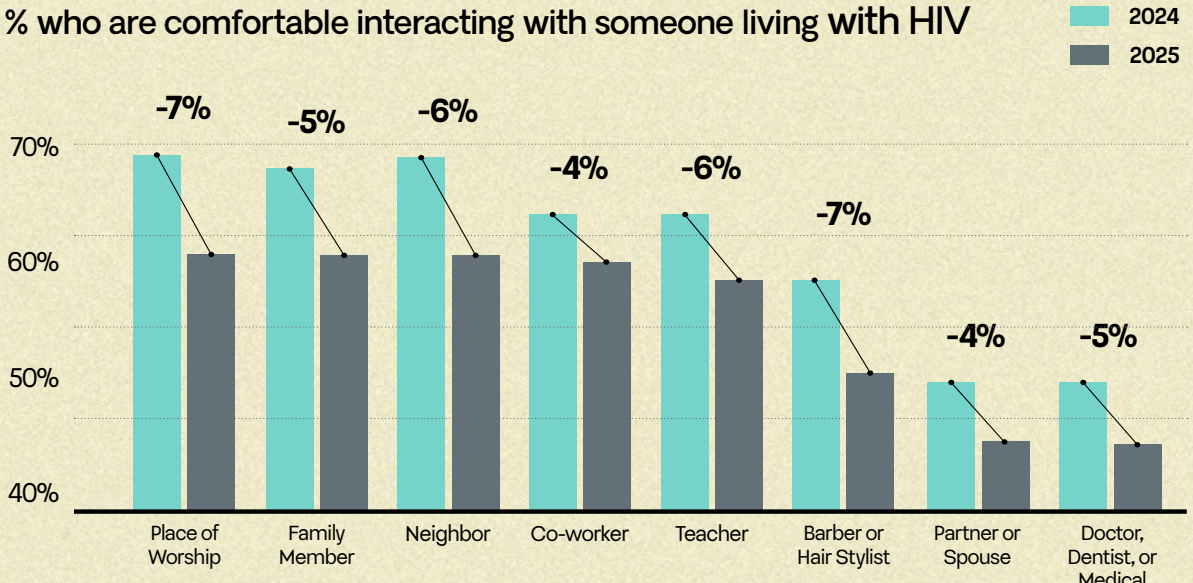


Source: GLAAD HIV Stigma Survey. January 2025.

*Statistically significant change vs prior period at 90% CI

2 Across all spaces and relationships, many are less comfortable interacting with people living with HIV

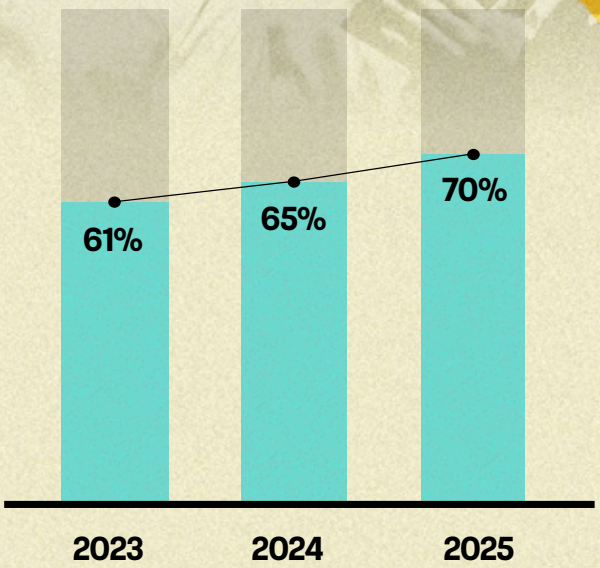
% who are comfortable interacting with someone living with HIV



Source: GLAAD 2025 HIV Stigma Survey. January 2025. Question wording: How comfortable or uncomfortable would you be interacting with each of the following types of people if you knew they were living with HIV? Very or Somewhat comfortable shown.

*Statistically significant change vs prior period at 90% CI

3 3-Year Rise in On-Screen Invisibility: 7 in 10 Americans saw zero HIV portrayals in TV or film in the past year

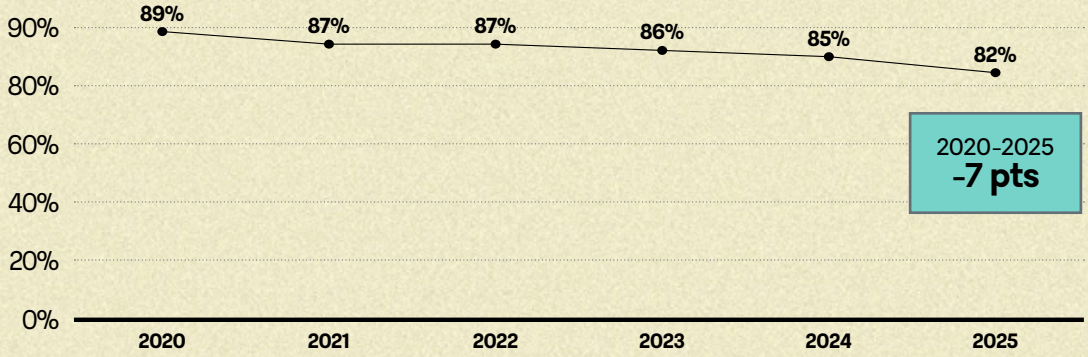


% of U.S. adults who have not seen any depictions of people living with HIV on TV and/or movies in the past 12 months

Source: GLAAD HIV Stigma Survey. January 2025.
*Statistically significant change vs prior period at 90% CI

4 Most Americans agree HIV Stigma persists, yet that recognition has dropped by 7 points since 2020, suggesting a growing disconnect between the general public's perceptions and the actual reality of living with HIV

% of adults who agree "there's still stigma around HIV"



Source: GLAAD HIV Stigma Survey. January 2025. *Statistically significant change vs prior period at 90% CI

* Noah's Arc premiered 20 years ago and just recently received an EMMY nomination for Noah's Arc: The Movie currently streaming on Paramount+. The show featured storylines and realistic character explorations of HIV, aging and health in the Black queer community.

Information Is Everywhere. Understanding Is Not.

HIV stigma is not static. It evolves alongside the systems that shape how people receive information, form opinions, and make decisions about their health.

Today, those systems are undergoing rapid and fundamental change. The GLAAD Media Institute recently completed an in-depth review of how Americans are experiencing a widening gap in how information is created, distributed, and trusted.

Information no longer flows through a shared set of sources. Instead, it moves across a fragmented media ecosystem made up of streaming platforms, social media, podcasts, and increasingly, artificial intelligence. What was once a centralized media environment has expanded into hundreds of distinct pathways for media consumption, each shaping understanding in different ways.

Information moves faster than ever, but not always more clearly.

This shift has fundamentally changed how people encounter and interpret information about HIV. Audiences are actively curating their own media environments. At the same time, the rise of AI-generated content, misinformation, and deepfakes has accelerated uncertainty about what is real. As trust declines, people increasingly rely on multiple sources to verify information, creating a "verification culture" where truth is fragmented rather than shared.

