SWAG: LESSONS IN SEXUAL WELLNESS AND GROWTH

STIGMA 101

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Stigma around disease, race, sexual behavior, and sexual orientation is one of the most pressing challenges of the HIV crisis. In this workshop, participants learn the basics of stigma, being encouraged to consider the undergirding relationships between stigma and discrimination, and stigma and bias, while strategizing effective ways to dispel and prevent stigma in both interpersonal relationships and other public spaces.

KEYWORDS

- HIV
- Stigma
- Relationships
- Discrimination and Bias

FORMAT

Workshop

TIME

90 minutes
WHY THIS LESSON IS IMPORTANT FOR BLACK MEN

HIV stigma is one of the greatest contributors to HIV prevalence, given how it discourages individuals from seeking information and other services to avoid acquiring HIV, and/or exposing it to others. HIV stigma can also reinforce existing social inequalities based on gender, race, ethnicity, class, sexuality and culture, which lends itself to uniquely intersectional, adverse lived experiences for Black same-gender-loving men. Many may experience social judgment, prejudices, and stereotypes leveled against them based on both irrational fears about same-gender sexual relationships and identity, and lack of sufficient knowledge about the disease and how one can acquire HIV. Increased knowledge about the realities of people living with HIV, as well as opportunities to unpack and examine biases around sexual diversity and other identities may play key roles in lowering fear and prejudice against the most vulnerable, and increasing advocacy for eliminating structural barriers that reinforce discrimination at the larger level.

GOAL

After engaging in this workshop, participants will experience increased respect for people living with HIV and AIDS, as well as increased awareness of their role in helping to eliminate HIV-related stigma.

OBJECTIVES

By the end of this lesson, participants will be able to:

• Define stigma.

• Name and explain one way HIV stigma is made more complex for multiply-marginalized communities.

• Explain the relationship between stigma and bias.

• Assess one’s own implicit and explicit biases.

• Develop at least three strategies for identifying and addressing stigma in interpersonal or institutional spaces.
TIME

| STEPS 1-5 | Introductions and Opening Activity, “Stigma Puzzle” | 20 min. |
| STEPS 6-11 | Stigma: Exploring Our Biases | 20 min. |
| STEPS 12-14 | Addressing Our Biases: Group Work | 35 min. |
| STEPS 15-18 | Closing Activity | 15 min. |

REQUIRED BACKGROUND KNOWLEDGE FOR EDUCATORS

This lesson can be facilitated by any literate individual who has a working knowledge of HIV-related stigma and moderate experience facilitating group activities. Extensive knowledge of specific examples of HIV-stigma (e.g., legal discrimination practices, etc.) may increase facilitation effectiveness. Additional research on this lesson’s Key Terms is also recommended, to be conducted by the facilitator prior to the session.

SPECIAL CONSIDERATIONS

This lesson plan is designed to accommodate 8-12 individuals. Groups that are larger or smaller can still be conducted; however, adjustments for those sizes will need to be made.

KEY TERMS

HIV Stigma: Negative beliefs, feelings, and attitudes towards people living with HIV, groups associated with people living with HIV, and other populations at higher risk of HIV (key affected populations).

Intersectionality: A metaphor or cognitive model established by Kimberlé Crenshaw to explain how multiple forms of inequalities/oppressions overlap themselves into unique obstacles experienced by individuals with multiple minority statuses—obstacles that are not readily observable through conventional ways of thinking.

Bias: Prejudicial thought or action that leans in favor of or away from one thing, person or group compared with another; can be obvious (explicit) or subtle and implied (implicit).

Implicit Bias: Attitudes or stereotypes that can affect an individual’s understanding, actions, and/or decisions related to one’s self or others, and usually in an unconscious manner.
FACILITATION PREP

The facilitator(s) should complete the following tasks before the lesson starts:

- Prepare five sheets of flip chart paper with one of the following titles written at the top of each:
  - Self
  - Family/Friends
  - Work
  - Religious Spaces
  - Medical Facilities

  Keep each sheet hidden until the appropriate time for their use during the session.

- The Opening Activity for this session features the Stigma Puzzle Board from Facilitator Resource A. If possible, consider printing this out on cardstock, which may make it easier for use as the activity progresses.

