

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

Forum on Gender-based Violence

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Land Acknowledgement & Commitment

We would like to acknowledge that we are joining virtually from:

Traditional land of Indigenous people of Newar, Kathmandu, Nepal; Unseeded territory of the Stó:lō people

We invite you to join us in our ongoing commitments to the 94 Calls to Action of the Truth and Reconciliation Commission of Canada and the 231 Calls for Justice for Missing and Murdered Indigenous Women and Girls and 2SLGBTQIA+ People

Acknowledging Past, Present and Future | Acknowledging Cultural Teachers | Acknowledging our Commitments

Introduction/Background

- Immigrant and refugee women bear a disproportionate burden of HIV and HIV-risk, and experience a greater risk of gender-based violence (GBV), including interpersonal, community, and structural violence;
- Immigrant and refugee women living with HIV (IRLWH) and HIV-risk experience intersectional oppression;
- The National HIV Framework exacerbate intersectional oppression;
- Pandemic underscored an urgent need for research-informed progressive laws, policies, practices, community services and supports; and
- Study was critical to understand the context of immigrant and refugee women's dual experiences of HIV/HIV-risk and GBV (HIV/GBV) from anti-racist and anti-colonial lenses.

Objectives and Research Questions

Objective: To explore how systemic racism, sexism, and social stigma intersect to escalate the vulnerability of immigrant and refugee women living with HIV/ HIV-risk in Canada.

Research Questions:

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

Methodological Approach

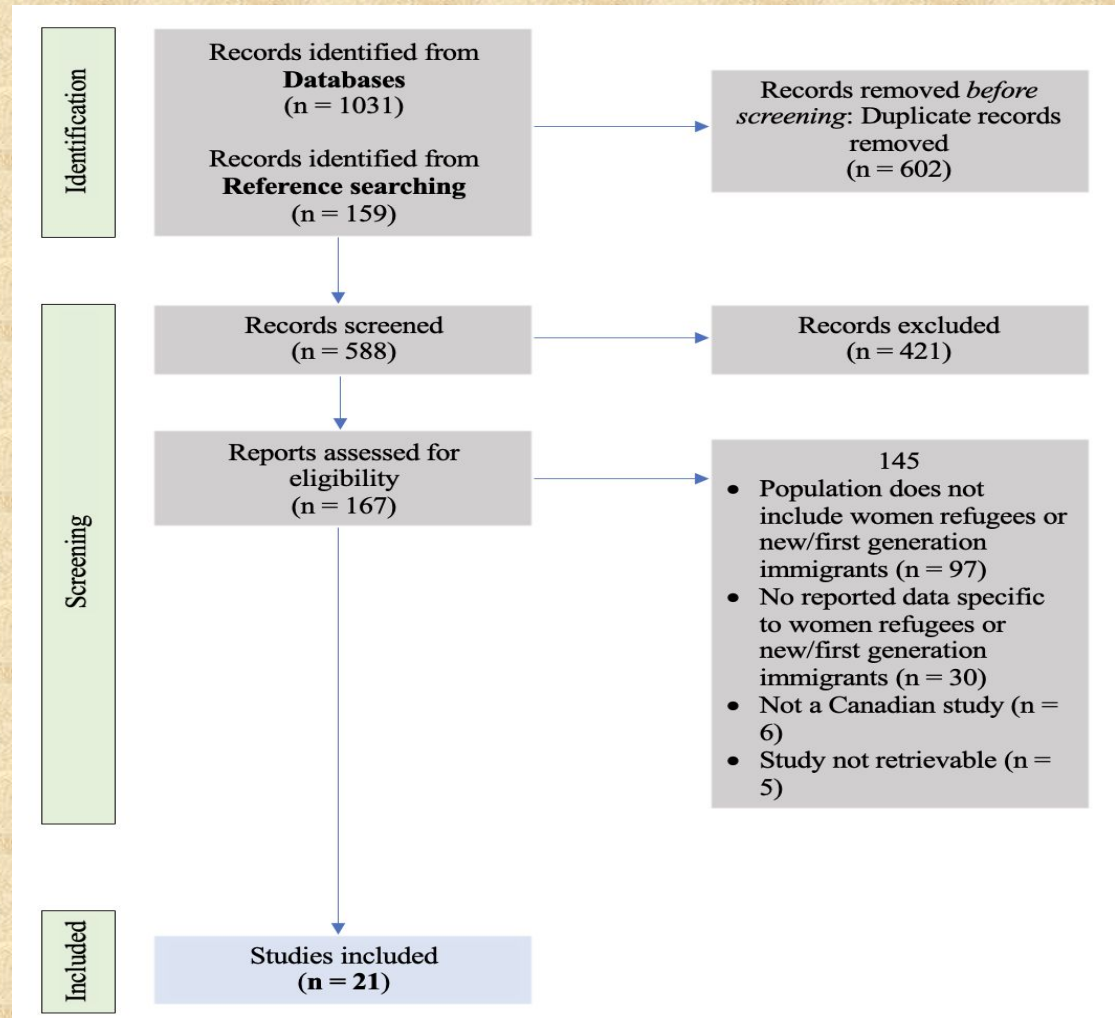
- Utilized an outline developed by the Centre for Reviews and Dissemination (2009)
- Used the PRISMA guidelines in the reporting of systematic reviews (Page et al., 2021).

