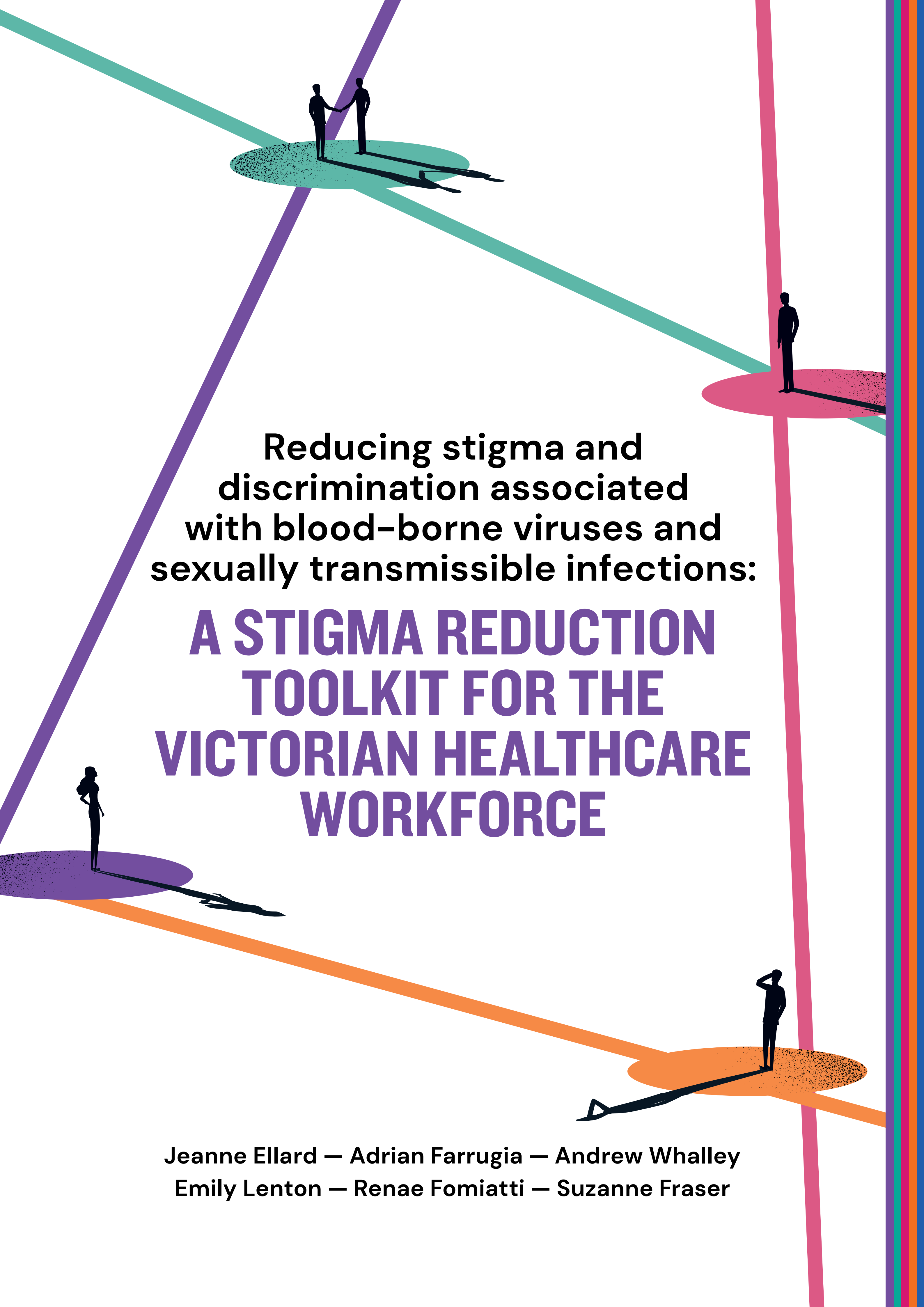


Reducing stigma and discrimination associated with blood-borne viruses and sexually transmissible infections:

A STIGMA REDUCTION TOOLKIT FOR THE VICTORIAN HEALTHCARE WORKFORCE

Jeanne Ellard — Adrian Farrugia — Andrew Whalley
Emily Lenton — Renae Fomiatti — Suzanne Fraser

ISBN: 978-0-6456222-3-2

ACKNOWLEDGEMENTS

This research was funded by the Victorian Department of Health.

The authors extend their thanks to all those involved in the project:

- The 31 healthcare professionals who generously took time to participate in the focus groups and provide feedback on the draft toolkit
- The Victorian community organisations – representing people living with and affected by BBVs and STIs – that provided feedback on development of the toolkit
- Michael West and Elizabeth Birbilis from the Victorian Department of Health for their expert guidance

Transcription by Aly Hiles.

Design and layout by Elinor McDonald.

Suggested citation:
Ellard, J., Farrugia, A., Whalley, A., Lenton, E., Fomiatti, R., & Fraser S. (2022). *Reducing stigma and discrimination associated with blood-borne viruses and sexually transmissible infections: A stigma reduction toolkit for the Victorian healthcare workforce.* Australian Research Centre in Sex, Health and Society, La Trobe University.

CONTENTS

THIS TOOLKIT

This toolkit was produced by the Australian Research Centre in Sex, Health and Society (ARCSHS), La Trobe University, and funded by the Victorian Department of Health.

ARCSHS has a long history of conducting social research on blood-borne viruses (BBVs) and sexually transmissible infections (STIs). We work with people living with and affected by hepatitis C, hepatitis B, HIV and STIs, including gay men and other men who have sex with men, people who inject drugs, sex workers, trans and gender diverse people, and Aboriginal and Torres Strait Islander peoples. ARCSHS is committed to reducing stigma and discrimination related to BBVs and STIs in all contexts, including healthcare settings.

Through a collaboration with end users – that is, the Victorian BBV and STI healthcare workforce – this toolkit provides practice-ready strategies, ideas and resources to reduce stigma in healthcare settings. While the toolkit is designed for use in healthcare services such as hospitals, primary care services, correctional health services and community health services, its broader aim is to improve the health outcomes of people living with and affected by BBVs and STIs.

The purpose of this toolkit is to enable all healthcare services in Victoria to take action to reduce stigma related to BBVs and STIs, and to foster inclusion, equity and cultural safety in their service delivery. By taking action to reduce stigma, healthcare services and professionals can contribute to a key focus area of the *Victorian sexual and reproductive health and viral hepatitis strategy overview and system enabler plan 2022–2030*: the aim **'to reduce stigma, racism and discrimination for people living with and affected by BBV, STI and reproductive health conditions and for those seeking testing, treatment and care'.**

LA TROBE UNIVERSITY

Australian Research Centre in Sex, Health and Society

VICTORIA State Government

SUMMARY AND ACTION CHECKLIST

This toolkit was produced to provide Victorian healthcare services and professionals with a succinct and practical resource to support their efforts to reduce the stigma experienced by people living with and affected by blood-borne viruses (BBVs) and sexually transmissible infections (STIs) when accessing healthcare. It provides stigma reduction resources and strategies targeting three domains:

1. Individual-level strategies such as those focussed on improving knowledge about stigma, language and communication strategies and reflective professional practice
2. Service-level strategies such as those focussed on demonstrating allyship with affected communities, supporting resilience and improving healthcare systems, standards and guidelines
3. Community-level strategies such as advocacy and law reform initiatives designed to change the social and political arrangements that produce stigma

The checklist outlined below is designed to guide implementation of the toolkit. Its purpose is to provide an overview of the steps and areas of action involved in working towards healthcare that is free from BBV-related and STI-related stigma. While the actions you take in relation to each of the items on the checklist will be shaped by the context in which you work, the communities you serve and the resources you have available, the checklist is a handy tool to develop an overarching sense of what you have achieved and of possible action items. You will find information and resources throughout the toolkit to enable you to work through the checklist.

INDIVIDUAL-LEVEL STRATEGIES

Improve knowledge and education

☐ Develop an understanding of what stigma is and its impacts on healthcare access and health outcomes

☐ Incorporate education and training about BBV-related and STI-related stigma, cultural safety and diversity in compulsory training, professional development and workplace induction

Improve language and communication

☐ Adopt 'stigma sensitive practice' related to BBVs and STIs

☐ Enact processes to effectively address client diversity in relation to gender and sexuality

☐ Provide interpreter and translation services

☐ Use plain language English in all service encounters and on all documents

☐ Create a welcoming and culturally safe environment

Embed reflective professional practice

☐ Incorporate reflective practice into professional development and training

☐ Institute reflective practices as a routine part of professional practice

SERVICE-LEVEL STRATEGIES

Demonstrate allyship and build connections

☐ Develop partnerships with communities living with and affected by BBVs and STIs

☐ Make your service visible to the communities it serves

☐ Employ people from communities affected by BBVs and STIs

Build resilience

☐ Educate clients about the transmission and diagnosis of BBVs and STIs

☐ Educate clients about healthcare rights and Victorian anti-discrimination legislation

☐ Ensure complaints processes are available and accessible

☐ Promote the benefits of social support to clients and of connections with peer-led organisations

Improve systems, standards and guidelines

☐ Include stigma reduction as a priority in your strategic plan

☐ Ensure your service has a charter of rights, and robust privacy and confidentiality policies and procedures

☐ Develop organisational capabilities in relation to inclusivity and stigma-free healthcare

☐ Establish systems to measure stigma-related progress and success

COMMUNITY-LEVEL STRATEGIES

Promote advocacy and law reform

☐ Develop an advocacy plan for your healthcare service

☐ Advocate for change that will reduce stigma, and promote inclusivity and cultural safety

☐ Elevate the voices of people living with and affected by BBVs and STIs

What you will find in this toolkit

In this toolkit you will find practical strategies for reducing BBV-related and STI-related stigma and discrimination that address:

- Individual healthcare professional practice
- Healthcare services and systems
- Community level reform

This toolkit also provides information about and links to other resources including:

- Stigma reduction resources produced by relevant peer, community and healthcare organisations
- Fact sheets about specific BBVs and STIs
- Relevant research on experiences of stigma and discrimination

WHAT IS STIGMA?

The issue of stigma is regularly discussed in healthcare settings, research and media coverage about certain health and social issues, and various definitions of it exist. There are various definitions of it, but a working definition of stigma is provided here to keep in mind when thinking about ways to use this toolkit in your individual and service-focussed initiatives as well as those addressing the broader community.

Most generally, stigma involves negative attitudes about, and actions against, certain individuals or groups of people, based on a distinguishing characteristic such as a health condition, mental illness or disability. Of most importance for this toolkit, while people living with and affected by BBVs and STIs are known to encounter stigma in many parts of life, healthcare settings have been identified as key sites for stigma (Naughton & Vanable, 2013; Simmonds & Coomber, 2009). **The stigmatisation of other characteristics – such as gender, sexuality, race and religion – and activities such as sexual practices and drug consumption are also common and widespread (Logie, 2020; Parker & Aggleton, 2003) and intersect with stigma related to BBVs and STIs. As such, stigma is a complex issue for healthcare services to negotiate.**

Stigma can be understood as a product of cultural ideas and social processes that label some people as 'normal' and others as 'abnormal' (Parker & Aggleton, 2003). Experiences of stigma are often characterised by feelings of shame, social exclusion and rejection that stem from adverse social judgements about an individual or group (Scambler, 2009). Importantly, stigma is known to have many negative health implications, such as impacts on mental health, reduced healthcare access and increased social isolation.

Stigma can take many different forms: for example, overt discriminatory actions by individuals or institutions, or subtle forms of exclusion and judgement. Stigma is also an issue that members of marginalised groups can come to expect. Therefore, people who encounter stigma may become especially attuned to both overt and subtle forms of discrimination, and they may experience some practices as stigmatising, regardless of intent.

Stigma or discrimination?

While stigma and discrimination are terms that are often used interchangeably, this toolkit approaches them as related but different issues. Discrimination is one possible manifestation of stigma: it is made and enabled through stigma. In other words, to experience discrimination is to also experience an effect of stigma. Reflecting this understanding of stigma and discrimination, this toolkit offers strategies and resources to address stigmatisation at the individual, institutional and community level. Instead of focussing only on overtly discriminatory actions, the toolkit also provides strategies for thinking about how routine clinical practices may inadvertently stigmatise and sometimes discriminate against certain clients.

Stigma and BBVs and STIs

People affected by BBVs and STIs often encounter complex forms of stigma that are related to a range of characteristics beyond their health. For example, BBV-related and STI-related stigma can also be intertwined with other stigmatised identities and practices. Hepatitis C-related stigma, for example, is almost inseparable from the stigma associated with injecting drug consumption (Fraser & Seear, 2011). **Similarly, people affected by hepatitis B, HIV and other STIs experience BBV and STI-related stigma alongside overlapping forms of stigma, discrimination and marginalisation in relation to gender, sexual orientation, religion, drug use, sex work and racial or ethnic background** (Medina-Perucha et al., 2019; Sievert et al., 2018; Watkins-Hayes, 2014; Ziersch et al., 2021). The stigma faced by people affected by BBVs and STIs can profoundly shape their social relationships, healthcare access and daily lives (Fraser & Seear, 2011). For many people living with stigmatised conditions, stigma and discrimination are not isolated incidents but rather they form the fabric of everyday life (Fraser et al., 2017).

Stigma in healthcare settings for people living with and affected by BBVs and STIs

While research has long demonstrated that stigma is routinely encountered in healthcare settings by people living with and affected by BBVs and STIs, it is important to keep in mind that it remains very much a contemporary issue. **The continuing impact of stigma on the healthcare experiences and poor health outcomes of people living with BBVs and STIs is the key reason why this toolkit was developed.**

Recent research conducted by the Centre for Social Research in Health (CSRH) at UNSW Sydney emphasises the importance of addressing stigma in healthcare settings. For example, a recent survey of Australian healthcare workers found that (CSRH, 2022a):

- About a quarter of participants (23%) indicated that they would behave negatively towards other people because of their sexual orientation
- Just over a third of participants would behave negatively towards other people because of their HIV (37%), hepatitis B (34%), or hepatitis C (36%) status
- Just under half of the participants would behave negatively towards other people because they engaged in sex work (46%) or had experienced an STI (43%)
- More than two-thirds of the participants (69%) indicated that they would behave negatively towards other people who injected drugs, including nearly 18% who would ‘often’ or ‘always’ do so

The same project also conducted surveys to investigate experiences of stigma among people living with and affected by BBVs and STIs, including gay and bisexual men, sex workers and people living with hepatitis C. These surveys show negative treatment in healthcare settings is relatively common. For example, in 2021:

- 58% of people living with hepatitis C reported negative treatment by health workers, including 8% who indicated that this was ‘often’ or ‘always’ the case (Broady et al., 2022a)
- 75% of people who inject drugs reported negative treatment by health workers, including 23% who indicated that this was ‘often’ or ‘always’ the case (Broady et al., 2022b)

- 91% of sex workers reported negative treatment by health workers, including 24% who indicated that this was 'often' or 'always' the case (CSRH, 2022b)
- 27% of men who have sex with men reported negative treatment by health workers, including 3% who indicated that this was 'often' or 'always' the case (CSRH, 2021)[1]

Stigma and discrimination in healthcare services can take many forms and have multiple effects on the health and wellbeing of patients and clients:

> *There's just so many things, There's delayed care. There's reluctance to disclose symptoms. There's the mental health effects of feeling disrespected or experiencing stigma and discrimination.*
>
> (GP, female, primary care setting)

Overall, the effects of stigma related to BBVs and STIs are far-reaching, impacting many aspects of healthcare and, importantly, undermining the trust required for effective therapeutic relationships between healthcare professionals and their clients (Broady et al., 2020; Mude et al., 2022; Scheim, & Travers, 2017; Treloar et al., 2013; Treloar & Rhodes, 2009).

Who is this toolkit for?

Developed in collaboration with the Victorian Department of Health, this toolkit is designed as a resource for Victorian healthcare services and professionals interested in ensuring their clients have the best experience possible. Given the significance of stigma for people living with or affected by BBVs and STIs, the toolkit is particularly useful for healthcare services that and professionals who regularly provide care to people living with and affected by these health conditions.