- The Opening Activity also features the Stigma Puzzle Pieces from Facilitator Resource A. Cut out the pieces of the puzzle and group them together, so that each small group has a full set of puzzle pieces and a board to work with.

- The Stigma: Exploring Our Biases activity requires some movement that may be difficult for participants in your group. If you have participants with mobility issues, prepare sets of 8.5” x 11” sheet of paper that feature one number on each sheet, corresponding to the answer options on Handout H1, “Bias: An Honest Look”. If you are unsure how many participants in your group have mobility challenges, prepare enough sheet sets for each participant to have one.

MATERIALS

The facilitator(s) should have the following materials for the lesson:

- Easel with flip chart paper
- Markers
- Clear tape
- Writing utensils (one for each participant)

HANDOUTS

Participants should be provided with the following printed materials:

- Stigma Puzzle Board
- Stigma Puzzle Pieces
- H1, “Bias: An Honest Look”
Introductions and Opening Activity

**STEP 1** Welcome participants to your session and conduct brief introductions with the group as needed. Review all established group agreements and reaffirm consent from the group. If group agreements have not been completed, please create them at this time (use the Community Agreements lesson, if necessary.)

**STEP 2** Take a poll of the group by asking the following question:

- “On a scale of 1, meaning ‘Absolutely Nothing At All’, and 10, meaning ‘I Am An Absolute Expert’, how much do you think you know about stigma, what it looks like, and what it means?”

**STEP 3** Divide the group into 2-3 smaller groups, approximately 4 individuals each. Explain to the group that it will now be responsible for identifying what they know and creating a visual representation of that knowledge.

**STEP 4** Distribute one copy of the Stigma Puzzle Board, along with one set of the Stigma Puzzle Pieces from Facilitator Resource A to each group, and one roll (or several pieces) of clear tape. Give the group 5 minutes to match each puzzle piece to its appropriate section in the puzzle.

**STEP 5** After 5 minutes, reconvene the large group, and then review each section using the Stigma Puzzle Answer Key from Facilitator Resource A. (As an alternative, you may choose to have each group grade another group’s puzzle, and award prizes for teams with the highest number of correct placements, etc.) After all items have been correctly reviewed, proceed through the following Discussion Questions:

1. “How was it completing the exercise?”

2. “What initial questions, comments, or reactions do you have to the items in the puzzle?”
3. “Are there any additional thoughts you have about the activity that you haven’t shared yet?”

4. “What thoughts come to your mind when thinking about the answer that explains the relationship between stigma and bias?” (If you find you have a group that isn’t clear on what bias means, share the definition noted in the Key Terms section of this lesson.)

Stigma: Exploring Our Biases

**STEP 6**

Instruct the group that it will now begin to think more deeply about bias—both their own and others’. Warn participants that the following exercise requires them to be as honest and transparent as possible about their thoughts and feelings.

**STEP 7**

Explain to participants that they should now take some time to read and respond to the statements written on the sheet they will be given in a few moments. Instruct them to answer each statement with complete honesty and without putting their name on the sheet. Distribute to each participant a copy of Handout H1, “Bias: An Honest Look” and a writing utensil (if participants already have writing utensils, make sure they are all pencils, or pens that produce the same color ink.)

Instruct participants again to be as truthful as possible in responding to each statement, without worrying about anyone else being able to attribute their answers to them. Give participants 5-7 minutes to complete the handout.

**STEP 8**

Once all handouts have been completed, instruct participants to crumple up their sheets of paper and then, all at once, throw them into the middle of the room. Instruct participants to then pick up one of the thrown balls of paper and open it up, without making any comments about it. Explain to participants that even if they have selected their own sheet, pretend as if the sheet they’ve collected is now a brand new sheet.

**STEP 9**

Direct participants’ attention to the numbers posted on the wall. Explain to them that they will now, using the new sheet they have selected, position themselves along the wall according to the number selected for each item on their respective sheets.
**STEP 10** Read each statement from the handout aloud, allowing each participant to position themselves according to the number selected on each sheet. After each statement, instruct participants to observe where each person is standing, without comment.

