Temple University
Beasley School of Law

Center for Public Health Law Research

Mapping Stigma

Legal Epidemiology at Lunch Webinar

FEBRUARY 10, 2026

Housekeeping

Temple University Beasley School of Law | Center for Public Health Law Research

Yes! We are recording this.

Recordings may be found on **phlr.temple.edu** or on our **YouTube channel**.

Asking questions is encouraged!

You are welcome to use the **Q&A box** throughout the duration of the presentations. Questions and discussion will be addressed at the end of the event, once all panelists have spoken.

AGENDA

Temple University Beasley School of Law | Center for Public Health Law Research

- Welcome and introduction (Scott Burris)
- Using vertical legal mapping techniques to assess addiction stigma (Daniel Goldberg)
- The Language of Abortion Stigma, Conceptualizing Outcomes & Leveraging Secondary Data in Population Health (Kelly DeBie)
- Q&A and Discussion

Welcome

A brief introduction

Scott Burris, JD

Professor and Director

Center for Public Health Law Research

Temple University Beasley School of Law and

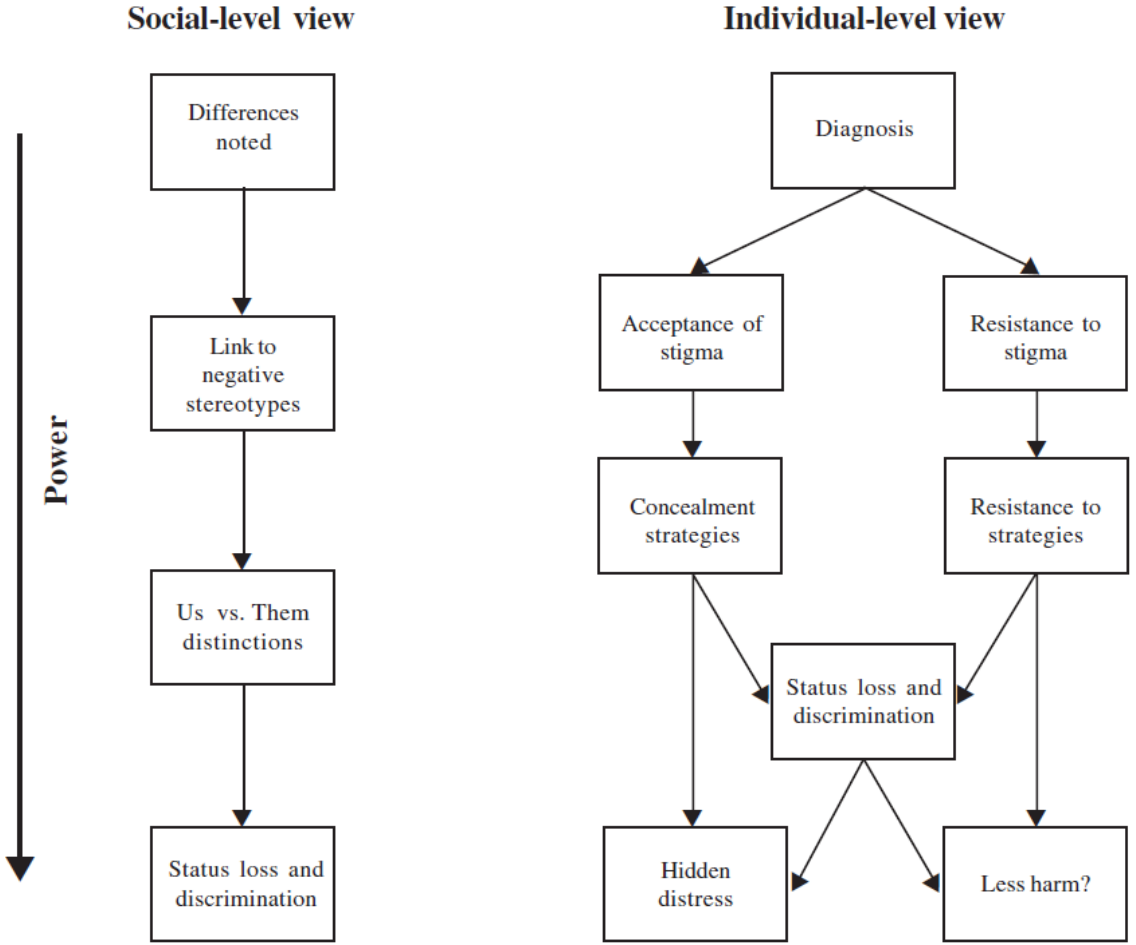
Barnett College of Public Health

Goffman: What makes stigma stigma? A shared sense of spoiled identity

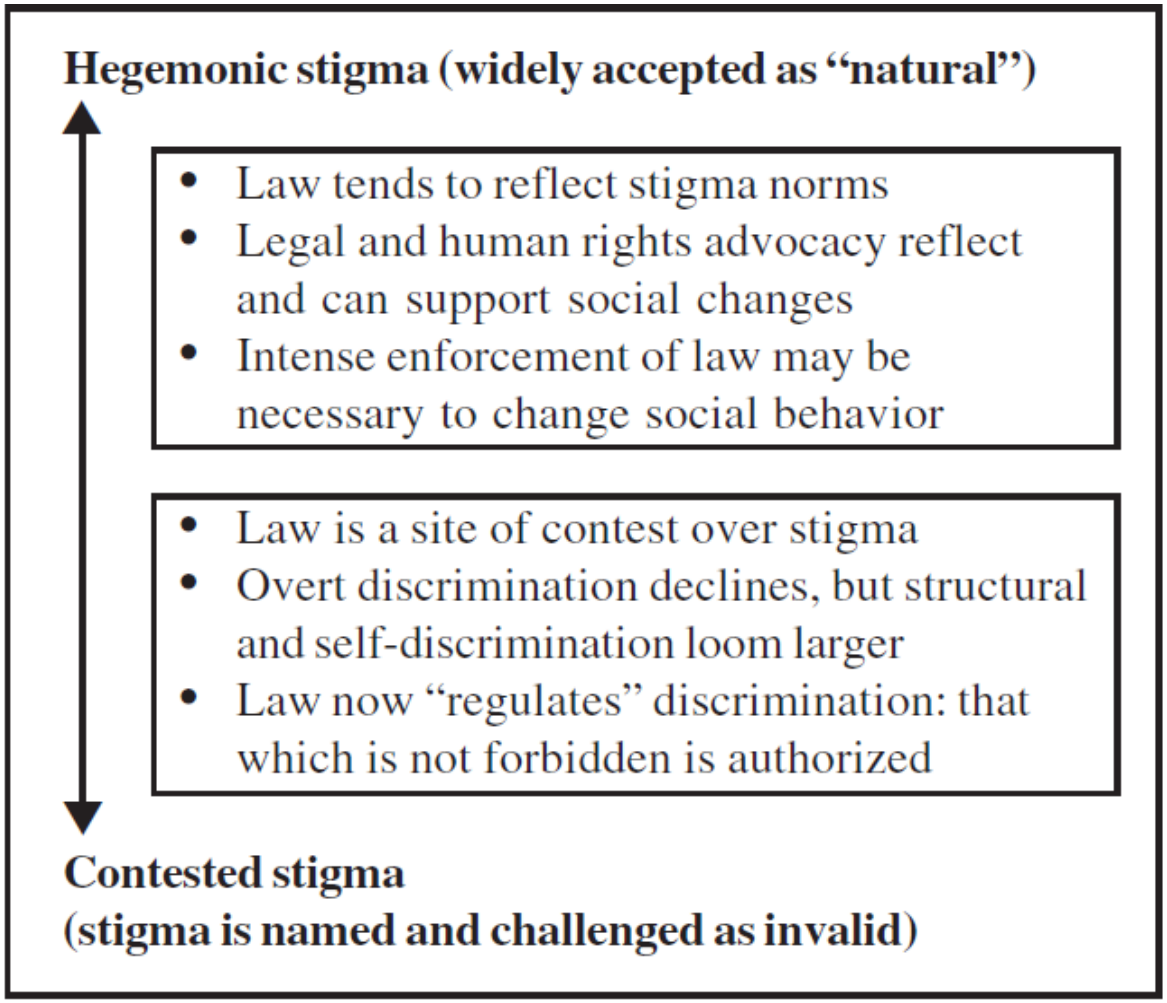
Stigma is not a characteristic of the person possessing the trait, or indeed even a characteristic of the trait itself, but a social relation between the stigmatized and the "normal," based on the shared recognition that the trait is, in a particular social context and relationship, discrediting. **It was for Goffman a "pivotal fact" that "the stigmatized individual tends to hold the same beliefs about identity that we [normals] do."**

Two views

- Link and Phelan's social-level view explains stigma formation but applies to any kind of socially disputed trait.
- Scambler's individual-level view is true to Goffman's original definition



