



# Skin conditions

## Best practice guidelines

### Disclaimer

This guide will focus primarily on **chronic** skin conditions, which means ones that cannot be cured (although they may flare up and fade over time). It will aim to provide an overview of what some common types of chronic skin conditions are, who they affect, and how to provide representation for people with skin conditions.

### Definitions

This section contains a non-exhaustive list of skin conditions and their causes.

#### **Vitiligo**

**Vitiligo** is an autoimmune skin condition in which patches of skin lose their pigment. This can also cause any hair growing on these patches to lose pigment. The patches of skin affected by this can appear random, but are usually roughly symmetrical. Additionally, while the lack of pigment makes these patches more noticeable on people of colour, race is not a factor in the likelihood of someone having vitiligo. People with this skin condition are at an increased risk of sunburn, as well as being 20% more likely than someone without vitiligo to have another autoimmune condition such as lupus.

Outside of these, however, people with vitiligo don't experience any other ill effects as a direct result of the condition itself (i.e. the affected skin doesn't itch or anything, for most it's just a visual difference). They can, however, be more likely to suffer from body image-related mental health issues as a result of social stigma around vitiligo and looking noticeably 'other'.

#### **Rosacea**

**Rosacea** is a skin condition which causes blood vessels in the face to redden, and can also cause acne-like bumps as well as irritating the skin around the eyes and, in some cases, can thicken the skin on the nose giving the appearance of swelling or enlargement. The symptoms can flare and fade over time, and while there are steps that can be taken to mitigate symptoms it is a chronic condition.

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## Psoriasis

**Psoriasis** comes in a number of sub-varieties, but the main symptom is patches of skin that become dry and irritated 'scales', with discoloration varying from case to case but most commonly red or grey/silver. There are various topical medications used to treat psoriasis, and as with rosacea, cases can flare up, fade, and flare up again over time.

## Eczema

**Eczema**, also known as **Atopic Dermatitis**, is a chronic form of **Dermatitis** in which the skin can become red and itchy after contact with or exposure to certain irritants. There are a number of different varieties, with the main varying factors being how long and how intensely the skin remains irritated, and what areas of skin are affected. Common, milder forms of eczema can occur in young people or in times of extreme stress, but may not be recurring. Milder forms of eczema can disappear without medical intervention.

**Dyshidrotic Dermatitis** affects the soles of the feet, palms of the hands, and fingers, while **Nummular Dermatitis** more affects the legs, particularly in winter months.

Eczema and its variants are believed to be a form of allergic reaction, and can be caused by common allergens as well as things like stress and sudden changes in body temperature. Medication is one form of treatment, but it can take years for an individual to determine which irritants can cause their eczema to flare up. Even with medical treatment, eczema can remain severe.

## Acne

**Acne** is a chronic skin condition consisting of inflammatory spots appearing in groupings over the body. These spots include pimples, whiteheads, blackheads, cysts, or nodules. Acne most commonly occurs on the face, shoulders, back, neck, chest, and upper arms.

Milder forms of acne can be more common in adolescents, especially during puberty. However, some people will experience recurrences of acne into their adulthood, including during times of stress, in conjunction with other chronic conditions, or in response to their menstrual cycle.

Acne can be treated with oral and topical medications, with varying success.

## Warts

**Warts** are caused by direct contact with **human papillomavirus**, which is contagious. There are several types of warts, including common warts, plantar warts, flat warts, and genital warts.

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In most cases, warts are harmless and can disappear without treatment. However, medical treatments for removing warts including topical treatments and minor surgery can be administered by a doctor. Most methods require multiple treatments.

## Predispositions

People of certain races or genders, or with certain pre-existing conditions, can have a predisposition for skin conditions.

For example, Dyshidrotic Dermatitis more commonly affects people who were assigned female at birth while Nummular Dermatitis more commonly affects people who were assigned male at birth.

Skin conditions can impact people of different ethnic backgrounds in different ways. For example, Black people may experience more social stigma from vitiligo than Caucasian people because the depigmentation of their skin is more noticeable.