These people include the priority populations named in the Victorian sexual and reproductive health and viral hepatitis 2022-2030 plans for:

- Sexually transmissible infections
- Hepatitis B
- Hepatitis C
- HIV

The priority populations are:

- Aboriginal people
- Gay, bisexual and other men who have sex with men
- Women of reproductive age
- culturally diverse communities and refugee communities
- Trans and gender diverse people
- Sex workers
- People living with HIV (including women, heterosexual men, and gay men and other men who have sex with men)
- People in custodial settings
- People living with hepatitis B, including children pregnant women with hepatitis B and their children
- Unvaccinated adults at higher risk of infection
- People who use drugs (including people who inject drugs) and/or who are accessing drug treatment programs
- People living with hepatitis
- People from, or people who travel to, high-HIV prevalence countries
- People with a blood disorder
- Heterosexual-identifying men who intersect with a number of these priority populations
- Young people (15-29 years)

---

[1] For more information about BBV-related and STI-related stigma in healthcare settings in Australia, visit the Stigma Indicators Monitoring Project webpage.

In addition to the priority populations listed here, it is important to acknowledge that there are other people who experience STI-related and BBV-related stigma. This includes women who are not of reproductive age and people living with bleeding disorders.

To increase ease of use, throughout the toolkit we use 'living with and affected by BBVs and STIs' to refer to these priority populations. This language aligns with that used in the *Victorian sexual and reproductive health and viral hepatitis strategy overview and system enabler plan 2022–2030.*

The toolkit aims to support healthcare services in working to reduce the stigma and discrimination people living with and affected by BBVs and STIs encountered when accessing healthcare in Victoria. Given the complex relationship between BBV-/STI-related stigma and the discrimination associated with, among other phenomena, gender, race, age, disability, drug consumption and sexuality, at times this toolkit points to resources and strategies not specifically focussed on BBVs and STIs. However, given the overall focus of the toolkit is BBVs and STIs, the majority of the information provided pertains to these issues. Overall, the toolkit encourages services to review current systems and reflect on individual practices and institutional processes that may contribute to stigma and inadvertently produce discrimination. This toolkit is not intended to criticise services or individuals. Rather, it provides a practical series of suggestions, resources and tools that can be mobilised in efforts to improve the healthcare experiences of Victorians living with and affected by BBVs and STIs.

How it was developed

The toolkit was developed through a collaborative process that gathered the insights of Victorian healthcare professionals working in a range of settings related to BBVs and STIs.

The team conducted two rounds of focus groups with healthcare professionals working in community, hospital, research, training and primary care settings. The first-round focus groups concentrated on views about and experiences of different approaches used to reduce stigma and discrimination. The second-round focus groups revisited the key approaches discussed in the first round of focus groups but asked participants to suggest practical ways that these approaches to reducing stigma and discrimination could be integrated into this stigma-reduction toolkit. Given the research base used to develop this resource, illustrative quotes from the focus group participants often appear alongside suggested stigma reduction strategies.

While healthcare services and professionals are the key targets of this resource, the toolkit development process also included input from peer-led and community organisations working with and representing people affected by BBVs and STIs in Victoria. Representatives from key organisations provided feedback on the findings of the focus groups and that informed the development of thet toolkit.

Overall, the process used to develop this toolkit prioritised the insights and expertise of Victorian healthcare professionals and community organisations representing people living with and affected by BBVs and STIs.

> If you're thinking about a toolkit, then it really does invite, you [to] start where you can just do small things, but at the same time, you know, it then supports you to go further, doesn't allow you to stop. There's always further in that journey.
>
> (Manager, male, community health setting)

> I think the idea of one resource, I think that's the wrong impression. I think it's actually multiple ways, resources, over time … and I think it has to be reinforced all the time.
>
> (Community worker, male, community health setting)

How to use the toolkit

This toolkit offers practical strategies that can be implemented in healthcare services in their efforts to reduce opportunities for stigma or discrimination for clients living with and affected by BBVs and STIs.

Flexibility is key to using and mobilising this toolkit. It is not designed as a rigid series of approaches or steps that have to be adopted all at once to have an impact on stigma and discrimination. **Rather, healthcare professionals are encouraged to draw on their professional insights and understandings of their context, clients and available resources when deciding which strategies are most suited to their service.** However, the healthcare professionals who participated in the research that underpins the toolkit strongly argued that tackling stigma requires multiple approaches.

The approaches, strategies and resources included in the toolkit can be adapted to suit local healthcare service contexts in recognition that different services have different resources, clients and goals. The toolkit includes a range of strategies, some of which are quite complex, such as addressing institutional processes, while others are easier to implement, because they focus on individual professional practice.

The toolkit design also recognises that individual healthcare professionals and services have many competing priorities, particularly in relation to ongoing workforce development. Where possible, we have sought ways that stigma reduction initiatives can be incorporated into existing programs, policies and workforce development.

In order to avoid doubling up on existing strategies and resources, alongside the original suggestions included in the toolkit are overviews of and links to resources produced by other organisations to address related issues. While these can be found throughout the toolkit, there is also a dedicated section with brief descriptions and links to additional stigma reduction resources.

Key approaches to addressing stigma

The next section of the toolkit introduces key approaches to addressing stigma, and these are set out under three levels. These approaches were identified through a twofold process. To begin with, the team reviewed available resources designed to reduce stigma related to BBVs and STIs and identified six commonly used strategies for stigma reduction. From here, the team explored and refined these approaches in focus groups with healthcare professionals. Overall, this process produced seven key strategies organised across three levels.

INDIVIDUAL-LEVEL STRATEGIES

1. **Improving knowledge and education:** Increasing knowledge and understandings of BBVs and STIs and the effects of stigma and discrimination on individual health, quality of life, and public health.
2. **Improving language and communication:** Using inclusive language and avoiding language and communication styles that may have negative meanings or be considered stigmatising.
3. **Embedding reflective professional practice:** Instituting reflective practice as part of a process of a career development and continuous learning.

SERVICE-LEVEL STRATEGIES

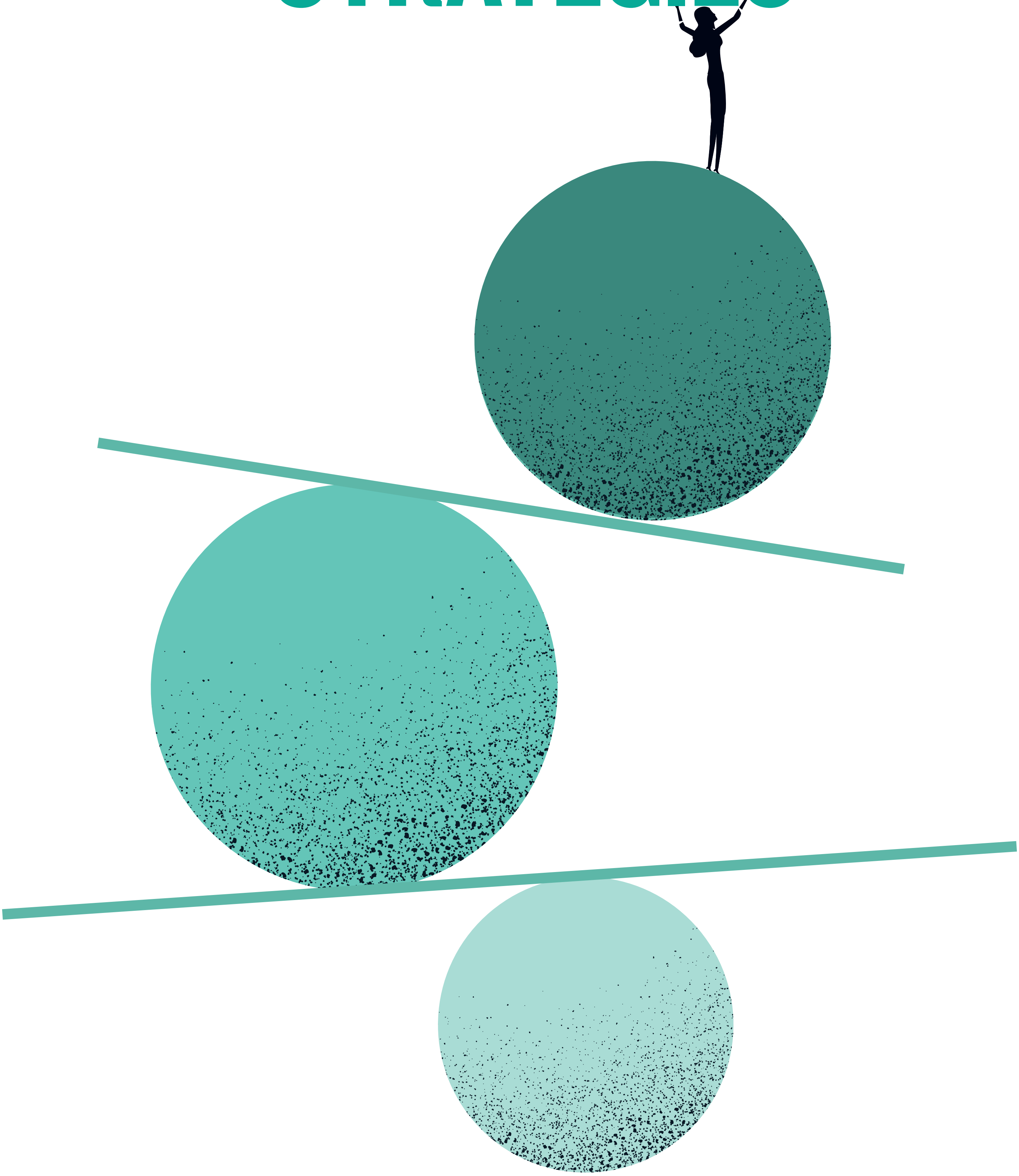
1. **Demonstrating allyship and building connections:** Actively promoting shared responsibility for tackling stigma and discrimination by listening to, advocating for, and actively engaging with people who have lived experience.
2. **Building resilience:** Increasing the capacity of people with lived experience of BBVs and STIs to challenge stigmatising practices in healthcare services.
3. **Improving systems, standards and guidelines:** Ensuring that the systems, standards and guidelines that shape individual health service and healthcare systems more broadly enable inclusive and stigma-free healthcare.

COMMUNITY-LEVEL STRATEGIES

1. **Promoting advocacy and law reform:** Engaging in advocacy and reform activities to achieve changes to the practices, policies, laws and structures that drive stigma and discrimination or impede the capacity of the health system to deliver positive health outcomes.

While we have categorised specific approaches across the three levels, some of the strategies can be used across more than one level. For example, although reflective professional practice is primarily an individual strategy, a health service could also undertake service level reflective practice. Many of the service and community-level strategies outlined in this toolkit could also be undertaken by individual healthcare professionals in self-directed ways as part of personal efforts to address stigma.

INDIVIDUAL–LEVEL STRATEGIES



IMPROVING KNOWLEDGE AND EDUCATION

What are knowledge and education strategies for stigma reduction?

Knowledge and education strategies are a common approach used to tackle stigma. Broadly there are two kinds of information used in education-based stigma-reduction strategies: (1) research evidence about stigmatised diseases or stigmatised populations, provided to counter misconceptions and (2) information about the negative impact of stigma on the lives of people living with stigmatised conditions.

Knowledge and education strategies

Include education and training on BBV-related and STI-related stigma and discrimination in compulsory training requirements, professional development and workplace induction. Additionally, it may be necessary to engage with other forms of training such as that focussed on ensuring cultural safety or mobilising trauma-informed practices in healthcare services. By including information about these issues in standardised practices, your service can support individual staff to demonstrate a required level of understanding and competency. This will not only provide existing staff with valuable information, but it will also show them that your service takes reducing stigma and discrimination seriously.

> Stigma is a value-based problem and discrimination is behaviour, and I don't think you can mandate changing values in terms of training or competencies or whatever. You can require that people behave in certain ways and you can test them on it and you can measure it.
>
> (Infectious disease physician, male, hospital setting)

> You can actually formalise [stigma education] as part of a workplace requirement [...] It's not too onerous to put a one-off course around bias and discrimination [as part of training] and they already exist.
>
> (Workforce development role, male, rural health setting

More broadly, healthcare services and professional bodies – for example, the Royal College of General Practitioners – could advocate for training related to reducing stigma and discrimination to be awarded Continuing Professional Development points to incentivise participation.

Prioritise access to education and knowledge by ensuring that staff have both the opportunity and time to participate in relevant training activities. While this can be challenging in healthcare settings already stretched for resources, ensuring these opportunities are available demonstrates a commitment to continued staff development and to reducing stigma encountered by clients. One strategy is to incorporate education related to BBVs and STIs and stigma into existing forums, for example, staff meetings and case reviews. Education and training related to stigma could also be included in existing workplace training programs such as infection control.

The work environment needs to be looked at so that people have got the energy and the time to actually learn. So, looking at those […] structural factors [… like] workload, hours at work, pay, conditions […] all that needs to be taken into account.

(Infectious disease physician, male, hospital setting)

[Lived experience speakers can be useful to help] break stereotypes […] especially before [staff have …] been exposed to sort of workplace culture which is really stigmatising or [before] they've been exposed to that [environment] for a long time.

(Infectious disease physician, male, hospital setting)

You could do some good work on pronouns and stuff like that. So, you would have a role-play where [laughs] the doctor is […] wrongly titled. So, it might be a male doctor and you'd say, 'So, she, this doctor here, she says this,' and he'll say, 'Well, I'm a man,' and you go, 'No, I think you're clearly …', you know what I mean? Like, you could really mess with people and get them to understand how revolting it feels to not be appropriately spoken to.

(Infectious disease physician, female, hospital setting)

Invite a person with lived experience to come and speak about their experiences of navigating the healthcare system. Lived experience speakers can be invited to present in regular forums in the workplace, for example, at staff meetings. Importantly, lived experience speakers participating in training initiatives will need to be compensated for their time and expertise. Peer-led community organisations often have staff and volunteers who are trained to deliver education and training. For example, Living Positive Victoria, a community-based organisation representing people living with HIV in Victoria, has the Positive Speakers Bureau where you can book a person living with HIV to come and speak in your health service.

For services that are not in a position to utilise the skills of lived experience speakers, several websites provide access to the stories and experiences of people living with and affected by BBVs and STIs.

While learning from people with lived experience of BBVs and STIs can play a key role in reducing stigmatising attitudes and behaviours in healthcare settings, these sessions alone are unlikely to transform either individual behaviours or clinical and service practices that produce stigma. Therefore, such strategies are most effective when used alongside other initiatives such as service level strategies.

Model good practice and peer-to-peer training. Not all education and knowledge building needs to be formal. Healthcare professionals can also learn by observing the welcoming and inclusive practices of their colleagues. Formal peer-to-peer training, from a staff member who is experienced working in BBVs and STIs, can also be a good way to increase knowledge.

Training and education that is co-delivered by a person with lived experience and a healthcare professional is another effective way to reach healthcare professionals.

USEFUL WEBSITES RELATED TO LIVED EXPERIENCES

Vitalvoicesonhepc.org showcases the lives of people affected by hepatitis C, emphasising their significance, complexity and vitality. This website aims to inform public discussions of hepatitis C, to counter stigmatising misconceptions, and to promote understanding of living with the virus and its treatment.

Stigma Stops: A Year of Unheard Stories Told is a campaign presenting a series of short videos of people living with viral hepatitis talking about their experiences of diagnosis, stigma and discrimination, and treatment.

Good Quality of Life is a series of short video presentations by people living with HIV that focus on their experiences of HIV treatment and maintaining good quality of life.

Viral: Are You the Cure? A recording of an Ilbijerri theatre company play exploring the hepatitis C treatment experience of an Aboriginal woman.

