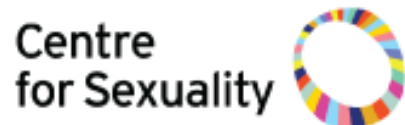


Understanding Stigma: A discussion about sexual health, substance use and related stigma

Created in partnership with:





Brief overview of the project

Webinar Goals



- To discuss stigma and the impacts of stigma.
- To engage in a knowledge exchange process and discuss common challenges related to STBBIs, sexual health, substance use and professional practice.
- To discuss various tools and strategies that can be used to ensure discussions of STBBIs and substance use are non-stigmatizing, empowering and authentic.

Our Rights as Learners

Participate

Pass

Privacy

Respect

Fun!



Stigma

- What is it?
- Where do we see it?
- What is the impact?



Stigma defined



- **Perceived stigma:** an individual's awareness of negative societal attitudes, fear of discrimination and feelings of shame.
- **Internalized stigma:** an individual's acceptance of negative beliefs, views and feelings towards the stigmatized group they belong to and oneself.
- **Enacted stigma:** encompasses overt acts of discrimination, such as exclusion or acts of physical or emotional abuse; acts may be within or beyond the purview of the law and may be attributable to an individual's real or perceived identity or membership to a stigmatized group.
- **Layered or compounded stigma:** the stigma experienced by a person holding more than one stigmatized identity (e.g., HIV positive serostatus, sexual orientation, ethnicity) may be exacerbated.
- **Institutional or structural stigma:** stigmatisation of a group of people through the implementation of policy and procedures.

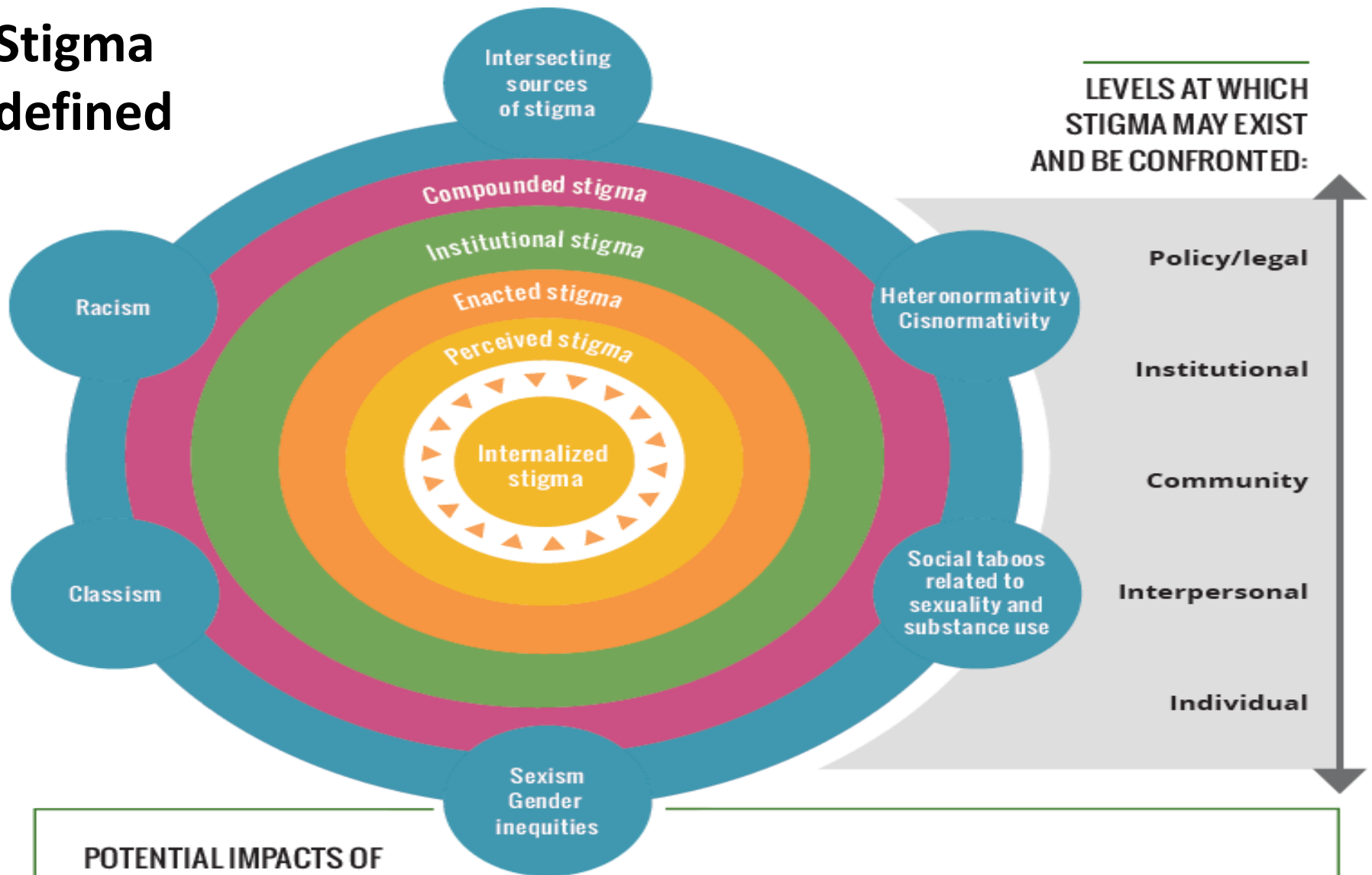
Adapted from:

