VOLUNTEERING AT TAN: A GUIDE TO UNDERSTANDING AND USING ANTI-OPPRESSION AND TRAUMA-INFORMED FRAMEWORKS

THE AIDS NETWORK
Hamilton, Halton, Haldimand, Norfolk and Brant

CONTENTS

Introduction.....3

Anti-oppression.....4

- Privilege.....4
- Oppression and Intersectionality.....5
- Anti-oppression in practice.....6

Trauma-informed practice.....7

Social determinants of health and priority populations.....8

- Gay, Bisexual, Men who have Sex with Men (GBMSM).....8
- Women.....9
- African, Caribbean, and Black (ACB) communities.....9
- Indigenous communities.....10
- Other TAN programs.....10

Conclusion.....11

More info.....12

INTRODUCTION

Welcome to The AIDS Network's (TAN) resource on operating within an anti-oppression and trauma-informed framework. This resource includes basic information on anti-oppression and trauma-informed practice, as well as applying these principles in understanding the social determinants of health and in practice when interacting with clients or educating the public on HIV and harm reduction.

Who is this resource for?

- Volunteers at TAN - mainly frontline and education
- People who work with clients and service users at TAN and those who educate others on HIV, harm reduction, and social determinants of health

Purpose

- Intended to provide a basic understanding of what operating within an anti-oppression and trauma-informed framework looks like in the context of AIDS Service Organizations (ASO)
- To understand social determinants of health and how HIV and substance use affect different groups and exacerbate marginalization
- Use this knowledge to ensure clients are treated with dignity and respect, given autonomy, and human rights are upheld
- Promote a rights-based approach to helping clients and educating other social service providers

ANTI-OPPRESSION 101

To understand what it means to operate within an anti-oppression framework, it is important to start with defining and explaining key concepts that will be used throughout this resource.

Privilege: unearned advantages granted to certain groups of people. These groups benefit from unequal social structures.

Privileged identities *

- White
- **Cisgender** men
- Straight
- Middle or upper class
- Able-bodied
- **Neurotypical**

*this list is not exhaustive

Privilege shows when you…

Don't have to worry or think about it

Confuse equality for marginalized groups with exclusion of privileged groups – "oppression goes both ways"

Believe enough progress has been made and that social justice activism is no longer necessary

Cisgender (aka cis): identifying as the gender you were assigned at birth

Neurotypical: Not having any developmental or cognitive disabilities; developing and functioning "normally"

Examples:

Not worrying or thinking about it

- Wealthy people don't have to worry about whether they can afford something
- Cis people don't have to worry about bathroom laws
- Straight people don't have to worry about marriage laws
- Men don't have to worry about being catcalled/harassed
- Able-bodied people don't have to worry about whether they can move around a space

Confusing equity with exclusion

- Seeing affirmative action and efforts for diversity as "reverse discrimination" or "white genocide"
- Thinking it's a "difficult time to be a man" or that feminism is just as bad
- Wondering why "straight pride" would be homophobic
  - Pride is meant to increase acceptance of and normalize lgbtq2s+ identities. Straight people are already accepted and normalized in a hetero-cis-normative society, so celebrating it is unnecessary and upholds systemic homophobia

Enough progress made

- Believing "racism is dead" or that we are "post-racial" when police brutality against black people is still common
- Thinking women have achieved full equality and that protests are no longer necessary just because they can vote and work when there is still a wage gap
- Thinking lgbtq2s+ communities have achieved full equality because of marriage equality when the murder rates of trans women have increased in recent years

REMEMBER…

- Having privilege does NOT mean your life is perfect or hasn't been hard. It just means that your identity or social position isn't a factor in making your hardships more difficult
- Checking and acknowledging your privilege is not meant to make you feel guilty or ashamed
- More rights for oppressed groups will never mean less rights for the privileged. The privileged will benefit by default

Additional resource

Check your privilege

Oppression: marginalization/exclusion from full participation in society based on social demographic characteristics/identities like gender, race, age, sexuality, dis/ability, Indigeneity, citizenship status, etc. Includes but not limited to: racism, sexism, homophobia, transphobia, classism, ableism, ageism, xenophobia, colonialism