The Focus of Today's Presentations: Law's role



Using vertical legal mapping techniques to assess addiction stigma

Daniel Goldberg, JD, PhD
Professor and Director
Center for Bioethics and Humanities,
Farley Health Policy Center, and
CU Public Health Ethics & Law Program
University of Colorado Anschutz Medical Campus

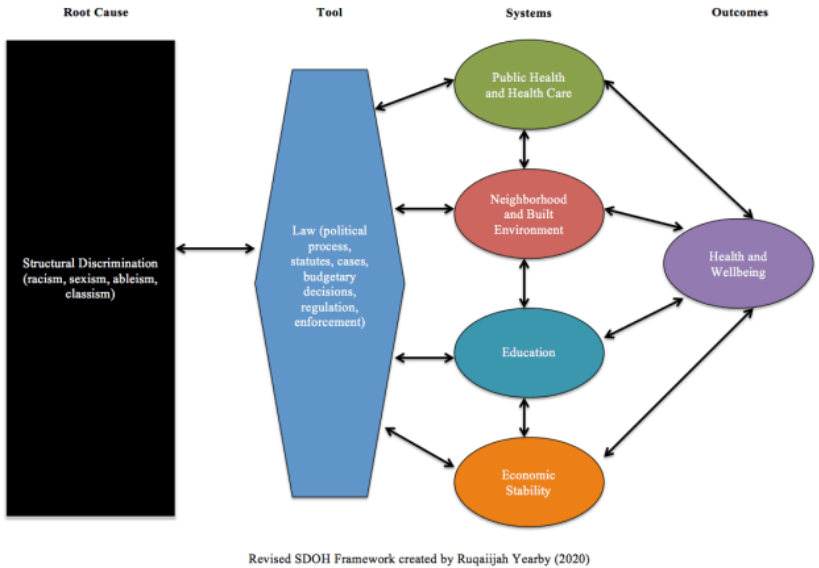
USING VERTICAL LEGAL MAPPING TECHNIQUES TO ASSESS ADDICTION STIGMA

Daniel S. Goldberg, JD, PhD

Professor, Dept. of Family Medicine, University of Colorado Anschutz Medical Campus

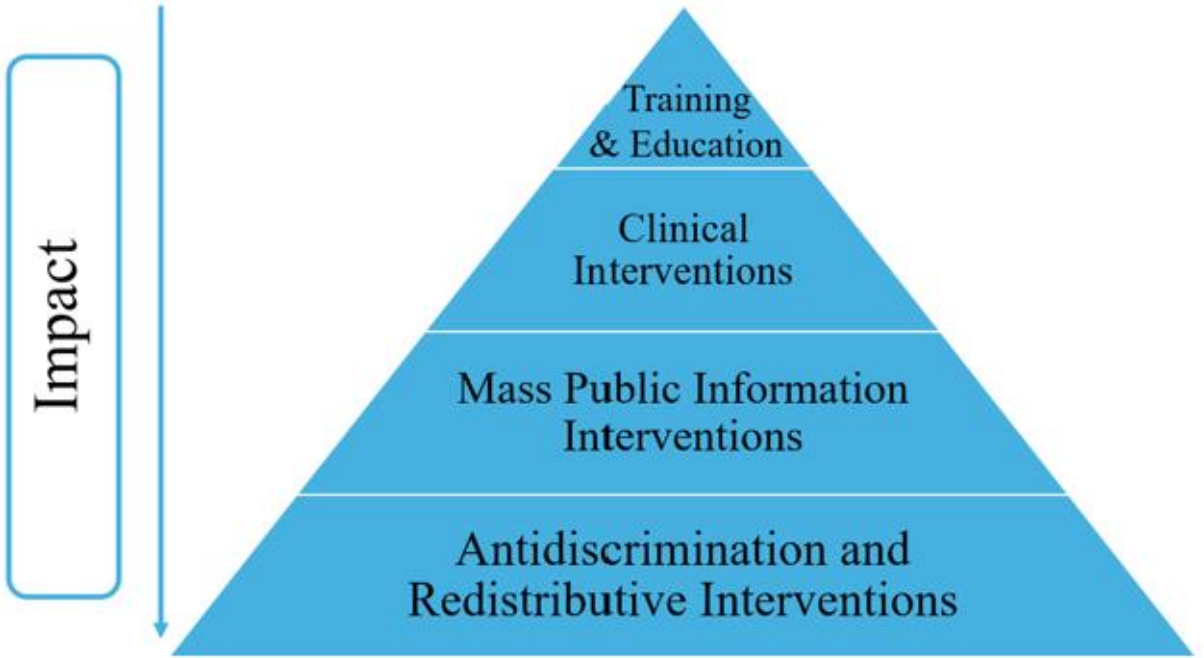
Center for Bioethics & Humanities/CU Public Health Ethics & Law Program

WHY LAW AND STIGMA AT ALL?