> [Some staff …] embody and articulate where we need to get to just through the way they do their practice and the way they support others to develop their practice as well. So, that peer-to-peer [knowledge sharing] is, I think, a good strategy.
>
> (Workforce development role, male, education and training setting)

> We have champions for this and that [...perhaps] it's not a stigma and discrimination champion [but a] a diversity champion.
>
> (Nurse, female, research setting)

Healthcare services could also consider appointing 'stigma champions' or 'diversity champions' within the workplace, with a designated role of promoting inclusive healthcare. Their role may involve identifying stigmatising practices and actions, and supporting colleagues to improve their own practice.

For example, having specific people within your service who are diversity champions, or who act as cultural guides, could help reduce the experiences of stigma for women diagnosed with BBVs or STIs in pre-natal settings (where misinformation about BBVs in relation to mother-to-child transmission can be encountered).

The International AIDS Society provides more information about stigma champions on its website.

External training options

The Victorian HIV and Hepatitis Integrated Training and Learning (VHHITAL) program has several modules related to BBVs and STIs that can be accessed online.

St Vincent's Hospital Department of Gastroenterology offers free hepatitis B and hepatitis C workplace training for Victorian healthcare professionals.

The Centre for Social Research in Health, UNSW, runs a 6-week online short course entitled 'Understanding and Reducing Stigma for Effective and Equitable Healthcare'. The course focuses on understanding stigma and its impact on healthcare systems. The course aims to equip learners with practical approaches to reduce stigma in healthcare settings.

ASHM, the peak Australian and New Zealand organisation for health professionals who work in HIV, viral hepatitis, other BBVs and STIs, offers a range of resources and online training modules on BBV-related and STI-related stigma and healthcare provision.

Issues to consider

The healthcare professionals who participated in the research underpinning this toolkit argued that an important knowledge-based strategy would be to improve education about BBV-related and STI-related stigma in training and qualifications for healthcare roles. They observed that current tertiary training for healthcare professionals does not adequately or consistently address stigma and discrimination. Addressing education and knowledge in tertiary settings is beyond the scope of this toolkit, but the strategies provided in this section are designed for ongoing workforce development for healthcare professionals.

When thinking about providing stigma education initiatives in the workplace, it is important to carefully consider the relationships between the attending staff. For example, a small service with a relatively flat structure may find a staff meeting, where the majority of staff are present, a suitable context for stigma education. By contrast, in a teaching hospital with established hierarchies, it may be more effective to run separate programs for junior and senior staff.

> I think education is the key and those early education programs are crucial, but we also need education programs that target people already in the workforce.
>
> (Workforce development role, male, rural health setting)

> I've recently been asked to do lots of liver service education with the junior doctors and, yes, you have to pick the time that you do that with the junior doctors because […] I think we can make a big impact with the younger and the new generation … having that separate time with them.
>
> (Nurse, female, hospital setting)

OTHER USEFUL RESOURCES

Understanding and Challenging Stigma in the MENA Region: Toolkit for Action

- Publication year: 2013
- Resource produced by the International HIV/AIDS Alliance (now known as Frontline AIDS; international)
- Focus: HIV
- Access link

Designed for use in the Middle East and North Africa (MENA) region, this toolkit provides a comprehensive training program that can be adapted for multiple audiences and purposes. More specifically, the toolkit is intended for trainers who may be, for instance, peer educators, NGO staff, service providers, or men who have sex with men (MSM), so that they may deliver tailored workshops to key populations affected by HIV (primarily MSM, sex workers, people who inject drugs, and people living with HIV).

The toolkit is divided into eight chapters: 'Identifying stigma'; 'Building more understanding of HIV and AIDS'; 'Judgements, values and stigma'; 'Stigma and MSM'; 'Disclosure'; 'Sex, gender and stigma'; 'Coping with stigma and fighting for our rights'; and 'Ideas for planning action against stigma'.

Each chapter contains a range of activities accompanied by step-by-step instructions. These are, however, intended to be adapted for the specific needs of the population attending the training workshops. Further, the workshops are intended to be delivered in a participatory and exploratory style, rather than like a series of lectures. As such, there is an emphasis on 'sharing feelings, concerns and experiences' and collective problem-solving.

While some aspects of this toolkit are specifically targeted at the MENA region, the themes and issues addressed are widespread and relevant beyond the region. Therefore, this resource can be useful in the Victorian context for developing training workshops or education sessions designed to address HIV-related stigma.

Deadly Liver Mob Toolkit

- Publication year: 2020
- Resource produced by the Centre for Social Research in Health, UNSW
- Focus: Hepatitis C
- Access link

Designed for use by healthcare services, the purpose of the Deadly Liver Mob Toolkit is to provide hepatitis C virus education and referral to BBV and STI screening and treatment for Aboriginal communities.

While this resource does not focus on stigma and discrimination, it does provide important information on providing culturally safe healthcare services in relation to BBVs and STIs.

IMPROVING LANGUAGE AND COMMUNICATION

Language and communication can play a powerful role in producing and reducing stigma. Stigma can emerge through explicitly derogatory language that differentiates, devalues and shames people, as well as through more subtle practices that communicate that certain clients are not welcome. Such language and practices can exclude people from stigmatised groups such as those living with and affected by BBVs and STIs, reducing their access to healthcare services overall. Healthcare professionals can reduce stigma and create a welcoming healthcare environment by carefully choosing the kinds of language used to communicate with people living with and affected by BBVs and STIs.

Language and communication strategies

Adopt 'stigma-sensitive practice' (Johnson & Lenton, 2017). Stigma-sensitive practice is about consciously using communication skills to ensure clients feel welcomed and respected during all healthcare encounters. Developed by researchers at the Australian Research Centre in Sex, Health and Society, La Trobe University, the concept of stigma-sensitive practice focuses on 'consciously creating an environment where clients feel safe and respected, and wherein confidentiality and privacy is maintained and preserved to the highest possible degree' (Johnson & Lenton, 2017, p. 14). While healthcare professionals will draw on their own judgement about how best to communicate with clients, depending on their specific needs and experiences, some general considerations are listed below.

Confidently discuss BBVs and STIs. This will help demonstrate to clients that BBVs and STIs are not something they should feel ashamed of or uncomfortable about. Of course, confidence takes time to develop, so you may need to practise talking about BBVs and STIs and the practices related to their transmission, such as sex and drug use. One way of doing this is to role-play with a colleague, with each of you taking turns to be the client and the healthcare professional.

Additionally, it can be helpful to check your language and communication style with a more experienced colleague, with a client with whom you have an established relationship, or by using an available resource such as Talking Testing: Initiating Hepatitis B/Hepatitis C/HIV Testing resources (see 'Links to other useful resources' on page 21). For an example of how to offer screening in a confident and non-stigmatising way, access the short video HIV Testing – Don't Be Shame to Test.

Ascertain a client's preferred pronoun and use it consistently. The best way for individual healthcare workers to do this is to ask directly 'what is your preferred pronoun?' Health services should also ensure that their intake forms provide options for people to record their gender and sexuality in ways that reflect who they are. Ascertaining a client's preferred pronoun and sexual orientation can also be important for ensuring the right healthcare is offered. Endorsed by ACON, the Australian Bureau of Statistics' *Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables* provides information about appropriate ways to ask questions about gender and sexuality. ACON has also produced a useful resource on pronouns, available online.

Use plain English. By using plain language when communicating with clients you will not only increase their understanding of the information you are seeking to convey but you will also facilitate greater connection between you and your client. Enliven Victoria provides information and resources about plain language and health literacy.

Use language that is meaningful to people from culturally and linguistically diverse communities. Ensure the concepts and terms you use are meaningful to the clients you service. While clients often have a clear sense of when they are not being treated fairly within a healthcare service, the concept of stigma may be unfamiliar. Other concepts such as the notion of respect might be more helpful to use.

Make providing interpreter and translation services part of routine service provision. By routinely accessing interpreter services, your service will support effective communication between you and your client and also demonstrate a commitment to equity and inclusion in healthcare. People from culturally and linguistically diverse backgrounds are disproportionately affected by hepatitis B in Australia, and providing interpreter services when necessary can contribute to stigma reduction. In addition to providing interpreters for people who cannot communicate effectively in English, you should also offer AUSLAN services, if required.

Make your service a culturally safe space for Aboriginal and Torres Strait Islander people. Aboriginal and Torres Strait Islander people are disproportionately affected by BBVs and STIs in Australia. Stigma related to BBVs and STIs intersects with racism in ways that impact access to healthcare. By creating a culturally safe healthcare service, you can contribute to addressing both racism and stigma in healthcare settings. For more information about how to create a culturally safe health service, visit VACCHO.

Explain the reasons behind sensitive questions. For example, BBVs and STIs are notifiable diseases and therefore the diagnosing clinician may need to collect specific information such as the transmission route. To reduce the potential for stigma, be clear about why you are requesting the information and let the client know how the information will be handled (e.g. who will have access to it).

Information about notifiable diseases in Victoria and the issue of privacy and confidentiality can be found on the Victorian Department of Health website. Fact sheets designed for notifiers and clients are also available.

> We teach people to take a sexual health history, and if the tone of that isn't right, then from a consumer's perspective, it starts to feel like an audit of their life choices.
>
> (Workforce development role, male, education and training setting)

Create a welcoming physical environment. The layout and design of healthcare services can play an important role in conveying a sense of inclusion. Visible markers of inclusion such as posters and up-to-date resources about BBVs and STIs displayed in the waiting areas, for example, can act as signals that people living with and affected by BBVs and STIs are welcome.

Issues to consider

While the collection of sensitive information is a common and routine part of healthcare, it is not necessary for sensitive conversation to occur in the first, or a single, appointment. Consider attending to several sensitive issues over more than one appointment as rapport and trust are established.

> It's a cascade of conversations and I think the key principles are [that] it doesn't all have to happen at once, yeah, as I've said, and the person has to be in the centre of it. Their needs, what they need today [need to be centred].
>
> (Infectious diseases specialist, female, hospital setting)

OTHER USEFUL RESOURCES

The Power of Words: Having Conversations About Alcohol and other Drugs

- Publication year: 2019
- Resource produced by the Alcohol and Drug Foundation, Association of Participating Service Users, and Harm Reduction Victoria, Penington Institute, and the Victoria State Government
- Focus: Alcohol and other drugs
- Access link

Predominantly focussed on discussions around alcohol and other drugs, this language guide was developed through a collaborative project that is heavily informed by the lived experience of people who use drugs. Its target audiences are professionals who work in the alcohol and other drug sector in any capacity, especially healthcare providers, social workers and people working in the human services. The overall intention is to improve conversations between people who use drugs and the professionals with whom they may be engaging.

This guide prepares the reader with principles for using non-stigmatising language, emphasising that 'language evolves' and that there is much more to non-stigmatising conversations than the terminology used. That said, most of the guide is dedicated to terminology. These terms are organised with a traffic light system: red for 'stigmatising terms', amber for terms that are 'stigmatising in certain contexts' and green for 'preferred neutral terms'. This highlights the context-dependent nature of terminology.

Although there is an overarching focus on alcohol and other drugs, the guide has a section on BBVs and also addresses language that may feature in conversations around BBVs (such as discussing needle use or blood test results). Moreover, the rationale for why some terms may be preferred over others, or the general tips on using language, are useful in developing a broader understanding of how to engage with others in a non-stigmatising way.

Talking Testing: Initiating Hepatitis B/Hepatitis C/HIV Testing

- Publication year: 2017
- Resource produced by ARCSHS, La Trobe University
- Focus: Hepatitis B, hepatitis C, HIV
- Access link: Hepatitis B
- Access link: Hepatitis C
- Access link: HIV

Developed by the ARCSHS Blood Borne Virus Sector Development Program, these two-page documents break down the process for initiating the testing processes for hepatitis B, hepatitis C and HIV. They are aimed at practitioners who will be having conversations with clients who may benefit from testing for these viruses.

The resources are presented in simple three-column tables. The first column is a 'testing checklist' that breaks down testing conversations into discrete parts such as 'confidentiality', 'testing history' and 'stigma-sensitive discussion about risk and transmission'. The second column presents 'practice tips' for each of these parts of the conversation, while the third, 'talking testing', column demonstrates a range of example phrases that practitioners could use.

These clear and easy-to-use resources would be good for practitioners unfamiliar with the kinds of sensitive conversations required for initiating testing for these viruses, or for those seeking to improve these conversations.

EMBEDDING REFLECTIVE PROFESSIONAL PRACTICE

What is reflective professional practice?

Reflective professional practice is a conscious process of reflecting on one's actions as part of a process of continuous learning. The key goal of reflective professional practice is to develop insights into professional knowledge and action as a way of determining opportunities for improvement as well as identifying good practice that can be shared with colleagues. Of course, processes of reflection are personal, and approaches to professional practice will vary between people.However, at its core, reflective practice requires individual healthcare professionals and services to critically reflect on established practices, policies and systems; identify and challenge their assumptions and biases; and be willing to make changes targeted to reducing stigma and discrimination. While this toolkit does not claim to offer the 'correct' way to define and conduct reflective professional practice, it offers some practical exercises to help healthcare professionals approach reflective practice in their work with people living with and affected by BBVs and STIs.

Reflective professional practice activities have the capacity to change attitudes and practices, and are therefore of high value for stigma reduction in healthcare settings (Day, 1999).

> Any reflection practice is really good. It allows you to think about how you've approached things, how you might have approached it from a different perspective, how you might do it differently next time and what have you learned.
>
> (Peer worker, female, community health setting)

Reflective professional practice activities

Periodically step back from your interactions with clients and reflect on how you could improve stigma-sensitive practice. You could nominate a specific day every month and choose a recent interaction that was related to BBVs or STIs for reflection. Once you have identified a time and an experience you want to reflect on, consider asking yourself the following questions, adapted from Cambridge University Libraries' (2022) online Reflective Practice Toolkit:

- What did I learn about my own values, assumptions and attitudes?
- What do I need to learn more about in relation BBVs and STIs?
- How did I feel?
- Why did I feel that way?
- What was easy (e.g. providing simple medical information)?
- What went well?
- What was difficult (e.g. discussing practices considered high risk)?
- What went badly?
- How can I improve in the future to ensure that the care I provide is sensitive to stigma?

Write your answers down to allow you look over them and revisit them at a later stage.

> Periodically we have a colleague […] go in and sit with them […] and observe them do a testing session in case bad habits have slipped in or stigmatising language has appeared in the person's repertoire. There is a kind of accountability and that reflective practice after […] is incredibly good at reducing stigma and identifying it when it's happening and nipping it in the bud. We're all human […] and sometimes we don't know our own biases until they're pointed out.
>
> (Practice Manager, male, community health setting)

Make reflective professional practice part of professional development. Healthcare services could include reflective practice activities in their professional development and performance management criteria. Making reflective professional practice activities part of professional development offers the opportunity for healthcare professionals to further develop their skills, which may lead to increased quality of care.

