Want help reporting on HIV in Australia?

Effective reporting of HIV in Australia requires a solid understanding of HIV and its social and medical implications. The HIV Media Guide provides journalists with tools to ensure that media reporting on HIV is accurate and sensitive.

Visit www.hivmediaguide.org.au for:

- The latest data on HIV – in Australia and internationally
- Background briefings on Australia’s HIV successes, along with current issues and challenges
- Tips on accurate language use
- Assistance with interpreting the science behind HIV
- Insight into the lived experience of people living with HIV
- Information about current testing, treatment and prevention technologies in Australia
- Media contacts and links to key HIV organisations around the country.

HIV Media Guide
Information for journalists

MEDIA TOOL KIT
HIV is a story of critical importance. All audiences deserve full, accurate and intelligent coverage of HIV and HIV-related issues. Effective reporting requires a solid understanding of HIV and its social and medical implications. Best practice reporting should challenge myths and misinformation about HIV. The HIV Media Guide provides journalists with tools to ensure that media reporting on HIV is accurate and sensitive.

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STIGMA AND DISCRIMINATION

JOIN THE CONVERSATION
- Join the conversation on the Australian Social Health Conferences in October on Twitter and Facebook.
- View more photos and video.

Australasian
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AIDS VICTIM

Over the last few years there have been some significant developments in scientific research pointing to the potential for an HIV cure. However, HIV cure research is still in its infancy.

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DON’T CALL ME ‘VICTIM’

Do not inappropriately apply labels to people with HIV. Words like ‘victim’ and ‘sufferer’ are dehumanising and suggest that people have no control over their lives.

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AUSTRALIA’S SUCCESS STORY

Effective HIV prevention efforts have had a dramatic impact on Australia’s HIV epidemic. This success has resulted in a lower prevalence of HIV in Australia among key population groups compared with the rest of the world.

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The HIV Media Guide is produced by the Australian Federation of AIDS Organisations (AFAO) – the national federation for Australia’s community response to HIV. AFAO provides leadership, coordination and support to Australia’s policy, advocacy and health promotion response to HIV/AIDS.

For further information about HIV and the work of AFAO, visit www.afao.org.au
Journalists should avoid language that is derogatory or that perpetuates myths or stereotypes about HIV, people who live with HIV, or communities most affected by HIV. We’ve prepared a useful checklist of language do’s and don’ts.

**USE** HIV infection, HIV-positive, HIV/AIDS

**DON’T USE** AIDS if the intention is to refer to HIV

AIDS is a syndrome encompassing a range of conditions that occur when a person’s immune system is seriously damaged by HIV infection. Someone who has HIV infection has antibodies to the virus but may not have developed any of the illnesses which constitute AIDS.

**DON’T USE** AIDS virus or HIV virus

There is no such thing as the AIDS virus. There is only HIV (Human Immunodeficiency Virus); the virus that can cause AIDS. The term ‘HIV virus’ means ‘Human Immunodeficiency Virus virus’, which is a tautology.

**USE** person living with HIV, person with HIV, HIV-positive person

**DON’T USE** AIDS victim, HIV sufferer, or AIDS sufferer

The words ‘victim’ and ‘sufferer’ are disempowering. Many people living with HIV dislike these terms because they are patronising and imply they are powerless, with no control over their lives. Use of the term ‘sufferer’ or ‘victim’ to refer to someone with HIV implies that the individual is at the mercy of the condition. People do not necessarily suffer because they have HIV.

**DON’T USE** AIDS patient

Most of the time, a person living with HIV or AIDS is not in the role of patient. Use ‘patient’ (and not ‘AIDS patient’) only to describe someone who has AIDS and who is in a medical setting in the context of the story.

**DON’T USE** AIDS carrier

This term is highly stigmatising and offensive to many people living with HIV. It is also incorrect as the infective agent is HIV. A person cannot catch ‘AIDS’.

**USE** HIV-infected

No-one can be infected with AIDS because it is not an infectious agent. AIDS is a syndrome of opportunistic infections and diseases that can develop as immunosuppression deepens.

**DON’T USE** AIDS test

There is no test for AIDS, only for HIV. Use HIV test or HIV antibody test.

**DON’T USE** body fluids

Confusion about the body fluids that transmit HIV is a cause of fear and misunderstanding about HIV, and continues to cause discrimination against people living with HIV and people in communities affected by HIV. There are only certain body fluids that contain HIV in sufficient concentration to be implicated in HIV transmission – blood, semen, pre-ejaculate, vaginal fluids and breast milk. HIV cannot be transmitted through body fluids such as saliva, sweat, tears or urine.

**USE** sex worker

**DON’T USE** prostitute

Prostitute is a loaded and disparaging term and does not reflect the fact that sex work is a form of employment for sex workers, not a way of life.

**USE** street-based sex worker

**DON’T USE** street walker

Again, the term ‘street walker’ does not represent the employment aspect of sex work and is therefore derogatory and misleading.

**USE** person who injects drugs, person who uses drugs

**DON’T USE** junkie, drug addict

Not all people who use injecting drugs are dependent and drug dependency is a medical condition – not, in itself, a crime. Illicit drug use is only one part of an injecting drug user’s life. Terms such as ‘junkie’ rely on a stereotyped image that is not accurate, and often greatly misrepresents drug users’ varied lives.

**USE** person with AIDS, or person with HIV

**DON’T USE** full-blown AIDS

This term is overly dramatic and also implies that there is such a thing as a partial case of AIDS. A person has AIDS or they do not.

**USE** affected communities, high-risk behaviour

**DON’T USE** high-risk group

Using the term HIV ‘risk group’ implies that membership of a particular group rather than behaviour, is the significant factor in HIV transmission. This term may lull people who don’t identify with a particular group into a false sense of security. It is high-risk behaviours such as unprotected sex or unsafe injecting practices that can spread HIV, not ‘belonging’ to a high-risk group.

**USE** risk of HIV infection

**DON’T USE** risk of AIDS

HIV is the virus, not AIDS. Use ‘risk of HIV infection’ or ‘risk of exposure to HIV’.

**USE** people with medically-acquired HIV, children with HIV

**DON’T USE** innocent victims

‘Innocent victims’ is frequently used to describe children with HIV, or people with medically-acquired HIV infection. The term implies that people who have acquired HIV in other ways are guilty of some wrong-doing and deserved to be infected with HIV. Attributing blame in this way contributes to stigma and discrimination.

**USE** Australian population, HIV-negative people, all Australians

**DON’T USE** general population

Don’t use ‘general population’ unless HIV-positive people are included in it. Otherwise the term implies that people in populations targeted for HIV prevention, education and care are not part of the general population.