Oppression exists at both macro and micro levels and can be explicit or implicit

	Macro level (aka systemic): policies that uphold inequality by keeping the oppressed at a disadvantage	**Micro level:** interactions between individuals that make people from marginalized groups uncomfortable or unsafe
Explicit: obvious and intentional	America's zero tolerance policy against undocumented immigrants	Hate crimes and using derogatory slurs
Implicit: not as obvious and can be unintentional	War on drugs affects **BIPOC** because it's used to justify over-policing and racial profiling	**Microaggressions** and back-handed compliments like "you're very masculine for a gay man" or "you lost weight! Good for you"

BIPOC: Black, Indigenous, and People of Colour

Microaggression: subtle, usually unintentional, verbal or nonverbal insults towards marginalized groups

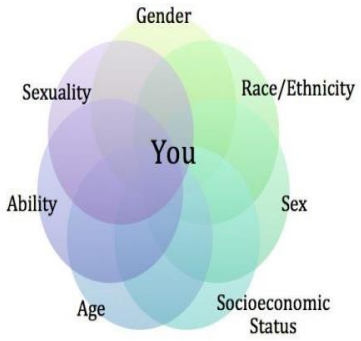
GBMSM: Gay, Bisexual, and Men who have Sex with Men

Problematic: contributing to oppression, being part of the problem

Macro and micro levels of oppression are linked because unequal social structures influence individual interactions and the way we think. For example, the broad criminalization of HIV non-disclosure contributes to HIV stigma and plays a role in negative interactions between those living with and those living without HIV. This policy also disproportionately affects women, **GBMSM**, and BIPOC living with HIV because they also face misogyny, homophobia, and racism in addition to HIV stigma and discrimination.

Another consequence of systemic oppression is **internalized oppression**, which means that individuals from marginalized groups believe what society teaches about their group and contribute to their own oppression. Going back to the HIV criminalization example, those living with HIV can internalize the stigma and be ashamed of it. Other examples of internalized oppression include internalized misogyny (e.g. blaming self for sexual assault) and internalized homophobia (e.g. being ashamed of sexuality).

Because oppression is so embedded in our everyday lives, it is easy to unintentionally say or do something **problematic,** even when we think we are fighting oppression. One example of this is the 2017 Women's March where protestors wore pussy hats. Equating gender with genitals is problematic because it excludes trans women from the movement.



Many people face multiple oppressions that intersect to cause further marginalization. This is called **intersectionality.** Taking an intersectional approach to social problems involves recognizing that not everyone experiences oppression the same way and that it depends on other oppressions they face. As previously mentioned, HIV non-disclosure criminalization differently impacts women, GBMSM, and BIPOC because misogyny, homophobia, and racism intersect with HIV stigma and discrimination. Other examples include women with disabilities being more likely to be sexually assaulted than those without disabilities (ableism intersects with misogyny), and BIPOC women being paid less than white women (misogyny and racism). TAN takes an intersectional approach to HIV and substance use by having programs that cater to each priority population's needs.

Additional resource

For more info on HIV criminalization, see HALCO

ANTI-OPPRESSION IN PRACTICE

Anti-oppressive practice involves:

- Recognizing that clients' and service users' experiences are rooted in structural oppression, not individual fault; actively working to dismantle the oppression
- Taking an intersectional approach
- Checking and acknowledging your privilege, thinking critically about how your privilege has shaped the way you see the world and other people
- Using your privilege to confront and challenge your own and other people's biases
- Being an **ally:** supporting and showing solidarity with those who face oppressions you don't face – examples include:
    - Male allies supporting feminism; Cis and/or straight allies supporting lgbtq2s+ rights

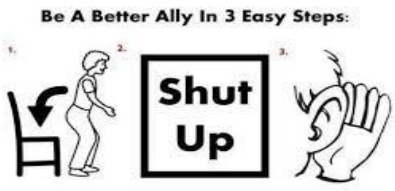
What does good allyship look like?