In this environment, visibility does not guarantee understanding, and access does not ensure accuracy.

Public health systems and community-based organizations are also navigating ongoing strain. Funding shifts, workforce challenges, and competing health priorities have limited the reach and consistency of HIV education and outreach. The result is a growing disconnect.

Biomedical advancements have transformed what is possible in HIV prevention and treatment, but public understanding has not kept pace. Many people perceive HIV as a resolved issue, while others continue to rely on outdated or incomplete information.[4]

This gap shapes how people understand HIV, influences healthcare decisions, and creates the conditions in which stigma continues to operate. When people do not have clear, relevant, and trusted information, stigma fills the space.

This report builds on prior research by examining not only what people know about HIV, but how they come to know it within today's fragmented and rapidly evolving media landscape. Using a mixed-methods approach that integrates national survey data, qualitative insights, and community voices, this report offers a more complete understanding of how stigma is formed, reinforced, and experienced today.

By situating HIV stigma within divided media environments, declines in trust, and shifts within the public health infrastructure, this report identifies where gaps exist, how they're created, and what it will take to close them.

4. Grasso, Jordan, Keyanna P. Taylor, and Nathan Cisneros. HIV Stigma Is Pervasive and Increasing among US Adults. Williams Institute, UCLA School of Law, Feb. 2026, williamsinstitute.law.ucla.edu/publications/hiv-stigma-us/.

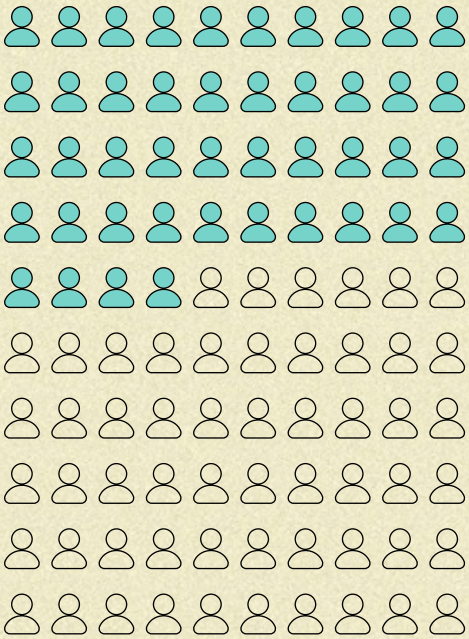
When Information Fragments, Stigma Fills the Space

"People don't know what they don't hear about," says Dr. David Malebranche, Executive Director, Global Medical Affairs at Gilead Sciences, Inc. More than four decades into the HIV epidemic, public perception of HIV has shifted alongside changes in media visibility, public discourse, and advances in treatment. While medical progress has transformed HIV outcomes for many people, it has also contributed to fewer visible reminders of the crisis that once dominated news coverage, entertainment media, and community conversation. HIV is no longer as consistently present in public dialogue and is often deprioritized amid competing social and political issues. That absence of visibility has real consequences for how HIV is understood today, contributing to gaps in knowledge, reduced urgency, and the persistence of stigma and misinformation.

A fragmented media environment is driving gaps in HIV knowledge

Scientific advancements have transformed what it means to live with HIV, but accurate public perception has not kept pace. Today, people living with HIV who are on effective treatment can live long, healthy lives. One of the clearest examples of this progress is Undetectable = Untransmittable, also known as U=U: the scientific consensus that people living with HIV who maintain an undetectable viral load cannot sexually transmit HIV.[5]

Nearly a decade after the U=U movement was launched in 2016, this message still has not been consistently understood by the public.



GLAAD research finds that 44% of Americans disagree with the statement that a person living with HIV who gets and keeps an undetectable viral load cannot transmit HIV to sexual partners, revealing a significant gap between scientific reality and accurate public perception.

5. *New WHO Guidance on HIV Viral Suppression and Scientific Updates Released at IAS 2023*. World Health Organization , 23 July 2023 , https://iris.who.int/server/api/core/bitstreams/16bc225d-c2ac-407c-a45b-4270acf1285f/content.

Other research similarly finds gaps in awareness and trust in U=U among the general population, people living with HIV, and their healthcare providers.[6, 7]

These gaps reflect broader breakdowns in how HIV information is communicated, reinforced, and trusted. Deondre Moore, Vice President, Community Impact at **The FreeLux Project**, emphasized that inconsistent communication about U=U can deepen stigma and mistrust, especially in healthcare settings.

At the same time, the way people evaluate information has changed. This shift reflects a broader erosion of trust, while also creating more opportunities for misinformation and incomplete information to circulate. As Dr. David Malebranche emphasizes, social media personalities and non-medical voices are increasingly shaping how people understand health, often without the expertise to do so accurately.

The platforms that dominate today's media landscape are also not consistently telling stories about HIV. Analysis of podcast transcripts over the past year shows that **only 0.09% of episodes mention HIV.**[8] On social media, **only 15% of Americans report seeing a story about someone living with HIV in the past year.** When HIV is not present in the spaces where people spend their time, outdated narratives are left unchallenged.

These gaps are especially clear among younger audiences, who tend to rely on and spend more time using social media and AI.[9, 10]

0.09% **of podcast episodes mention HIV**

15% **of Americans report seeing a story about someone living with HIV in the past year on social media**

Source: Podchaser (analysis March 1, 2025-March 1, 2026); GLAAD 2025 HIV Stigma Survey. January 2025. 2025. Question wording: In the last 12 months, where did you see stories about people living with HIV?

6. Bekana K. Tadese et al., "Lack of Knowledge and Understanding of Undetectable Equals Untransmittable (U = U) Among People Living with HIV in the United States: Results from a Cross-Sectional Survey," Journal of the International Association of Providers of AIDS Care, vol. 24, 2025, pp. 1–16 , https://doi.org/10.1177/23259582251370236.
7. Pedro B. Carneiro et al., "Awareness and Acceptability of Undetectable = Untransmittable Among a U.S. National Sample of HIV-Negative Sexual and Gender Minorities," AIDS and Behavior, vol. 25, 2021, pp. 634–44 , https://doi.org/10.1007/s10461-020-02990-3.
8. GLAAD analysis of podcasts mentioning HIV or related search terms on Podchaser between March 1, 2025–March 1, 2026.
9. Craig T. Robertson et al., Understanding Young News Audiences at a Time of Rapid Change, Reuters Institute for the Study of Journalism, 24 Mar. 2026, https://doi.org/10.60625/risj-r08r-mt26.
10. AP-NORC Center for Public Affairs Research, "Young Adults Leading the Way in AI Adoption," AP-NORC, July 2025, apnorc.org/projects/young-adults-leading-the-way-in-ai-adoption/.

