VJP National Stigma Resource Modules

# 1-3

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Materials provided to VJP Specialists for widespread use 2023
INTRODUCTION

This series of brief modules presents a sequence of ideas and resources to help understand and reduce the stigma faced by justice-involved Veterans, people who work with them, and others experiencing bias and discrimination.

These modules are designed to...

- Be delivered singly or in combinations
- Be relevant to a wide variety of audiences
- Be customized by each presenter, such as with local examples
- Take about 20 minutes each to deliver, depending on discussion

Questions or Comments?
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Many thanks to the VJP Specialists, Veterans, Peer Specialists, and Subject Matter Experts who contributed to the content of these modules.
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Introduction to How Stigma Causes Harm

+ Core Change Principles
What are common stereotypes about Justice-Involved Veterans?

- Blameworthy
- Assumed Recidivist
- Frightening, Repulsive
- Unreasonable, Needy, Weak
- Unpredictable, Crazy, Violent, Unstable
- Dishonest, Untrustworthy, Manipulative
- Hopeless, Worthless, Beyond Reach, Beyond Help
How do these cause harm?

1. Unfair, Discriminatory, Unkind, Unjust

2. Hurtful, Frustrating, & Demoralizing to the Targets

3. Impede Veterans, Our Work, Program Outcomes

Stigmatization = Devaluing of a group of people as “other” and “less than” based on some real or perceived common characteristic or condition.

...a social process we DO to each other, not something one has (a stigma).

• There are some core common components that are useful to know.
• And many unique details in how stigmatization takes place across the diversity of stigmatized identities, conditions, people, situations
• Taking it apart can help us understand its dynamics and identify ways to reduce or interrupt it.
3 Components of Stigmatization

1. **BIAS** = Cognitive, Beliefs
   
   Negative stereotypes and assumptions a person holds about a group or identity.

2. **PREJUDICE** = Emotional, Feelings
   
   Which lead them to view that group negatively; feel distaste, aversion, fear, dislike, hatred towards them.

3. **DISCRIMINATION** = Behavioral, Acts and Policies
   
   And to treat people in that group disrespectfully, dismissively, avoidantly, unfairly, fearfully, hostilely.
Public or Societal Stigma =
the negative assumptions, stereotypes, attitudes, disrespect, discrimination, violence aimed at people in a stigmatized group.

Anticipated Stigma =
Worry, distress, and avoidance caused by anticipating that one will encounter stigmatization.

Internalized Stigma =
When people come to believe that the negative messages about a label or group are true of themselves or their experiences.

Associated Stigma =
The stigmatization that people find projected on to them when they associate with people in a stigmatized group.
Many justice-involved Veterans have life situations, identities, and health conditions that are stigmatized by large portions of U.S. society.

These interrelate in each person’s life. The entwined stigmatization from others (and self) complicates their coping and life path.

Many of these identities and challenges can confer strengths as well as difficulties and stress.

Often multiple sources of stigmatization

Criminal Justice Involvement
charges, court, jail, prison, parole, probation, etc.

Health Conditions
mental health, physical health, addictions, TBI, etc.

Life Situation Challenges
family, housing, employment, etc.

Stigmatized Social Identities
race, gender, class, ethnicity, religion, sexual orientation, gender identity, etc.
3 Broad Stigma Change Principles

1. **EDUCATION** ← related to bias / cognition
   = Information to correct ignorance and inaccurate ideas

2. **CONTACT** ← related to prejudice / emotions
   = Helping others see us as full people, rather than stereotypes, by interacting with us and our stories.

3. **ADVOCACY** ← related to discrimination / behavior
   = Speaking up to change unjust situations

Each has important strengths, weaknesses, costs and benefits. Change efforts often combine multiple strategies tailored to the situation.

These are the focus of Module #2
Module 1 Additional Resources

VISN-5 MIRECC Anti-Stigma Resources re Justice-Involved Veterans
https://www.mirecc.va.gov/visn5/education/VJP.asp
Veterans Justice Outreach Programs, national webpage:
https://www.va.gov/homeless/vjo.asp
Health Care for Re-Entry Veterans, national webpage:
https://www.va.gov/homeless/reentry.asp
Breaking Down Stigma (handout)
Core Strategies for Reducing the Harms of Stigmatizing Justice-Involved Veterans
Stigmatization:

... devaluing a group of people as “other” and “less than” based on some real or perceived common characteristic or condition

**Stigmatization can be thought of having three components:**

1. **BIAS** = Negative stereotypes and beliefs a person holds about a group or identity.