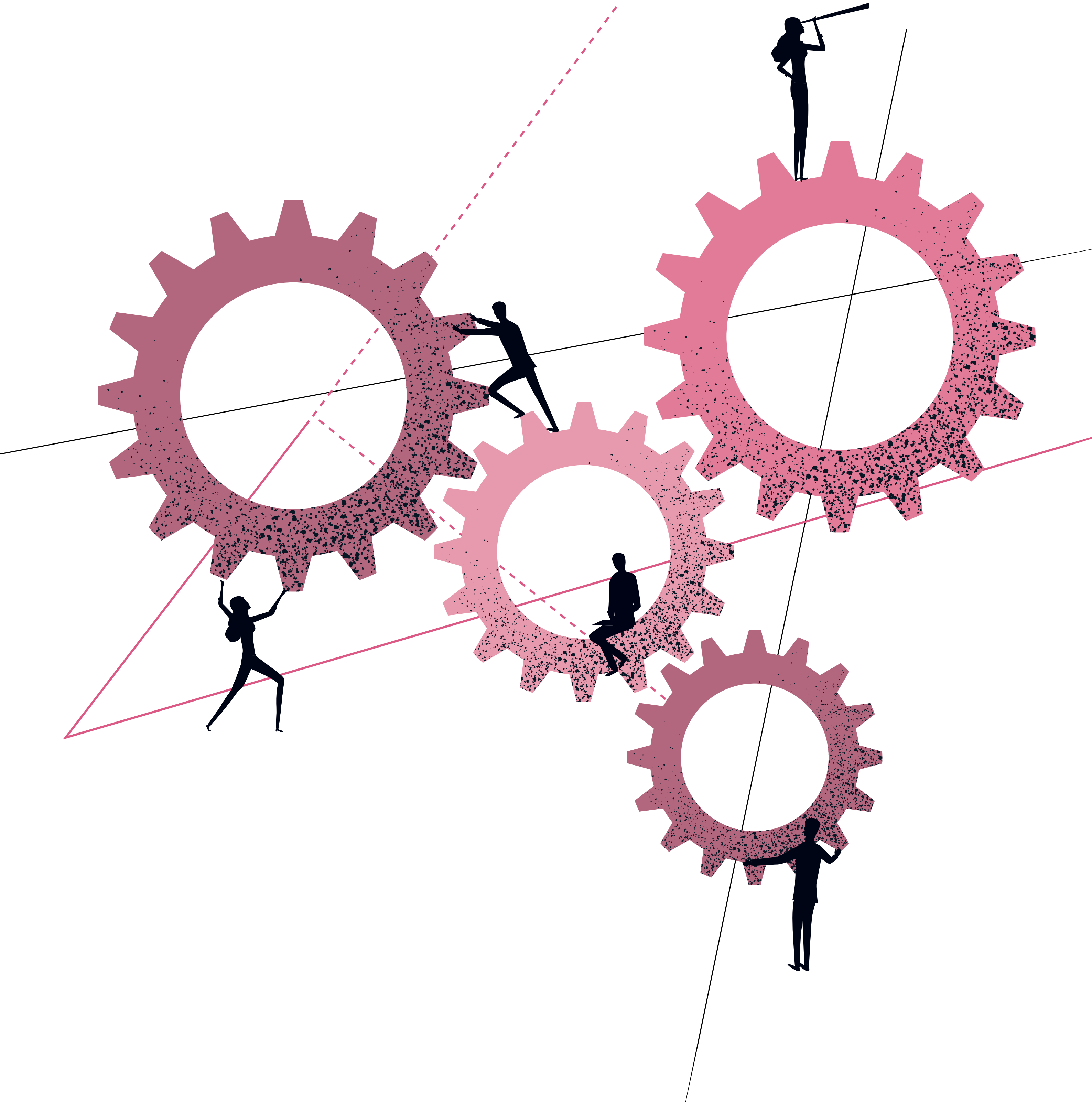
Undertake reflective practice exercises with a colleague. Invite a colleague to observe an interaction with a client, and then talk through their observations about what worked well, and any observations they might have about your language and communication style. In the spirit of collegiality, you might then observe one of their interactions with a client. Client consent is essential, so you would need to ask for permission to have another person in the room and explain the purpose of the activity.

Use a reflective practice approach for training new staff. Experienced staff are a great resource for less experienced staff to learn about reflective practice. For example, senior staff may observe a staff-client interaction with less experienced staff and then conduct a reflective practice exercise with them. In addition to reflective practice, healthcare services could support on-the-job peer-to-peer coaching and encourage experienced staff to actively model stigma sensitive practices.This process provides an opportunity to build staff skills and capacities to undertake stigma reduction.

> Utilise the knowledge within your staff, build capacity from within, because everyone's got a unique set of skills and experience […] people swapping knowledge and ideas, that is what makes people feel valued.
>
> (Peer worker, female, community health service)

If you would like to learn more about the concepts that underpin reflective practice, or access additional guidance on ways to structure reflective practice processes, you can access several reflective practice frameworks online at Monash University. Originally designed for student development, **these resources can be adapted** for reflective professional practice.

SERVICE–LEVEL STRATEGIES



DEMONSTRATING ALLYSHIP AND BUILDING CONNECTIONS

What is allyship?

Allyship or being an ally is a conscious act to support and advocate for the interests of marginalised groups. Allyship is typically undertaken by individuals, but a healthcare service can also engage in allyship as another strategy to combat stigma and discrimination related to BBVs and STIs within their own service and beyond. Overall, the key to allyship in healthcare services is taking on the responsibility to address potentially stigmatising practices and processes and actively demonstrate that the service is committed to providing the best quality care to its clients. Allyship strategies pair well with resilience strategies.

> When you're only engaged with people as a clinician, you really don't fully understand what they're experiencing outside of that unless you ask questions. Like, I went through a period of asking patients, 'Since I last saw you, have you experienced stigma for either being a gay man or a person with HIV?' And they go, 'Of course' and I ask them to give examples.
>
> (Infectious disease physician, female, hospital setting)

Allyship strategies

Acknowledge that the healthcare system is often a site of stigma and discrimination for clients living with and affected by BBVs and STIs. Healthcare workers can acknowledge the potential significance of stigma with individual clients by inviting them to discuss experiences of stigma, discrimination and related issues in non-confrontational ways.

However, given not all clients will want to discuss experiences of stigma, healthcare professionals will need to address this topic sensitively. It may be less confronting to initiate a discussion about positive experiences by, for example, asking about what makes a welcoming healthcare service. Discussions of this kind could also be prefaced by acknowledging that you are aware that stigmatising attitudes and practices towards people living with and affected by BBVs and STIs are commonplace in healthcare settings. Relatedly, you could ask clients if they feel that your service treats all clients equally. By asking more general and open questions such as this, clients have the opportunity to speak generally or discuss their own experiences if they feel comfortable doing so.

Demonstrate allyship by taking up education opportunities pertaining to BBVs and STIs, and related issues such as stigma and discrimination. By taking responsibility for educating yourself and others about BBVs and STIs, you can reduce the burden of people living with and affected by BBVs and STIs. In this way, allies acknowledge that education is their responsibility and do not expect people who face stigma and discrimination to do all the work.

Develop partnerships with people living with or affected by BBVs and STIs. One way to formally enact allyship in a healthcare service is to reach out to peer-led and other relevant organisations about collaborations that could address stigma and discrimination. A formal collaboration or 'alliance' is a powerful way of demonstrating that a service is an ally for a stigmatised community, such as people living with and affected by BBVs or STIs.

For example, Victorian HIV and Hepatitis Integrated Training and Learning (VHHITAL) partnered with Vixen – Victoria's peer-led sex worker organisation – to co-design and deliver training for GPs and nurses focussed on the decriminalisation of sex work in Victoria, the sexual health needs of sex workers, common misconceptions about sex workers and stigmatising attitudes.

Building connections with affected communities

Building connections between healthcare services and the communities they serve is an important strategy for addressing stigma and improving healthcare engagement more generally. Building connections with communities affected by BBVs and STIs means that allies can take action to reduce stigma in ways that align with the wishes and needs of people living with and affected by BBVs and STIs.

Strategies for building connections with affected communities

Make your service visible to the communities you serve. It is possible to increase awareness of a healthcare service by maintaining a presence at community events and forums. This might be as simple as producing basic promotional materials such as postcards to distribute at community events or, where resources are available, through active participation, such as by having a stall where team members can meet the community. Sponsoring events held by community organisations related to BBVs and STIs is another way of increasing the visibility of your service.

> [Allyship strategies] need to be in partnership and collaboration with [the] affected community and … and when you've got advocates who maybe understand the [health] system better [working] with community, you are more likely to effect change. [As opposed to …] sort of taking the mic from communities, which is not what we want to do […] So, I would 100% advocate for allyship in collaboration with community. (Project manager, female, clinical research centre) [We try to] regularly meet with people from peak org[anisation]s […] and get them to come in and talk about the pressing issues for [them] at the moment. So, the junior staff get to meet [them] and not just the more senior staff who might be on committees with them.
>
> (Infectious disease physician, female, hospital setting)

> Services can do things that demonstrate at community level that they are allies. Like, you know, sponsoring community awards that recognise [the work of] people participating in community forums [...] Those things I think go a long way to addressing how you show that you're a safe [service].
>
> (Workforce development role, male, education and training setting)

Employing people from communities affected by BBVs and STIs in your health service. Employing people from communities living with and affected by BBVs and STIs means that your service can draw on lived experience expertise to minimise stigma and create a health service that is welcoming. Additionally, employing people from the communities that you serve can powerfully signal that your health service is inclusive. In order to best utilise the insights and skills of staff with lived experience, where possible ensure that they are employed throughout different levels of your service, such as administration, management and clinical care.

Employing specific peer workers to support patients and clients and to provide education and training to other staff in relation to BBVs and STIs. Peer workers can play an important role in making clients feel safe and comfortable when accessing healthcare related to BBVs and STIs, for example. Peer HIV testers, for example, or peer navigators can assist people newly diagnosed with a BBV to navigate the healthcare system. Organisations such as Living Positive Victoria and Harm Reduction Victoria can provide information and advice about employing peer navigators. Peer navigators can also be an important resource for other staff, assisting them to learn more about the health needs of people living with and affected by BBVs and STIs. However, if you are employing people with lived experience in specific peer roles, you will need ensure they are well supported and that they themselves are not subjected to stigmatising attitudes and actions. Additionally, the roles of peer workers need to be carefully defined to ensure their skills are appropriately mobilised and valued.Ways to support peer workers include employing more than one peer, involving peers in all aspects of the workplace that are relevant to their role, or supporting them to form connections with peer workers in other services. Additionally, providing time and resources to join professional networks or participate in communities of practice are two other strategies that can support peer workers.

There are several community and peer-led organisations in the Victorian BBV and STI sectors that could assist your service to build connections with affected communities and guide your allyship efforts:

Living Positive Victoria

Community organisation representing people living with HIV. Living Positive Victoria can provide information on utilising the skills of peer navigators to assist people living with HIV to access and navigate the healthcare system.

Email: info@livingpositivevictoria.org.au
Phone: (03) 9863 8733
livingpositivevictoria.org.au

LiverWELL incorporating Hepatitis Victoria

Community organisation for people affected by or at risk of viral hepatitis and liver disease.LiverWELL provides information about the experience of living with hepatitis B and hepatitis C, as well as information about where to go for testing and treatment.

Email: admin@liverwell.org.au
Phone: (03) 9274 9796
liverwell.org.au

Positive Women Victoria

Peer support, information and advocacy for women who are living with HIV.

Email: info@positivewomen.org.au
Phone: (03) 9863 8747
positivewomen.org.au

Harm Reduction Victoria

Community organisation for people who use drugs; provides peer education, training and information about hepatitis C including information about where to go for testing and treatment. Harm Reduction Victoria can provide information on utilising the skills of peer navigators to provide assistance in accessing and navigating the healthcare system to people who consume drugs.

Email: info@hrvic.org.au
Phone: (03) 9329 1500
www.hrvic.org.au

Thorne Harbour Health

LGBTI community organisation offering a range of information and services related to sexual health and HIV.

Email: communications@thorneharbour.org
Phone: (03) 9865 6700
Toll free: 1800 134 840
thorneharbour.org

Centre for Culture, Ethnicity and Health

Information, support and referral for people from refugee and migrant backgrounds.

Email: enquiries@ceh.org.au
Phone: (03) 9418 9929
www.ceh.org.au

Resourcing Health & Education (RhED)

Services, programs and resources for Victorian-based sex workers, and sex-work-centred education for the wider community.

Email: sexworker@sexworker.org.au
Phone: 1800 458 752
sexworker.org.au

Vixen

Peer-led sex worker organisation offering support, peer outreach, peer education, information and resources, referrals, peer counsellor, workshops and skill shares, peer-only spaces and events; sex worker awareness training for services working for sex workers; and advocacy and representation.

Phone: (03) 9070 9050
www.vixen.org.au

Victorian Aboriginal Community Controlled Health Organisation (VACCHO)

The peak representative for the health and wellbeing of Aboriginal and Torres Strait Islander people in Victoria. VACCHO's Cultural Safety Services (CSS) team offers training and organisational audits designed to increase cultural safety in practice and spaces while strengthening relationships with Australia's First Peoples, Communities and Organisations within Victoria.

Email: enquiries@vaccho.org.au

Phone: (03) 9411 9411

www.vaccho.org.au

Haemophilia Foundation of Australia (HFA)

The national peak body representing the Australian bleeding disorders community, providing advocacy, representation, education and promotion of research.

Email: hfaust@haemophilia.org.au

Phone: (03) 9885 7800

https://www.haemophilia.org.au

Youth Support and Advocacy Service (YSAS)

Youth-specific community service organisation with a focus on providing alcohol and other drug services to young people in Victoria.

Email: reception@ysas.org.au

Phone: (03) 9415 8881

ysas.org.au

OTHER USEFUL RESOURCES

It’s Time to Think Positive About HIV: A Practical Guide to Being a Better HIV Ally

- Publication year: 2022
- Focus: HIV
- Resource produced by ACON and Positive Life NSW
- Access link

This is a direct, clear guide to help people become a better ally to someone in their life who is living with HIV. The resource speaks specifically to a range of reader positions relative to a person living with HIV: ‘hooking up’, a friend, in an intimate relationship, and a family member. A section is dedicated to each of these positions, with a tailored discussion outlining the various qualities and actions that make a good ally. Woven through these discussions are common themes, such as ‘trusting the science’, being respectful to those who disclose, and taking the time to process someone’s disclosure.

The guide contains quotes from various allies, is easy to read, and uses relatable language. In the context of healthcare provision, a link to this guide would be a valuable addition to the resources section of a website, or may be useful to provide to clients who may be in the position of one of the relationships addressed in the guide.

It’s Time to Think Positive About HIV

- Publication year: 2021
- Resource produced by ACON
- Focus: HIV
- Access link

This campaign aims to reduce stigma through promoting different forms of allyship. The centrepiece of the campaign is a short video (4:30 min, available on YouTube) that features the personal stories of people living with HIV and their allies, as they reflect on their experiences and relationships with people close to them. Aimed at the general public, the campaign intends to address stigma through positive framing, rather than a focus on the harms produced by stigma. ACON describes this campaign as a ‘call to action that has universal appeal and is useful to the entire community’.

The material in this campaign would be useful to anyone seeking to become more familiar with what good allyship looks like, and therefore it could be incorporated into workplace inductions, workshops or other training contexts for those working with clients or colleagues likely to be living with HIV.

While the review that generated these resources did not identify any allyship resources specific to hepatitis C, hepatitis B and STIs, the two resources focussed on HIV listed here are excellent and readily adaptable for other BBVs and STIs.

BUILDING RESILIENCE

What is resilience?

Resilience is the process and outcome of adapting to difficult circumstances. For this toolkit, resilience relates to the ability to manage and adapt to the discrimination that stems from BBV-related and STI-related stigma. Importantly, resilience building is not about helping people to accept or 'put up with' stigmatising actions but rather it is about developing skills to resist and challenge these actions.

A resilience building approach to tackling BBV-related and STI-related stigma involves actively supporting people subjected to this stigma to develop the skills and strategies to manage its effects, such as discrimination in healthcare services. In this sense, resilience building approaches to stigma and discrimination are intended to empower people living with and affected by BBVs and STIs.

It is important to keep in mind that while building resilience can have a positive impact on the health and wellbeing of people living with and affected by BBVs and STIs, it is not an appropriate approach for all clients. Healthcare professionals need to carefully consider whether a resilience building approach is suited to their service and the clients they serve.

It is essential that resilience building approaches do not shift the responsibility of addressing stigma and discrimination wholly onto the people most affected by them – that is, people affected by BBVs and STIs. In this sense, resilience building approaches are most effective when combined with other strategies such as allyship.

Resilience building strategies

There are several strategies that healthcare professionals can use to promote resilience building.

Promote the benefits of social support to clients. Social support is known to reduce the negative effects of stigma and discrimination associated with BBVs and STIs (Brener et al., 2020). The notion of social support encompasses the network of people that can provide practical and emotional support to people living with and affected by BBVs and STIs. The social support network would be different for different people but might include friends, colleagues, family and peers. Work with clients to identify people within their social networks who might be able to provide social support. If clients are socially isolated or worried about how people in their current social network will respond to their disclosure, then help them to make contact with a peer-led organisation.