Revised SDOH Framework created by Ruqaiijah Yearby (2020)

- Obvious connections between stigma and law (Thanks, Scott!)
- Stigma is a structural determinant of health
- Structural problems require structural solutions – law is not root cause, but it's pretty high up causal chain



STIGMA IMPACT PYRAMID

TO REMEDIATE STIGMA IN LAW, MUST KNOW WHERE IT LIVES

- Policymakers are not always transparent even when they intend to stigmatize
- Stigma is structural; it can exist in concert with legitimate public health ends

PROBLEMS IN CONCEPT MODEL/CONSTRUCT DEVELOPMENT

- Legal epi: Measurement >> Interpretation
- Stigma is complex, abstract; often opaque and hidden
- Thus, coding ? “Does this law promote stigma?” *not* well-formed

VERTICAL LEGAL MAPPING CAN ANSWER CRITICAL RESEARCH QUESTIONS

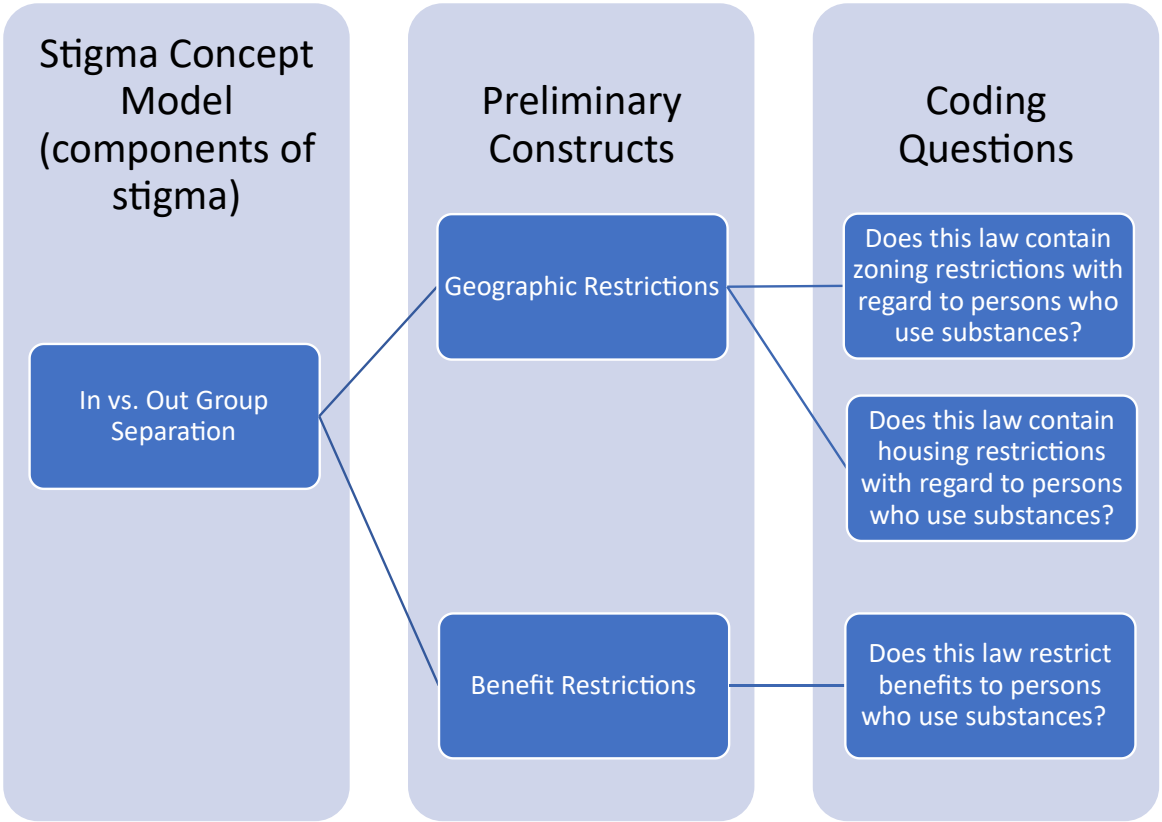
State

County

Municipality

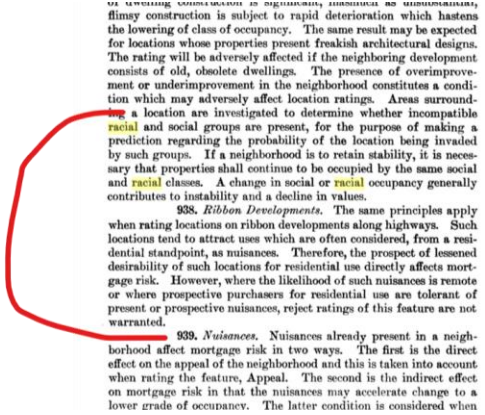
FROM CONSTRUCT TO MAPPING

…



KEY FINDINGS

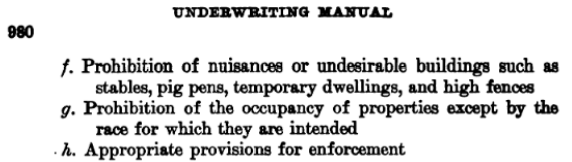
- ~80% of jurisdictions exercise geographic restrictions for substance use
- 43% of jurisdictions deploy nuisance law
- History of nuisance law being used to enforce structural violence & anti-Black racism
- 64% of jurisdictions promoted stigma in findings provisions (not operative so unexplored in law & stigma studies)



flimsy construction is subject to rapid deterioration which hastens the lowering of class of occupancy. The same result may be expected for locations whose properties present freakish architectural designs. The rating will be adversely affected if the neighboring development consists of old, obsolete dwellings. The presence of overimprovement or underimprovement in the neighborhood constitutes a condition which