Some skin conditions are influenced by hormonal cycles, and therefore can be impacted by oral contraceptive medications, hormonal conditions, intersex status, or hormone replacement therapies

## Representation in media

In games, offer character creation options for skin conditions such as vitiligo or rosacea. *The Outer Worlds* (Obsidian Entertainment, 2019) provides a good example of this for discussion purposes. The good: it has more than one vitiligo option for player characters, and it's not locked to just some skin tones. The bad: it's listed under "makeup", although to be fair freckles and other skin markings are also under this same heading so it's at least internally consistent, and both patterns are random despite vitiligo typically being fairly symmetrical.

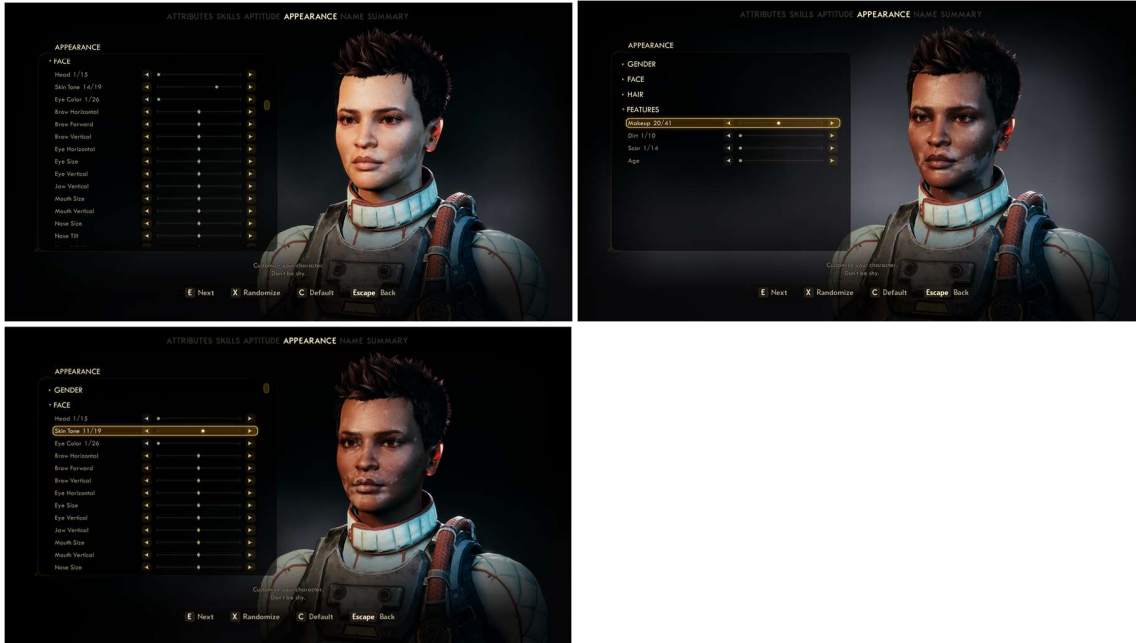
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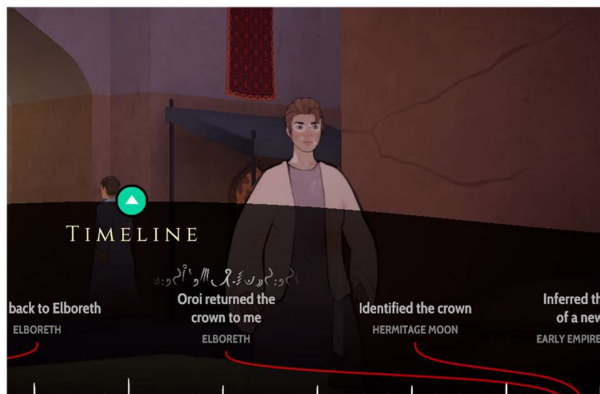


## Pictured:

If you intend to portray a skin condition in TV or film, employ actors with that skin condition, rather than using makeup to create the appearance of a condition. Similarly, employ actors with skin conditions to fill a range of roles. It is not uncommon for actors or models with chronic skin conditions to explain in interviews the lengths to which they went in order to attempt to conceal those conditions in order to appear more 'conventionally attractive' and be hired for more work. This is of course symptomatic of a broader issue in hiring practices that favour ableist, eurocentric beauty standards. Ideally, actors and models with chronic skin conditions should not be barred from roles that have nothing to do with their condition either. Nor should they have to conceal their skin condition in order to play such roles.