Educate clients about the transmission and diagnosis of BBVs/STIs. Healthcare workers are ideally placed to counter myths and misconceptions about BBVs and STIs with clients. For example, it could be very reassuring to have a healthcare worker explain that hepatitis B cannot be transmitted via the sharing of food. Similarly, it could also be reassuring for those who are newly diagnosed to havea healthcare worker explain the benefits of HIV treatment for both health and onward transmission.

> It's all right to [... emphasise] building resilience, but for a lot of client groups, that's a massive feat, you know [...] They've got complex trauma [for example] and, you know, it's not going to work for every client.
>
> (Peer worker, female, community health setting)

> [Needle and Syringe Program clients …] would come in with questions around treatment or testing, I would take them aside and just have a little brief intervention and I [would] empower them with information to then take to their GP. [For example, I would let them know that] discrimination is illegal and what [questions] to ask and so they actually knew more than their GP. That made them feel really empowered and I guess a little bit more confident than usual.
>
> (Peer worker, female, community health setting)

The following fact sheets may be useful to provide clients with further information about their diagnosis:

What is Hep B? … And Why Should I Care? is a fact sheet produced by LiverWELL. It provides an overview of hepatitis B including information about transmission, vaccines and treatment.

Common Hepatitis B Myths is an online resource that tackles common misconceptions about hepatitis B transmission, testing, vaccination and treatment.

The Drama Downunder is an online resource that includes information about where to get tested, STI symptoms and descriptions of various STIs.

HIV Fact Sheet is an online resource that includes information about HIV prevention, transmission and treatment.

What is HIV: The Facts is a guide produced by Living Positive Victoria. It provides a brief overview of the HIV virus and information about diagnosis

Sexually transmissible infections: Better Health Channel is an online resource about STIs and sexual health, which includes information about testing, prevention and treatment.

Hepatitis C: Better Health Channel also features online resources about hepatitis C testing, prevention and cure..

> One of the things I check if [a client has] ever given feedback, even online, for a restaurant, for a hairdresser or anything like that. I say, 'Health services are no different. We are all reliant on clients and we rely on word of mouth'. I also remind them that [...] part of our accreditation is to get feedback, good, bad or indifferent, so go for it. Sometimes, I usually practice, particularly if someone says, 'Oh no, I don't like to do it', I practice it in the room with them.
>
> (Counsellor, male, community health setting)

Educate clients about Victorian anti-discrimination legislation, including relevant sections on healthcare settings. Providing resources about discrimination rules directly to your clients, or making them available in public areas such as waiting rooms, is an effective strategy to increase knowledge of rights and what they can expect from healthcare services in Victoria[1].

For example, making information about sex worker law reform in Victoria available, works to highlight the healthcare implications of broader legislative reforms.

> *Everyone should be able to feel safe and be treated with dignity when accessing services from healthcare places like hospitals and GPs. Healthcare providers have a legal responsibility to make sure that everyone who uses their services is treated fairly and with respect.*
>
> (www.humanrights.vic.gov.au)

Ensure complaints processes are available, accessible, advertised and non-stigmatising (e.g. by ensuring anonymity). When stigma is encountered, clients need an accessible and effective avenue of reporting a complaint. By promoting the significance of client feedback, complaints processes can form part of an empowerment and self-advocacy strategy. The Haemophilia Foundation of Australia has produced a self-advocacy resource for women with bleeding disorders, and some of the information would be useful for other people living with and affected by BBVs and STIs. LiverWELL Victoria has produced an accessible guide, Know your Rights, for people living with viral hepatitis, to educate them about their rights. Displaying resources such as Know Your Rights in waiting areas is a simple way to signal that your service is committed to client rights.

Clients need to be reassured that their complaints will not impact their relationship with your service.

Support clients to navigate status disclosure. People living with and affected by BBVs and STIs frequently manage the effects of stigma through the careful control of status disclosure (Slavin et al., 2012). Work with your clients to identify people within their social and family networks who are likely to be supportive of them and are therefore safe to disclose to. Make sure your clients know the circumstances in which they are required to

---

[1] For more information about Victorian anti-discrimination legislation, visit the website of the Victorian Equal Opportunity and Human Rights Commission

> I try and work alongside client[s] rather than ever stepping into a hierarchical role, because I know I'm not the expert in their life. I do know some things, but they know their whole life journey and where they might be wanting to go with that, so I think planning together and empowering them in our work together [is essential]. So when they are reaching out to new services, [I help them] figure out how they might want to approach that service where they feel comfortable expressing their needs, and maybe doing a bit of research [about] why they might want to access one service over another.
>
> (Counsellor, female, community health setting)

disclose their status, and then make sure they understand that these are the only circumstances in which they need to disclose.

Review referral processes to other healthcare services. If you are making a referral to another service, first discuss with your clients whether it is necessary to include information about their BBV or STI diagnosis. If there are clinical reasons for the information to be included, ensure clients are aware that they do not need to answer questions that they are uncomfortable answering, such as how they acquired their BBV or STI. It could be useful to discuss with clients' possible responses and other strategies that might be helpful if they are asked intrusive questions.

Promote connection with peer-led organisations. Peer-led organisations can be a great resource for clients living with stigmatised health conditions such as BBVs and STIs (Wells et al., 2022). Clients may not know that there are many Victorian peer-led organisations working in areas related to BBVs and STIs. Providing information on these organisations may encourage clients to make links with them. A list of Victorian BBV and STI-related organisations you can contact to find out more about peer-based support is available on page 28.

OTHER USEFUL RESOURCES

NAPWHA Stigma and Resilience Framework

- Publication year: 2019
- Resource produced by the National Association of People with HIV Australia
- Focus: HIV
- Access link

Developed in consultation with its members, stakeholders and individuals living with HIV, this comprehensive framework takes as its foundation that addressing stigma and discrimination should be paired with building resilience in affected communities. The authors are clear that ‘this framework is not a guideline, or a policy document’ but is intended for a wide range of stakeholders to draw on in any capacity that may foster the resilience of people living with HIV. Such stakeholders include those involved in planning, evaluating or delivering health services, policymakers and social researchers.

The document has two main parts, the first of which presents the background evidence and supporting discussion for the framework overall. The second part presents three key objectives that each have particular ‘strategic priority actions and areas’.

These objectives are to: (1) ‘Create environments that promote resilience from diagnosis and onwards’; (2) ‘Provide efficient, effective and appropriate support to people living with HIV to optimise quality of life’; and (3) ‘Develop resilience responses for specific and vulnerable marginalised populations’.

The depth, adaptability, currency and relevance of this framework make it an essential reference for anyone in the health sector seeking to reduce the impact of stigma and discrimination for people living with HIV or other comparable conditions (such as viral hepatitis).

The following resources may be useful when discussing the issue of disclosure:

The Pocket Guide to Disclosing your HIV Status is published by Living Positive Victoria and provides an overview of the contexts and circumstances in which people living with HIV are required to disclose their HIV status.

Do I Have to Tell Other People That I Have Hepatitis C? is published by LiverWell and provides information about hepatitis C disclosure, including the situations in which people need to disclose their hepatitis C status.

What is Hep B? … And Why Should I Care? is a fact sheet also produced by LiverWELL and provides an overview of hepatitis B, including information about when and where people living with hepatitis B are required to disclose their status.

Know your Rights This guide is also produced by LiverWELL and provides information for people living with hepatitis B and hepatitis C about their rights to privacy and confidentiality, to live free from discrimination and to lodge complaints.

IMPROVING SYSTEMS, STANDARDS AND GUIDELINES

How can systems, standards and guidelines address stigma?

Appropriate systems, standards and guidelines can significantly reduce the impact of stigma that people living with and affected by BBVs and STIs often encounter in healthcare settings. Recognising their significance, the *Victorian sexual and reproductive health and viral hepatitis strategy 2022–2030* emphasises the need to strengthen systems within healthcare settings in order to achieve safe, equitable and quality care (Department of Health, 2022).

Systems, standards and guidelines for stigma reduction

Including stigma reduction as a priority in your service's next strategic plan. Strategic plans set out an organisation's vision, goals and objectives and, therefore, can be used to implement stigma reduction. Including stigma in the plan not only signals the importance of the issue, but it also creates organisational opportunities to work towards stigma reduction. The process of developing a strategic plan is also an opportunity to consult service staff, increasing the likelihood of staff commitment to stigma reduction.

Ensure your service is representative of the communities it serves. A good way to achieve inclusion and diversity within your healthcare service is make sure it is representative of the communities it serves. It might be useful to record information about ethnicity, language spoken at home, country of birth, sexuality and gender, via an intake form, when clients first use your service. This information can then be used, for example, to identify relevant communities and to inform processes to ensure their members are represented in your services as employees, volunteers or board members.

Ensure your service has a charter of rights consistent with the Australian Charter of Healthcare Rights. While the National Safety and Quality Health Service (NSQHS) Standards do not directly address stigma, they do include Action 2.03, which states that 'I have a right to respect, to be treated as an individual and with dignity and respect, and have my culture, identity, beliefs and choices recognised and respected'. Action 2.03 includes reflective questions to consider and the key tasks involved when developing a charter of rights. Consider including the rights of specific stigmatised populations in your charter, for example, people who inject drugs, LGBTIQ people, women living with and affected by BBVs and STIs, and sex workers. Make the charter visible in your waiting room and on your website, and provide a copy to new clients.

Ensure that your service has robust privacy and confidentiality policies and procedures. Make sure that all staff, including non-clinical staff, are aware of their legal obligations in relation to protecting the health information of clients. The Victorian sexual and reproductive health and viral hepatitis strategy 2022–2030 highlights privacy and confidentiality mechanisms as a key system for reducing stigma related to BBVs and STIs.

> *To ensure confidentiality and promote public confidence, health services must have strong privacy mechanisms in line with current legislation. Disclosure that a person has had an abortion or that they have tested for, or are living with, BBV or STI can lead to stigma and discrimination.*
>
> (Department of Health, 2022, p. 26)

Review your policies to ensure that they support inclusion and address stigma and discrimination. Make sure that your healthcare service has policies that specifically address stigma and discrimination, for example, a policy that makes clear that all clients should receive the same access to and standard of healthcare, and that all clients should be treated with respect. The policy should also clearly state that stigma and discrimination will not be tolerated. Review your service policy in relation to bulk-billing and cancellation fees to ensure that it does not inadvertently discourage use of your service by some people living with or affected by

> Interview process [should have] clear questions [about stigma ...] In interview processes, I have seen a lack of questions around [... these issues]. [For example,] 'We are a pro-choice organisation. Can you tell us what that means?' You know, 'If you saw this client with this history [of stigmatised health conditions], how would you approach that?'. 'If you encounter discrimination in the workplace in this scenario, what would you do?'
>
> (Nurse, female, community health setting)

> You really have to create a cultural way of feedback that is encouraged, and we have our nurse or whatever who does bloods, who'll just say, 'How have things been? How has the service been for you so far? What's been going on? You know, I'm here if you ever have a problem and you don't really want to speak to management'. You can then tease out some of those more nuanced complaints, which you may never have heard.
>
> (Practice manager, male, community health setting)

BBVs and STIs. A resource guide produced in the US by a group called the Health Policy Project provides some useful information and suggestions for policies that can address stigma.

Incorporate stigma reduction into staff career development and performance review. Performance and development processes can be great opportunities for staff to reflect on how they address the issue of stigma in their professional practice. Incorporating stigma reduction into these processes means that all staff can document how they have actively sought to address BBV-related and STI-related stigma in your service. This might include using language guides, undertaking training or education to develop their knowledge and understanding of stigma, or participating in a community event.

Integrate stigma reduction into your staff recruitment processes. By foregrounding a commitment to reducing stigma and discrimination in staff recruitment, your service is more likely to recruit new staff who share similar values and commitments. For example, training in stigma reduction or related issues can form part of the selection criteria for a position, or questions about BBV-related and STI-related stigma and discrimination can be included in interviews with applicants. This approach would elicit information about the capacity of new staff members to conduct themselves in non-judgemental and non-stigmatising ways with people living with and affected by BBVs and STIs.

Provide multiple ways for clients to provide feedback. Feedback can be a powerful way to find out what is going well in your service and what might need improvement. Providing an accessible and confidential complaints system or anonymous client satisfaction survey ensures that your clients have an opportunity to provide feedback that may improve practice. Importantly, any feedback mechanism should include direct questions designed to elicit information about potential experiences of stigma and discrimination. Questions about feeling welcomed or respected, for example, may provide important insights into client experiences and how they relate to stigma.

Document incidences of stigma and discrimination in the risk management system. Given stigma is known to negatively impact the health outcomes of people living with and affected by BBVs and STIs, stigma could be documented as a health and safety issue in the same way that poor infection practices or incorrect doses of a medication are documented. Developing strategies to flag stigma as a risk to health outcomes provides an alternative to using client complaints as way to track and manage stigma in healthcare settings. It makes stigma an issue of health quality and safety. Incorporating stigma reduction into your risk management system would mean staff could report incidents and together management and staff could explore ways to reduce stigm-.

> Using the system that's already existing to learn from, because that's what they do with all other incidents and critical incidents in a healthcare setting, so you just see this as one of them.
>
> (Nurse, female, research and training setting)

Develop organisational capabilities in relation to inclusivity and stigma-free healthcare from established inclusivity certifications. Several Victorian organisations provide certifications related to reducing stigma and discrimination. Organisations such as Rainbow Health Australia and itsRainbow Tick provide certification of LGBTIQ cultural safety for organisations, including healthcare services. This might provide inspiration for developing practice standards and processes that reduce BBV and STI-related discrimination.

Establish systems to measure stigma-related progress and success. While measuring progress in relation to stigma reduction or service inclusivity in busy healthcare settings services is challenging, it is an important part of systems-based strategies to address stigma. Collating and analysing information related to stigma, discrimination and inclusivity through informal feedback, client surveys and complaints provides powerful data that can be used to strengthen systems and celebrate your achievements. Even though many healthcare services may struggle to allocate resources to monitoring stigma reduction and

> We really emphasise in medicine, you know, drug-drug interactions, red flags, for example, warfarin or rifampicin, these [are] dangerous drugs, which can, if you don't watch out for what the patient's taking with them, [where] terrible consequences could happen. So, you almost need [an equivalent] red flag for situations of [stigma], so that it's given some primacy.
>
> (Infectious diseases specialist, female, hospital setting)

> You know, the Rainbow Tick accreditation is the perfect example, but we also have other accreditation tools that we use [...] So, for example, to be accredited as a GP practice, even though we are a sexual health service, means that we need to follow a quality improvement pathway and need to provide evidence of that.
>
> (Nurse, female, community health setting)

service inclusivity in quantifiable ways (e.g. by conducting annual surveys with staff to measure expressions of stigma towards people living with and affected by BBVs and STIs), less resource-intensive approaches are also available. Documenting the number of clients who make return visits to your service, for example, can provide insight into levels of satisfaction. Alternatively, asking new clients how they came to know about your service, as a way to capture 'word of mouth' referrals, can provide insight into the reputation of your service within a particular client group.

It is also possible to develop insights into community reach and satisfaction by recording who is using the service. These records will indicate who is attracted to the service and who is currently not utilising it.

Given that past experiences of stigma and discrimination can mean people give up on seeking healthcare, engaging with the local community to identify reasons why some people are not using your service may also be productive, if resources allow.