Stangl A, Brady L, Fritz K. Measuring HIV stigma and discrimination: STRIVE Technical Brief. STRIVE, July 2012.

Loutfy MR, Logie CH, Zhang Y, Blitz SL, Margolese SL, Tharao WE, et al. Gender and ethnicity differences in HIV-related stigma experienced by people living with HIV in Ontario, Canada. PLoS ONE 2012;7(12):e48168.

Corrigan PW, Markowitz, FE, Watson AC. Structural levels of mental illness stigma and discrimination. Schizophrenia Bulletin 2004;30(3):481-491.

Stigma defined



POTENTIAL IMPACTS OF STBBI-RELATED STIGMA:

- adoption of unhealthy behaviours
- fear of disclosure
- limited uptake of available STBBI-related services
- inappropriate planning and implementation of STBBI prevention and support programs

Activity



Examining our Practices

What are some common challenges related to stigma, STBBIs, sexual health and substance use?

How do these challenges impact our clients?

What about our professional practice?

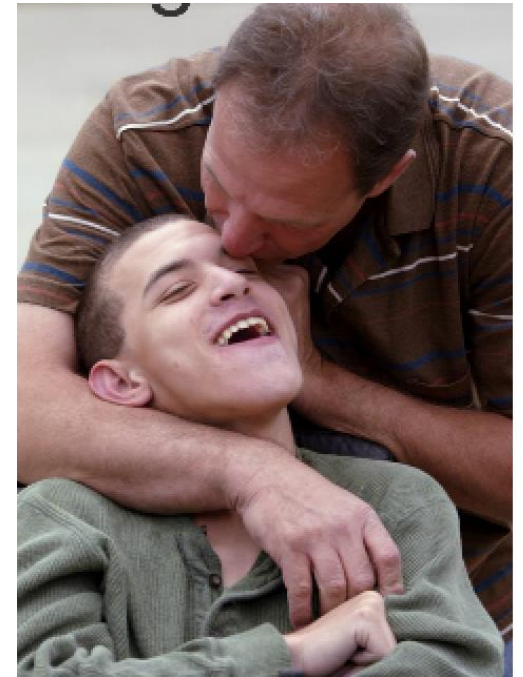


Personal Reflection Moment

***Internalized stigma:* refers to an individual's acceptance of negative beliefs, views and feelings towards the stigmatized group they belong to and oneself**

What are we seeing in terms of internalized stigma? How does this impact the people that we work with?

What are some strategies to address internalized stigma? What can we do?



***Internalized stigma:* refers to an individual's acceptance of negative beliefs, views and feelings towards the stigmatized group they belong to and oneself**

- Clients feeling that they are going to contract an STBBI based on the group that they belong to.
- Issues relating to consent, or a feeling that they do not have the power to negotiate the use of barriers or testing in a relationship.

Strategies:

- You can address this through education and by not perpetuating stigma through health promotion advertising.
- Involving people accessing services in the creating of programming and health promotion campaigns
- Not perpetuating stigma in your own interactions with clients

***Perceived stigma:* refers to awareness of negative societal attitudes, fear of discrimination and feelings of shame**

What are we seeing in terms of perceived stigma? How does this impact the people that we work with?

What are some strategies to address perceived stigma? What can we do?



***Perceived stigma:* refers to awareness of negative societal attitudes, fear of discrimination and feelings of shame**

- Clients who do not want to talk about substance use or sexuality
 - How to bring up substance use or sexuality when it is not necessarily the nature of the visit
 - Being sexual after being diagnosed with a chronic STBBI
 - The prevalence of risk language in our profession
 - Fear of a lack of privacy or confidentiality
-
- This can be addressed by the: use clear, plain and inclusive language. It is important to define sexual activity and ensure that your definition incorporates a broad range of activities. Also, a definition of substance use should be inclusive of all substances.
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- After this webinar, take some time to consider how often the word “risk” is used in conversations with clients, coworkers, and public health campaigns. What is the implication of the word risk? Imagine how a client might feel if they only hear the word “risk” or “risky behaviour” in the context of their activities. Try to remove the word risk from your conversations or assessment. The word behaviour can easily replace the word risk. During harm reduction conversations with clients, you can still talk about alternative practices that will help prevent STBBIs.