may adversely affect location ratings. Areas surrounding a location are investigated to determine whether incompatible racial and social groups are present, for the purpose of making a prediction regarding the probability of the location being invaded by such groups. If a neighborhood is to retain stability, it is necessary that properties shall continue to be occupied by the same social and racial classes. A change in social or racial occupancy generally contributes to instability and a decline in values.

938. *Ribbon Developments.* The same principles apply when rating locations on ribbon developments along highways. Such locations tend to attract uses which are often considered, from a residential standpoint, as nuisances. Therefore, the prospect of lessened desirability of such locations for residential use directly affects mortgage risk. However, where the likelihood of such nuisances is remote or where prospective purchasers for residential use are tolerant of present or prospective nuisances, reject ratings of this feature are not warranted.

939. *Nuisances.* Nuisances already present in a neighborhood affect mortgage risk in two ways. The first is the direct effect on the appeal of the neighborhood and this is taken into account when rating the feature, Appeal. The second is the indirect effect on mortgage risk in that the nuisances may accelerate change to a lower grade of occupancy. The latter condition is considered when



980 UNDERWRITING MANUAL

f. Prohibition of nuisances or undesirable buildings such as stables, pig pens, temporary dwellings, and high fences
g. Prohibition of the occupancy of properties except by the race for which they are intended
h. Appropriate provisions for enforcement