Do	Don't

• Listen to, believe, and validate marginalized people's lived experiences
• If you unintentionally say or do something problematic and they let you know, apologize and respect their concerns
• Let them take the lead on how they want to be empowered, respect what they find empowering even if it's not something you would be empowered by
• Bystander intervention - if you see someone making someone else feel unsafe get involved; call people out when they're being problematic
• Use inclusive human-first language unless they insist otherwise - e.g. "living with HIV" instead of "HIV positive" unless they prefer "HIV positive". Just follow their lead
• Respect pronouns, use gender neutral pronouns (they/them instead of he or she) if unsure or if talking about any person
• Land acknowledgements - acknowledge the Indigenous territory you're on
• Mind your own business
	• Get defensive if someone lets you know if you've said or done something problematic
	  ○ So, no "lighten up it's just a joke", "political correctness has gone too far", "not all men"
	  ○ Privileged groups don't get to decide what oppressed groups should or shouldn't be offended by
	• Speak on their behalf, try to "save" them, or judge what they find empowering
	• Join spaces exclusively for a specific marginalized group you are not a part of
	  ○ E.g. TAN's women's harm reduction drop-in is exclusively for women-identified people
	• Use derogatory slurs or laugh at offensive jokes
	• Take pictures or videos of Indigenous ceremonies if they tell you not to
	• Appropriate other cultures
	• Stare or ask invasive questions
	• Equate your own oppression with others' oppression if different
	  ○ E.g. saying you know what it's like to experience racism if you're white but face a different form of oppression like homophobia

Practical examples

- **Pronoun use:** if you're in education and running a workshop introduce yourself using your pronouns and encourage others to do the same
- **Land acknowledgements:** start meetings, workshops, and events with land acknowledgements



Additional resources

Land Acknowledgements

Culture Appropriation

Bystander intervention

TRAUMA-INFORMED PRACTICE

In addition to anti-oppression, it is important to understand the basics of trauma-informed practice when interacting with clients and service users because people who face oppression can also experience some form of trauma.

Trauma: Overwhelming or devastating experiences that impact an individual's ability to cope. There are five types of trauma	
Single-incident	One overwhelming event such as an accident, natural disaster, or being attacked
Complex or repetitive	Experiencing ongoing stressors such as domestic violence or ongoing workplace sexual harassment
Developmental	Early childhood abuse and/or neglect that interferes with development and carries into adulthood
Intergenerational	Emotional and psychological effects of being a child of or living with a trauma survivor – aspect of historical trauma
Historical	Cumulative trauma across generations that have affected groups of people such as colonialism, slavery, war, or genocide

Effects of trauma can vary between individuals from minor disruptions like anxiety or intrusive thoughts to debilitating responses like emotional numbness and disconnection or intense flashbacks. Trauma can interfere with people's sense of security, self-esteem and self efficacy, and the ability to regulate emotions and navigate relationships. Post-traumatic stress disorder (PTSD) is a common mental health condition that occurs as a result of experiencing trauma that interferes with people's daily lives. One variable that can determine the effects and the intensity of those effects is age. Early childhood trauma can impact development and lead to complications in adulthood.

What does trauma-informed practice look like?

- Show empathy **-** understand their feelings from their perspective
    - "That must be frustrating"
    - "I understand that you're upset"
- Validate of their lived experiences and ways of coping - recognize that there is no one right way to be affected by or cope with trauma
- Never blame them
- Don't make it about you or what you would do
- Listen and don't give unsolicited advice
- Be mindful of what you do or say that might **trigger** clients
    - First contact making 10 packs at front desk try not to make needles visible to people coming in, so it doesn't trigger anyone
    - Trigger or content warnings - let audience know if you will bring up heavy subject matter and that they can leave if they feel triggered or upset

Trigger: exposure to something that brings back intense feelings or memories as a result of the trauma. For example, a sexual assault survivor might be triggered when following the #metoo movement. However, feeling triggered is not the same as just feeling uncomfortable or upset, although these feelings are valid too.