***Perceived stigma:* refers to awareness of negative societal attitudes, fear of discrimination and feelings of shame**

- Service providers should lead the conversation by bringing up substance use and sexuality with all clients regardless of gender, race, ability, age, class, marital status, etc. If you start the conversation and the client is not ready, that is ok. Simply move on. The client will know that you are open to addressing substance use and sexuality.
- Ensure that your questions are open-ended and necessary. Consider how you would feel if a service provider was asking you the same question. Could your questions be interpreted as intrusive? If necessary, explain the rationale for your questions.

***Enacted stigma:* encompasses overt acts of discrimination, such as exclusion or acts of physical or emotional abuse; acts may be within or beyond the purview of the law and may be attributable to an individual's real or perceived identity or membership to a stigmatized group**

What are we seeing in terms of enacted stigma? How does this impact the people that we work with?

What are some strategies to address enacted stigma? What can we do?



***Enacted stigma:* encompasses overt acts of discrimination, such as exclusion or acts of physical or emotional abuse; acts may be within or beyond the purview of the law and may be attributable to an individual's real or perceived identity or membership to a stigmatized group**

- Service providers can cause trauma if they are not aware of the language they are using or the manner in which they are explaining policies. Asking questions about sexuality and substance using a trauma-informed approach that does not perpetuate stigma can assist in countering enacted stigma.
- Services that exclude people based on their identity
- Service that are not created and delivered in a manner that is inclusive and welcoming to all clients.

Strategies:

- Staff training
- Involving individuals from different client groups in the development and implementation of programming. This must be done in a thoughtful and non-tokenistic manner
- Review of organizational policies

Layered or compounded stigma: refers to a person holding more than one stigmatized identity (e.g., HIV positive serostatus, sexual orientation, race, ethnicity)

What are we seeing in terms of layered or compounded stigma? How does this impact the people that we work with?

What are some strategies to address layered or compounded stigma? What can we do?



***Layered or compounded stigma:* refers to a person holding more than one stigmatized identity (e.g., HIV positive serostatus, sexual orientation, race, ethnicity)**

- Individuals may be experiencing stigma concurrently for several different elements of their identity. This can create extra barriers for clients to disclose information about sexuality and substance use, may make people less likely to access the services that they need, and may augment the other manners in which stigma may manifest.
- Clients may not feel safe accessing services if they do not see their identities welcomed in that space.

Strategies

- Be conscious and aware of your own attitudes, values, and beliefs
- Be intentional and aware of the impact of the intersectionality of stigma and oppression
- Advocate for safer and inclusive spaces for your clients

***Institutional or structural stigma:* stigmatisation of a group of people through the implementation of policy and procedures**

What are we seeing in terms of institutional or structural stigma? How does this impact the people that we work with?

What are some strategies to address institutional or structural stigma? What can we do?



Institutional or structural stigma: stigmatisation of a group of people through the implementation of policy and procedures

- Working in under-resourced settings.
- Criminalization of HIV non-disclosure
- Privacy and confidentiality

Strategies:

The environment for these discussions should be private.

Confidentiality should be discussed. Privacy and confidentiality should be respected. Even slight slips of information to other service providers could expose a client's STBBI status.

As records can be used within the legal system, it is best to keep your records to a minimum and in accordance with your professional practice obligations.

Advocate for change. If you live in a small community look for other supports. Such as online resources.

Regardless of the situation it is important to consider our own attitudes, values, and beliefs



- What are my initial reactions to the situation or question?
- What are my values about this situation or question?
- Is this initial reaction related to unconsciously learned beliefs or values about certain groups of people?
- What is my body language communicating?
- What are my professional responsibilities to this person?

The 5Ps to guide a discussion about substance use and sexuality

1. Partners
2. Practices
3. Protection from STBBIs
4. Past history of STBBIs
5. Pregnancy



2017

DISCUSSING SEXUAL HEALTH, SUBSTANCE USE AND STBBIs

A guide for service providers



ORGANIZATIONAL ASSESSMENT TOOL

for sexually transmitted and blood-borne infections (STBBIs) and stigma

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REDUCING STIGMA AND DISCRIMINATION

through the protection of privacy and confidentiality

2017



Thank you for your participation!

Questions or comments?



For more information please contact Becky VanTassel
At bvantassel@centreforsexuality.ca