Freda Jones, Executive Director, LOTUS

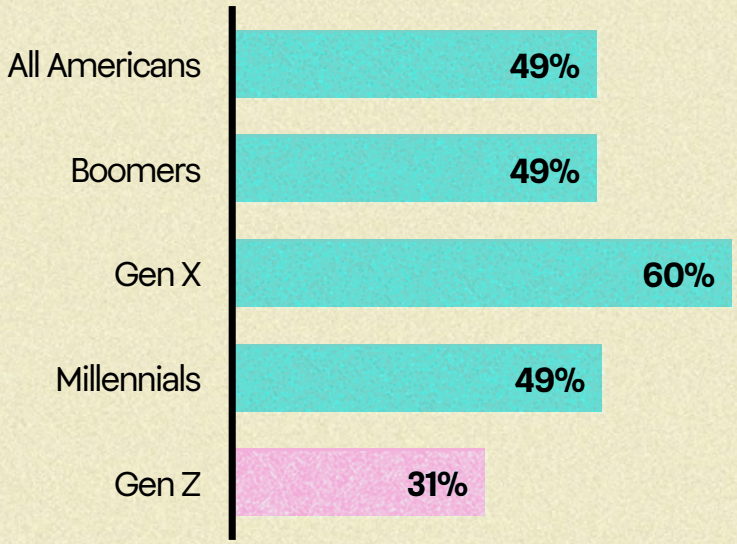
"HIV has evolved, but not everyone's mindset has evolved at the same pace... Today, as we engage with younger generations, we have an opportunity to close the gap between what is known and what is felt."

Gen Z reports feeling the least knowledgeable about HIV compared to other generations. Gen Z is also the least likely to have a personal connection to someone living with HIV. While about one in five Americans overall say they know someone living with HIV or are living with HIV themselves, that number drops significantly among Gen Z. Many older adults lived through a time when HIV and AIDS were highly visible in communities and media. Gen Z, by contrast, did not experience that same level of visibility.

Without those personal connections, many Gen Z adults are left to learn about HIV through media, social platforms, search tools, and AI, if they are introduced to the topic at all.

More than four decades into the epidemic, HIV stigma is no longer driven solely by a lack of scientific advancement. Increasingly, it is shaped by unequal access to accurate information, fragmented communication systems, declining trust in institutions, and the persistence of outdated narratives that continue to outpace public understanding of modern HIV realities.

% who feel knowledgeable about HIV



Source:
GLAAD 2025 HIV Stigma Survey. January 2025. Question wording: Overall, how informed do you feel about HIV?

In focus groups GLAAD conducted with Ipsos, participants described how this plays out:

"I don't think I've necessarily seen media that's recent that has been about stories of people living with HIV."

— Gen Z adult living without HIV

"I would expect there would be more platforms for people with HIV to talk about it, but I guess I haven't seen or heard any of that myself."

— Gen Z adult living without HIV

Others pointed to a broader shift in how information is consumed:

"We are in an era where we're not expected to know a lot about very specific topics. We have fast data and know a little about a lot of things."

— Gen Z adult living with HIV

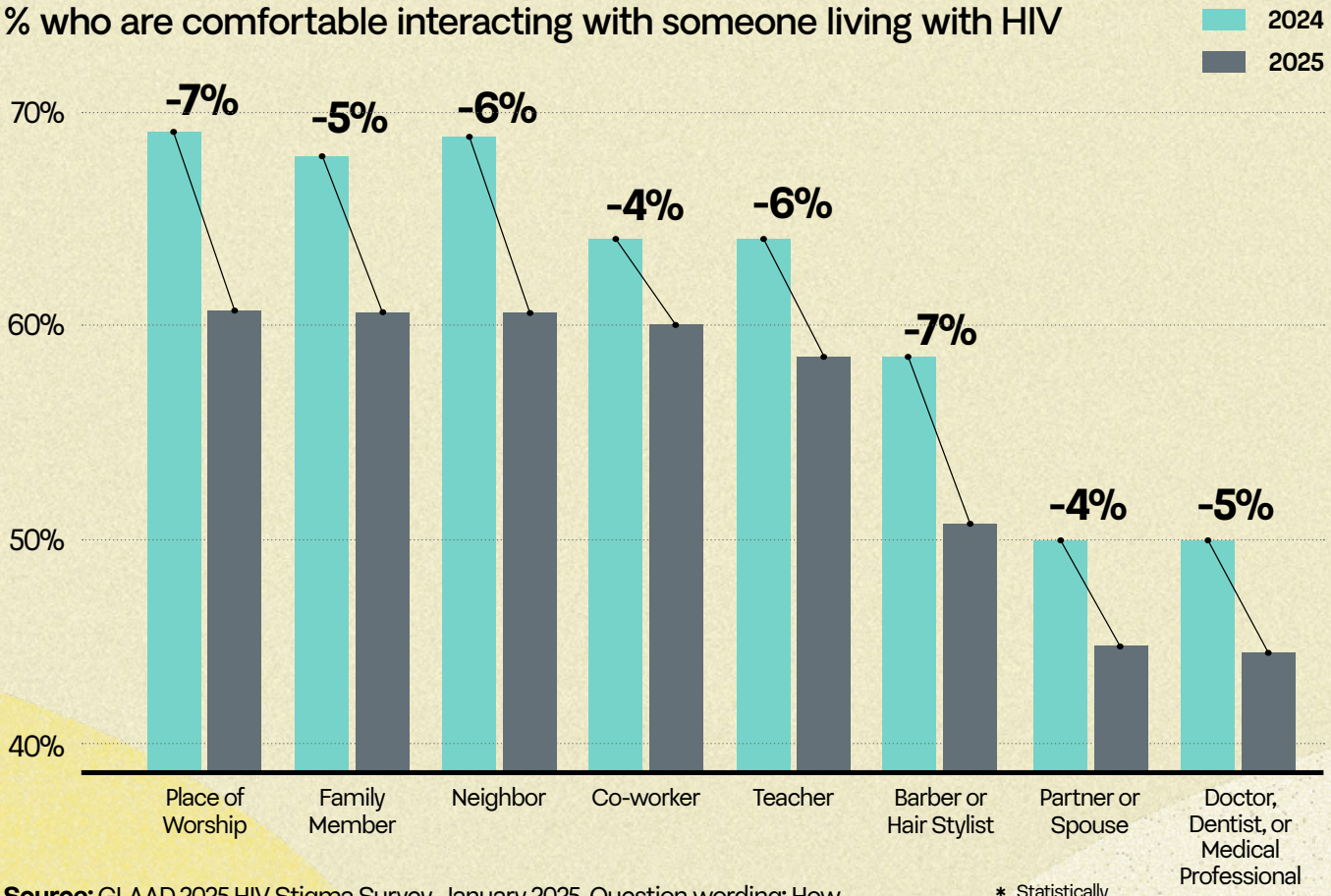
This reflects a core tension in today's media environment. Information is constant and accessible, but it is not always deep, consistent, or accurate. When HIV is not clearly or regularly represented, understanding becomes fragmented.

Inconsistent information environments allow stigma to persist and evolve

When people do not have clear or accurate information about HIV, stigma fills the gap.

