



Indigenous Women, HIV and Gender-Based Violence

Canadian HIV/AIDS Legal Network

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The Canadian HIV/AIDS Legal Network promotes the human rights of people living with, at risk of or affected by HIV or AIDS, in Canada and internationally, through research and analysis, litigation and other advocacy, public education and community mobilization.



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Introduction

The links between gender-based violence and HIV have been well-established in the literature. Violence against Indigenous women and girls in Canada has been recognized as a national human rights crisis.¹ A small but growing body of literature has sought to bring these issues together, examining the relationship between violence against Indigenous women and HIV risk, as well as the factors that render HIV-positive Indigenous women more vulnerable to violence. Less well-explored is the relationship between gender-based violence and HIV-positive Indigenous women's access to HIV-related care, treatment and support.² A notable exception is a pioneering qualitative study undertaken by the Canadian Aboriginal AIDS Network (CAAN) in 2009 exploring issues of sexual violence and HIV among Indigenous women and shedding light on how Indigenous women with HIV relate sexual violence to their HIV infection, their current social realities and their past life experiences, and how these experiences influence their health management.³

A key finding from a diverse body of research emphasizes the need to understand high rates of both HIV and gender-based violence in Indigenous communities within the context of historical and ongoing colonial violence.

Violence within Indigenous communities is one of the long-term effects of cultural disruption and intergenerational trauma, including the residential school experience. Legacies of colonialism, exacerbated by extant racism, discrimination and marginalization, are among the risk factors for both violence and HIV infection. Understanding the presence of these factors in the lives of so many Indigenous women and girls requires an understanding of colonialism, racism and sexism, and the ways in which these forms of oppression intersect and reinforce one another.

The subordination of women in Indigenous communities is largely a consequence of European contact and the systematic abuse and exploitation that followed. The imposition of European notions of women's social position resulted in the dispossession of Indigenous women's rights and the devaluation of women's social roles.⁴ Ongoing cultural disruption served to deepen women's subordination to men. Residential schooling, multigenerational abuse and forced assimilation resulted in the loss of culture, values and traditional ways of life, and left a legacy of disadvantage and unresolved trauma. Traumatic life experiences and social problems within Indigenous communities must be situated within the larger context of their status as colonized people. Individual behaviours in particular, including high rates of substance use, should be viewed in part as strategies to cope with the effects of trauma, both personal and intergenerational.

This report synthesizes resources that jointly consider Indigenous women, HIV and gender-based violence and relevant recommendations for law reform. Though this report

may paint a bleak picture of the high rates of both HIV and gender-based violence in Indigenous communities, the authors believe it is important to highlight Indigenous people's resilience and the current momentum of moving toward more strengths-based messaging.

Initiatives by and for Indigenous communities across Canada indicate a robust and optimistic approach to confronting the various challenges raised in this report. It is with this optimism in mind that the authors strive for law and policy reform, concluding the literature review with recommendations that will help address HIV and gender-based violence among Indigenous women.

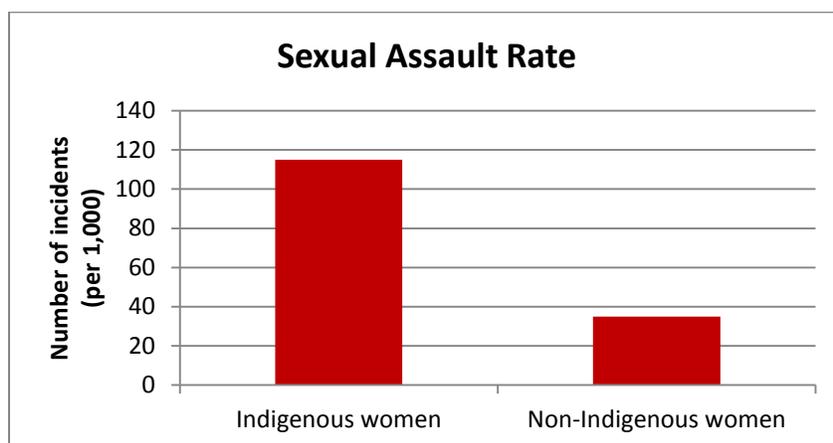
Background: The Numbers

Indigenous women and girls comprise approximately 4% of the total female population in Canada,⁵ and their numbers are growing.⁶ Of the women and girls who identified as Aboriginal in the 2011 National Household Survey, 61% reported being First Nations, 32% identified as Métis and 4% reported Inuit identity.⁷ An additional 1% reported multiple Aboriginal identities and 2% did not identify with an Aboriginal community but reported having registered Indian status and/or being a member of an Indian band.⁸