SOCIAL DETERMINANTS OF HEALTH AND HIV

HIV and substance use disproportionately affect marginalized groups because of oppressive structures, which play a role in negative interactions with health care providers and lack of culturally-sensitive, lgbtq2s+-friendly, or accessible services. Not only does oppression make marginalized groups more vulnerable to HIV, but it can also create more barriers to seeking treatment, prevention, and support. Additionally, living with HIV can exacerbate marginalization. HIV and substance use cannot be taken outside the context of oppression.

The TAN, we aim to address the social determinants of health by providing programs and services catered to groups, known as "priority populations", who are more vulnerable to HIV:

- Men4Men program for GBMSM
- Women HIV/AIDS Initiative (WHAI) for women*
- African and Caribbean Council on HIV in Ontario (ACCHO) for African, Caribbean, and Black (ACB) communities
- Ontario Aboriginal HIV AIDS Strategy (OAHAS) for Indigenous people
    - This is a separate organization that is not part of TAN

* "women" refers to anyone who identifies as a woman, whether cis or trans

Social determinants of health include but not limited to:

- Gender/gender identity and expression
- Race/ethnicity
- Class
- Sexuality
- Precarious or unemployment
- Unstable housing
- Dis/ability
- Indigeneity

How GBMSM are Affected

- GBMSM are the most affected population in Canada
- Homophobia significantly impacts health of GBMSM and their experiences with healthcare providers, which influences their vulnerability to HIV
- Racialized GBMSM face the double burden of homophobia (within and outside racialized community) and racism
- Unprotected anal sex poses the highest risk of HIV transmission
- Substance use through injection of used needles also poses a significant risk
- Childhood trauma, homophobic discrimination and are associated with increased likelihood of substance use as a coping strategy and risky sexual behaviours
- Knowing their and their partner's HIV status can help reduce the risk of transmission, but due to shame and stigma, unwillingness to disclose is common among GBMSM
- Having social support is an important part of promoting resilience and empowering those who live with HIV

Men4Men addresses this issue through:

- Creating a safer, lgbtq2s+ friendly space for GBMSM
- Having monthly testing/vaccine clinics
- Outreach at bathhouses, bars, Grindr, Squirt, Scruff
- Providing free safer sex supplies and sexual health education

How Women are Affected

- Vulnerability to HIV among women is associated with biological and social factors
    - Biological - Cis women are five times more likely to get HIV because the genital tract, cervix and uterus provide a greater surface area for absorbing the virus. Also, semen can stay for up to three days in the genital tract
        - The most common ways women are infected are high-risk sexual activities and sharing substance use equipment such as needles
    - Social – Sexism and other intersecting oppressions create barriers to health services and can play a role substance use to cope with stress caused by oppression
    - Trans women are among the most affected populations by HIV due to the double burden of sexism and transphobia
- HIV can also be transmitted from mother to child through childbirth and breastfeeding. This is called **vertical transmission**
    - In Canada, where women can formula feed safely due to water quality, mothers living with HIV are advised only to feed their babies with formula
    - Deciding whether or not to breastfeed can be a difficult and complicated
        - Women can be overwhelmed by the cultural and familial pressure to breastfeed, as well as the desire to bond with the baby
        - Not breastfeeding can raise anxiety around disclosure for women who wish to keep their HIV status private because people want to know why they are not breastfeeding
    - HIV treatment drugs can interfere with the effectiveness of hormonal birth control

WHAI Women & HIV/AIDS Initiative

WHAI addresses the unique ways women experience HIV by providing education to social service providers who serve women living with HIV on how HIV and substance use disproportionately affect cis and trans women

How ACB Communities are Affected

- 18% of people living with HIV in Ontario are in the HIV endemic category - born in sub-Saharan Africa or Caribbean with no other risks
- ACB people living with HIV face cultural and structural issues, especially stigma and social isolation
- These issues increase the risk of transmission, and create barriers to testing, support, and treatment
- They become discouraged from getting tested and seeking treatment due to homophobia and the denial of homosexuality within communities, shame and stigma, and the racialization of HIV as an African disease by mainstream media