Even as most Americans say HIV stigma remains an issue, actual comfort interacting with someone living with HIV ranges across a variety of scenarios. At the high end, 61% report being comfortable interacting with someone living with HIV at their place of worship, while just 46% say they are comfortable interacting with a partner living with HIV. Notably, reported comfort interacting with people living with HIV has declined across all areas of daily life GLAAD tested, including relationships with coworkers, family members, and healthcare providers. This points to a disconnect between general awareness of stigma and how people actually feel and behave.

% who are comfortable interacting with someone living with HIV



Source: GLAAD 2025 HIV Stigma Survey. January 2025. Question wording: How comfortable or uncomfortable would you be interacting with each of the following types of people if you knew they were living with HIV? Very or Somewhat comfortable shown.

* Statistically significant change vs prior period at 90% CI

In focus groups, participants connected these shifts directly to misinformation and broader distrust in information:

"I think there is a general kind of anti-science energy happening in our country right now, and I think that a lof of misinformation is creating more fear."

— Latine Spanish speaking respondent living without HIV

"With all the misinformation that is out there, people latch on to stuff. It spills over to HIV or other diseases. They're taking misinformation from COVID, the vaccines and applying it to HIV."

— Cis woman of color living without HIV

"They're not well informed, and that's why they're losing the comfortability to interact with people with HIV."

— Gen Z adult living with HIV

Participants also described what can be understood as an "invisibility paradox." HIV is less visible in everyday media and conversation than it once was, yet that absence does not reduce stigma. Instead, it allows outdated beliefs to persist without being challenged by current, lived realities.

In a media environment shaped by speed, algorithms, and convenience, people are more likely to encounter information that is easy to access rather than information that is accurate. As Dr. David Malebranche notes, the challenge is not just what information is available, but how it is delivered and who is delivering it. Without trusted messengers and consistent visibility, misinformation fills the space where clarity should exist.

CALL TO ACTION

Meeting People Where They Are

Public health institutions, medical professionals, creatives, and community organizations should expand HIV education efforts across digital platforms, including social media, online video, podcasts, and emerging AI-driven tools. These spaces increasingly shape how people understand health and cannot be treated as secondary to traditional forms of communication.

Success depends not only on what information is shared, but also on how it is delivered and who is delivering it. Clear, consistent, and culturally relevant messaging must be present across these platforms to close knowledge gaps, increase understanding, and interrupt stigma. Without that shift, the current media environment will continue to reinforce confusion and knowledge gaps about HIV, limiting public understanding of prevention and treatment advances and allowing stigma to persist despite decades of medical progress.

HIV Stories Are Missing When Audiences Need Them Most

Despite real progress in HIV treatment and prevention, the stories we see in the mainstream media have not aligned. For many people, HIV is either invisible or framed in ways that feel outdated and disconnected from what it actually means to live with HIV today.

Across both survey data, focus groups, and conversations with community members, a consistent theme emerges: people want more honest, current, and human stories about HIV. People living with HIV, in particular, point to a lack of narratives that reflect their everyday lives. Instead, storytelling often leans into extremes, focusing on crisis or fear, while missing the opportunity to depict loving and family focused characters thriving within their careers.

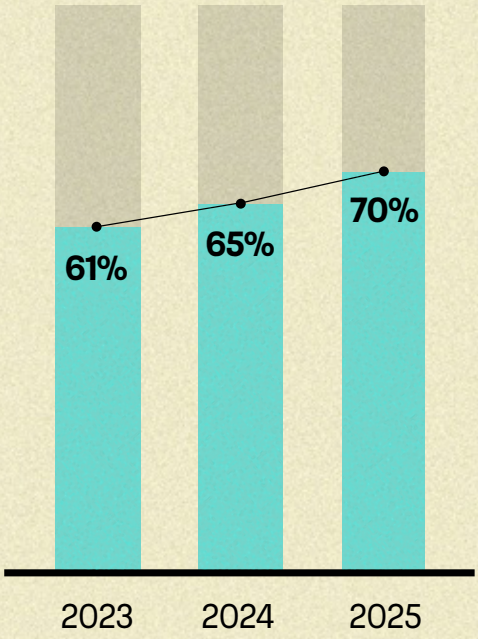
Missing from the Script: The Erasure of HIV Narratives from Mainstream Media

In 2025, 72% of Americans say they have not seen any stories about real people living with HIV in the media within the past 12 months. That number has increased from 66% in 2024, suggesting that visibility is not only limited, but moving in the wrong direction.

The same pattern shows up in entertainment media. Seven in ten Americans (70%) report that they have not seen depictions of people living with HIV in television or film over the past year, compared to 65% in 2024. This lack of representation, both in real-life storytelling and fictional narratives, reinforces a media landscape where HIV is largely out of sight.

Industry data reflects this gap as well. According to GLAAD's *Where We Are on TV* report, only one LGBTQ character living with HIV appeared during the 2024–2025 television season. That character was part of a limited series and is not returning, highlighting how rare and short-lived these portrayals continue to be. This was the second year in a row where only one character was living with HIV, and that character did not return. Over time, representation has remained inconsistent and minimal.

In GLAAD's 2026 *Where We Are in Film*, which looked at 225 films from 10 major distributors, only one film contained a character living with HIV (Lionsgate's *Fairyland*). This is the first time in three years that there has even been a single character, as there were zero characters living with HIV in major studio films between 2023 and 2025. At scale, these stories are simply not being told.



% of U.S. adults who have not seen any depictions of people living with HIV on TV and/or movies in the past 12 months

