# D³: Dating, Disclosure & Discrimination for Poz People

Presented by Julie Bardales & Erin Miers

### Let us Introduce Ourselves

Julie Bardales, Consumer Advocate for the Dartmouth Hitchcock's HIV Program. Amazing mother to three incredible children (who are now

mostly grown.)

Epic dog mom,

lover of

pineapple,

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and sloths.

Pronouns:

she/hers/hers



Erin Miers, Clinical Psychologist for the Dartmouth Hitchcock's HIV Program. Mother to two small

children.

Master of poorly timed good decisions and lover of knitting and reading.
Pronouns:
She/hers/hers



## Goals

### We want you to be able to:

- What it is like for PLWH to navigate the obstacles of dating, disclosing, and discrimination (both internal and external)
- Help PLWH identify when to disclose and how to do it.
- Recognize internalized discrimination around sexual health and HIV
- Be able to talk to PLWH around internalized and externalized discrimination around sexual health and HIV

### **Definitions**

- Dating: engaging in an interactive experience with you and a person you are attracted to.
- Disclosure: Sharing your sexual health information
- Discrimination: Unjust and prejudicial behaviors based on an attribute being perceived as negative, in this discussion typically around sexual health information, such as HIV; used instead of externalized stigma

# Challenge Question

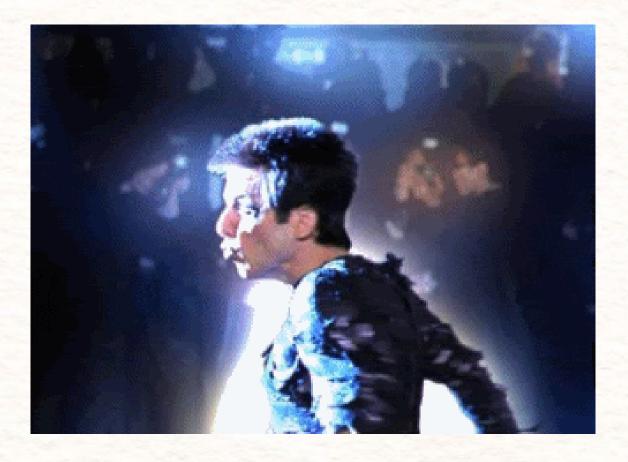
What is a better word than disclosure?
Put it in the chat or email:
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#### U=U

- Undetectable equals Untransmittable
- If a viral load is below 200, per the research and supported by the CDC; you are undetectable.
- Disclosure not only keeps your potential partner in the know, but it also opens the door to a discussion regarding their status as well.
- Some tests are so sensitive they can assess as few as 20 copies of HIV in your body.
- If your viral load test returns as detectable, as long as your viral load is below 200 you are still undetectable.



## ル=ル



### Values

#### Definition:

- A set of internalized guidelines that provide the framework for perceiving, interacting, and conceptualizing the world.
- Unspoken expectations lead to resentments.
  - Implicit social contracts are based on our values.

#### What are my values?

- What is important to me?
  - What are my priorities?
  - What are my goals?
- How do my values impact me?
  - In my work?
  - In my relationships?

## Values Exercise

Grab a pen & paper!
Pick one value and define it.
Consider how does that value impact your work?

#### Discrimination

#### How it impacts PLWH

- Less likely to engage in care
- Internalized stigma
- Harm to the individual's mental health
- Sense of rejection
- Sense of contamination

#### Ways that we enact it

- Pressuring to disclose
- Judgmental comments around behaviors
- Bodily reactions (making faces, tensing bodies, etc) towards individuals
- Specifically changing behavior in a negative, derogatory, or harmful way to harm

## What is Internalized Stigma?

- Negative attitudes views, thoughts, etc towards oneself, perpetuated by the external environment.
- Research talks about how in order for one to experience stigma, internal or external; certain things must be stigmatized.
  - With HIV, just some examples of stigmatized behaviors include:
    - Anal sex
    - Sexual orientation
    - IV substance use
- Stigma is based on negative stereotypes, when we internalize those negative stereotypes we stigmatize ourselves. Our resulting behavior can be self discriminating.

## Internalized Stigma

- Would you feel obligated to tell a partner that you had previously contracted syphilis and then subsequently treated it and were effectively cured?
- Would you feel obligated to tell a partner that you have herpes if it is not an outbreak and they are not at risk?
- While we recognize that HIV is not yet a curable STI, it is highly treatable and once undetectable, partners are not at risk.

#### I've seen patients who have been:

- Disgusted with themselves
- Afraid to be touched
- Suicidal after a new diagnosis
- Ashamed
- Believe that they are damaged goods
- Believe that no one will love them

### Case Presentation

- Case 1
- Male, 21 years old, MSM
- Recently diagnosed (is currently undetectable)
- Reported feeling pressure to disclose to current partner by one member of his care team.
- Wants to have a family, wants to be closer to his family
- NEVER wants anyone to know

- Case 2
- Female, 46 years old, FSM
- Diagnosed in early 90s
- Currently in a long term (4 years) monogamous relationship
- Wants to be honest with her partner
- Has been undetectable for years.

# Sharing About Status

#### **Intimate Conversations**

- When do I disclose?
  - "Full bellies make for calm conversations" ~EMM
- How do I disclose?
  - Are some ways better than others?
     What is the best way to approach this topic?
- Should I disclose?
  - Is it necessary to disclose?
  - What if I feel pressure to disclose?

## Questions to ask yourself about sharing your status?

- How will disclosing make me feel?
- Safety First! Do you feel safe disclosing to this person?
- Are you in a safe location?
- Do they really need to know your status?

## Disclosure & Family Members

- Do family members need to know?
- What are some benefits to sharing with family members?
- What are some potential problems to sharing with family members?
- Who needs to know?
- Do you feel compelled to tell? Why?



## **Decision Chart**

Person	Supportive?	Safe Place?	Trustworthy?	Requirement?
Parent				
Family Member #1				
Sibling #1 Sibling #2				
Friend				
Neighbor				
Case Manger @ MHC				
Dentist				
Crush				
Religious Person				

Is it ever too late to disclose?



Case Presentation

Dx after years in a monogamous relationshipended the relationship and entered a new one and did not want to disclose



## Story Time

With Julie Bardales

### How do I disclose after we've had sex?

- It might seem hard to disclose after you have had sex. You may have feelings of guilt or you are afraid of what the other person will say.
- Keep in mind that you can still disclose! It might even bring you closer together or it could push you apart!
- Remember, if you are undetectable you are unable to transmit HIV!



How do I navigate people's reactions about disclosing?

You never know how someone will react when you disclose. Keep in mind that you may already have had time to be one with your status. It may take others time too.



## The Role of Sexual Health in sharing your status.

How can you best take care of your sexual health?

- Protect Yourself!
- PLWH are more at risk for STIs!
- Disclosure isn't just about letting the other person "in the know" but also about getting the other person's information too!
  - Those penicillin shots for syphilis are nasty!

What can I say?

- "What is your status?"
- "Do you have protection?"
- "When did you get tested last?"
- "I have protection, let's use it!"
- "Wait, let me get the condom!"

## Sexual Health- Protect yourself!



## HIV and Legality

- We are NOT lawyers!
- Unfortunately there are many states that still have laws on the books around HIV. AIDS United has a great link to this information- the link is included on the resource page.
- However, if someone is undetectable, (as defined by the CDC of a viral load under 200) they are not putting anyone at risk.
- Let's also make a note here of our own personal values around honesty, disclosure and HIV, specifically or STIs generally.
  - Let's make sure that we don't shame, intimidate, or stigmatize our clients/patients.

## Contact Us!

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