Brown Bag Discussion Questions: Internalized Oppression
March 12, 2018

How do we define discrimination vs. oppression?

* Oppression is discrimination to the extreme – physical and psychological brutality
* People who are discriminated against have some recourse, and have the ability to overcome
* Oppressed people’s only option is some form of action
* When people are targeted, discriminated against, or oppressed over a period of time, they often internalize (believe and make part of their self-image – their internal view of themselves) the myths and misinformation that society communicates to them about their group.

How is this system of oppression continually sustained? How can we stop it?

* Can come from within a group and from outside of a group
* Sustained by both members of the group and outside members of the group
* Recognize and acknowledge differences within a group and use them to our advantage. Show that there is no “one size fits all” approach to identity.

How do we characterize it happening on an individual level and as a group? Examples?

* Can be negative and positive
* Can be spoken and unspoken
* Indians being really good at math and sciences

How do we as an organization exhibit internalized oppression? How do we as individuals?

* Do we as an org limit our scope of work because we believe we are too small to tackle big issues?
* Do we in our individual roles prevent ourselves from being more outspoken because of our gender, race, or sexual orientation.

How do we think internalized oppression manifests itself among the populations we seek to serve?

* Black women are superwomen
* People of low socioeconomic standing do not seek out services because they feel they don’t deserve them
* Gay men internalize negative comments and turn to drugs (MSM of color experiencing one of the fastest climbing rates of opioid use)

In what ways can we as an organization break down the barriers that arise from internalized oppression? What are the barriers and how can we address them when providing outreach?

How do we as an organization avoid contributing to the perceived narrative that MSM and trans women all have HIV/STDs? Understanding that these populations do bear the overwhelming burden of STDs and HIV infections, how do we avoid stigmatizing language that contributes to a false narrative that could potentially be internalized?