Inclusion Criteria:

We included Canadian literature reporting on:

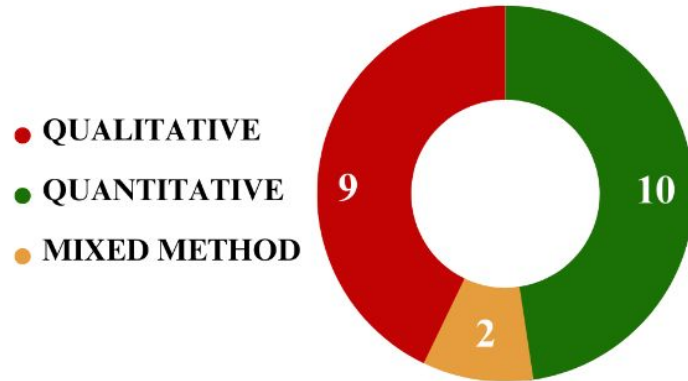
- the health and social outcomes of first-generation racialized immigrant/refugee women,
- with, or at risk of, HIV and having experiences of GBV, **OR**
- on policies, guidelines, and legislation affecting this population

PRISMA chart

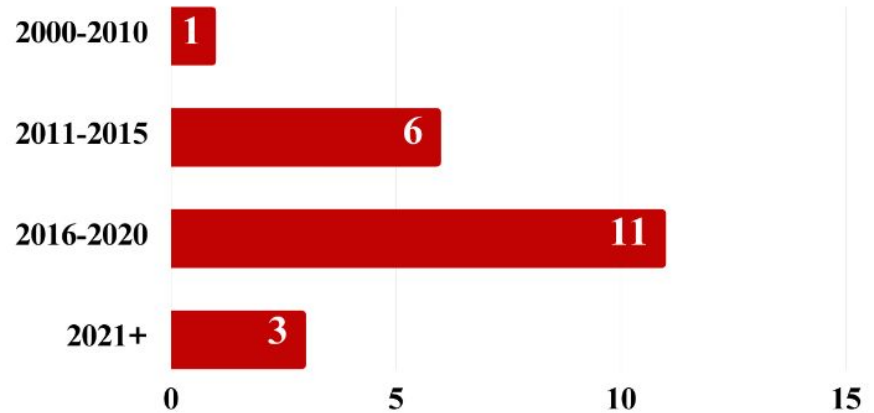


Findings: Study Design

DESIGN METHOD

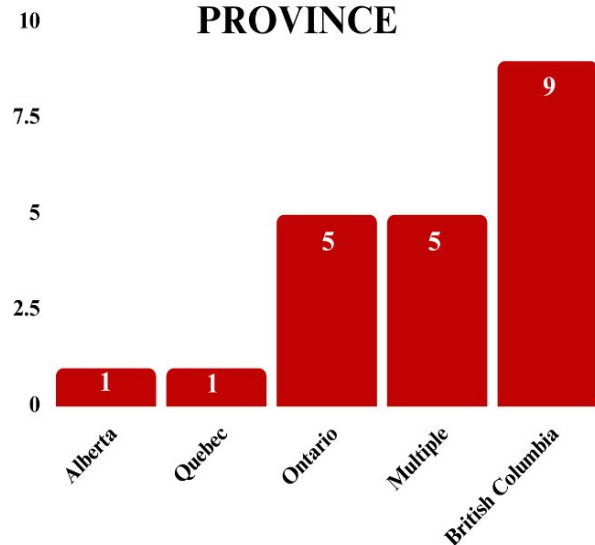


YEAR OF PUBLICATION

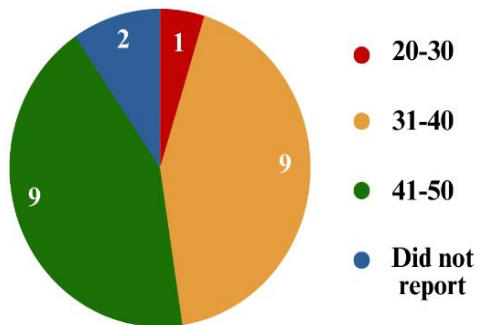


Findings: Participant Demographics

PROVINCE



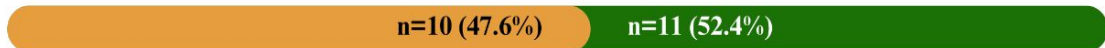
PARTICIPANT AGE



FOCUS ON HIV+ vs. AT RISK PARTICIPANTS

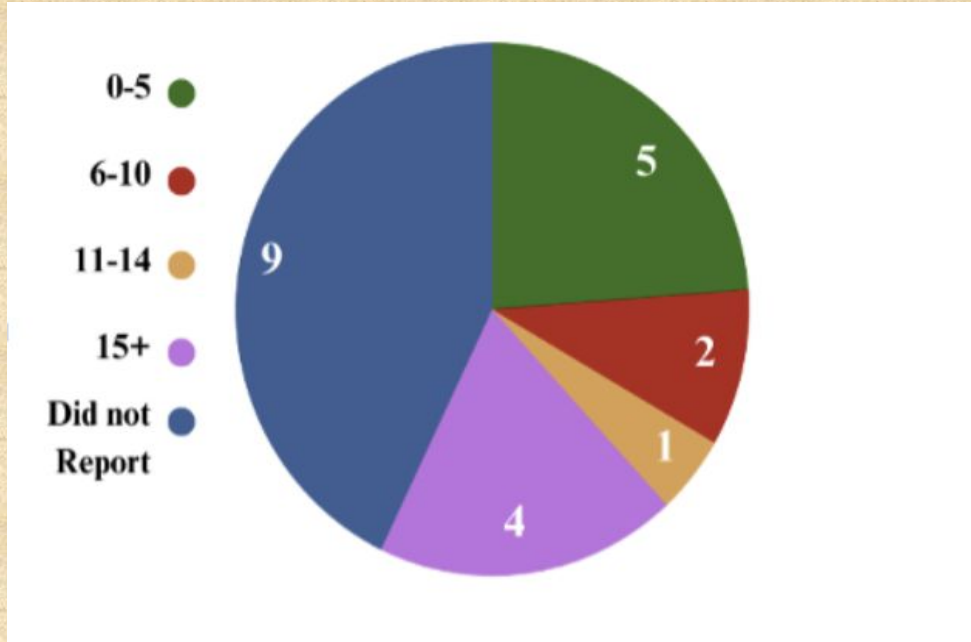


FOCUS ON SEX WORKERS



- Studies came from BC, ON, QC, AB or included data from BC, ON, and QC
- Participants' ages ranged widely, with most above 30 years old
- A majority of the included studies focused on participants living with HIV

Findings: Participant Demographics



- Studies included participants living in Canada for a range of years
- In terms of the ethnic origin, the majority of the participants in the studies were of African Origin ($n=8$), not reported ($n=6$), Chinese ($n=5$)

Key Findings

We adopted the socio-ecological prevention framework (Dahlberg and Krug, 2002).

1. Hegemonic Masculinity:

- Objectification and commodification of women,
- Rights/agency to negotiate condom use with partners, husbands, and sex service users,
- Normalization of financial and emotional oppression,
- Physical and sexual violence by male actors (husband, sex service users, managers).

2. Structural Violence:

- Absence of protective and progressive HIV policies and frameworks,
- Influenced by state actors (e.g., police and immigration officers), and structural actors (e.g., media).

3. Deepened Social Isolation and Exclusion:

- Intersectional oppression, stigma, social isolation, and limited support networks.
- Increase reluctance to seek out HIV/GBV services, such as antiretroviral therapy and well-being

4. Health and Social Service Disparities:

- Inadequate legal protections,
- Criminalization of sex work,
- Racism against IRLWHV/ HIV-risk by healthcare professionals.

Implications

Research	Policy	Practice
• Community-based participatory action research is needed focusing on well-being, rights and justice for racialized immigrants and refugees living with HIV • Robust, longitudinal studies, and disaggregated data must be produced on IRLWH	• Anti-oppressive and culturally relevant policy designed with IRLWH (ex. Goldenberg et al, 2015) • Decriminalized approach to sex work (Sou et al., 2019) • Stigma reduction mechanisms (Lacombe-Duncan, 2022)	• Culturally appropriate outreach, including to sex workers (Sou et al., 2019) • Involvement of immigrant and refugee women with/at risk of HIV and GBV in the development of programs - peer support (Erickson, 2022) • Anti-discrimination, cultural humility, trauma-informed workplace training for health and social services, law enforcement, media

Conclusion

1. Racialized immigrants and refugee women experience a dual burden of HIV/HIV-risk and GBV.
2. Systemic racism, sexism, and social stigma intersect to escalate the vulnerability of racialized immigrant and refugee women living with HIV/HIV-risk to GBV in Canada.
3. 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.
4. Progressive and protective laws, policies and practices should be developed using anti-colonial and anti-racist lenses to promote gender justice.

Evidence Brief: <https://ufv.arcabc.ca/islandora/object/ufv%3A46681>

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Thank you

Questions/Comments?

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