



Ageing with HIV: The Psychological Toll for Women

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There are no conflicts of interests



The numbers

One third of all people living with HIV in the UK are women

Globally 53% of people living with HIV are women and girls

In the UK - percentage of older people being diagnosed is increasing

Emergency Department opt out testing – 1/3 diagnosed over 50 – contrasted to 20% via usual routes

Late diagnosis – increased from 53% to 61% in people over 65 from 2023 to 2024

Women have poorer Tx outcomes than gay men



General issues of ageing in HIV

BIO -

Comorbidity & polypharmacy
Premature
immunosenescence
Exacerbation of ageing issues
– HIV or Tx factors
Mobility & frailty
Sexual function changes
Dementia/neurological
conditions

-PSYCHO-

Worries & anxiety
Low mood
Fear of unknown
Shame around sharing
Exacerbation of existing
mental health issues

-SOCIAL

Social isolation
Loss of family, friends,
support network
Increased support and
social care needs
Loss of community
independence

The problem of invisibility^{#CONTINUUM2026}



“Not having a purpose. Not having good health. Not having access to support when I need it. Being poor and invisible”

Despite a strong history of women’s activism – leadership often led by women of colour.....

The level of unmet needs among women living with HIV is high

violence of invisibility – growing older in an ageist, sexist and racist society

Survivor conflict - gratitude for survival, but now having to unexpectedly negotiate life with a stigmatising condition

Historical Trauma – silenced already – not confident to ask for help

Domestic violence – controlled silencing & isolation – not able to ask for help

Traditional gender roles and expectations – must look after others.....

Under-researched, therefore services unprepared for the complexity of women’s needs

Menopause– huge impact - lack of research knowledge & acknowledgement

HerStories 2026

(HerStories, 2026; Kokorelias et al., 2026; Sophia Forum & THT, 2018; Stevenson 2022)

The problem of visibility

#CONTINUUM2026



“My main concerns about ageing with HIV are fears of ageism. HIV stigma in health or placed in elder care homes where people don't understand HIV”

Women from marginalised groups – already feeling like a target:

Concerns about additional stigma in life and in care

Multiple level discrimination:

Affects care seeking and clinic attendance – women of colour with low SES feel more vulnerable regarding stigma and discrimination

Non-specialist care remains a source of anxiety:

Worries about sharing diagnosis, treatment knowledge, lack of cultural competence

Carrying a life-long secret:

Fear of exposure, increased sharing– forced into view though having to access an increasing number of health services

Re-traumatising:

Fear and shame, damaged goods, underserving, existing mistrust in services (people who care for me hurt me), avoidant coping, poor health outcomes

HerStories 2026

Collaboration to thrive

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What must we do.....

“When care is respectful, flexible, and grounded in listening, engagement and confidence improve”

Herstories 2026





**With great care
comes great responsibility.....**

“I have some worries. My long-term consultant who has known me for more than 30 years will retire early next year. I don't expect that I will ever have that type of relationship with another clinician”

References & Resources

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