> When our patients come back, when our patients provide us feedback that they feel accepted, and they tell others to come and see us. We get GPs who say, 'This patient said that [their experience] was good, so I sent another one [to you]'. It's a little bit of a small level of positive feedback, but there are lots of systemic ways of collecting data as much as we should.
>
> (Gastroenterologist, female, hospital setting)

> A good measure of how well you are doing is community reach for your service, looking at who you are trying to attract and [asking if] are you attracting them into your service.
>
> (Manager, male, community health setting)

OTHER USEFUL RESOURCES

Taking Action Against HIV Stigma and Discrimination: Guidance Document and Supporting Resources

- Publication year: 2007
- Resource produced by the Department for International Development (UK)
- Focus: HIV
- Access link

With this document, the UK Department for International Development aimed to increase the priority of addressing HIV-related stigma within its own organisation so that it could better address the spread of HIV internationally through its policies and programs. Stigma and discrimination are understood to be at least as harmful as the disease itself, and a key barrier for both prevention and treatment. It is divided into two parts: (1) a guiding document for the organisation itself and (2) supporting resources.

The guiding document outlines key areas in which a policy-making organisation can address HIV-related stigma: raising awareness, organising workshops, 'disseminat[ing] tools for effective advocacy and action', and increasing the overall focus of the organisation on this issue across its policies and programs.

The supporting resources include an outline on understanding HIV stigma and discrimination, evidence-based talking points on a range of key topics (such as how 'stigma and discrimination compromise effective responses to HIV and AIDS'), case studies of successful interventions from around the world, and a table of anti-stigma toolkits and manuals available online.

Although many of the settings and examples described in this document feature more intensive stigma and discrimination than Australia currently faces, it presents evidence-based and multilayered background reading for organisations seeking to increase their efforts in reducing stigma and discrimination related to HIV or other STIs.

A Global HIV Stigma Reduction Framework Adapted and Implemented in Five Settings in India

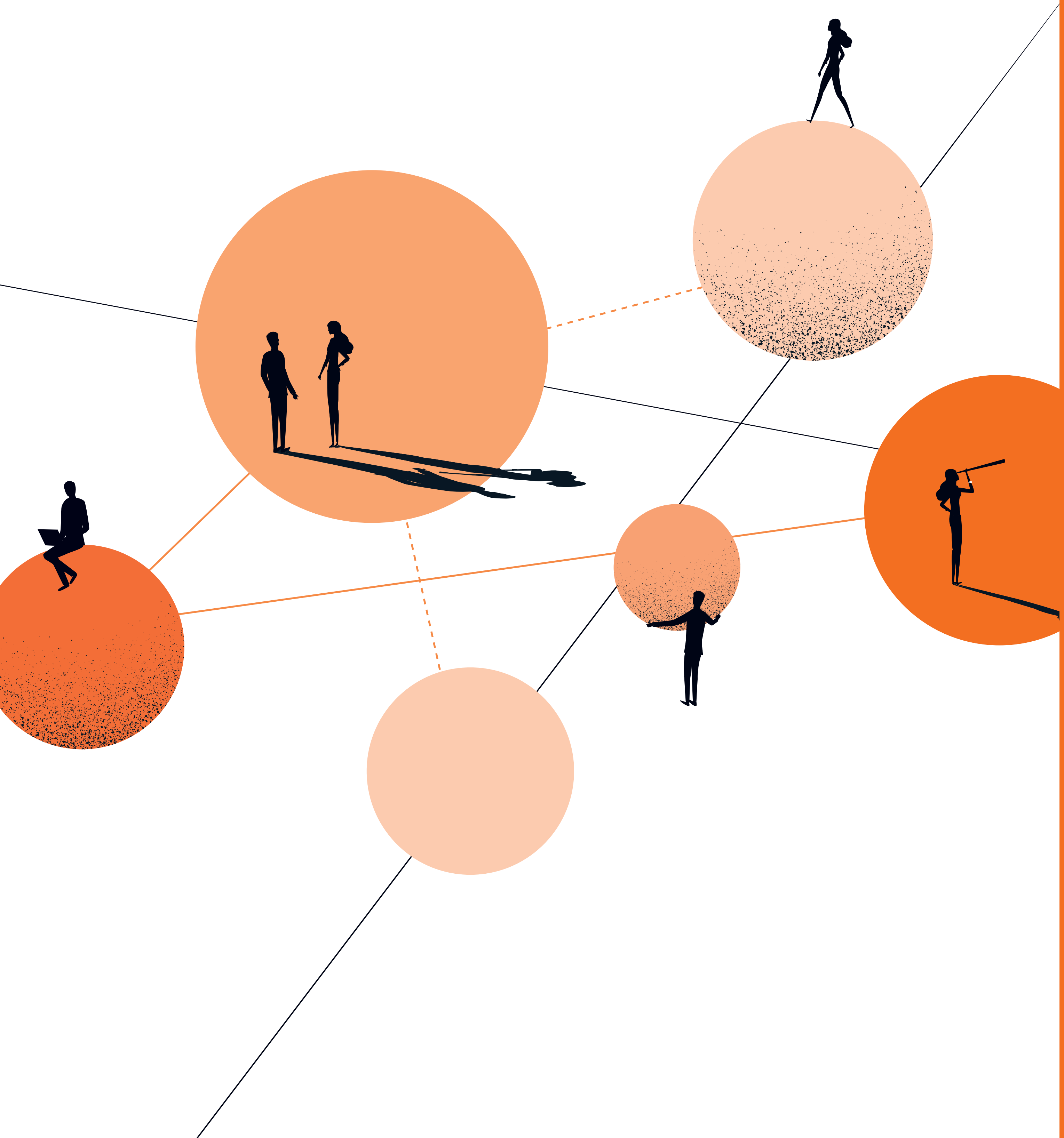
- Publication year: 2013
- Resource produced by the International Center for Research on Women, Strive (international)
- Focus: HIV
- Access link

This summary report presents the findings from a series of stigma reduction programs run in India. These programs were informed by a 'global stigma reduction framework' developed by UNAIDS, and India was the first country to pilot the framework. Therefore, this report is useful to those who may be interested in applying the framework, and in the lessons learned from its first application.

The framework was designed to be applicable in diverse environments, having aimed to map out how stigma manifests and leads to negative outcomes, and to determine which stages in this process are 'actionable' (or able to be addressed through intervention). However, through applying the framework, it was found that certain elements were more relevant than others in this specific context (e.g. fear of infection through casual contact was particularly prevalent). Also, while the framework outlines three different forms of stigma that need to be addressed – HIV stigma, stigma against marginalised and vulnerable groups, and intersecting stigmas – the pilot revealed that there may be context-specific intersecting stigmas, in this case 'occupation' and 'caste'. In addition to the lessons learned, there is also a table detailing the five different programs implemented and their main activities.

Although not designed specifically with healthcare settings in mind, this framework and the lessons learned from its application can be useful to healthcare providers who seek guidance in developing their own stigma reduction programs. Due to the flexibility of the framework, it could also be applied to other STIs that are subject to stigma and discrimination.

COMMUNITY-LEVEL STRATEGIES



Promoting advocacy and law reform

Advocacy and law reform approaches to tackling stigma and discrimination consist of organised efforts to change the social and political arrangements that produce the stigma faced by people living with and affected by BBVs and STIs. In this context, policy and law reform campaigns focussed on issues related to BBVs and STIs, such as legalising peer-to-peer distribution of injecting equipment, are examples of efforts to address stigma and discrimination. Advocacy and law reform approaches to addressing BBV-related and STI-related stigma are different to the other individual and service-level strategies provided in this toolkit. Their scope, for example, is much larger in that they seek to take action to change laws and policies that are not always directly related to healthcare service but nevertheless shape the experience of and access to healthcare for people affected by BBVs and STIs. However, despite the broader scope of these approaches, healthcare services and healthcare professionals can contribute to and at times have an important role to play in advocacy and law reform efforts.

> Any organisation [involved] in health promotion or prevention [...] almost ha[s] a responsibility around advocacy. Any service that says that they promote health and equity, which is most health services, [... could be asked] to have a voice in advocacy for the areas in which it operates.
>
> (Manager, male, community health setting)

Advocacy and law reform strategies

Develop an advocacy plan or strategy for your healthcare service. An advocacy plan can help identify issues that produce BBV-related and STI-related stigma for the clients of your service. By developing an advocacy plan, healthcare services can begin to work towards producing the kinds of change they think may improve the healthcare experiences of their clients. Examples of these efforts might include advocacy strategies focussed on increasing access to healthcare for people who are not covered by Medicare or advocating for increased funding to provide out-of-hours sexual health screening. An advocacy plan can be developed by following five key steps:

1. Identify the issue
2. Identify the people, organisations and practices you want to influence
3. Develop your key messages
4. Identify partners with a shared interest in the issue
5. Consult affected communities[1]

Use your position to advocate for change. Sometimes advocacy can be a simple part of routine work practice. Meetings with partner organisations, government bodies, individual policymakers or even the board of your healthcare service, for example, can all offer opportunities to informally advocate on an important issue. Take the opportunity to raise issues that you know are of concern to the clients of your service or that impact the ability of the healthcare service to deliver high-quality and non-stigmatising care for people living with and affected by BBVs and STIs.

Advocate for change at different levels such as at service, state or national level. An individual healthcare professional or a small service may find it easier to advocate for a change within their own workplace or district. One potential area of advocacy for healthcare services is to lobby for increased resources to support initiatives to reduce stigma and discrimination in both small services

---

[1] For more information on how to develop an advocacy plan, see *City of Whittlesea Advocacy Toolkit*. This toolkit outlines key strategies for advocacy with a focus on policy, but the information provided is applicable to developing an advocacy strategy more broadly. The toolkit includes a case study and a number of templates to assist with planning specific actions.

> A lot of people probably don't know quite how they can advocate, but you can be at the right meeting at the right time and it's important that you do voice the issues that impact upon the community that you provide services to.
>
> (Health promotion officer, female, research and training setting)

> As leaders or clinicians or whatever, we have a responsibility to advocate but we also have a responsibility to elevate and include the voice of the affected community. [Taking …] opportunities to create space at the table for affected communities [… is] an enormous thing you can do to address stigma and discrimination. When you can't do that at the particular table, you go in forearmed and with the voice of those impacted communities.
>
> (Senior manager, male, community health settings)

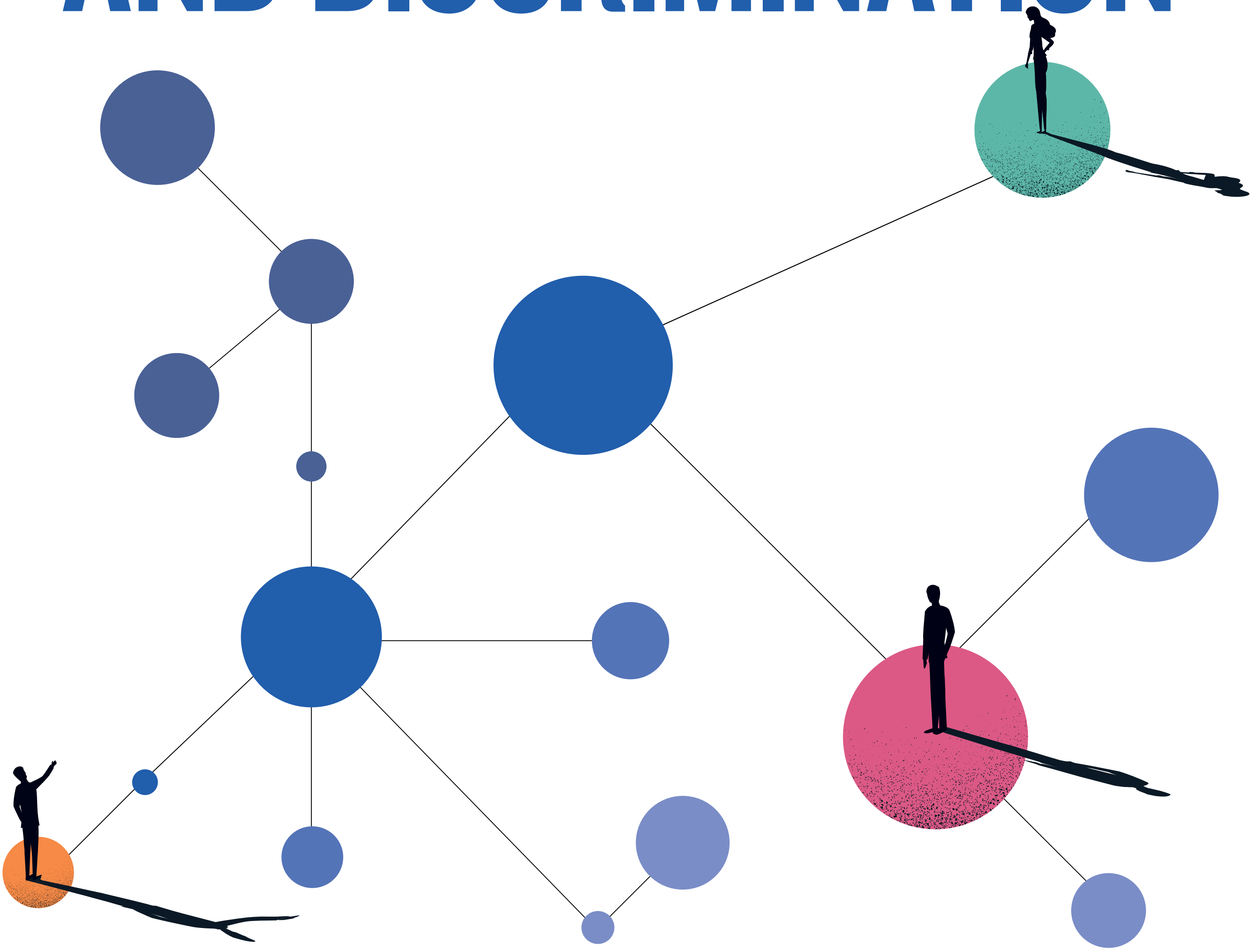
and large institutions such as hospitals. Another is to lobby for stigma reduction to be formally recognised in the National Safety and Quality Health Service (NSQHS) Standards.

Elevate the voices of people living with and affected by BBVs and STIs in formal and informal settings. As members of a respected profession, healthcare professionals often contribute to important events and public discussions about health issues such as BBVs and STIs. Consider inviting people with lived experience of BBVs and STIs to contribute or accompany you to meetings or public forums that are going to address relevant issues. This strategy can be especially impactful if meeting participants include influential individuals or organisations. Indeed, sometimes even small contributions at events of this kind can be the catalyst for genuine action.

Write submissions to parliamentary inquiries. State governments often conduct inquiries into important issues that may impact the health outcomes of people living with and affected by BBVs and STIs. By leveraging the esteem for the healthcare profession, healthcare services can make powerful contributions to these inquiries and potentially impact policy and service delivery.

Information about how to write and submit to parliamentary inquiries is available online, but if your service does not have the resources to write its own submission, consider writing a support letter for submissions by other relevant organisations.

MORE ON STIGMA AND DISCRIMINATION



While this toolkit is an original resource, it also draws on existing tools, strategies and techniques for addressing stigma and discrimination in healthcare services. This section collates available resources that may assist healthcare services to address BBV-related and STI-related stigma.

Each resource included is accompanied by a brief overview of its content and potential application. The resources are organised into disease areas. Given limitations in the availability of resources for all BBVs and STIs, at times we have highlighted ways in which hepatitis C and HIV-focussed resources could be applied to other BBVs and STIs. There is a notable absence of available stigma reduction resources in relation to BBVs and STIs specific to Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse backgrounds.

HIV-RELATED RESOURCES

Understanding and Challenging Stigma in the MENA Region: Toolkit for Action

- Publication year: 2013
- Resource produced by the International HIV/AIDS Alliance (now known as Frontline AIDS; international)
- Focus: HIV
- Access link [accessed 05/10/2022]

Designed for use in the Middle East and North Africa (MENA) region, this toolkit provides a comprehensive training program that can be adapted for multiple audiences and purposes. More specifically, the toolkit is intended for trainers who may be, for instance, peer educators, NGO staff, service providers, or men who have sex with men (MSM) so that they may deliver tailored workshops to key populations affected by HIV (primarily MSM, sex workers, people who inject drugs, and people living with HIV).

The toolkit is divided into eight chapters: ‘Identifying stigma’; ‘Building more understanding of HIV and AIDS’; ‘Judgements, values and stigma’; ‘Stigma and MSM’; ‘Disclosure’; ‘Sex, gender and stigma’; ‘Coping with stigma and fighting for our rights’; and ‘Ideas for planning action against stigma’.