Indigenous people — and Indigenous women in particular — are disproportionately affected by HIV. While Indigenous people made up only 4.3% of the Canadian population in 2011,⁹ they accounted for an estimated 12.2% of new infections and 8.9% of all prevalent (or existing) infections at the end of that year.¹⁰ In 2011, the estimated infection rate among Indigenous people was about 3.5 times higher than among non-Indigenous people.¹¹ Between 1998 and 2012, nearly half (47.3%) of all positive HIV test reports among Indigenous people were women, as compared with 20.1% of reports for non-Indigenous people.¹² Among Indigenous women living with HIV, 63.6% of HIV infections were attributed to injection drug use and 34.8% to heterosexual contact; the corresponding figures for non-Indigenous women living with HIV were 24.4% for injection drug use and 72.1% for heterosexual contact.¹³

Indigenous women in Canada experience exceptionally high rates of violence, and Indigenous identity remains a key risk factor for violence against women, even when controlling for the presence of other risk factors, such as age, childhood experiences of abuse, mental health and drug use.¹⁴ For example, in 2014, Indigenous women recorded a sexual assault rate of 115 incidents per 1,000 people — much higher than the rate of 35 per 1,000 recorded by non-Indigenous women.¹⁵ Indigenous women also consistently report a higher rate of intimate partner violence than non-Indigenous women.¹⁶ According to data from the 2014 General Social Survey, Indigenous women were more likely to be physically abused by current or former partners compared to non-Indigenous women (10% versus 3%, respectively).¹⁷ While rates of spousal violence among the non-Indigenous population decreased between 2009 and 2014, rates for Indigenous people have not changed in a

significant way.¹⁸ The severity of spousal violence experienced by Indigenous people also differs from that reported by non-Indigenous people. For instance, 52% of Indigenous people who indicated they had suffered spousal violence reported having been beaten, choked, threatened with a gun or knife, or sexually assaulted, as compared to 23% of non-Indigenous victims.¹⁹



From 1980 to 2014, police services across Canada reported a total of 6,849 homicides involving female victims, including 1,073 the police identified as Aboriginal.²⁰ Not including cases where Aboriginal identity was reported as unknown, Indigenous women and girls represented 16% of female homicides for these years.²¹ Moreover, although the reported number of non-Indigenous female homicides has been declining since 1991 (similar to the overall trend for homicide in Canada),²² the number of police-reported Indigenous female homicides has remained relatively stable since 1980,²³ meaning that Indigenous women and girls have continued to account for an increasing proportion of total female homicide victims over the past three decades. From 2001 to 2014, the average rate of homicides involving Indigenous female victims was six times higher than that of homicides where female victims were not Indigenous.²⁴

The following are a number of additional social, cultural and economic factors identified in the literature review that were found to elevate Indigenous women’s risk of infection with HIV and other sexually transmitted infections (STIs):

The Indigenous population is young:²⁵

- The Indigenous population is younger, on average, than the non-Indigenous population in Canada. In 2011, almost half of the Indigenous population (46.2%) was 24 years of age or younger, compared with about one-third (29.5%) of non-Indigenous people.²⁶
- Age has long been observed as a key factor associated with physical abuse, with the highest rate of violent victimization reported among people aged 20–24.²⁷

- Young people are also more vulnerable to HIV infection. Adolescence is often associated with sexual and drug-related behaviours that pose a greater risk of HIV infection, such as unprotected sex and the use of non-sterile injection equipment.²⁸

Many Indigenous women are economically disadvantaged, with lower education levels, lower rates of employment and a lower median income than non-Indigenous women:²⁹

- In 2011, half (51%) of Indigenous women aged 25 to 64 had a post-secondary qualification, compared to almost two-thirds (65%) of non-Indigenous women.³⁰ Indigenous women were less likely than non-Indigenous women to be employed, with 50.4% of Indigenous women aged 15 and over employed, compared with 57.3% of their non-Indigenous counterparts.³¹ And in 2010, the median income of Indigenous women aged 15 and over was \$19,289 — approximately \$5,500 less than the median income of non-Indigenous women and \$3,600 less than that of Indigenous men.³²
- Research demonstrates a connection between economic disadvantage (characterized by low educational attainment, high unemployment and low income) and an elevated risk of violent victimization.³³
- Lower socioeconomic status and poverty are also known to increase risk of HIV infection, especially for women,³⁴ linked to involvement in sex work and substance use.³⁵