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## Pictured: A

In video games or other visual mediums, include named and/or background characters with visible skin conditions such as vitiligo or rosacea. In non-visual mediums, the best approach to this is to mention it in your description of the character in a matter-of-fact way rather than using flowery language or euphemisms.

Chronic skin conditions can have a significant impact on how a person moves through the world and how they are treated by others, as well as having a well-documented impact on mental health for many due to the stigma of the condition, and it's worth taking this into account when writing about a fictional character. Just like any other stigmatised condition, it is not necessarily better to simply mention a character's chronic skin condition in passing, only to have it never come up in the narrative again.

Take the time to consider your motivations for writing a character with a chronic skin condition, and whether you are representing this character authentically.

- How might my character's skin condition realistically impact their day-to-day life?
- Is the way I am describing this condition fetishizing it?
- Is the way I describe the condition reflective of its actual real-life progress?
- Could I inadvertently be promoting myths about how this chronic skin condition occurs, progresses or can be treated?
- Are there ways this chronic skin condition may interact with other conditions the character has that I may not have considered?



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- Are there ways in which the character's gender/ethnic background/culture/sexuality/other significant aspects of their identity and surroundings may intersect with their experience of a chronic skin condition that I may not have considered?

It is always advised to consult with individuals who have the specific skin condition you are representing to ensure authentic and appropriate outcomes.

## Tropes

Don't use skin conditions as a '**red right hand**'. A red right hand is a trope in which an antagonist has a physical 'tell' such as disfiguring scars as a visual shorthand to the audience that they're the bad guy. Giving a villain traits such as facial scars, warts, acne, etc. to signal they are evil is problematic because it can lead the audience to view those traits as inherently bad.

Skin conditions are also used as a shorthand to denote characters that the audience is supposed to find humorous or repulsive. Having acne is often attributed in popular culture to personal moral failings of hygiene and self-control. When depicted in adult characters, acne is seen as a result of ineptitude and bad decisions. When depicted in teenage characters, positive characters will typically have only very temporary and relatively mild cases of acne, whereas negative characters will have severe, chronic cases to elicit greater disgust from the audience. It is best to avoid this type of shorthand in fiction.

## Questions to avoid

Avoid asking questions like 'What's that?' and 'Why does your skin look like that?' because these can make the person in question feel othered.

Avoid asking 'Is it contagious?' because this can make the person feel diseased or dangerous.

Avoid asking, 'Are you aware that you've got [name of skin condition here]?' because this observation is considered rude and unnecessary. It's likely the individual is aware of their skin condition.

Avoid recommending treatment options to somebody with a skin condition, unless the person with the skin condition asked for their advice. This type of interaction can be exhausting.

People with visible skin conditions have typically researched possible treatment options or ways to hide their condition already, and they may have already tried many different options. They may also have



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settled into a place where they are comfortable with their appearance, and do not wish to seek further treatments or hide their condition.

It is also the case that while the person giving unsolicited advice likely feels that they are trying to help, they often don't recognise that spontaneously bringing up treatment ideas to someone with a visible chronic skin condition implies that the condition should be 'corrected' in order to make them more desirable/conventionally attractive. It is an implicit statement of value that contributes to the stigma of chronic skin conditions.

## Resources

### **TV Tropes: Red right hand**

<https://tvtropes.org/pmwiki/pmwiki.php/Main/RedRightHand>

More information about the 'right red hand' trope referenced above.

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