*Alternate Activity:* If you have any participants who have mobility issues, give them the set of numbers created prior to the session (see Facilitation Prep). Instruct them to raise the corresponding numbered response for each statement read.

**STEP 11** After all statements have been read aloud, reconvene the larger group, and then proceed through the following Discussion Questions:

1. “Are there any initial comments/questions/reactions?”
2. “What was it like to do this activity?”
3. “What did you notice as you moved about the room/shared each statement response?”
4. “How do you think the biases represented in this room affect those we have relationships with?” (If this is a professional audience, encourage them to think about their relationships with clients and co-workers also.)

**Addressing Our Biases: Group Work**

**STEP 12** Divide the group again into five small groups; to keep things interesting, encourage participants to match up with a different group than their previous one. Explain to participants that while bias is a norm among most people, it is still everyone’s responsibility to pay attention to what their biases are so that they do not cause harm to others.

Reveal the five sheets created prior to the session. Distribute one to each small group. Explain to participants that they will now be responsible for thinking of strategies they believe would effectively address bias in the communities noted on their respective flip chart paper sheets. Solicit any logistical questions participants may have; however, avoid doing any of the work for them by encouraging them to think as creatively as possible, and to rely on their own problem-solving skills. Give participants 7-10 minutes to complete the exercise.
Alternate Activity:
If you have less than five participants, you can complete this exercise in one of two alternate ways:

a) Prioritize the sheets that are most salient for the group and then distribute those to each individual remaining participant.

b) Place each sheet on the wall in various parts of the room, then conduct a “round robin”-style activity in which participants have one minute to write as many items as they can come up with on each sheet of flip chart paper.

After 7-10 minutes, reconvene the large group. Instruct an individual from each small group to share what was recorded. (If you used the alternate exercise in which there is no small group, read each list aloud yourself.) After each individual sheet is read aloud, proceed through the following Discussion Questions:

1. “When you thought about bias and your assigned community, what first came to your mind? How do you feel now having completed the exercise?”

2. “How easy or difficult do you believe your strategies would be to implement in your assigned community?” (As challenges are raised, encourage the large group to think of strategies for addressing them. If there is space on each sheet, instruct participants to write these new strategies next to the ones that initially presented challenges.)

3. (For the audience) “Are there any strategies you would add to this list that are not present?” (Write any new suggestions on each sheet of newsprint.)

4. (For all participants) “What could you all see as the positive effects of these strategies on individuals living with HIV, or the community at large?”

After every small group has had a chance to share their list, congratulate participants for their efforts in completing this exercise. Explain to them that these lists don’t have to be left in the room and can be taken and implemented in their applied areas. If there is time, invite participants to take screenshots of the lists they created, or leave them available for screenshots to be taken after the session.
Closing Activity

**STEP 15** Close the session by thanking the participants for their honesty, vulnerability, and effort. If you are able, offer to stay around for a bit longer if anyone has any questions or would like to talk further about their experience.

**STEP 16** If you have any assessment or survey materials for participants to complete, distribute them at this time. Allow participants 5-7 minutes to complete the documents, and collect them as they are completed. After 5 minutes, invite any participants who have not completed the documents to do so after the next activity.

**STEP 17** Close by asking each participant to name one thing they are glad to have learned in this session, and one thing they will continue to think about after they leave.

**STEP 18** Once everyone has shared, thank the participants for participating, and then adjourn the session.
Directions: See **STEP 4** Cut out the puzzle pieces below, and hand them out with the Stigma Puzzle Board, shown on the next page. The Facilitator’s key to the correct arrangement is shown on page 12.