CACVO ACCHO

Our ACCHO program aims to address these issues faced by ACB communities through:

- Community outreach
- Culturally sensitive training on HIV and social determinants of health
- Safer sex kits and community forums

How Indigenous Communities are Affected

- At least one new HIV infection a day in Canada is an Indigenous person, half of these new infections are women, and almost 25% of these new infections are youth
- They are infected with HIV earlier than non-Indigenous people, but are diagnosed later in the HIV/AIDS Medicine Wheel
- Collective historical trauma and colonialism are major factors contributing to high rates of substance use in Indigenous communities
- More likely to share needles and other equipment with family members at home due to lack of access to harm reduction services

Ontario Aboriginal HIV | AIDS Strategy

OAHAS aims to address these issues by:

- Culturally sensitive harm reduction services and support
- Education and advocacy
- Outreach
- Research and policy

Other TAN Programs

As previously mentioned, living with HIV can exacerbate marginalization, which increases the likelihood of poverty, unstable housing, food insecurity, unemployment, and mental health issues. This is why we provide other services to address these needs such as:

- Emergency food bank and one pot program providing meals and meal replacements for clients
- Chiropractors and complementary therapy
- Referrals to other services like housing, mental health support, employment, sexual assault support

CONCLUSION

Thank you for using this resource. Now that you understand what it means to operate from an anti-oppression and trauma-informed framework, you can apply these principles when volunteering at TAN. Knowing how different communities are impacted differently by HIV due to systems of inequality, as well as being aware of how your own privilege impacts your views can inform how you interact with clients and how you can engage in meaningful allyship.

MORE INFORMATION

Privilege, Oppression, and Allyship

Privilege Checklist: https://sites.google.com/a/u.boisestate.edu/social-justice-training/about-us/our-training/privilege-checklist

Intersectionality examples:

https://www.macleans.ca/opinion/for-women-of-colour-theres-a-gap-within-the-pay-gap/

http://www.vawlearningnetwork.ca/issue-7-violence-against-women-disabilities-and-deaf-women

Land Acknowledgements: https://native-land.ca/territory-acknowledgement/

Culture Appropriation: https://everydayfeminism.com/2015/06/cultural-appropriation-wrong/

Bystander Intervention: https://www.pri.org/stories/2017-05-29/5-ways-respond-when-you-witness-hate-or-harassment

HIV non-disclosure criminalization: https://www.halco.org/areas-of-law/hiv-criminal-law

Image sources:

http://insideteaching.grad.msu.edu/cultivating-inclusive-classrooms-being-mindful-of-your-identity/

https://www.vanderbilt.edu/wp-content/uploads/sites/149/TAIT-Allyship.pdf

Trauma

http://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf

Priority populations

GBMSM

https://www.rainbowhealthontario.ca/wp-content/uploads/woocommerce_uploads/2015/06/RHO_FactSheet_LGBTDRUGUSEHARMREDUCTION_E.pdf

https://www.catie.ca/ga-pdf.php?file=sites/default/files/SR-Gay-Bisexual-Two-Spirit-and-other-Men-Who-Have-Sex-With-Men.pdf

https://www.aidsnetwork.ca/gay-mens-sexual-health

Women

http://www.whai.ca/women-and-hiv-in-ontario/drug-use-and-harm-reduction

http://www.whai.ca/women-and-hiv-in-ontario/pregnancy-and-mothering

http://www.whai.ca/women-and-hiv-in-ontario/the-basics

ACB communities

https://www.accho.ca/Portals/3/documents/hiv_stigma_report.pdf

https://www.accho.ca/en/HIV-Information/Statistics

https://www.accho.ca/en/HIV-Information/Facts

Indigenous communities

http://www.oahas.org/uploads/1/1/7/1/117129568/indigenous-report-overview_5_.pdf

http://www.oahas.org/statistics.html