

Moving beyond the basics: An advanced discussion about sexual health, substance use and related stigma

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Created in partnership with:





Brief overview of the project

Webinar Goals



- To discuss stigma and the impacts of stigma on service users.
- To engage in a knowledge exchange process and discuss common challenges related to STBBI, sexual health, substance use and professional practice.
- To discuss various tools and strategies that can be used to ensure discussions of STBBI 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:** refers to awareness of negative societal attitudes, fear of discrimination and feelings of shame

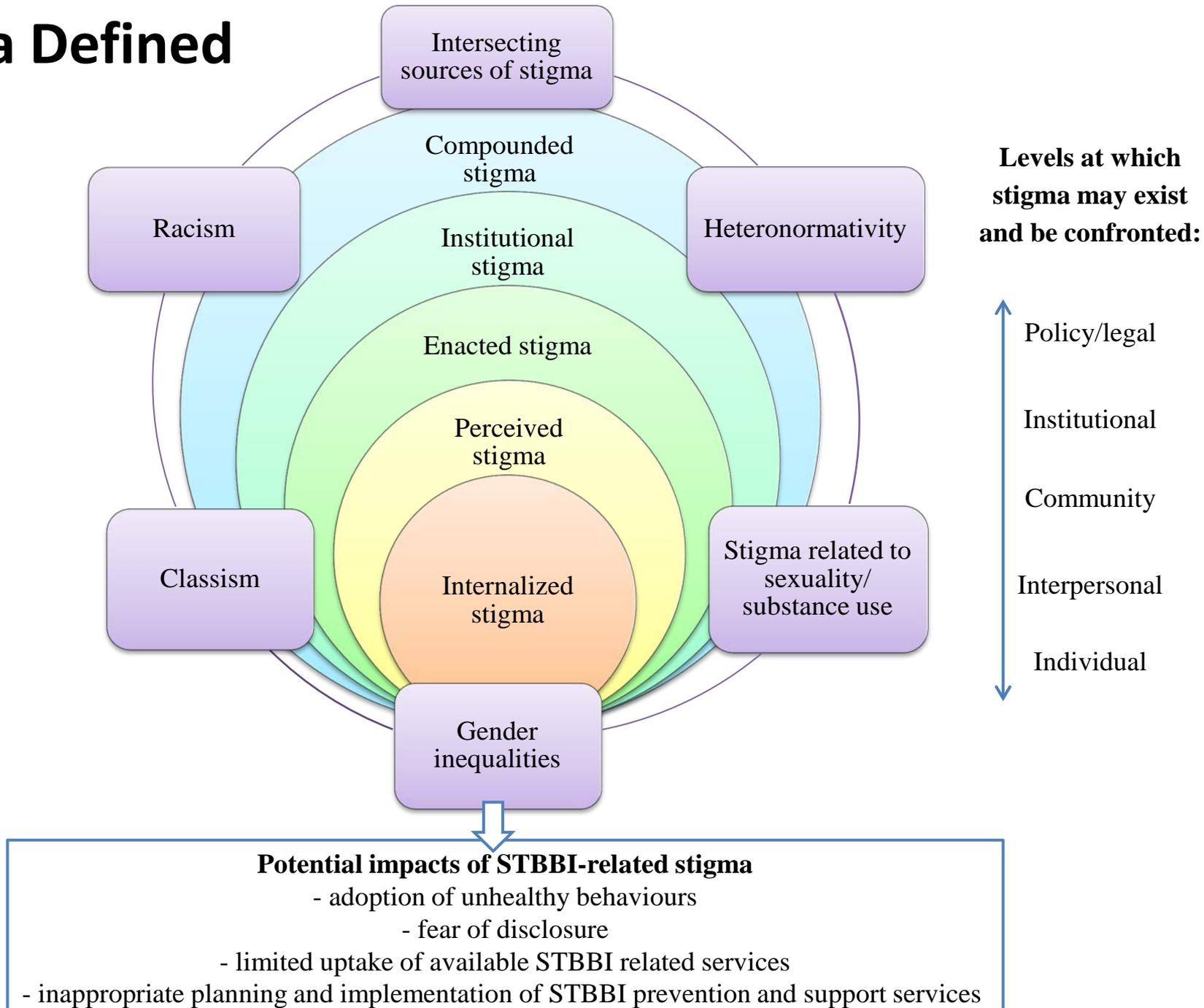
- **Internalized stigma:** refers to an individual's acceptance of negative beliefs, views and feelings towards the stigmatized group they belong to and oneself

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

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

Stigma Defined



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?