2. **PREJUDICE** = Negative feelings a person has toward that group, such as aversion, dislike, disrespect, fear, anger.

3. **DISCRIMINATION** = Behavior or policies that treat people in that group negatively, disrespectfully, dismissively, hostilely.
• Stigmatization leads to profound discrimination and inequities for justice-involved Veterans in housing, employment, healthcare, and social well-being.

• Causing elevated distress, decreased social support, avoidance of health care, and increases in other risk factors (Martin et al., 2020).

• Such experiences, and anticipating them, spark embarrassment, shame, low self-confidence, hopelessness, internalization, etc.

• Further eroding selfcare, treatment adherence, and goal attainment.

• Stigmatization also impedes VA staff and others working with such Veterans, suppressing productivity and elevating stress.

• Health care providers are consistently among the top reported sources of stigmatizing behavior and comments. (e.g., Carrara et al, 2019, Valery & Prouteau, 2020).
3 Broad Types of Anti-Stigma Strategies

1. **EDUCATION** ← related to bias / cognition
   = Information to correct ignorance and inaccurate ideas.

2. **CONTACT** ← related to prejudice / emotions
   = Helping others see us as full people, rather than stereotypes, by interacting with us and our stories.

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Each has important strengths and weaknesses, costs and benefits. Many efforts combine multiple strategies tailored to the situation.
Information to correct ignorance or inaccurate ideas

**PROs:**
- Facts are on your side
- Need not be complex to deliver
- Sometimes people do just need accurate information

**CONs:**
- People discount information counter to their biases
- Often is not enough to change behavior or structural bias

**EXAMPLES:**
- Circulating an anti-stigma language flier
- Having a corrective conversation with someone
- Fact checking documentation and communications
Explaining, again, calmly and professionally what VJP does and what it does not do.

Helping a Veteran understand how Vet Court or Treatment Court is different than court proceedings they’ve been part of before.

Sharing a fact sheet showing how housing services reduces recidivism among justice-involved Veterans.
Helping others see us as full people, rather than stereotypes, by interacting with us and our stories.

**PROs:**
- Very powerful for eroding stereotypes, changing feelings
- Harder to discriminate against or belittle a group you “know”

**CONs:**
- Requires people to “put themselves out there”
- Can involve uncomfortable conversations, hostility, risk
- “Positive” examples work best, may pull for editing ourselves

**EXAMPLES:**
- Profiles and photos in written materials
- Being “out” when one can in relevant settings
- Speakers, speakers bureau, ambassadors, advocates
CONTACT: Examples

Bring a successful Veteran along with you to a meeting, conference, or other opportunity: in person, virtually, or you carry their story in words.

Use a clip from a relevant “Make the Connection” profile to start a presentation or meeting.

Talk to justice-involved Veterans with great personal stories about nominating them for a profile in a local newsletter, website, or other outlet.
Taking action to change discriminatory behavior or unjust situations

**PROs:**
- Practical, direct approach with a concrete goal
- Fairness (or lack of) is often compelling
- Common goal can often bring people together

**CONs:**
- Can be emotionally taxing, complex, takes a long time
- Not always successful, which can be disheartening

**EXAMPLES:**
- Bystander Activation: practice speaking up in the moment
- Meetings, letters, visible protest requesting a specific change
ADVOCACY: Examples

Interrupt negative stereotypes and other prejudice briefly and professionally to disagree, then move on.

Establish a respectful relationship with a problematic gate keeper and keep communicating your concerns and rationale for requesting change.

Consider whether and how a pattern of stigmatization merits reporting and request for change to higher levels of administration.
3 Additional Ideas

Discuss it:
Making all parts of stigma OK to talk about openly helps. Name it as a problem or hazard, share what you observe, invite others to discuss it civilly.

Discernment:
One cannot address every instance, but rather must decide where to try vs not. Maybe by potential impact, feasibility, the moment, your strengths, the situation, your preferences, needs, and limits.