Indigenous women and girls experience a disproportionate burden of housing problems:

- Research indicates that Indigenous girls and young women are overrepresented in the homeless population of cities in Canada, and Indigenous women are more likely to sleep on the streets in the centres of big cities than women of other racial or ethnic groups.³⁶ Young urban Indigenous women also experience the highest rate of mobility, and the highest rate of housing instability, in part because of the discrimination they face when trying to access rental housing.³⁷ Moreover, on-reserve First Nations women and girls and Inuit women and girls living in Inuit Nunangat are the most likely to live in crowded homes and homes requiring major repairs.³⁸
- When women become homeless, they are at increased risk of violence, sexual exploitation and abuse.³⁹ Many women will go to great lengths to avoid the shelter system, including by staying in relationships they might have otherwise ended.⁴⁰
- Women without stable housing are at higher risk for chronic and infectious diseases, including HIV.⁴¹ This is because housing instability, homelessness and transience compromise access to adequate health care and appropriate and effective social supports. For Indigenous women, these barriers are exacerbated by individual and institutional discrimination, and disadvantages on the basis of race, gender and

class. One Ontario study found that among people living with HIV, women are twice as likely as men to be homeless.⁴²

- Unstable housing has also been found to be associated with HIV vulnerability because of the increased likelihood of persons without stable housing engaging in sex work and injection drug use.⁴³

- **Further reading**

S. Greene et al., "[‘Under my umbrella’: The housing experiences of HIV positive parents who live with and care for their children in Ontario,](#)" *Archives of Women’s Mental Health* 13,3 (2010): pp. 223–232.

Street Health and Sistering, [The Street Health Report 2007 Research Bulletin #2: Women & Homelessness](#), June 2008.

G. Goudreau, [Aboriginal Women’s Initiative: Literature Review: A Review of the Literature on Intergenerational Trauma, Mental Health, Violence Against Women, Addictions and Homelessness among Aboriginal Women of the North \(NOWSOPE\)](#), YWAC Sudbury and YWAC Canada, September 2011.

YWCA Canada, [International Women’s Day Bulletin: When There’s No Place Like Home: A Snapshot of Women’s Homelessness in Canada](#), March 2012.

L. Goodman, K. Fels and C. Glenn, [No Safe Place: Sexual Assault in the Lives of Homeless Women](#), National Online Resource Center on Violence against Women, 2006.

C. Patrick, [Aboriginal Homelessness in Canada: A Literature Review](#), Canadian Homelessness Research Network, 2014.

L. Ruttan, P. LaBoucane-Benson and B. Munro, "[A story I never heard before’: Aboriginal young women, homelessness, and restoring connections,](#)" *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health* 6,3 (2008): pp. 31–54.

The available research suggests that Indigenous women are overrepresented among women engaged in street-based sex work:⁴⁴

- Sex workers face a number of risks to their health, including violence, abuse and risk of infection with HIV and other STIs, due in large part to the criminalization of the sex industry. For example, the criminalization of sex work impedes the ability of sex workers to reduce these risks by working in groups or in public places, screening clients and negotiating condom use. In addition, antagonistic relationships with law enforcement, stigma associated with sex work and the marginalization of sex

workers are barriers to reporting violence and abuse to authorities and to accessing critical health and social services.

- Research among young Indigenous people who use drugs has also found links between involvement in sex work and factors associated with HIV, such as younger age, bisexual identity, recent homelessness, injection drug use, sexual assault and childhood sexual abuse.⁴⁵

- **Further reading**

K. Shannon et al., "[Social and structural violence and power relations in mitigating HIV risk of drug-using women in survival sex work](#)," *Social Science & Medicine* 66 (2008): pp. 911–921.

E. van der Meulen, J. Yee and E. Durisin, "[Violence against Indigenous sex workers: Combatting the effects of criminalization and colonialism in Canada](#)," *Research for Sex Work* 12 (2010): pp. 35–37.

J. Chettiar et al., "[Survival sex work involvement among street-involved youth who use drugs in a Canadian setting](#)," *Journal of Public Health* 32,3 (2010): pp. 322–327.

Native Women's Association of Canada, [Sexual Exploitation and Trafficking of Aboriginal Women and Girls: Literature Review and Key Informant Interviews](#), March 2014.

M. Farley, J. Lynne and A. J. Cotton, "[Prostitution in Vancouver: Violence and the colonization of First Nations women](#)," *Transcultural Psychiatry* 42 (2005): pp. 242–271.

