



CANADIAN  
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SANTÉ PUBLIQUE

The Voice of Public Health  
La voix de la santé publique

MARCH 24-25, 2018  
POSITIVE PLAY: A SEX ED GAME JAM

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# DE-STIGMATIZING STBBIS, SEXUAL HEALTH & SUBSTANCE USE

# WHAT ARE STBBIS?

- Infections spread through person-to-person sexual contact or blood-to-blood contact
- Some can be transmitted through sexual contact (i.e., through oral, anal, vaginal sex, or sharing of sex toys), some by contact with blood borne pathogens, and some both
- Some are curable, others are treatable

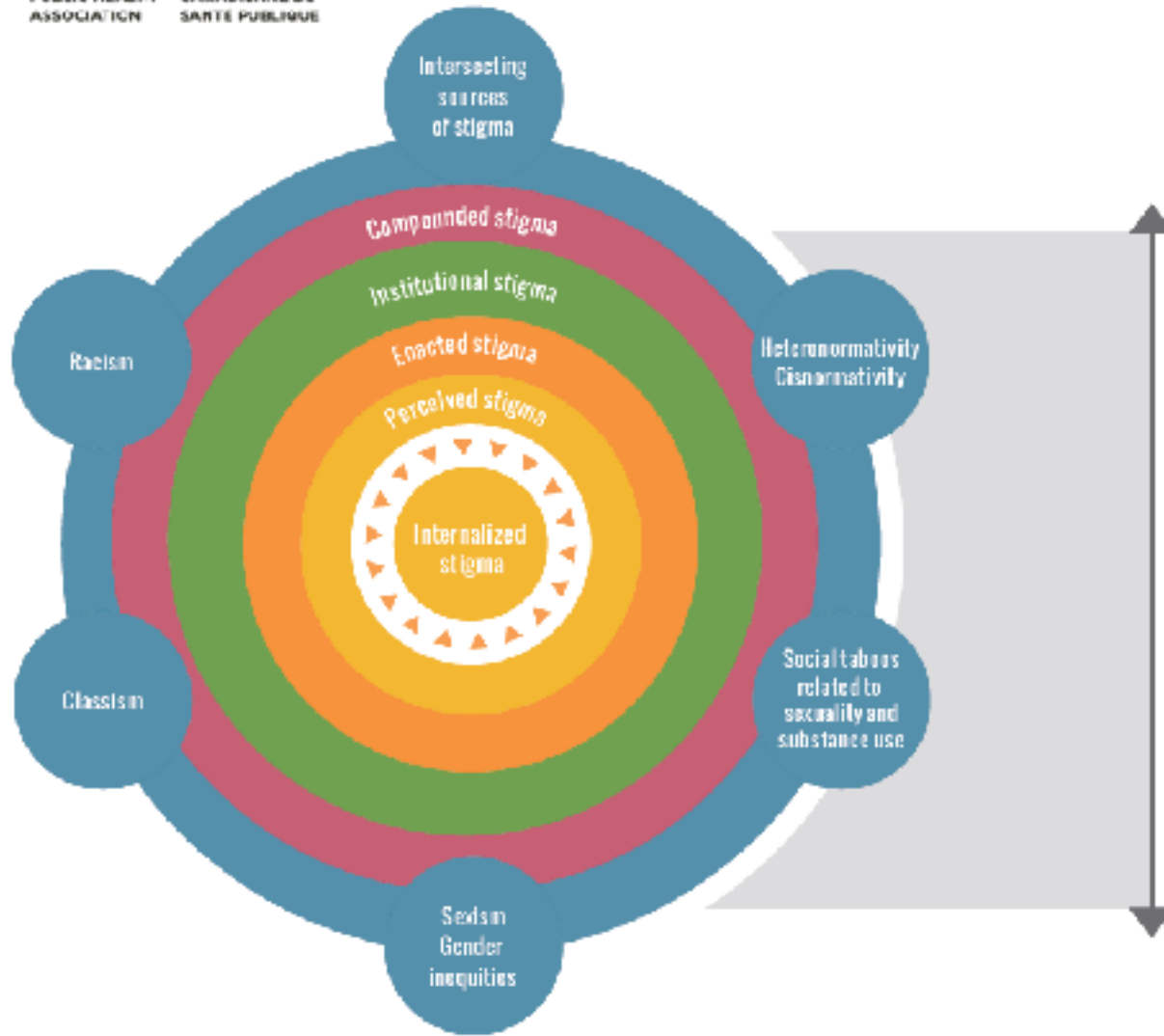
CONSIDER:

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**HOW DID YOU LEARN ABOUT SEX?**

# 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.



**Levels at which stigma may exist and be confronted:**

Policy/legal

Institutional

Community

Interpersonal

Individual



[They] gave me the HIV diagnosis then gave me a hug and said “this is the worst news that I’ve ever had to give somebody.

