

RESEARCH REPORT SUMMARY

Our Search for Safe Spaces: A Qualitative Study of the Role of Sexual Violence in the lives of Aboriginal Women Living with HIV/AIDS (2009)

Research Team

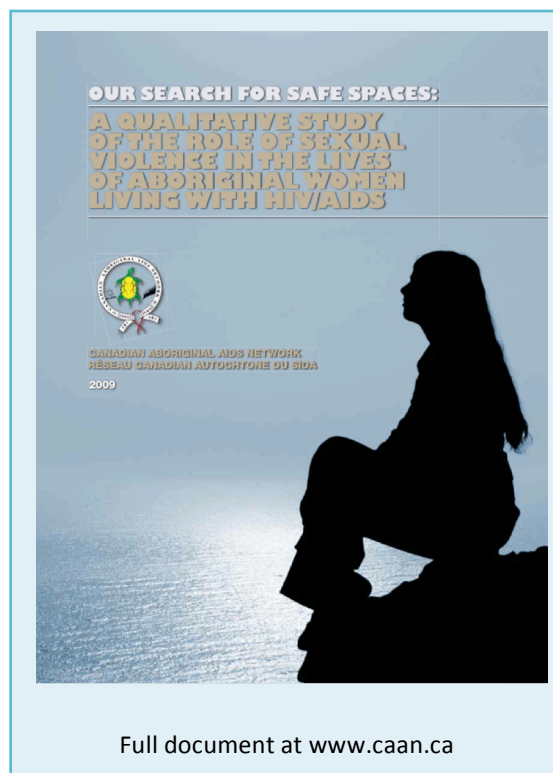
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Executive Summary

Aboriginal women are continuing to be over-represented among new HIV cases in Canada. Although Aboriginal people represent just 3.8% of the Canadian population, in 2005, estimates indicated Aboriginal people were about 7.5% of all prevalent HIV infections. Since 2004, at least 50% of newly reported HIV infections identified as Aboriginal are women and girls (PHAC 2007; Mehrabadi et al. 2008).

The alarmingly high levels of HIV infection reported among Aboriginal women are believed to be the result of entrenched marginalization and discrimination within Canadian society, the ongoing legacy of colonialism and oppression. Complex, interwoven factors of gender, class, and ethno-culture, both systemic and particular, have increased exposure to HIV among Aboriginal women. One of the most pervasive and damaging outcomes of these factors is the widespread occurrence of sexual violence and exploitation of Aboriginal women and girls. Research has shown that sexual violence and HIV/AIDS are deeply interrelated and often reinforcing. Yet very little is known about the relationship between sexual violence and HIV/AIDS in the context of Aboriginal women's gender and cultural identity.

CAAN members called on the organization to turn its research attention to the issue of sexual violence against Aboriginal women living with HIV/AIDS (AWHAs). The Network held focus groups with AWHAs in three Canadian cities, where women confirmed that sexual violence had profound effects on their health and well being and that the issue was deeply related to their ability to manage their HIV illness. In response, CAAN developed a qualitative, community-based research study, using the research principles of Ownership, Access, Control and Possession (OCAP). The study was designed to give a voice to AWHAs in the academic literature, as well as to better understand the interplay between such factors as gender, culture, HIV and sexual violence. The results are presented below.



Methodology

This was a qualitative study that employed a grounded theory approach. The study explored issues of sexual violence and HIV/AIDS among Aboriginal women. By examining the 'lived experiences' of AWHAs through in-depth, semi-structured interviews, the study sought to shed light on how AWHAs relate sexual violence to their HIV infection, their current social realities, and their past life experiences and how, if at all, these experiences influence their health management.

The objectives of this study were:

- To explore the ways in which AWHAs understand and cope with experiences of sexual violence in their personal lives and in the context of Aboriginal culture.
- To gain a better understanding of the interplay between sexual violence and culture.
- To identify the distinctive features of the female Aboriginal experience of sexual violence and HIV infection.

To achieve these objectives, field researchers interviewed 20 AWHAs about their experiences with sexual violence and HIV/AIDS and about their thoughts on the relationship between the two. Participants were asked to discuss the unique challenges they faced as AWHAs when seeking services and the role, if any, that culture played in their health management. Lastly, participants were asked to provide recommendations on how the services they receive could be improved to better meet their unique needs in the context of gender, culture and HIV.

This study followed the research model known as OCAP, wherein the principles of ownership, access, control and possession provide a framework that brings self-determination into the research process, enabling Aboriginal peoples to assert their authority over research that concerns their communities. In accordance with OCAP principles, the research team included community-based collaborators and members of the AWHAs community, as well as Aboriginal scholars. Community representatives and members of the AWHAs community were involved in every stage of the research process.

Exposure to Violence

The Aboriginal women who participated in this study experienced many forms of trauma, which often began in childhood. Similarly, the sexual violence experienced by participants occurred in a general climate of violence against Aboriginal women and girls. Many of the participants were exposed to violence through childhood experiences of physical, sexual and emotional abuse, neglect, parental drug and alcohol use, the legacy of residential schools and the foster care system. Exposure to violence was also rooted in social determinants, including racist sexism, disadvantaged socio-economic conditions, punitive social services, and lack of access to opportunities and support. Gender inequities emerging from power disparities, emotional connection to abusers and fear of men played a role in these AWHAs' heightened exposure to violence. Lastly, participants revealed that sexual violence contributes to damaged self esteem, internalized blame, negative body image, suicidal thoughts and attempts, lack of self care, anger/resentment/sense of betrayal, and addictions/involvement in the sex trade.