**FACILITATOR RESOURCE A**

**STIGMA PUZZLE**

- Negative beliefs, feelings, and attitudes towards a person or group with a particular lived experience (e.g., sexual orientation, HIV status, gender, race)
- Isolating yourself from others because you have HIV
- Denying medical care or reducing what care someone who has HIV has access to
- Refusing to go somewhere, or judging people who do, because it’s associated with HIV
- Requiring HIV testing to qualify for basic needs (e.g., job benefits, health insurance, housing, etc.)
- Outing the health status of someone with HIV
- Failing to enact laws that protect the rights of people with HIV
- Unwillingness to disclose HIV status to others
- Irrational fear of those being judged
- Loss of income, housing, and/or livelihood
- Prejudices, stereotypes, and other explicit/implicit biases
- Structural determinants (e.g., poverty, racism)
- Higher risk of abandonment and/or experiences of violence
- Institutional (e.g., discriminatory laws/policies, criminalization of marginalized people)
- Individual (e.g., insults, gossip, threats or acts of violence)
- Lack of sufficient knowledge
- Bias can be conscious or unconscious, which means an individual could be perpetuating stigma in their words or actions.
- The bias that an individual has about HIV affects what they assume about people living with the disease or how they treat those people, as well how willing they may be to advocate for basic human rights on their behalf.
- Unwillingness to get tested and/or be treated if positive
STIGMA PUZZLE BOARD

Stigma (1)  What are some examples of stigma? (6)

How does HIV stigma relate to bias? (2)

What are some consequences of stigma for individuals? (4)

What causes stigma? (4)

What are two levels of stigma? (2)
What are some examples of stigma? (6)

- Isolating yourself from others because you have HIV
- Denying medical care or reducing what care someone who has HIV has access to
- Refusing to go somewhere, or judging people who do, because it's associated with HIV
- Requiring HIV testing to qualify for basic needs (e.g., job benefits, health insurance, housing, etc.)
- Outing the health status of someone with HIV
- Failing to enact laws that protect the rights of people with HIV

How does HIV stigma relate to bias? (2)

- Bias can be conscious or unconscious, which means perpetuating stigma in words or actions without even realizing it.
- The bias that affects what they assume about HIV or how they treat those living with the disease, or unwilling they may be to advocate for their basic human rights on their behalf.

What are some consequences of stigma for individuals? (4)

- Irrational fear of those being judged
- Lack of sufficient knowledge
- Prejudices, stereotypes, and other explicit/implicit biases
- Structural determinants (e.g., poverty, racism)
- Higher risk of abandonment and/or experiences of violence
- Loss of income, housing, and/or livelihood

What causes stigma? (4)

- Unwillingness to disclose HIV status to others
- Unwillingness to get tested and/or be treated if positive
- Institutional (e.g., discriminatory laws/policies, criminalization of marginalized people)
- Individual (e.g., insults, gossip, threats or acts of violence)
**BIAS: AN HONEST LOOK**

**Directions:** See **STEP 7**, Answer each statement as honestly and openly as possible.

<table>
<thead>
<tr>
<th></th>
<th>1=Strongly Disagree (SD)</th>
<th>2=Disagree (D)</th>
<th>3=Agree (A)</th>
<th>4=Strongly Agree (SA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>If someone I loved was living with HIV, I would have a real challenge staying in relationship with them.</td>
<td></td>
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</tr>
<tr>
<td>2.</td>
<td>I would be worried to eat or drink behind a loved one who was living with HIV.</td>
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<td></td>
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</tr>
<tr>
<td>3.</td>
<td>I do not personally believe people living with HIV should be having sex, even if they are married.</td>
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<tr>
<td>4.</td>
<td>If someone acquires HIV, I believe it’s most likely because they’ve been doing something they shouldn’t have been doing in the first place.</td>
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<tr>
<td>5.</td>
<td>If I acquired HIV, I would feel ashamed, or like I failed in some kind of way.</td>
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<td></td>
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<tr>
<td>6.</td>
<td>People living with HIV seem less capable of taking care of their basic needs.</td>
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<td></td>
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<tr>
<td>7.</td>
<td>People living with HIV should not be allowed to work in jobs that require serving food or dealing with bodily fluids.</td>
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<tr>
<td>8.</td>
<td>I believe that certain groups of people (e.g., gays, Blacks, transgender people, drug addicts) are more prone to acquiring HIV.</td>
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<tr>
<td>9.</td>
<td>People living with HIV who do not disclose their status should have to deal with strong legal consequences.</td>
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<td></td>
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<tr>
<td>10.</td>
<td>If I found out that someone dating my loved one was living with HIV, I would feel obligated to tell them.</td>
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</tbody>
</table>