A total lack of sensitivity. Or strong heterosexism like asking gay men “do you have a girlfriend” or telling a lesbian that she should be on birth control cause she’s sexually active. These assumptions immediately shut down discussions about sexual activity, number of partners and sexual risks.

Even the forms that you fill out, as in the intake forms, I never see my gender identity or sexual orientation reflected on those forms nor is there even a blank space where I could fill it in (Client, 2016).

I really think that if you need needles you should be able to get them on the weekends, this whole building locks up on the weekend, and nobody can get clean needles (Client, 2016).

# WHAT DRIVES STBBI STIGMA?

- Fear of transmission; incurability of some STBBIs
- Discriminatory policies and procedures
- Societal attitudes around sexuality and substance use
- Broader structural inequities, including racism, homophobia, transphobia, sexism
  - “Priority populations”: men who have sex with men, people who inject drugs, Indigenous people, newcomers from HIV/AIDS endemic countries, people engaged in the sale, trade or purchase of sex, people in or recently released from prison

# WHAT ARE THE IMPACTS OF STIGMA?

- Psychological stress
- Fear of disclosure
- Challenges accessing or engaging in relevant services including STBBI prevention, testing and treatment
- Lower sexual well-being (including sexual self-esteem and sexual satisfaction)





**Harm  
Reduction**

**Sex  
positivity**

**Trauma &  
Violence  
Informed  
Care**

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**KEY APPROACHES**



# HARM REDUCTION

Non-judgmental,  
respect, dignity

1

Supporting informed  
decision-making

2

Contrast with abstinence  
focused approach;  
focus on minimizing  
negative outcomes

3



4

Range of options;  
needs determined  
by client/patient

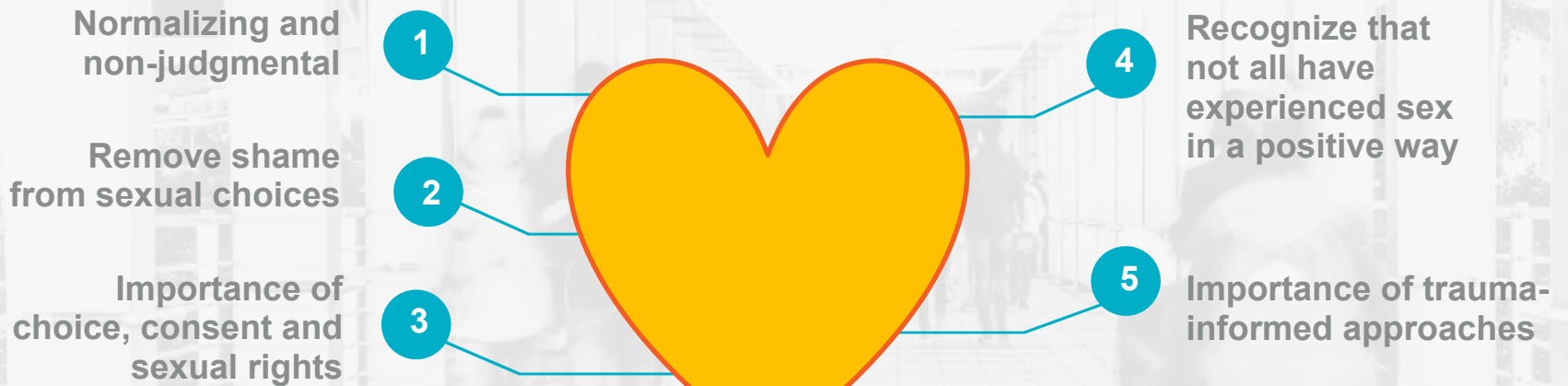
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Supplies to make  
sex and substance use  
safer

\*Importance of understanding behaviours in the  
context of the social determinants of health\*



# SEX POSITIVITY





# TRAUMA & VIOLENCE INFORMED CARE

Understanding trauma  
and its impacts

1

Organizational culture

2

Build trust and safety

3



4

Opportunities for  
choice,  
collaboration,  
connection

5

Recognizing and  
building strengths



**THANK YOU!**  
***QUESTIONS?***