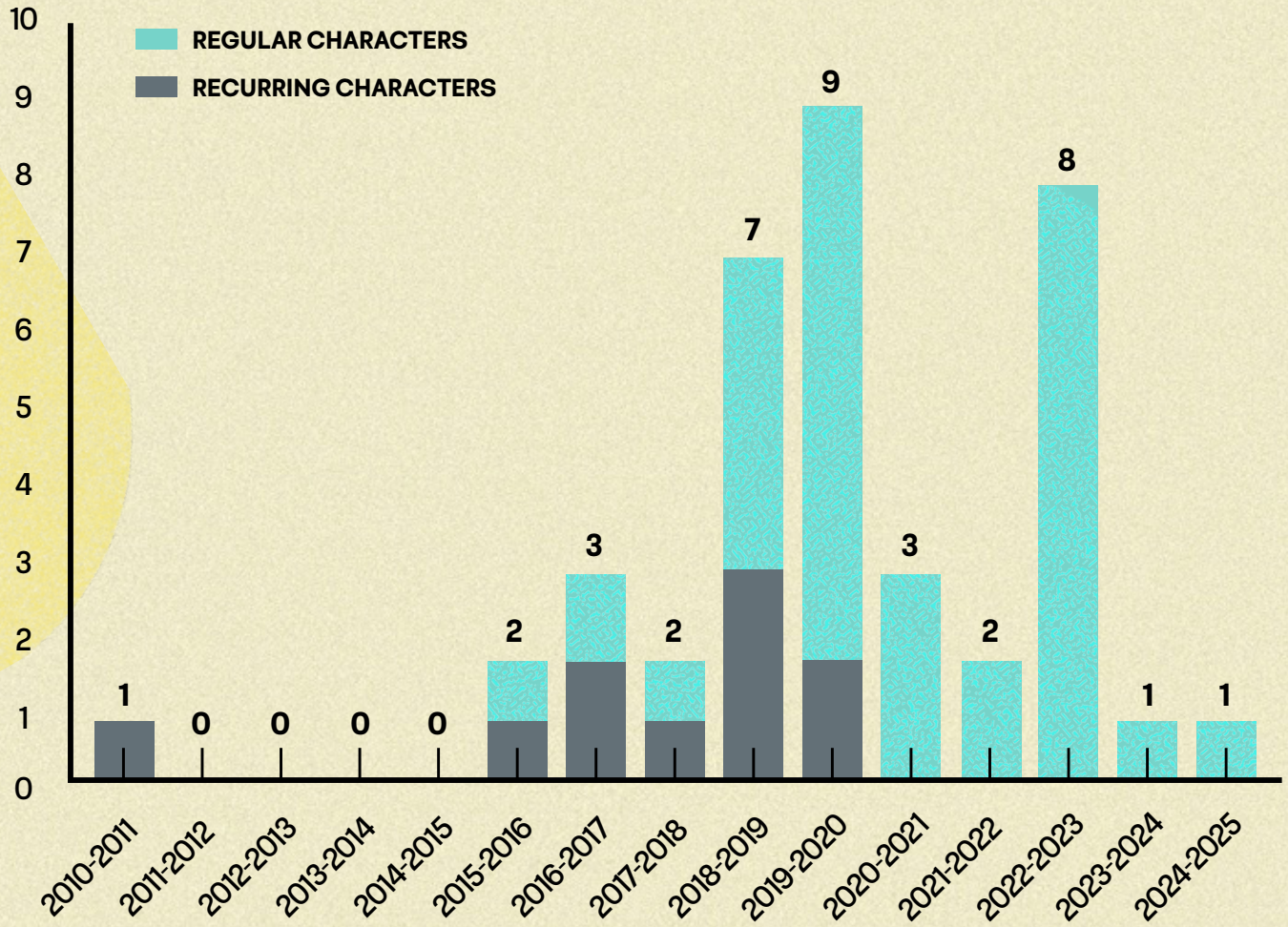
Source:
GLAAD HIV Stigma Survey. January 2025.
* Statistically significant change vs prior period at 90% CI

And people living with HIV feel that absence in real time. In focus groups, GLAAD conducted with Ipsos, many respondents living with HIV and living without HIV actively point out how absent the stories and voices of people living with HIV are today in the media industry. A trans woman of color living with HIV in this research notes how "we can't have a voice in Hollywood" and says that the last movie with HIV representation she could recall was Dallas Buyers Club, premiering 13 years ago.

Other respondents notice the absences of HIV storytelling in media as well and how that connects to general knowledge of HIV. A Gen Z adult living with HIV said that "...you really don't see anything about HIV in the media or in movies and stuff...that's why people are so ignorant when it comes to the topic. They're not seeing it. They're not hearing about it so they act like it doesn't affect other people."

Taken together, this points to a larger issue. When people do not see stories about those living with HIV, it limits what they know and understand. In that absence, outdated assumptions and stigma are more likely to take hold.

The history of GLAAD's *Where We Are on TV* study tracking LGBTQ characters living with HIV



Source: GLAAD's Where We Are on TV Report.

Only 1 LGBTQ character living with HIV appeared in the 2024-25 TV season (Mina Serrano as Cris Miró), and that character is not returning.

Outdated Tropes, Modern Realities: The Representation Gap

When stories about HIV do show up, they often don't reflect what living with HIV looks like today.

About two out of three Americans say they want to see more positive portrayals of people living with HIV in the media. That shows up clearly in focus groups, where respondents describe how current portrayals fall short. As one MSM of color living without HIV shares, "it [media representation] never focuses on living in care and living a healthy life... It never shows the journey. It only shows the climax, and that's it."

Across these focus groups, people consistently point to portrayals rooted in fear, crisis, or moral judgment. For many, the stories feel stuck in the past. As another MSM of color living without HIV shares, "I personally hate how HIV is depicted in media... most of the movies that I've seen are always somebody catching it due to infidelity or different things like that. It's always a negative notation."

Respondents also point to the lack of everyday, grounded storytelling. As one Latine Spanish-speaking participant living without HIV notes,

"what we're missing now is seeing someone with HIV, but that's not the central story line... That kind of story which is depicting real life today is just absent. Maybe because we're not demanding it to be that way or maybe because the media doesn't perceive it to be, like, interesting or juicy or worth telling."

When those stories aren't there, it shapes how people understand HIV. People get reduced to a diagnosis instead of being seen as whole people living full lives.

People want to see different communities, identities, and lived experiences reflected, and stories where HIV is part of the narrative, but not the entire story. As one Gen Z adult living without HIV shares,

"I feel like representation would really help. I think that's where a lot of people get this kind of information. I'm thinking about The L Word reboot, and I don't know, other shows that center queer characters. There's no reason why there shouldn't be someone living with HIV, and just have that be woven into the storyline."

Authentic and current representation opens the door for more honest, human portrayals that reflect how people actually live today.

"Our stories deserve to grow as we grow. For too long, the world has trapped people living with HIV in a 'crisis loop,' demanding narratives of trauma as the price of visibility.

The future I imagine is one where our stories expand to encompass the greatness of our lives: wisdom, humor, aging, and the radical joy of thriving on our own terms."

— **Daniel G. Garza,** Director of Outreach, **Cheeky Charity**

CALL TO ACTION

Expanding Authentic HIV Storytelling Across Media Ecosystems

Closing these gaps will require more than just increasing the number of stories. It will require an intentional shift in how those stories are told and spotlighted within the media.

Storytellers, production companies, media outlets, and funders all have a role to play in the advancement of stories that center everyday life—routine care, relationships, community, and joy—alongside the challenges that still exist.

There is also an opportunity to meet audiences where they are. Younger audiences, especially Gen Z, are increasingly turning to digital platforms, social media, and emerging AI-driven spaces for information. Expanding accurate and engaging HIV storytelling in these spaces can help close knowledge gaps and counter misinformation in real time.

The stories we tell shape what people believe, what they understand, and how they respond. When storytelling reflects the full reality of living with HIV, it has the power to reduce stigma, increase understanding, and support more informed and compassionate communities.

Stigma and System Failures Are Creating Barriers to Care

When real life experiences become invisible or portrayed in limited and outdated ways, stigma fills the gaps. These beliefs do not stay abstract. They shape behavior, influencing whether people feel safe seeking testing, prevention, and treatment.

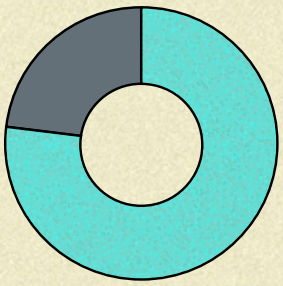
Access to HIV care is shaped by the systems designed to support it. Public health infrastructure, funding, and policy environments determine what services are available, where they exist, and who can access them. As these systems face funding shifts and capacity strain, people are calling for easier, more stigma-sensitive access to testing, prevention, and treatment. When stigma and system-level barriers intersect, they reinforce one another, creating gaps in care that can delay testing, disrupt treatment, and limit access to prevention services.