IMPORTANT RESULTS, IMPORTANT LIMITATIONS

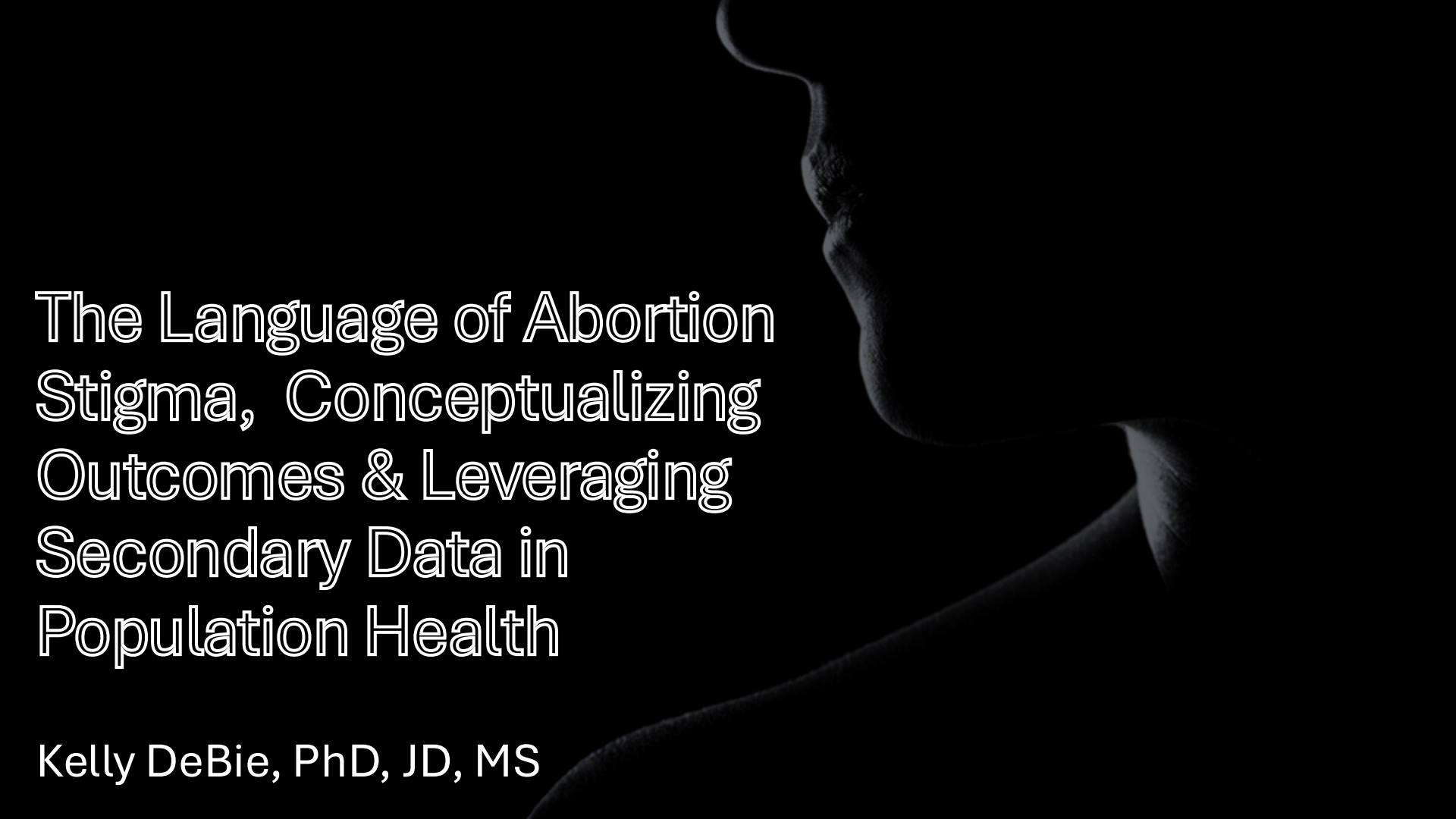
- Measuring law in stigma is DIFFICULT
- Challenges of construct validity
  - Separating social disapproval from stigma
- Measuring stigma in law *ex ante*?
- Problems of collinearity and circularity (defining laws that stigmatize in terms of outcomes and using outcomes to define laws that stigmatize)

NEW WORKING GROUP ON LAW & STIGMA

- Convened by Valarie Blake (UTenn, Law) & Mark Hatzenbuehler (Harvard, Psychology)
- Working on key issues in Law & Stigma studies, including concepts, measurement, & methodological improvements

The Language of Abortion Stigma, Conceptualizing Outcomes & Leveraging Secondary Data in Population Health

Kelly DeBie, PhD, JD, MS
Legal Epidemiologist, Researcher & Lecturer,
Colorado State University; and
Affiliate Instructor
Colorado School of Public Health



The Language of Abortion Stigma, Conceptualizing Outcomes & Leveraging Secondary Data in Population Health

Kelly DeBie, PhD, JD, MS

Why stigmatizing language matters

Generally, we know that stigmatizing language is harmful and is related to:

- Reducing people to their choices
  - *inmate, offender, addict, criminal*
- Dehumanization
- Context elimination
- **Shape public opinion**
- Perpetuating bias and structural stigma
- Health outcomes
  - For example, referring to someone using drugs as an addict may reduce the likelihood that they seek treatment

Pervasive: codified into the law, used casually throughout society, all over the media, used in clinical spaces

Recommend person-first language and thoughtful word choices

ACOG Guide to Language and Abortion

List of Problematic Terms

- Late-term abortion
- Chemical abortion
- Surgical abortion
- Abortion pill
- Heartbeat bill
- Fetal heartbeat
- Dismemberment ban
- Abortionist
- Pre-born child
- Self-induced abortion
- Elective abortion
- Partial birth abortion
- Post birth abortion
- Womb
- Abortion on demand
- Maternal fetal separation

https://www.acog.org/contact/media-center/abortion-language-guide

Where do we find stigmatizing language related to abortion:

In the law

- Statutes
- Funding mechanisms
- Briefs
- Court opinions

Everywhere else

- In politics
- In public discourse
- In media
- **In research**
- **In clinical spaces**

Is this a question of intent?