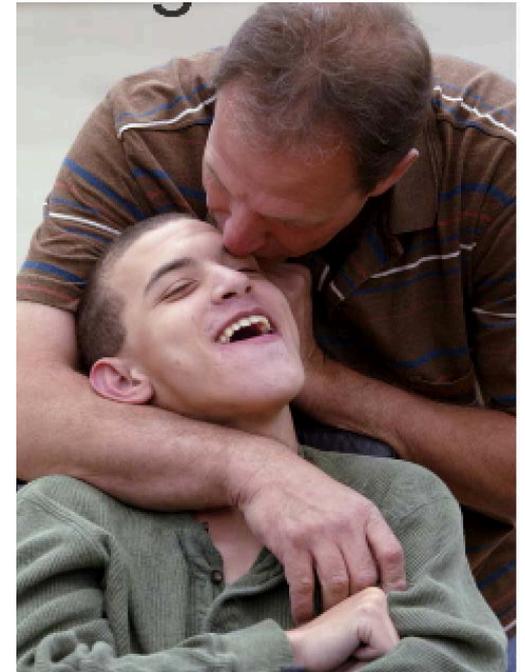


Personal Reflection Moment

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

How does internalized stigma impact the people that we work with?

What are some strategies to address internalized stigma?



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

Examples:

- Clients' fears that they are going to contract an STBBI based on the group to which they belong.
- Adoption of unsafe sexual or substance use behaviours due to acceptance of negative beliefs.
- Clients' beliefs that they do not have the power to negotiate the use of barriers or testing in a relationship.

Strategies:

- Ensure that your own interactions with clients do not perpetuate stigma, but rather empower clients.
- Involve the people accessing your services in the development of programming as well health promotion campaigns.

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

How does perceived stigma impact the people that we work with?

What are some strategies to address perceived stigma?



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

Examples:

- Clients who do not want to talk about substance use or sexuality with their service providers.
- Service providers' discomfort in initiating conversations related to substance use or sexuality when it is not the nature of the visit.
- Clients' concerns regarding their sexuality after having been diagnosed with a chronic STBBI.
- Clients' fears related to a lack of privacy or confidentiality within service settings.
- The prevalence of risk-based language.

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

Strategies:

- Ensure the use of 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.
- Initiate conversations about 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 okay. 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 you were asked the same question. Could your questions be interpreted as intrusive? If necessary, explain the rationale for your questions.
- 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 sexuality or substance use. Try to remove the word risk from your conversations.

***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**

How does enacted stigma impact the people that we work with?

What are some strategies to address enacted stigma?



***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**

Examples:

- Service providers can cause trauma if they are not aware of the potential impact of their language.
- Services that exclude people based on their identity.
- Services that are not created and delivered in a manner that is inclusive and welcoming of all clients.

Strategies:

- Engage in regular staff training.
- Involve different client groups in the development and implementation of programming and health promotion campaigns. This must be done in a thoughtful and non-tokenistic manner.
- Ask questions about sexuality and substance using a trauma-informed approach that does not perpetuate stigma.
- Review 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)

How does layered or compounded stigma impact the people that we work with?

What are some strategies to address layered or compounded stigma?



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

Examples:

- When individuals concurrently experience stigma for different elements of their identity, they may experience additional barriers in disclosing information about their sexuality and substance use or in accessing the services that they need.
- 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 intersecting sources 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**

How does institutional or structural stigma impact the people that we work with?

What are some strategies to address institutional or structural stigma?



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

Examples:

- Working in under-resourced settings.
- Criminalization of HIV non-disclosure.
- Privacy and confidentiality.
- Organizational policies, including office hours and intake policies

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 as well 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



Thank you for your participation!

Questions or comments?

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Please complete the evaluation survey: <http://fluidsurveys.com/surveys/cpha-k/webinar-advanced-discussion-about-stbbis-stigma/>

Your confidential feedback is important to us.