Stigma shapes access decisions

Stigma continues to shape how, when, and whether people engage with HIV testing, prevention, and treatment. These perceptions have real consequences for behavior. For many, the decision to seek care is not only about availability, but about whether they feel safe doing so. Participants describe delaying testing, modifying appointment times, and avoiding disclosure due to fear of exposure. In the focus groups, one cis woman of color living with HIV shares, "my doctor's appointments, I would ask for the latest appointment...". These behaviors illustrate how anticipated stigma becomes embedded in decision-making, shaping engagement with care before a person ever enters a clinical setting.

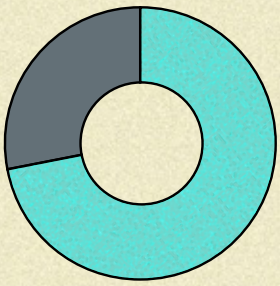
Most Americans recognize this reality. More than 7 in 10 Americans agree stigma can be a barrier to testing and treatment, and most (79%) believe people living with HIV experience stigma and discrimination.

Even with this widespread recognition from the public, attitudes around HIV stigma are evolving in real time, creating a gap between people living with HIV and those not living with HIV. For example, in 2025, 82% of Americans agree that HIV stigma still persists. While a solid majority acknowledges this truth, agreement has declined by seven points over the past six years. Because these figures primarily reflect the perceptions of people not living with HIV, the decline suggests a growing disconnect between the general public's perceptions and the actual reality of living with HIV.



77%

of Americans agree HIV stigma can be a barrier for people to get tested



73%

of Americans agree HIV stigma can be a barrier to obtaining treatment for people living with HIV

Source: GLAAD 2025 HIV Stigma Survey. January 2025.
Question wording: How much do you agree or disagree with each of the following statements about HIV and HIV stigma?

The media has an important role to play in potentially explaining this trend. Focus group participants who are presented with this shift in public opinion point to an "invisibility paradox." As HIV representation in media and public discourse has diminished, those not personally impacted may think about it less frequently, resulting in the downward trend captured in the survey. As one Latine focus group participant living without HIV notes, those who harbor stigmatizing beliefs are often the first to deny that such stigma exists. While perceptions of stigma are changing, the real experience of stigma continues to impact lives every day.

Stigma differs across identity and geography

The impact of HIV stigma is not evenly distributed. Two out of three Americans believe stigma is worse in rural areas, a view echoed by focus group participants who point to limited services and reduced anonymity. In these environments, the perceived social cost of seeking care is often higher, as individuals may face greater visibility and fewer trusted points of access.

As one participant, a cis woman of color living with HIV, describes, "in rural communities, many times, nine times out of 10, they will have one doctor's office to go to. They can't just fire their doctor if they deal with any type of stigma or maltreatment from the health care facility." This lack of choice can intensify the impact of stigma, limiting options for care and reinforcing barriers to engagement. At the same time, individuals navigating intersecting identities, including race, gender, sexual orientation, and age, describe layered experiences of stigma that extend beyond HIV alone. As one Gen Z adult living with HIV explains,

"the realms and ways and lanes people can attempt to stigmatize you, break you down, or just be nasty towards you increases with the additional identities that we hold."

A trans woman of color living with HIV shares, "if you put the HIV on top of it... there can be a stigma and prejudice against you." Another participant, a cis woman of color living with HIV, notes,

"when I think about stigma, I don't just think about it with HIV... it is every single day, and it's every single place I go into."

“In rural Southern communities, relationships matter more than campaigns. You can’t drop in with a national strategy and expect it to stick.

You have to understand the church networks, the informal leaders, the family systems, the transportation barriers, the unspoken rules... If we want different outcomes, we need different power dynamics. Community voice cannot just be testimonial; it has to be directive.”

— **Daniel J. Downer,** Racial Equity Consultant, **Blue Ridge Pride**

When Stigma Becomes Law

HIV stigma is not only shaped by attitudes. It is embedded in policy. Across the United States, HIV criminalization laws continue to entrench stigma into law in over 30 states, influencing how people living with HIV are perceived and treated.[11]

These laws penalize people living with HIV for potential or perceived exposure, often regardless of actual transmission risk. This does not reflect current science, including that people with an undetectable viral load cannot transmit HIV. Instead, these laws criminalize non-disclosure or intimacy, even when no transmission occurs.

This reinforces outdated narratives that frame people living with HIV as a threat rather than individuals managing a chronic condition, a frame that is often amplified in the media coverage of HIV criminalization cases.[12]

How criminalization laws are discussed and represented in the media plays a critical role in shaping the perceptions, fears, and stigma people hold around HIV, increasing fear and discouraging testing. In focus groups respondents living with HIV told GLAAD that these criminalization laws contribute to fear, reluctance to disclose status, and get tested. Empirical research bears this out as well. Increased media coverage about HIV criminalization laws[13] is associated with fewer at-risk individuals getting tested in states with HIV criminalization laws. When policy creates legal risk around disclosure, it can discourage honest conversations, increase fear, and deepen stigma without improving public health outcomes.

In practice, these laws target the most at-risk populations. People of color, sex workers, and under-resourced communities are over-represented in HIV-related arrests and prosecutions at the state level.[14, 15]