S. Hunt, "[Decolonizing sex work: Developing an intersectional indigenous approach](#)," in E. van der Meulen, E. M. Durisin and V. Love (eds.), *Selling Sex: Experience, Advocacy, and Research on Sex work in Canada* (Vancouver: UBC Press, 2013), pp. 82–100.

World Health Organization, "[Violence against sex workers and HIV prevention](#)," Information Bulletin Series, Number 3, in *Violence Against Women and HIV/AIDS: Critical Intersections*, 2005.

Indigenous women are overrepresented in the female prison population:

- Although they make up only 4% of the total female population, Indigenous women represent 34.5% of all women in custody.⁴⁶

- Few studies focus on women in prison, and fewer still focus on Indigenous women in prison. The available research suggests that women in prison are vulnerable to experiencing physical, sexual and psychological abuse.⁴⁷ Although some safeguards exist to mitigate the potential risk of abuse and reduce the vulnerability of women in prison, incidents of harassment by male guards continue to be reported, and incarcerated women generally have little faith in the grievance system.⁴⁸
- HIV is significantly more prevalent among people in prison than among the population as a whole. This is due in part to the over-incarceration of people from communities that are already disproportionately affected by HIV. Moreover, people in prison do not have access to the same health services available to people outside prison, including access to safer sex and harm reduction supplies such as condoms, sterile injection equipment and safer tattooing equipment. According to a national survey of federal prisoners conducted in 2007, 12% of Indigenous women reported being HIV positive, compared to 8% of non-Indigenous women, 5% of non-Indigenous men and 3% of Indigenous men.⁴⁹

- **Further reading**

J.K. Barlow, [*Residential Schools, Prisons, and HIV/AIDS among Aboriginal People in Canada: Exploring the Connections*](#), The Aboriginal Healing Foundation, 2009.

The Honourable Louise Arbour (Commissioner), [*Commission of Inquiry into Certain Events at the Prison for Women in Kingston*](#), 1996.

Canadian Human Rights Commission, [*Protecting Their Rights: A Systemic Review of Human Rights in Correctional Services for Federally Sentenced Women*](#), December 2003.

Indigenous women are reported to have higher rates of drug and alcohol use:

- Indigenous women are overrepresented in the population of people who use injection drugs.⁵⁰ Indigenous women are also twice as likely as non-Indigenous women to report heavy drinking.⁵¹
- Alcohol and drug use are associated with a higher risk of violent victimization. Heavy drinking has been linked to experiences of violence.⁵² Data from the 2009 General Social Survey showed that Indigenous people who reported using drugs at least once in the previous month were four times more likely to be physically assaulted compared to those who reported never using drugs.⁵³
- High rates of alcohol and drug use are significant risk factors for HIV infection. HIV can be transmitted by sharing drug preparation or injecting equipment with a person who has HIV, and intoxication can affect a person's ability to practice safer sex or safer drug use. The risk associated with drug use is especially relevant for

Indigenous women, since 63.6% of HIV infections among Indigenous women between 1998 and 2012 were attributed to injection drug use.⁵⁴

- **Further reading**

P. Spittal et al., "[Risk factors for elevated HIV incidence rates among female injection drug users in Vancouver](#)," *Canadian Medical Association Journal* 166,7 (2002): pp. 894–899.

K.J. Craib et al., "[Risk factors for elevated HIV incidence among Aboriginal injection drug users in Vancouver](#)," *Canadian Medical Association Journal* 168,1 (2003): pp. 19–24.

D. Chansonneuve, [Addictive Behaviours Among Aboriginal People in Canada](#), Aboriginal Healing Foundation, 2007.

Twin Epidemics: HIV as a Cause and Consequence of Violence

Violence increases risk of HIV⁵⁵

Gender-based violence is itself a direct risk factor for HIV. Forced vaginal and anal sex are more likely to cause tears, abrasions or bleeding, leading to higher rates of HIV transmission. Adolescent girls are particularly susceptible to HIV infection through forced sex, and even through consensual sex, because the vaginal mucous membrane, an important antiviral defense, is not fully developed until the later teenage years. Since Indigenous women face high rates of sexual assault, these risks are particularly troubling.

A history of sexual abuse is associated with greater HIV prevalence. A study of young Indigenous people aged 14–30 found that 15.2% of participants with a history of sexual abuse had HIV, compared to 4.4% for participants with no such history.⁵⁶ Researchers have also attributed high rates of HIV among Indigenous people to the intergenerational trauma of the residential school system.⁵⁷

Women in violent relationships often also face precarious economic, housing and safety situations, putting them at greater risk for HIV infection. Additionally, it can be difficult or impossible to negotiate condom use with an abusive partner — a challenge that Indigenous women may face more often in light of the higher rates of domestic violence they also experience.