Language has the power to shift how the receiver processes information and can be its own form of misinformation

Example: “fetal heartbeat” feels more impactful than “embryonic cardiac electrical activity”

This event takes place around 6 weeks; heart structures aren’t complete for several more weeks after this

- **Embryo:** up to 8 weeks gestation
- **Fetus:** only used medically after 8 weeks

An applied example:

Identifying stigmatizing language in abortion law

Texas S.B.No.8

AN ACT relating to abortion, including abortions after detection of an unborn child's heartbeat; authorizing a private civil right of action.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

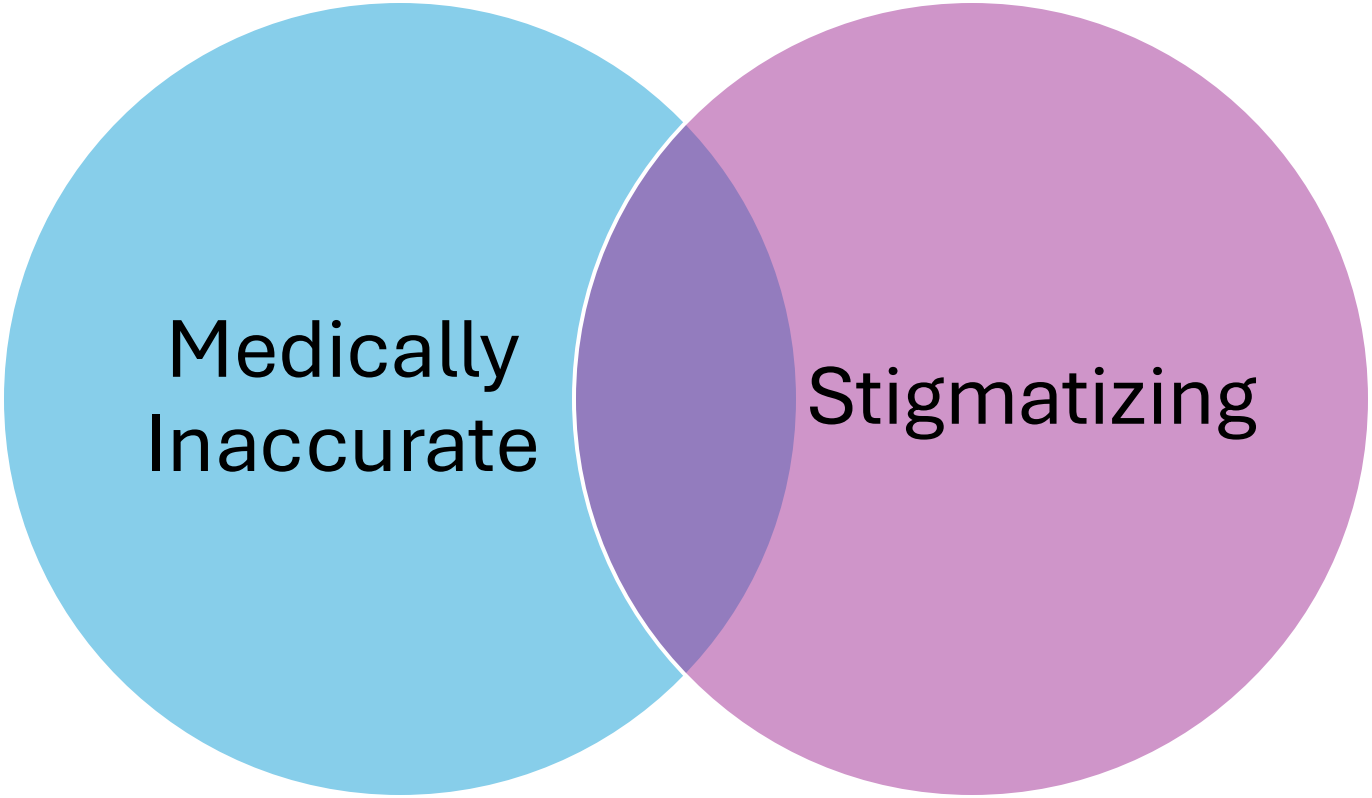
SECTION A1.This Act shall be known as the Texas Heartbeat Act.

