

Layered Stigma: MSM of Color Living with HIV

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Tim Vincent, MS, MFT
California STD/HIV Prevention Training Center
Oakland, CA

Background

- HIV-related Stigma in Prevention
- Stigma in Care Settings for Providers Working with HIV-positive Clients
- Training Initiative on Working with MSM
- Study Design and Implementation for MSM of Color Living with HIV
- Young Men's AA Study

Overview

What is the Concern for HIV-Positive MSM of Color?

- The Properties of Stigma
- Dilemma in Describing the Layers
- The Lens of Stigma
- Recommendations for Present and Future Work

What is the Concern?

- Disproportionate numbers of HIV positive, MSM of color, rising rates of new infection within MSM of color.
- How is stigma associated with this phenomenon?

Layered stigma for MSM of color living with HIV creates significant barriers to overall health and wellness

4-Strongly Agree

3-Agree

2-Disagree

1-Strongly Disagree

The Properties of Stigma

Defining Stigma

- A powerful discrediting social label that radically changes the way an individual views themselves and are viewed as persons.
- People who are stigmatized are usually considered deviant or shameful, and as a result are shunned, discredited, rejected or penalized.

Stigma can happen due to:

- Who you are (Identity)
- What you have done (Behavior)
- Something that may not be accurate or current (Perception)

Different Levels of Impact

- Intrapersonal: internalized thoughts, etc.
- Interpersonal: relationship to others, incl. client/provider
- Institutional: ability to access services
- Community/Cultural: environments that shape prevailing ways of thinking

Mechanisms

- Internalized
 - What I tell myself
- Externalized
 - What other people tell me or think of me and do as a result
- Interpersonal
 - How you and I related as a result of what I tell myself and/or what you think
- Community/Cultural
 - What do the people here feel about someone like me

You can be stigmatized as a result of:

- Racism
- Homophobia
- HIV Status
- Drug Use
- Social and Economic Status
- Cultural Stereotypes
- Sexual Orientation
- Mental Health Diagnosis
- Gender Identity
- Immigration Status
- Age
- Disability

Dilemma in Describing the Layers

Those People

- How did it feel to hear the passage?
- How has being stigmatized (from the source you used) affected your overall health and wellness?
- What has happened as a result? How have you responded to it (short term or long term)?
- How does or would having HIV change this?

Difficulty in Describing the Layers

- People of Color
 - Race, ethnicity, immigration status, perception
- MSM
 - Gay-Identified, NGI, Bisexual, Heterosexual
- Living With HIV
 - Longevity in Diagnosis, Adjustment to HIV+

What is HIV-related Stigma?

- HIV/AIDS related stigma is a complex concept that refers to prejudice, discounting, discrediting and discrimination directed at persons perceived to have AIDS or HIV

Stigma can intensify if someone has a disease or condition which is:

- life-threatening
- contagious
- associated with behavior
- associated with moral fault
- visible



Similarities and Differences

The experience of stigma in being HIV positive and MSM for AA/Black for Latino, for API and Native-American ?

What are the cultural implications that fuel HIV-related stigma in different communities of color?

HIV Stigma and Men of Color MSM

- Stigmatization from one's own people
- Re-experiencing the trauma
- Experience with responding to stigma

Stigma Related to MSM of Color

- Gender Roles
- Acculturation
- Role of Religion and Spirituality
- Institutionalized Racism
- Family Loyalty

Looking at the Concerns through the Lens of Stigma

Lens of Stigma

- Looking at the problem as a potential result of stigma.
 - To understand
 - To assess
 - To treat or respond

Black MSM

- Less likely to adhere or take meds
- Not as likely to disclose same sex relationships (HIV status?)
- Less likely to test and treat STD
- Social Networks

Identity Through Social Context

- What does stigma have to do with this process for Men of Color who have sex with other men?

SEXUAL IDENTITY



ACCEPTANCE



BEHAVIOR



DESIRE

Sexual Identities

- **Identity Continuum for Gay/Bi Men & MSM**
 - Gay/Bi Identified MSM
 - Culturally Identified MSM
 - Non-Identified MSM
 - “Situationally” Identified MSM

Compartmentalization

- What is the functionality of this process
 - For sexual identity
 - For HIV status

Resisting and Responding to Stigma

- Compartmentalization
- Isolation and Avoidance
- Bonding with Similar People
- Support from people who believe otherwise
- Rebuilding alliances

Considerations for Present and Future Work

What is the Goal

- If the goal is healthier communities and individuals identified as MSM of color with HIV, what comprehensive responses are required to respond to stigma?

What are the Recommendations

1. Individual (HIV+ MSM of Color)
2. For the Communities (contributing to stigma)
3. For the Researchers (what we need to find out) to improve care and prevention
4. For providers working with HIV+ MSM of color to improve care and prevention

Individual and Community Level

- How do we find paths to healing and wellness?
- How can we define our sense of wellness differently?
- What responsibility do we have in responding to stigma?
- How do we develop or form alliances outside of our box?
- What do we need to communicate to practitioners and researchers about what would help?

Provider Level

- Developing assessment and interventions with an attention to stigma as a significant factor
- Creating group level interventions with stigma as a topic or theme in the group
- Building awareness of provider bias and inadvertent stigmatizing beliefs or behaviors
- Attention to the dynamic stigma plays in the relationship between provider and client

Research Level

- What are the protective factors around stigma for HIV+ MSM of color?
- How can they be leveraged for practice in HIV prevention and care?
- Can you produce evidence that building or utilizing these factors contributes to better health outcomes?

MSM of Color Living with HIV Research Guide Questions

- What works now to respond effectively to external or internal stigma for MSM of color living with HIV?
- How do we draw on past experiences or resilience as a tool?
- How do we help people to have continued affiliation and access to communities based on culture?
- At what layer is the stigma being experienced or addressed?

Further Research Considerations

- What is an effective response to being stigmatized?
- Is the research for practice or community?
- Is the research informed or led by HIV-positive MSM of color?
- Does having HIV become not necessary due to knowledge level of the researchers?

Personal Accounts

- Experience: Remarks were made about my race
- Felt: Angry, sad, alone all the time
- Result: It led me to lose trust and respect for people who were like those who initially made the remarks

What it Takes to Move Forward

- Accepting the Presence of HIV in our Communities
 - The pain of looking at the reality
 - Beyond testing and treatment as the goal
 - Considerations of holistic approaches and utilizing strengths and resilience

What is Being Done

- New Research Projects
- Office of AIDS funded Men's Wellness Center
Los Angeles County
- Training Initiative for Provider
- TA from African-American TA On Track
– www.oneloveca.gov
- TA from Project Concern International

Contact

Tim Vincent, MS, MFT

tim.vincent@cdph.ca.gov

(510) 625-6015

www.stdhivtraining.org

Positive Strengths: Working with HIV+ Clients in
Prevention

New Foundations: MSM from a Holistic and
Strength Based Perspective