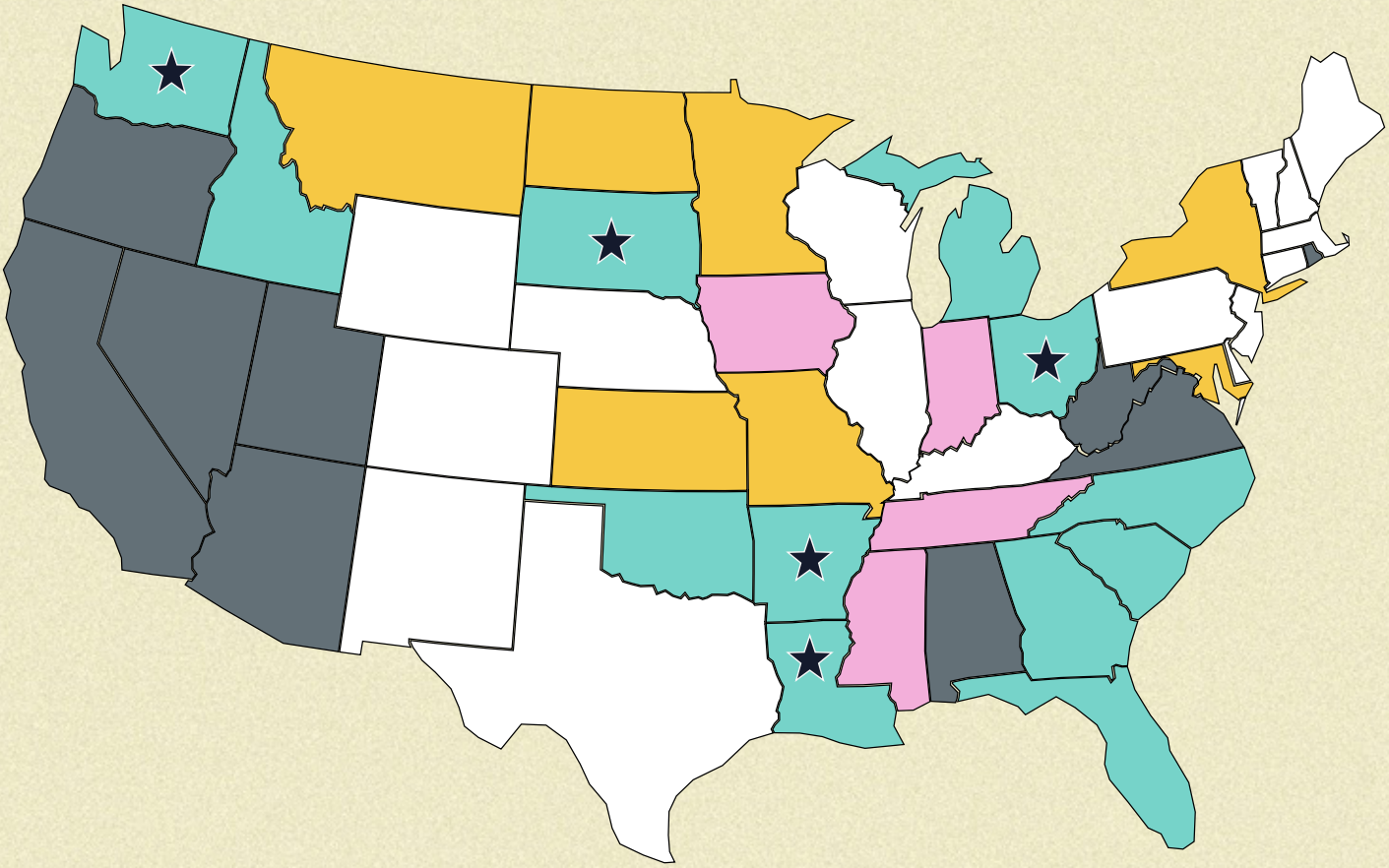
Focus group participants spoke to that emotional impact. One Gen Z adult living with HIV shares, "I think these laws are fucking absolute bullshit." Another participant, a MSM of color living with HIV, says, "it angers me to hear it. It makes me sick to my stomach because this isn't the world that I want to live in." A trans woman of color living with HIV expresses

> **"[HIV] criminalization laws take away civil rights."**
>
> **— Trans woman of color living with HIV**

Stigma, then, is not simply a social experience. It is a structural force that shapes access, influencing who seeks care, when they seek it, and under what conditions. And even when individuals are ready to seek care, the systems meant to support them are not always equipped to meet that need.

11. Mapping HIV Criminalization Laws in the U.S.: Making Positive Justice Possible, Center for HIV Law and Policy, Nov. 2025, www.hivlawandpolicy.org/sites/default/files/2025-11/Mapping%20HIV%20Criminalization%20Laws%20in%20the%20US%2C%20CHLP%20111225.pdf.
12. Campbell, Chadwick K., et al. "Sex, Lies, and Videotape: A Content and Textual Analysis of Media Coverage of the HIV Criminal Prosecution of Michael Johnson." Crime Media Culture, vol. 18, no. 1, Mar. 2022, pp. 52–69. HeinOnline, doi.org/10.1177/1741659020971000.
13. Lee, Sun Goo. "Criminal Law and HIV Testing: Empirical Analysis of How At-Risk Individuals Respond to the Law." Yale Journal of Health Policy, Law, and Ethics, vol. 14, no. 1, Winter 2014, pp. 194–238. HeinOnline, heinonline.org/HOL/Page?handle=hein.journals/yjhple14&id=200.
14. HIV Criminalization in the United States, Williams Institute, UCLA School of Law, 2022, williamsinstitute-dataviz-hiv-crim.webflow.io.
15. "Outdated HIV Criminalization Laws Targeting People of Color and Sex Workers," Project Censored, 13 Apr. 2023, www.projectcensored.org/outdated-hiv-criminalization-laws-targeting-people-of-color-and-sex-workers/.

Center for HIV Law and Policy: 32 states have laws that specifically criminalize exposure to and/or transmission of HIV



12 STATES

HIV is specifically named in the law and no other disease is listed.

7 STATES

Communicable disease* is named in the law and the statutory, administrative, or case law definition of communicable disease specifically names HIV.

4 STATES

HIV is specifically named in the law alongside other diseases.

9 STATES

Communicable disease* is named in the law and the statutory, administrative, or case law definition of communicable diseases does not specifically name HIV but the definition is broad enough to include HIV.

★ **5 STATES**

May require registration on a Sex Offense Registry (SOR) as part of the punishment for a conviction under HIV-specific laws.

**The term "communicable disease" is used within the HIV specificity scale, but HIV criminalization laws may refer to "contagious diseases," "infectious diseases," "sexually transmitted infections," "sexually transmitted diseases," "venereal diseases," or other similar terms.*

Source: Center for HIV Law and Policy

Infrastructure strain compounds stigma-related access barriers

Even when individuals are ready to seek care, access is not always guaranteed and structural and funding challenges can limit the availability.

Recent termination of approximately $600 million in CDC HIV and STI prevention grants, alongside proposed reductions to prevention funding, highlights the fragility of the systems supporting HIV response efforts.[16] These investments sustain testing, surveillance, workforce capacity, and outreach. When funding is reduced or delayed, health departments and community organizations may scale back services, reduce staff, or limit geographic reach, narrowing pathways into care.

Community-based organizations often serve as trusted entry points for HIV testing, PrEP, PEP, and treatment navigation, particularly in communities disproportionately impacted by HIV. These organizations provide culturally competent care and localized support that larger systems may not fully replicate. When funding constraints impact these organizations, the effects extend beyond capacity. They weaken trusted relationships and reduce access points for communities that rely on them most.

These funding cuts do not just impact institutions and organizations; they impact people living with HIV directly, disrupting access to life-saving care. Medicaid and ADAP funding cuts have left hundreds of thousands of people living with HIV with their insurance and care options uncertain, or worse wholly eliminated and unaffordable.[17] Estimates hold that this will delay, discourage, and deny essential care to people living with HIV, potentially leading to an increase in HIV cases.[18]

At the same time, public narratives about progress in HIV treatment and prevention can obscure ongoing access challenges. While advances are real, access remains uneven.[19] In areas where funding limitations and workforce shortages reduce provider availability, individuals may face fewer options and diminished anonymity.[20] In these contexts, stigma carries greater weight, compounding existing barriers and shaping how people navigate care.

Infrastructure challenges and stigma reinforce one another. When systems become harder to navigate, stigma becomes an even more significant barrier, in prevention and treatment.