Each chapter contains a range of activities accompanied by step-by-step instructions. These are, however, intended to be adapted for the specific needs of the population attending the training workshops. Further, the workshops are intended to be delivered in a participatory and exploratory style rather than like a series of lectures. As such, there is an emphasis on ‘sharing feelings, concerns and experiences’ and collective problem-solving.

While some aspects of this toolkit are specifically targeted at the MENA region, the themes and issues addressed are widespread and relevant beyond the region. Therefore, this resource can be useful in the Victorian context for developing training workshops designed to address HIV-related stigma.

It’s Time to Think Positive About HIV

- Publication year: 2021
- Resource produced by ACON
- Focus: HIV
- Access link [accessed 06/09/2022]

This campaign aims to reduce stigma through promoting different forms of allyship. The centrepiece of the campaign is a short video (4:30 min), available on YouTube) that features the personal stories of people living with HIV and their allies, as they reflect on their experiences and relationships with people close to them. Aimed at the general public, the campaign intends to address stigma through positive framing rather than a focus on the harms produced by stigma. ACON describes this campaign as a ‘call to action that has universal appeal and is useful to the entire community’.

The material in this campaign would be useful to anyone seeking to become more familiar with what good allyship looks like, and therefore it could be incorporated into workplace inductions, workshops or other training contexts for those working with clients or colleagues likely to be living with HIV.

HIV-RELATED RESOURCES

Ending HIV-Related Stigma for All

- Publication year: 2020
- Resource produced by ACON
- Focus: HIV
- Access link [accessed 05/10/2022]

Written to inform the NSW HIV Strategy 2021-2025, this report examines the broader context of HIV-related stigma and discrimination in order to provide a series of policy recommendations. While the background information of this report will be valuable to anyone with an interest on the topic, section IV of the report contains the most practical information that can be applied to healthcare settings.

This section highlights key target areas to focus on in order to reduce stigma, such as improving HIV literacy, and developing skills to recognise and challenge stigma. Further, it describes key principles at play in stigma reduction, for instance, suggesting that social contact with people living with HIV can have a humanising effect. It also provides insight into the situations that are commonly impacted by stigma for people living with HIV (such as disclosure). Through breaking down into clear categories the different ways that HIV-related stigma and discrimination can be reduced, this resource can help those working in healthcare settings to target areas of concern more effectively.

It's Time to Think Positive About HIV: A Practical Guide to Being a Better HIV Ally

- Publication year: No year provided
- Resource produced by ACON and Positive Life NSW
- Focus: HIV
- Access link [accessed 05/10/2022]

This is a direct, clear guide to help people become a better ally to someone in their life who is living with HIV. The resource speaks specifically to a range of reader positions relative to a person living with HIV: 'hooking up', a friend, in an intimate relationship, and a family member.

A section is dedicated to each of these positions, with a tailored discussion outlining the various qualities and actions that make a good ally. Woven through these discussions are common themes, such as 'trusting the science', being respectful to those who are open and honest enough to disclose, and taking the time to process someone's disclosure.

The guide contains quotes from various allies, is easy to read, and uses relatable language. In the context of healthcare provision, a link to this guide would be a valuable addition to the resources section of a website, or be useful to show or provide to clients who may be in the position of one of the relationships addressed in the guide.

Taking Action Against HIV Stigma and Discrimination: Guidance Document and Supporting Resources

- Publication year: 2007
- Resource produced by the Department for International Development (UK)
- Focus: HIV
- Access link [accessed 06/09/2022]

With this document the UK Department for International Development aimed to increase the priority of addressing HIV-related stigma within its own organisation so that it could better address the spread of HIV internationally through its policies and programs. Stigma and discrimination are understood to be at least as harmful as the disease itself, and a key barrier for both prevention and treatment. It is divided into two parts: (1) a guiding document for the organisation itself and (2) supporting resources.

The guiding document outlines key areas in which a policy-making organisation can address HIV-related stigma: raising awareness, organising workshops, 'disseminat[ing] tools for effective advocacy and action',and increasing the overall focus of the organisation on this issue across its policies and programs.

The supporting resources include an outline on understanding HIV stigma and discrimination, evidence-based talking points on a range of key topics (such as how 'stigma and discrimination compromise effective responses to HIV and AIDS'), case studies of successful interventions from around the world, and a table of anti-stigma toolkits and manuals available online.

Although many of the settings and examples described in this document feature more intensive stigma and discrimination than Australia currently faces, it presents evidence-based and multilayered background reading for organisations seeking to increase their efforts in reducing stigma and discrimination related toHIV or other STIs.

HIV & Stigma in Australia: A Guide for Religious Leaders

- Publication year: 2014
- Resource produced by the Australian Federation of AIDS Organisations
- Focus: HIV
- Access link [accessed 07/09/2022]

Acknowledging that religious leaders have a pivotal role in shaping the values of many communities in Australia, this resource aims to better inform this target audience about what they can do to reduce HIV-related discrimination.

The resource emphasises the 'science' and the 'facts' about HIV, making clear that Australia's response to HIV is one of the most successful in the world because it is 'evidence-based'. Most of the resource is dedicated to presenting this evidence, detailing aspects such as how HIV is transmitted, 'who has HIV', how transmission may be reduced, and forms of treatment.

Using this evidence and understanding, religious leaders are urged to acknowledge that HIV may be present within their communities, to correct ignorance, to promote compassionate responses to HIV and to include people living with HIV in community life as much as possible. There is also a guide on communication and language, and a section on further support in terms of services and resources.

This guide may be useful for those working in a community wherein religious groups have a strong influence. It is suitable for dissemination to clients, and can be shared with religious leaders with whom a health program wishes to form a partnership.

HIV-RELATED RESOURCES

Let's Stop HIV Together: HIV Stigma

- Publication year: 2022 (last reviewed)
- Resource produced by the Centers for Disease Control and Prevention (US)
- Focus: HIV
- Access link [accessed 13/09/2022]

'Let's Stop HIV Together' is an official US government campaign with the broad aims of empowerment, promoting the testing, prevention and treatment of HIV, and reducing stigma. This campaign is targeted at the general public.

The stigma section of the campaign website provides basic information and a wide range of resources. These include short videos wherein people living with HIV and those close to them share their experiences, a language guide, pledge card templates, ready-to-use social media content, and a range of 'stigma scenarios' that outline typical everyday situations in which stigma occurs and some suggestions for how to react.

The resources on this website would be useful when trying to become familiar with how stigma and discrimination play out in everyday circumstances, and also as a model for how different kinds of anti-stigma content (such as social media posts) might be created.

NAPWHA Stigma and Resilience Framework

- Publication year: 2019
- Resource produced by the National Association of People with HIV Australia
- Focus: HIV
- Access link [accessed 20/09/2022]

Developed in consultation with its members, stakeholders and individuals living with HIV, this comprehensive framework takes as its foundation that addressing stigma and discrimination should be paired with building resilience in affected communities. The authors are clear that 'this framework is not a guideline, or a policy document' but is intended for a wide range of stakeholders to draw on in any capacity that may foster the resilience of people living with HIV. Such stakeholders include those involved in planning, evaluating or delivering health services, policymakers and social researchers.

The document has two main parts, the first of which presents the background evidence and supporting discussion for the framework overall. The second part presents three key objectives that each have particular 'strategic priority actions and areas'.

These objectives are to: (1) 'Create environments that promote resilience from diagnosis and onwards'; (2) 'Provide efficient, effective and appropriate support to people living with HIV to optimise quality of life'; and (3) 'Develop resilience responses for specific and vulnerable marginalised populations'.

The depth, adaptability, currency and relevance of this framework make it an essential reference for anyone in the health sector seeking to reduce the impact of stigma and discrimination for people living with HIV or other comparable conditions (such as hepatitis C).

Reducing HIV-Related Stigma and Discrimination in Healthcare Settings Through Peer Learning and Application of Quality Improvement (QI) Methods

- Publication year: 2019
- Resource produced by the University of California, San Francisco Institute for Global Health Sciences (US)
- Focus: HIV
- Access link [accessed 21/09/2022]

This resource addresses a specific issue in terms of HIV-related stigma and discrimination in healthcare settings in Southeast Asia. That is, there had been an assumption that workplace training on this matter would itself be enough to combat existing forms of stigma and discrimination. Training on its own was found to be inadequate, and the authors propose a specific quality improvement framework that involves ongoing measurement of stigma and discrimination indicators (of which they outline eight), 'quality improvement' initiatives, and 'peer-to-peer learning and exchange'. Simply put, they argue that addressing stigma and discrimination is achieved through an ongoing process rather than through one-off events.

Although addressed to high-level stakeholders in the region aiming to reduce stigma and discrimination in healthcare settings, the general approach of ongoing measurement, initiatives and peer-to-peer learning can be applied to other contexts. This would be especially so for those seeking to evaluate the efficacy of their own programs.

Fighting Stigma and Denial: HIV/AIDS in the Rural Community

- Publication year: 2007
- Resources produced by the National Rural Health Association (US)
- Focus: HIV
- Access link [accessed 05/10/2022]

This resource targets healthcare workers and health services in rural health settings in the US. It focuses on reducing HIV-related stigma and discrimination in health settings and draws on techniques used by rural health services. The resource promotes education and training aimed at increasing knowledge and understanding of HIV, including its prevalence in rural areas in the US, as a key technique for reducing stigma. The resource also suggests using counselling as a way to increase the resilience of people living with HIV so that they feel willing to be more open about their status.

Alongside these strategies, the resource describes approaches to increasing patient and client comfort with using health services, particularly where patients or clients have concerns about privacy and confidentiality. The key strategies offered include making back door entrances available, removing any signage related to HIV services, and integrating HIV services into existing primary healthcare services. While the resource notes that some of these strategies could be perceived as 'giving into HIV stigma and discrimination', it suggests that this is of secondary importance if they improve patient/client treatment and care experiences.

While many of the techniques proposed in the resource would have limited relevance to healthcare settings in Victoria, some may be useful for rural and regional areas, for example, where it may be harder to protect the privacy of patients or where specialist services are not readily available. The techniques promoted in the resource are primarily directed at individual workers and services.

HIV-RELATED RESOURCES

Transforming Service Delivery for Improved Outcomes: A Total Facility Approach to Reducing Stigma and Discrimination

- Publication year: 2020
- Resource produced by the U.S. President's Emergency Plan For AIDS Relief Solutions (international)
- Focus: HIV
- Access link [accessed 03/10/2022]

This document outlines the approach and results of an intervention designed to reduce stigma and discrimination in healthcare facilities. Stemming from an international development approach, the interventions were based in Ghana and Tanzania, and from their successes this approach is being applied in Thailand and Vietnam.

The approach taken is called a 'total facility approach' as it involves health facility staff at all levels – clinical and non-clinical – in order to reduce the stigma and discrimination present across the workforce. Each intervention involves an assessment phase, an intervention phase and an evaluation phase. For this, both before and after the interventionsquantitative surveys are completed by staff and clients living with HIV, and the interventions themselves involve 2 days of participatory stigma-reduction sessions run by clients and facility staff living with HIV. Other measures are then implemented in the facilities, such as the supporting of stigma-reduction 'champions', development of codes of conduct and posters, and establishing mechanisms for client feedback to the centre.

While this approach is focussed on HIV, it could be equally applied to other STIs, especially as the approach can be adapted to different service environments. As such, it can be applied to healthcare settings in Victoria.

A Global HIV Stigma Reduction Framework Adapted and Implemented in Five Settings in India

- Publication year: 2013
- Resource produced by the International Center for Research on Women,Strive (international)
- Focus: HIV
- Access link [accessed 04/10/2022]

This summary report presents the findings from a series of stigma reduction programs run in India. These programs were informed by a 'global stigma reduction framework' developed by UNAIDS, and India was the first country to pilot the framework. Therefore, this report is useful to those who may be interested in applying the framework, and in the lessons learned from its first application.

The framework was designed to be applicable in diverse environments, having aimed to map out how stigma manifests and leads to negative outcomes, and to determine which stages in this process are 'actionable' (or able to be addressed through intervention). However, through applying the framework, it was found that certain elements were more relevant than others in this specific context (e.g. fear of infection through casual contact was particularly prevalent). Also, while the framework outlines three different forms of stigma that need to be addressed – HIV stigma, stigma against marginalised and vulnerable groups, and intersecting stigmas – the pilot revealed that there may be context-specific intersecting stigmas, in this case 'occupation' and 'caste'. In addition to the lessons learned, there is also a table detailing the five different programs implemented and their main activities.

Although not designed specifically with healthcare settings in mind, this framework and the lessons learned from its application can be useful to healthcare providers who seek guidance in developing their own stigma reduction programs. Due to the flexibility of the framework, it could also be applied to other STIs that are subject to stigma and discrimination.

HIV Still Matters

- Publication year: 2022
- Resource produced by Thorne Harbour Health
- Focus: HIV
- Access link [accessed 05/10/2022]

HIV Still Matters is an informative website written in plain language for a general audience. Four key topics are presented on the website and one of these is stigma.

Titled ‘What is HIV Stigma?’, this resource presents a simple definition of HIV stigma along with some examples. Discrimination is also defined and contrasted with stigma, and some examples of HIV-related discrimination are given. These definitions and examples are supported by statistics to demonstrate the ongoing need to address stigma and discrimination against people living with HIV.

This resource could be provided to anyone unfamiliar with or unclear on the concepts of stigma and discrimination, and how they may manifest in the context of HIV.

STI-RELATED RESOURCES

Diversity in Sexual Health Consultations

- Publication year: No year provided
- Resource produced by the Melbourne Sexual Health Centre
- Focus: All STIs
- Access link [accessed 05/10/2022]

This PowerPoint presentation is aimed at practitioners who are new to sexual health consultations, informing them of best practice in terms of the diverse populations they are likely to be working with and their needs. Stigma features early in this presentation, as the expectations and experiences of stigma are framed as commonly associated with STIs, and therefore many of the strategies required in sexual health consultations are responses to stigma and discrimination.

The presentation advocates for inclusive language (especially in terms of gender), inclusive intake forms, and developing knowledge and understanding around culturally specific and difficult issues (such as female genital mutilation). Designed as an introduction only, further training is recommended, and some links for this are included on the slides.

This resource can be useful to services that wish to design their own introductory presentations for practitioners who are new to working in the field of sexual health.

Principles of Good Sexual Health Care Relating to the High Incidence of Sexually Transmissible Infections (STIs) and Blood Borne Viruses (BBV) in Aboriginal and Torres Strait Islander Communities

- Publication year: No year provided
- Resource produced by the Royal Australasian College of Physicians
- Focus: STIs and BBVs generally
- Access link [accessed 15/09/22]

Endorsed by the National Aboriginal Community Controlled Health Organisation (NACCHO), this resource outlines six key principles for improving the current state of STI-related service for Aboriginal and Torres Strait Islander people in mainstream primary healthcare. As stated in the resource, many Indigenous people choose to access mainstream services rather than community-controlled organisations. Therefore, this five-page document targets administrators and practitioners in primary healthcare in order to better cater their services to these populations.

Of the six principles outlined, the second is that 'community engagement [is] necessary to ensure widespread access and [to] remove any stigma associated with accessing sexual health services'. That is, there is a need to 'normalise and encourage' the 'access of health services for sexual health reasons' in Indigenous communities, and education and community engagement is central to this aim. Providing services in a non-judgemental way is also deemed necessary to increase access to these services.

While this document does not outline particular strategies regarding the reduction of stigma and discrimination, it does offer a broad foundation for developing strategies to encourage the participation of Aboriginal and Torres Strait Islander people in STI and BBV services based in mainstream primary healthcare settings. It is therefore best suited to health service managers and administrators with the capacity to shape programs and policies.