SUBCHAPTER H. DETECTION OF FETAL HEARTBEAT
Sec.171.201.DEFINITIONS. In this subchapter:

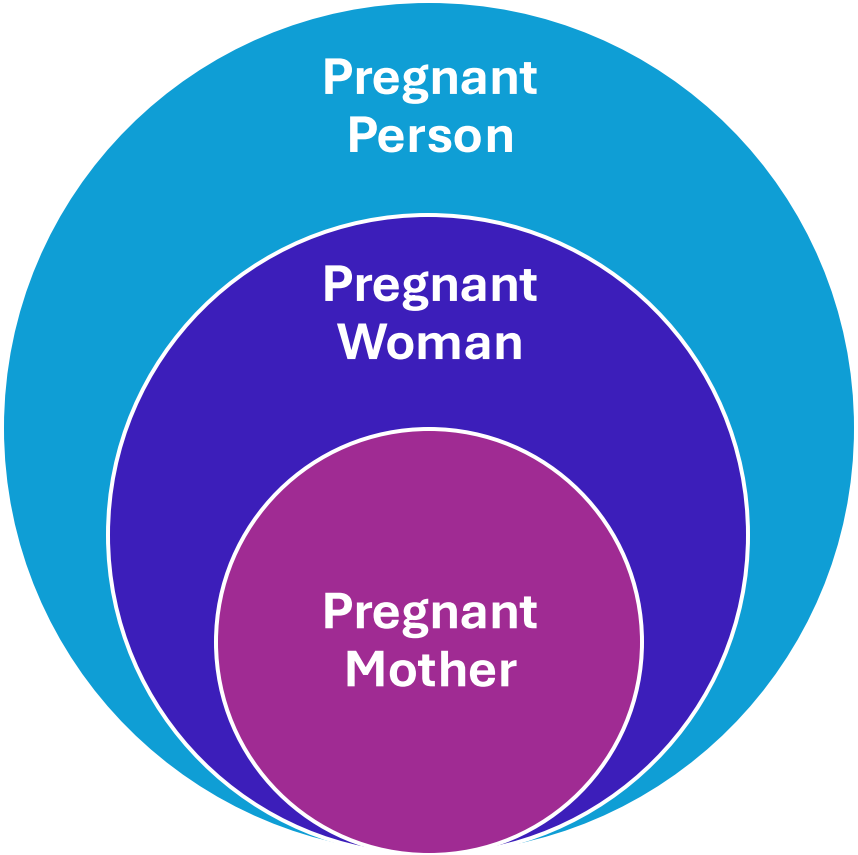
(1)"Fetal heartbeat" means cardiac activity or the steady and repetitive rhythmic contraction of the fetal heart within the gestational sac.

(7)"Unborn child" means a human fetus or embryo in any stage of gestation from fertilization until birth.

Medically Inaccurate *versus* Stigmatizing



How we describe people also matters



And it is not limited to abortion…

- Birth control methods now being targeted, and stigmatizing language strategies are being employed
- Fetal personhood bills attempt to define life as beginning at conception/fertilization

- Most vulnerable under these laws
  - IUDs
  - Emergency contraception

Potential Outcomes Associated with Stigmatizing Language Related to Abortion

- Bias in treatment by providers
- Need to travel out of state
- Abuse
- Delays in care
- Sepsis
- Complications of miscarriages
- Denials of abortion care
- Morbidity related to pregnancy
- Mortality related to pregnancy

Publicly available secondary data sources that may be useful in this work:

- Databases showing state laws (LawAtlas, National Council of State Legislatures – likely not specific to stigma)
- CDC Wonder mortality data, birth data, fetal death data
- States may make additional health outcomes data available for research
- Some state health departments: travel data for abortion (abortion specific data is much harder to come by now)
- Public opinion surveys have been collecting data on abortion attitudes and beliefs for decades (Pew, Gallup, Public Religion Research Institute)
- Survey data collecting information on access to care, provider behavior may be an option (one Colorado survey now includes questions on medical gaslighting, stigma and bias)
- Ideally, we also want to be able to disaggregate data whenever possible

We may need to develop new methods in legal epidemiology to study the combination of exposures

Happy to take questions, and would love to talk more about collaborations or data

- kelly.debie@cuanschutz.edu

QUESTIONS?

Please use the Q&A box to ask your questions.

Reminder: This webinar is being recorded, and we will share the recording and slides later this week on our website and via email.

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