

Response from Marion Chatterley, 2 June 2005

I see little of value in this proposal. It seems to be an extreme and inappropriate reaction to legitimate concerns that could be managed in a different way.

Q1 I would not like to see this legislation approved; however, if it is I think that it should have universal application (including people who are already HIV+ as they may well be victims of crime)

Q2 Don't agree with mandatory testing. Sheriff process would take too long to make informed decision about PEP

Q3 Would like to see voluntary testing managed by health professionals and backed up by appropriate support - long term if necessary.

Q4 Not helpful - victims of sexual assault have many issues to manage of which BBV is only one. Window period for diagnosis makes mandatory testing unhelpful. No PEP for HCV so no immediate action is possible. Research seems to suggest that victims of sexual assault refuse PEP even when it is recommended by a medical professional.

Q10 Whether or not information is held on file by the police, it would become a part of overall police intelligence and could be used to discriminate in the future.

Q12 This is the area where a difference could be made. Support agencies should be contracted to offer support and information to all those who are affected by the intentions of this legislation. The psychological issues seem to be at the heart of the impetus to make change - and they are far better dealt with through therapeutic input than attempts to offer reassurance which are fundamentally flawed.

I have grave concerns that this legislation would encourage discrimination against already marginalised groups - gay men; sex workers; IV drug users, black Africans as they would always be assumed to be higher risk groups.

The legislation appears to criminalise people living with HIV for no reason other than their HIV status. There seems to be little respect for the principle of 'innocent until proven guilty'. This legislation deals with people who are suspected of committing a criminal act, not those who have been convicted of such.

I think it would be far more sensible to offer appropriate support and counselling to anyone who may have been infected as the result of a crime - including police officers and other public sector workers. The example in the consultation document of a police officer whose wife aborted their unborn child after a potentially infectious incident raises a number of questions which could perhaps have been dealt with in a supportive and informed discussion with an appropriate person.

I would recommend that all police officers are inoculated against HBV.

I recommend that information for police and other public sector workers is kept current and that training on these issues is regular and compulsory.