Knowledge Synthesis Grants
Gender Based Violence
SSHRC & WAGE

Title:
Gender-Based Violence Against Immigrants and Refugees Living with HIV/HIV-Risk in Canada: A Systematic Review

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About the project:

Immigrant and refugee women in Canada bear a disproportionate burden of HIV and HIV risk, and simultaneously experience a greater risk of gender-based violence (GBV), including interpersonal, community, and structural violence. The observed increase in multiple forms of GBV during the recent COVID-19 pandemic underscores the urgent need for research-informed progressive policies, practices, and community services to support this population. Understanding the impact of systemic racism and sexism within the context of immigrant and refugee women's dual experiences of HIV/HIV-risk and GBV (HIV/GBV) is necessary to effectively develop comprehensive strategies that can challenge structural barriers and promote equity, social inclusion, and psycho-social well-being. This project sought to understand:

- How systemic racism and sexism impact immigrant and refugee women's dual experiences of HIV/GBV?
- What policies, programs, or services, or lack there-of, support or create barriers for immigrant and refugee women experiencing HIV/GBV and what changes are required.?

A systematic review of the broadly defined literature focusing on GBV and immigrants and refugees living with HIV/HIV-risk (IRLWH/HIV-risk) was conducted to explore how systemic racism, sexism, and social stigma intersect to escalate the vulnerability of immigrant and refugee women in Canada. A review of Canadian HIV-related policies and programs was also undertaken to identify existing initiatives and policy, program, and service recommendations to address the specific issues and concerns of this population.

The findings from this project were analyzed through a neo-colonial and transnational feminist lens. A socio-ecological framework further guided the identification and articulation of themes.

Key findings:

An underlying thematic plot emerged from the literature that centers on the intersecting oppressions of racism, sexism, and migration status, coupled with the invisibilization of IRWLH/HIV-risk and GBV. We further noted the absence of population-specific identifiers, findings, policies, and recommendations in much of this research. Four key themes emerged from this narrative:

- **Hegemonic masculinity.** This pervasive oppressive force impacts the personal, interpersonal, community, and institutional experiences of racialized IRWLH/HIV-risk and GBV. Factors such as the objectification and commodification of women; rights/agency to negotiate condom use with partners, husbands, and sex service users; and the normalization of financial and emotional oppression and physical and sexual violence by male actors (husband, sex service users, etc.) contribute to heighten the risk of HIV and GBV prior to and post diagnosis.

- **Structural Violence.** Structural violence against racialized immigrant and refugee women is predicated on the intersecting factors of race, gender, and migration status, and is enshrined within systems, social norms, and relational practices. Legislators employ policies (e.g., migration) and activate policing and surveillance practices that are linked to harassment, intimidation, and physical and sexual assault by state actors, such as police and immigration officers. Structural violence is further exacerbated in community (sex service users, procurers) and family (husbands/partners) spheres. This can adversely impact HIV/GBV reporting for immigrant and refugee women at enhanced risk for deportation and/or imprisonment (e.g., sex workers), and subject to judgements by community and family, and internalized shame and stigma.

- **Deepened Social Isolation and Exclusion.** Racialized IRWLH/HIV-risk and GBV experience a myriad of intersectional oppressions that substantially impact their personal and interpersonal lives. Moreover, stigma, social isolation, and limited support networks can further exacerbate their risk of HIV and GBV, and increase reluctance to seek out HIV/GBV services such as antiretroviral therapy and support for mental and emotional well-being.

- **Health and Social Service Disparities.** At the policy level, HIV-disclosure laws, inadequate legal protections, and criminalization of sex work can increase the risk of HIV/GBV and negatively impact help-seeking behaviours. The absence of culturally and linguistically appropriate health and social services that incorporate the dual lens of HIV/GBV, and potential exposure to racism and HIV-related discrimination/stigma by health professionals can limit willingness to access available health and social services.

Policy Implications:

- **Call for Visibility.** The absence of critical discourse on the experiences, rights, and service needs of racialized IRWLH/HIV-risk and GBV by researchers, policymakers, health and social service providers, and community actors, specifically through the lens of race and racism, marginalizes this population within the realms of Canadian policy, academia, service provision, and public discourse. There is an urgent need to focus future

research efforts on raising awareness of the significant racist hetero-patriarchal factors that profoundly impact the lives of these women.

- **Transformational Change.** The commodification of migrants and sex workers, and the dehumanization experienced by IRWLH/GBV, calls for transformational reform to address issues of racism and objectification of women. The development, implementation, and prioritization of progressive and humanizing policies and anti-oppressive services are necessary for social norms change. Policies and services must center the voices of racialized IRWLH/HIV-risk and be rooted in an anti-oppressive, culturally relevant, and primary prevention framework.

Further information:

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