"In rural Appalachia, small policy shifts have outsized impact. When Medicaid coverage is unstable, when prevention funding plateaus, when public health departments are understaffed, there isn't a backup system waiting in the wings. One funding gap can mean the difference between someone staying virally suppressed or falling out of care."

— **Daniel J. Downer,** Racial Equity Consultant, **Blue Ridge Pride**

16. Kekatos, Mary, and Arthur Jones II. "Trump Administration Cuts $600 Million in HIV, STD Prevention and Surveillance Grants". ABC News , 11 Feb. 2026 , abcnews.com/Health/trump-administration-cuts-600-million-hiv-std-prevention/story?id=130060405.
17. Jeffrey S. Crowley and Kirk Grisham, "ADAP Crisis Threatens Access to Lifesaving HIV Care," Quick Take, Center for HIV and Infectious Disease Policy, O'Neill Institute for National and Global Health Law, Apr. 2026, bit.ly/USHIVpolicyproject.
18. "Changes to Medicaid Could Have Severe Consequences for Americans with HIV," CIDRAP, University of Minnesota, 17 July 2026, www.cidrap.umn.edu/hivaids/changes-medicaid-could-have-severe-consequences-americans-hiv.
19. "The Lancet: USA Failing to Reach Populations Most in Need of HIV Prevention and Treatment Services as Epidemic Grows in the South and Rural Areas." EurekAlert!, 19 Feb. 2021, www.eurekalert.org/news-releases/587533.
20. Dawson, Lindsey. "Cutting HIV Prevention Funding at CDC: What Would It Mean?" KFF, 19 Mar. 2025 , www.kff.org/quick-insights/cutting-hiv-prevention-funding-at-cdc-what-would-it-mean/.

“Through both lived experience and advocacy, I’ve learned something that should be obvious but still gets overlooked: housing is healthcare. Respect is healthcare. Representation is healthcare...

As funding and policy continue to shift, we have an opportunity to strengthen peer support, housing stability, and anti-stigma work. But that only works if people living with HIV are not just consulted, but trusted as leaders.”

— **Ryan Alvey,** Executive Director, [Positive Change Movement]

CALL TO ACTION

Strengthening Access and Reducing Stigma

Addressing these intersecting challenges requires coordinated action across sectors. Government agencies, corporate partners, healthcare systems, community organizations, advocates, and media leaders all play a role in strengthening HIV prevention and care infrastructure.

This includes restoring and expanding treatment and prevention funding, supporting community-based providers, and ensuring equitable access to tools such as PrEP and PEP. It also includes addressing policies, including HIV criminalization laws, that reinforce stigma and discourage engagement in care.

Public narratives must also evolve to reflect both progress and ongoing gaps. The way HIV is understood shapes how people engage with care. Aligning infrastructure investments with efforts to reduce stigma will be critical to improving access and sustaining long-term progress.

Without sustained investment and intentional coordination across systems, efforts to end HIV will remain uneven. Addressing stigma and access together is essential to meeting national goals.

"Stigma did not disappear. It evolved... If we are serious about ending the HIV epidemic, we must be just as intentional about dismantling stigma as we have been about advancing treatment.

Because progress is not defined by what science makes possible—it is defined by what people are willing to accept, access, and, most importantly, act on.

— **Terrance Hunter,** Vice President of Strategic Initiatives, 26Health

Conclusion: Choosing Visibility, Truth, and Action

Participants emphasized education, advocacy, and community support as essential tools for confronting stigma. Across focus groups, many described the importance of accurate information, visible representation, and spaces where people living with HIV could speak openly about their experiences without fear of judgment.

As one respondent shared, “I will not let HIV control me, I control HIV.”

That perspective reflects a broader truth that emerged throughout this report: stigma shapes systems, policies, media narratives, and access to care, but it does not define the lives, identities, or futures of people living with HIV.

At a moment when public understanding of HIV is increasingly shaped by fragmented media environments, misinformation, and uneven access to healthcare, the need for intentional storytelling, sustained investment, and community-rooted advocacy has never been more urgent. Ending HIV stigma will require more than scientific advancement alone. It will require ensuring that advances in prevention and treatment are matched by public understanding, equitable access to care, and accurate representation in media and culture.

Methodology

The 2026 State of HIV Stigma Study was conducted through an online survey in January 2025 among a sample of 2,500 U.S. adults 18+ and it was weighted to be nationally representative.

Following the survey, the qualitative focus groups were commissioned by GLAAD and conducted by Ipsos. The discussion guide was designed in collaboration between GLAAD and Ipsos, with input from the HIV Community Advisory Council.

Nine 90-minute virtual focus groups were conducted in September 2025, with 3-5 participants per group. The groups were designed to ensure representation across various demographics relevant to the issue of HIV stigma. Ipsos recruited most of the respondents, with some respondents recruited through social media by GLAAD's partner organizations.

The nine focus groups were broken down as follows:

- **2 groups of Gen Z adults. One group living with HIV, one not living with HIV.**
- **2 groups of Men who have sex with Men of color (MSM). One living with HIV, one not living with HIV.**
- **2 groups of Trans women of color. One living with HIV, one not living with HIV.**
- **2 groups of Cis women of color. One living with HIV, one not living with HIV.**
- **1 group of Latine people who speak Spanish, which was mixed with people living with HIV and those living without HIV.**

The focus group findings outlined in this document are qualitative in nature, and the work is exploratory as a result of the sample size and method by which the sample was drawn. Results should be regarded as directional and may not necessarily be projected to the larger population without further quantitative research.

Acknowledgements

GLAAD is deeply grateful to the many advocates, researchers, public health leaders, storytellers, people living with HIV, organizers, and community partners whose insights, expertise, and lived experiences helped shape this report.

The State of HIV Stigma Study was built through collaboration, conversation, and a shared commitment to confronting stigma through storytelling, research, visibility, and cultural change. At a time when misinformation, political attacks, and inequitable access to care continue to impact communities across the country and around the world, this work would not be possible without the people working every day to educate, advocate, organize, and care for others.

We are especially thankful to the community leaders, advocates, and HIV organizations who continue to push conversations forward with honesty, urgency, and compassion. Your work continues to shape a more informed and affirming future.

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Special Thanks: GLAAD extends special thanks to Jennifer Lewis, Rich Ferraro, Tristan Marra, Brandon Grabowski, Darian Aaron, Dr. David J. Malebranche, Dr. J. Richelle Joe, and Deondre Moore for their guidance, partnership, expertise, and support throughout the development of this report.

About GLAAD

GLAAD is the world's largest LGBTQ media advocacy organization.

GLAAD rewrites the script for LGBTQ acceptance. As a dynamic media force, GLAAD tackles tough issues to shape the narrative and provoke dialogue that leads to cultural change. GLAAD protects all that has been accomplished and creates a world where everyone can live the life they love. Journalists and media interested in speaking to a GLAAD spokesperson, please reach out to press@glaad.org.

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Gilead provided grant funding to support the development of this report.

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