Be an Active Bystander:
Calmly stating that something seems insensitive, or asking why something is allowed, and other small interventions can shift an atmosphere over time, make stigma less acceptable.
Module 2 Additional Resources

Be an Active Bystander: https://vaww.insider.va.gov/be-an-active-bystander/

VISN-5 MIRECC Anti-Stigma Resources re Justice-Involved Veterans
https://www.mirecc.va.gov/visn5/education/VJP.aspx

Veterans Justice Outreach Programs, national webpage:
https://www.va.gov/homeless/vjo.asp

Health Care for Re-Entry Veterans, national webpage:
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Breaking Down Stigma (handout)
Left blank on purpose
Improving VA Services Regarding Stigma and Justice-Involved Veterans
Justice-involved Veterans often have life situations, identities, and health conditions that are stigmatized by large portions of U.S. society.

These interrelate in each person’s life. The entwined stigmatization from others (and self) complicates their coping and life path.

Many of these identities and challenges can confer strengths as well as difficulties and stress.
ANY service can be weighed down and impeded by stigma and stereotypes against Justice-Involved Veterans

Primary care, Vet Court, Mental Health, Housing, Substance Use Treatment, Case Management, Employment, Rehabilitation, Probation, Social Work
How does stigmatization cause harm?

1. Unfair, Discriminatory, Unkind, Unjust

2. Hurtful, Frustrating, & Demoralizing to the Targets

3. Impede Veterans, Our Work, Program Outcomes

Where can these myths and stereotypes sneak in?

- Policies
- Everyday Practices
- Informal Norms
- Communications & Forms
- Assumptions
- Interpersonal Interactions
- Unwritten Rules
- Language & Non-Verbals
- Team Dynamics
- Relating to other Programs
- Incentives & Rewards
Stereotypes are (negative & inaccurate) generalizations. They are (misleading & harmful) cognitive short cuts.

Therefore it is no surprise that they are activated when we are...

• Frustrated
• Exhausted
• Overworked
• Overwhelmed
• Under-resourced
• Burned Out
• On Auto-pilot
• Cynical
So, What can we do?
Reflect, Assess, Prioritize, Evaluate

**REFLECT**
- What are our strengths?
- What are our gaps?
- What do we want different?
- What do we think happens?
- What parts of our operation?
- Etc

**PLAN**
- What are our priorities; why?
- What are our goals?
- How will we get there?
- Who will be involved?
- How will we see impacts?
- Etc

**DO & EVAL**
- Try it, observe effects, revise, try again.
- How do we know if we are reaching our goals?
- Who benefits?
- What happens next?
- Etc.
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3 Broad Types of Anti-Stigma Strategies
Most involve some kind of PERSPECTIVE SHIFT
SHIFT via Counter Examples

• To prompt awareness about stigma, the dangers of self-stigma
• To provide clear, realistic, positive counter examples
• To undermine hopeless stereotypes & myths

Make the Connection
(Veteran & MH)
www.maketheconnection.com

About Face
(Veterans & PTSD)
https://www.ptsd.va.gov/apps/aboutface/

AND Do WATCH out for Veterans’ negative self comparisons, esp if demoralized
SHIFT via Language Changes

The Manipulator
Frequent Fliers
The Malingerer
The Nut Job

... said or thought in team meeting, the break room, CPRS, the elevator, the hallway conversation...

COULD
SHIFT
TO

Person-first Language

A Veteran experiencing PTSD or Bipolar Disorder
A Veteran trying to hide his fear of what's happening
A Veteran struggling with addiction
A Veteran frustrated by the obstacles they encounter
SHIFT via Prompts we put in our path

- Are there forms we can change to prompt us to think and communicate in anti-stigma ways? (Intake? Referral? Progress?)
- What changes might we want to make to our formal policies to reduce inadvertent stigma?
- Might we create documentation or planning templates that prompt us to note a Veteran’s strengths & goals, so we don’t assume they have none because we see them struggling?
- Are there reminders we want to add into our communications flow with Veterans? with each other? With other VA colleagues?
- Are there practices we want to add (or subtract?) to our team process so as to better undermine stigma messages?
- Are there obstacles to de-stigmatizing goals that we can remove?

How can we make de-stigmatizing practices our defaults?
Education, Awareness, Shift, Empower:
a workshop for staff who want to help Veterans avoid internalized stigma.
https://www.mirecc.va.gov/visn5/training/ease.asp

VISN-5 MIRECC Anti-Stigma Resources re Justice-Involved Veterans
https://www.mirecc.va.gov/visn5/education/VJP.asp

Veterans Justice Outreach Programs, national webpage:
https://www.va.gov/homeless/vjo.asp

Identifying, Deconstructing, and Reducing Stigma:
a Toolkit from C4 Innovations for the VHA National Academic Detailing Service: Here