Violence-Related Exposure to HIV

Many of the same factors — gender inequities, social determinants, self concept and childhood experiences — that exposed Aboriginal women to violence also exposed them to HIV. Participants identified a variety of pathways and connections linking their HIV/AIDS status with their multiple experiences of trauma. The links were both direct and indirect. Some women acquired HIV directly when they were raped or knowingly infected by their abusive intimate partners. AWHAs also described many indirect relationships between their traumatic experiences and their HIV infection. Participants said traumatic experiences impacted their mental health, resulting in addictions, involvement in the sex trade and an inability to set sexual boundaries or to negotiate safer sex with men. Such responses to trauma create exposure to HIV, and in many cases, led to HIV infection for the women who participated in this study.

HIV-Related Exposure to Violence

For many of the AWHAs who participated in this study violence and HIV went hand-in-hand. Not only did violence expose women to HIV infection, but being HIV positive also exposed women to many different forms of violence. Some of the participants in this study described being threatened with legal action, stalked, intimidated, robbed and physically abused because of their HIV status. Some were targeted for sexual violence while attempting to access harm reduction resources. Some participants also described being blamed for bringing HIV into their intimate relationships, or were branded as sexually promiscuous by their partners. The HIV-related violence experienced by these women was reported to have significant effects on their ability to effectively manage their HIV illness and overall health.

Racism, Sexism and HIV/AIDS: AWHAs' Experiences of Health Services

Many of the participants in this study believed their gender and cultural identity, as well as their HIV status, affected how they were treated by service providers. Several participants experienced gender-based, cultural stereotyping in health care and social services settings. People who provided welfare or housing support perceived Aboriginal women as prostitutes, junkies and/or as sexually promiscuous. AWHAs also reported experiences of stigma and discrimination in health care settings. For AWHAs who participated in the study stigmatization of their HIV was often intertwined with discriminatory attitudes surrounding their gender and cultural identity as Aboriginal women.

Based on these findings, society's treatment of AWHAs creates a form of 'triple jeopardy' that contributes to their continued social marginalization and isolation. This triple jeopardy can also create significant challenges to AWHAs' ability to manage their HIV illness, as well as to access support for sexual trauma. Furthermore, these inter-related categories of prejudice based on race, sex and HIV status substantially undermine the quality of health services that AWHAs do receive.

AWHAs' Understanding of Health and Healing

AWHAs who participated in this study reported engaging in diverse, holistic practices and strategies to manage their health. Participants identified a range of activities (Aboriginal health centres, healing



ceremonies, powwows, gatherings, church and prayer, smudging, faith in the Creator, Elders and spiritual leaders, activism, western style counselling for HIV/AIDS, counselling for violence against women, writing, reading, going to the gym, special diet, etc.) as helpful for managing their HIV illness and dealing with the impacts of sexual trauma. The majority of AWHAs who participated in this study interpreted 'health services' as involving more than strictly physical or medical health needs. Many of the participants described holistic visions of health and healing, which included aspects of spiritual, physical, mental and emotional health that they felt to be unresolved in their lives. Participants also reported involvement in a variety of community awareness raising initiatives that could provide a source of empowerment and healing. Despite the resiliency demonstrated by these AWHAs in their healing efforts, the structural inequities responsible for their exposure to violence and HIV continue to make managing health and wellness a daily struggle.

Discussion

When this study was originally planned, very little had been written about the relationship between sexual violence and HIV/AIDS specifically among Aboriginal women. This study describes the pathways through which experiences of childhood abuse can lead to future violence in the lives of Aboriginal women with HIV/AIDS and how multifaceted and interwoven these two areas are. The discussion summarizes the links between childhood experiences, social determinants, gender inequalities, self concept and literature to contribute to a deeper understanding of the research findings. We honour the trust that the study participants showed in revealing a very private aspect of their lives so that others may learn from these experiences. To develop successful programs and policies, we must attempt to understand this complex web of determinants.

Conclusion

Aboriginal women living with HIV are among the most vulnerable individuals in Canadian society. Yet, the violence perpetrated against them seemingly goes unchallenged and therefore, unabated. The sexual violence experienced by the AWHAs who participated in this study occurred in a general climate of violence against Aboriginal women, which often begins with exposure to violence in childhood. Furthermore, violence against Aboriginal women and girls is deeply related to the ongoing legacy of colonization, including the experience of residential schools. We found that the relationship between HIV and sexual violence compounds exposure to both. Culture, gender identity and HIV status combine to create a triple-jeopardy leading to the social marginalization and isolation of AWHAs within Canadian society.

Our research was designed to be action-oriented — to inform policy and programming, leadership and community members about how to improve the situation for AWHAs. This report highlights some of the many actions that could better meet the unique gender and cultural needs of AWHAs who have experienced violence. Above all, we hope that the findings presented in this report have illustrated the urgency of the issue and will inspire and assist in efforts to end violence against Aboriginal women and girls.

Suggested reference citation:

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