STIs Happen, Be Proud to Test

- Publication year: 2022
- Resource produced by WAAC
- Focus: STIs
- Access link [accessed 23/09/2022]

This campaign speaks to an audience of sexually active individuals, presenting information and statistics about how common STIs are, so that people may feel more comfortable being tested. The overarching goal is to normalise sexual health testing, replacing the shame that people often feel with a sense of pride in looking after oneself and one's community.

To do so, the campaign aims to dispel the myth that STIs are always apparent on the body – making clear that 'the most common symptom is no symptoms' – and tries to illustrate what sexual health tests look like. They do this through a written description of what people may be asked to do, as well as a YouTube video that gives a walkthrough tour of the consultation and testing process at their own M Clinic, a sexual health service for men who have sex with men. Importantly, they emphasise that good service is supportive, informative and non-judgemental.

'STIs Happen, Be Proud to Test' serves as a model for how to speak to service users in a non-stigmatising, easy-to-understand and informative manner that encourages participation.

HEPATITIS C-RELATED RESOURCES

Stigma and Hepatitis C: A Fact Sheet for Healthcare Providers

- Publication year: No year provided
- Resource produced by the British Columbia Centre for Disease Control (Canada)
- Focus: Hepatitis C
- Access link [accessed 06/09/2022]

Addressing healthcare providers directly, this four-page fact sheet details simple, practical steps that can be taken to avoid the stigma often experienced in healthcare settings by people living with hepatitis C.

The fact sheet informs healthcare providers about hepatitis C, explains why it is stigmatised, outlines how people who live with hepatitis C experience stigma and discrimination in healthcare settings, and describes what healthcare providers themselves can do to avoid stigmatising clients. Overall, the focus is on providing a safe and positive healthcare environment.

This brief and straightforward resource is equally applicable to the Australian context and could be used in various ways when seeking to inform healthcare providers of the fundamentals of best practice in this area. Although targeted at reducing hepatitis C-related stigma, the advice in this fact sheet could also be relevant in efforts to address the stigma related to other BBVs (such as HIV).

Hep C Online Learning Module Part 05: Stigma and Discrimination

- Publication year: No year provided
- Resource produced by Hepatitis NSW
- Focus: Hepatitis C
- Access link [accessed 07/09/2022]

The Hep C Online Learning Module provided by Hepatitis NSW has a section dedicated to stigma and discrimination. Overall, the module is targeted at ‘those who work in and around hepatitis C’ with the aim of providing a ‘non-medical, non-clinical’ introduction to the topic.

The section is presented in clear, informal language and features different interactive components. It begins by covering different ways that people living with hepatitis C might experience stigma and discrimination, followed by a widget that allows web users to move through six examples of the typical experiences faced by people living with hepatitis C. Following this, the section considers how stigma and discrimination may be reduced with a focus on person-centred language and on confronting discrimination observed in the workplace. Some flip cards are featured so that web users can see some typical identity-first or stigmatising labels before flipping them to see what the person-first or non-stigmatising equivalent may be. There is also a brief video by Hepatitis Victoria that discusses how healthcare workers can raise awareness of these issues in their workplaces and with colleagues. The section closes with three multiple choice questions that the web user can answer to test their knowledge of this part of the module.

This resource is concise, easy to understand, and functions as a good introduction to stigma and discrimination for staff with little experience of addressing these issues in healthcare settings. Although specifically focussed on hepatitis C, the resource is also relevant to other circumstances involving BBVs and drug injecting.

Stigma Stories (Archive)

- Publication year: 2022
- Resource produced by LiverWELL
- Focus: Liver disease (primarily hepatitis C)
- Access link [accessed 20/09/2022]

LiverWELL keeps an archive of its articles, organised by topic, and maintains access to the 'Stigma Stories' that it periodically releases.

Mainly presented in videos or podcasts, these stories are varied and told by people who have direct experience of stigma and discrimination. They feature the experience of a haemophiliac, a researcher and someone who was discriminated against by a dentist, as well as a story of disclosure and of someone's experience of unknowingly carrying around a pathology slip that had 'HEP C POSITIVE' written on it.

Intended to generate empathy and to illustrate different – but common – experiences of stigma and discrimination, these stories are aimed at a general audience. They can be productively included in a list of resources for those intending to familiarise themselves with experiences of stigma and discrimination, or presented to groups in workshops and other educational situations.

Increasing Hepatitis Testing by Reducing Stigma

- Publication year: No year provided
- Resource produced by Western Sydney Primary Health Network
- Focus: Hepatitis C
- Access link [accessed 21/09/2022]

Addressed primarily to GPs, this blog-style article outlines the contemporary situation in terms of hepatitis C care, treatment and goals for eradication. The article makes the clear argument that the advent of direct-acting antiviral (DAA) agents for hepatitis C treatment has opened up a central role for GPs in terms of normalising and facilitating testing and treatment for the virus.

Five points for action are suggested. First, testing for hepatitis should be made part of routine pathology tests. Second, 'safe, non-judgemental environments' should be developed so that conversations about hepatitis can be made easy. Third, practitioners should familiarise themselves with common hepatitis C symptoms so that they can act upon them if observed. Fourth, patients should be provided with up-to-date information on the 'new' DAA treatments. Fifth, hepatitis testing should be a 'quality improvement area for your practice'.

These action points can be drawn upon by GPs and other practitioners aiming to better integrate hepatitis C testing and treatment into their practice.

HEPATITIS B AND C-RELATED RESOURCES

Liver Conditions: Stigma and Discrimination

- Publication year: No year provided
- Resource produced by LiverWELL
- Focus: Hepatitis B and C
- Access link [accessed 06/09/2022]

LiverWELL's Stigma and Discrimination webpage features multiple sections that discuss what disclosure might entail for someone living with hepatitis B or C. One section focuses on disclosure to health professionals. In particular, this section targets health professionals who may have experienced themselves being apprehensive after a client had disclosed to them that they were living with viral hepatitis, or those whose colleagues have reacted inappropriately to someone's disclosure.

This resource outlines some key principles and strategies that LiverWELL considers to be best practice in providing care for clients who have disclosed their hepatitis status. These principles and strategies are centred around language and communication, confidentiality, and practices around health records and the use of instruments that may discriminate against people living with hepatitis B or C. As such, this resource can be of used as part of any education and training efforts that seek to inform healthcare practitioners about best practice in terms of providing care for clients with a wide range of BBVs or STIs.

#Language Matters: Reducing Stigma by Using Preferred Language

- Publication year: 2018
- Resource produced by LiverWELL
- Focus: Hepatitis B and C
- Access link [accessed 13/09/2022]

This is a simple two-page reference sheet that outlines 'preferred' language relating to viral hepatitis generally, and to hepatitis B and hepatitis C specifically. These lists of terms feature person-first and clinically 'correct' versions of phrases known to be either stigmatising or that may be perceived incorrectly. Importantly, for each set of terms there is an explanation as to why the preferred terms should be used.

As a quick reference sheet, the guide is intended for use by a diverse range of professionals – researchers, advocates, and people working in the media or in the healthcare sector – and for a multitude of educative and communicative purposes.

Although focussed on viral hepatitis, the approach advocated for in the resource provides valuable guidance for talking about any circumstance involving stigma. This is especially so in terms of the thoughtful explanation as to how to use the guide, in which it is framed not as 'a definitive list of do's and don'ts'. Because people's preferred language is context-dependent, there are many situations that call for exceptions to the options set out in the guide. It emphasises that broader aspects of communication such as 'body language, tone of voice, and eye contact are all important in conveying respect and dignity to a person'.

BBV-RELATED RESOURCES

The Power of Words: Having Conversations About Alcohol and other Drugs

- Publication year: 2019
- Resource produced bythe Alcohol and Drug Foundation, Association of Participating Service Users, and Harm Reduction Victoria, Penington Institute, Victoria State Government
- Focus: BBVs
- Access link [accessed 03/10/2022]

Predominantly focussed on discussions around alcohol and other drugs, this language guide was developed through a collaborative project that is heavily informed by the lived experience of people who use drugs. Its target audiences are professionals who work in the alcohol and other drug sector in any capacity, especially healthcare providers, social workers, and people working in the human services. The overall intention is to improve conversations between people who use drugs and the professionals with whom they may be engaging.

This guide offers the reader principles for using non-stigmatising language, emphasising that 'language evolves' and that there is much more to non-stigmatising conversations than the terminology used. That said, most of the guide is dedicated to terminology. These terms are organised with a traffic light system: red for 'stigmatising terms', amber for terms that are 'stigmatising in certain contexts' and green for 'preferred neutral terms'. This highlights the context-dependent nature of terminology.

Although there is an overarching focus on alcohol and other drugs, the guide has a section on BBVs and also addresses the language that may feature in conversations around BBVs (such as discussing needle use or blood test results). Moreover, the rationale for why some terms may be preferred over others, or the general tips on using language, are useful in developing a broader understanding of how to engage with others in a non-stigmatising way.

Talking Testing: Initiating Hepatitis B/Hepatitis C/ HIV Testing

- Publication year: 2017
- Resource produced by ARCSHS, La Trobe University
- Focus: Hepatitis B, hepatitis C, HIV
- Access link: Hepatitis B [accessed 04/10/2022]
- Access link: Hepatitis C [accessed 04/10/2022]
- Access link: HIV [accessed 04/10/2022]

Developed by the ARCSHS Blood Borne Virus Sector Development Program, these two-page documents break down the process for initiating the testing processes for hepatitis B, hepatitis C, and HIV. They are aimed at practitioners who will be having conversations with clients who may benefit from testing or these viruses.

The resources are presented in simple three-column tables. The first column is a 'testing checklist' that breaks down testing conversations into discreet parts such as 'confidentiality', 'testing history' and 'stigma-sensitive discussion about risk and transmission'. The second column presents 'practice tips' for each of these parts of the conversation, while the third ,'talking testing', column demonstrates a range of example phrases that practitioners could use.

These clear and easy-to-use resources would be good for any practitioners unfamiliar with the kinds of sensitive conversations required for initiating the testing of these viruses, or for those seeking to improve on these converations.

REFERENCES

Brener, L., Broady, T., Cama, E., Hopwood, M., de Wit, J., & Treloar, C. (2020). The role of social support in moderating the relationship between HIV centrality, internalised stigma and psychological distress for people living with HIV. *AIDS Care, 32(7)*, 850–857.

Broady, T., Brener, L., Cama, E., Hopwood, M., & Treloar, C. (2020). Stigmatising attitudes towards people who inject drugs, and people living with blood borne viruses or sexually transmissible infections in a representative sample of the Australian population. *PlOS One*, *15(4)*, Article e0232218.

Broady, T., Brener, L., Cama, E., & Treloar, C. (2022a). *Stigma snapshot: People living with hepatitis C 2021.* Centre for Social Research in Health, UNSW Sydney.

Broady, T., Brener, L., Cama, E., & Treloar, C. (2022b). *Stigma snapshot: People who inject drugs 2021.* Centre for Social Research in Health, UNSW Sydney.

Cambridge University Libraries. (2022). *Reflective Practice Toolkit*. University of Cambridge.

Centre for Social Research in Health. (2021). *Stigma indicators monitoring project summary: Men who have sex with men.* Centre for Social Research in Health, UNSW Sydney.

Centre for Social Research in Health (2022a). *Stigma indicators monitoring project summary: Health care workers*. Centre for Social Research in Health, UNSW Sydney.

Centre for Social Research in Health. (2022b). *Stigma indicators monitoring project summary: Sex workers*. Centre for Social Research in Health, UNSW Sydney.

Day, C. (1999). Professional development and reflective practice: Purposes, processes and partnerships. *Pedagogy, Culture & Society*, *7(2)*, 221–233.

Department of Health. (2022). *Victorian sexual and reproductive health and viral hepatitis strategy: Strategy overview and system enabler plan 2022–30*. Victorian Government.

Fraser, S., Pienaar, K., Dilkes-Frayne, E., Moore, D., Kokanovic, R., Treloar, C., & Dunlop, A. (2017). Addiction stigma and the biopolitics of liberal modernity: A qualitative analysis. *International Journal of Drug Policy*, *44*, 192–201.

Fraser, S., & Seear, K. (2011). *Making disease, making citizens: The politics of hepatitis C*. Ashgate.

Johnson, J., & Lenton, E. (2017). *HIV and hepatitis pre- and post-test discussion in Victoria: Consultation report*. Australian Research Centre in Sex, Health and Society, La Trobe University.

Logie, C. H. (2020). Lessons learned from HIV can inform our approach to COVID-19 stigma. *Journal of the International AIDS Society*, *23(5)*, Article e25504.

Medina-Perucha, L., Scott, J., Chapman, S., Barnett, J., Dack, C., & Family, H. (2019). A qualitative study on intersectional stigma and sexual health among women on opioid substitution treatment in England: Implications for research, policy and practice. *Social Science & Medicine*, *222*, 315–322.

Mude, W., Fisher, C., Richmond, J., Gautlier, R., & Wallace, J. (2022). Social impacts of living with chronic hepatitis B in South Sudanese community in Australia. *Ethnicity and health*, *27(3)*, 529–541.

Naughton, J. & Vanable, A. (2013). HIV stigmatization among healthcare providers: Review of the evidence and implications for HIV care. In P. Liamputtong (Ed.), *Stigma, discrimination and living with HIV/AIDS (97–-114) HIV-related stigma*. Springer.

Parker, R. & Aggleton, P. (2003). HIV and AIDS-related stigma and discrimination: a conceptual framework and implications for action. *Social Science & Medicine*, *57(1)*, 13–24.

Scambler, G. (2009). Health-related stigma. *Sociology of Health & Illness*, *31(3)*, 441–455.

Scheim, A., & Travers, R. (2017). Barriers and facilitators to HIV and sexually transmitted infections testing for gay, bisexual and other transgender men who have sex with men. *AIDS Care*, *29(8)*, 990–995.

Sievert, K., O'Neill, P., Koh, Y., Lee, J.-L., Dev, A. & Le, S. (2018). Barriers to accessing testing and treatment for chronic hepatitis B in Afghan, Rohingyan and South Sudanese populations in Australia. *Journal of Immigrant and Minority Health*, *20(1)*, 140–146.

Simmonds, L., & Coomber, R. (2009). Injecting drug users: A stigmatised and stigmatising population. *International Journal of Drug Policy, 20(2)*, 121–130.

Slavin, S., Brener, L., Callander, D., & de Wit, J. (2011). *The HIV Stigma Audit Community Report.* Sydney, National Association of People Living with HIV/AIDS, and the National Centre in HIV Social Research, UNSW, Sydney.

Treloar, C., Rance, J., & Backmund, M. (2013). Understanding barriers to hepatitis C virus care and stigmatization from a social perspective. *Clinical Infectious Diseases*, *57(suppl-2)*, S51–S55.

Treloar C. & Rhodes T. (2009). The lived experience of hepatitis C and its treatment among injecting drug users: Qualitative synthesis. *Qualitative Health Research*, *19(9)*, 1321–1334.

Watkins-Hayes. C. (2014). Intersectionality and the sociology of HIV/AIDS: Past, present, and future research directions. *Annual Review of Sociology*, *40*, 431–457.

Wells N., Philpot S., Murphy, D., Ellard, J., Howard, C., Rule, J., Fairley, C. Prestage, G., & RISE Study Team. (2022). Belonging, social connection and non-clinical care: Experiences of HIV peer support among recently diagnosed people living with HIV in Australia. *Health and Social Care in the Community*. Advance online publication.

Ziersch, A., Walsh, M., Baak, M., Rowley, G., Oudih, E., & Mwanri, L. (2021). 'It is not an acceptable disease': A qualitative study of HIV-related stigma and discrimination and impacts on health and wellbeing for people from ethnically diverse backgrounds in Australia. *BMC Public Health*, *21(1)*, Article 779.

CONTACT

ARCSHS
Australian Research Centre
in Sex, Health and Society
Building NR6
Bundoora VIC 3086
Australia

General enquiries
T +61 3 9479 8700
E arcshs@latrobe.edu.au

latrobe.edu.au/arcshs

facebook.com/latrobe.arcshs
twitter.com/LTU_Sex_Health