Gender-based violence also creates and exacerbates other risk factors associated with HIV. For instance, violence against women is known to have a negative impact on the social determinants of health, a major factor in vulnerability to HIV transmission. Exposure to violence is also correlated with lower income, under-employment and lower academic attainment, all factors associated with health behaviours such as unprotected sex with multiple partners and drug use.

Being HIV-positive increases risk of violence⁵⁸

An HIV-positive diagnosis carries its own risks of violence, along with increased risks of discrimination, ostracism and abandonment, including by one's partners or other family members. In a 2009 study of 20 HIV-positive Indigenous women, CAAN found that, upon disclosure of their HIV status, women were often

- threatened with legal action, such as being sued or having their children taken away;
- stalked, intimidated, robbed and physically abused;
- targeted for sexual violence while attempting to access harm reduction resources; and/or
- branded as promiscuous and isolated from the community.⁵⁹

Disclosure to an intimate partner can increase a woman's susceptibility to sexual and physical violence and may give an abusive partner further control in the relationship. An abusive partner could use a woman's HIV-positive status against her and as a tool of manipulation, by threatening to disclose her status to others without her consent. An abusive partner could also threaten her with criminal charges, claiming she did not disclose her status before sex.⁶⁰ These additional risks of violence — as well as fear of isolation, stigma and abandonment — can undermine women's abilities to seek health services.

At the same time, previous experience with violence can deter women living with HIV from health care, including reproductive and sexual health services, and HIV testing and appropriate treatment. In a study of the impact of intimate partner violence on HIV-positive women in Alberta, those who had experienced intimate partner violence had more trouble staying engaged in HIV care, were less likely to be receiving antiretroviral therapy and more likely to have uncontrolled viral replication, as well as more likely to experience interruptions in care and to be hospitalized for HIV-related issues than those not reporting intimate partner violence. Researchers hypothesized this was due to those women living with HIV prioritizing their immediate personal safety over regularly adhering to HIV treatment.⁶¹ As CAAN noted: "Violence against HIV-positive women may also act as a significant barrier to self-care and overall health management ... It is clear that the HIV-related violence experienced by these women significantly undermines their ability to effectively manage their HIV illness, overall health and well-being."⁶²

Key Resources

- Canadian Aboriginal AIDS Network (CAAN), *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. Available at <http://www.caan.ca/wp-content/uploads/2012/05/Sexual-Violence-Documents-ENGLISH1.pdf>.

This report details the findings of a research study into the issue of sexual violence against Indigenous women living with HIV/AIDS (AWHAs), with a focus on the interplay between gender, culture, HIV and sexual violence. CAAN found that (1) the relationship between HIV and sexual violence compounds exposure to both and (2) culture, gender and HIV status combine to create a “triple jeopardy” leading to the social marginalization and isolation of AWHAs within Canadian society.

- Cedar Project Partnership, “The Cedar Project: historical trauma, sexual abuse and HIV risk among young Indigenous people who use injection and non-injection drugs in two Canadian cities,” *Social Science and Medicine* 66,11 (2008): pp. 2185–2194. Available at <http://caid.ca/SocSciMed662008.pdf>.

This article reports the findings of a study on sexual abuse and negative health incomes, including mental, sexual and drug-related vulnerabilities, among young Indigenous people. The purpose of the study was to determine factors associated with sexual abuse among participants of the Cedar Project, a cohort of young Indigenous people between the ages of 14 and 30 years who use injection and non-injection drugs in two urban centres in British Columbia, and to locate findings through the lens of historical and intergenerational trauma. The researchers found that sexually abused participants were more likely to have ever been on the streets for more than three nights, to have ever self-harmed, to have suicide ideation, to have attempted suicide, to have a diagnosis of mental illness, to have been in the emergency department within the previous 6 months, to have had over 20 lifetime sexual partners, to have ever been paid for sex and to have ever overdosed.

- C. Varcoe and S. Dick, “The intersecting risks of violence and HIV for rural Indigenous women in a neo-colonial Canadian context,” *Journal of Aboriginal Health* 4,1 (2008): pp. 42–52. Available at http://naho.ca/documents/journal/jah04_01/07ViolenceHIV_42-52.pdf.

This article discusses the experiences of the Indigenous women who took part in an ethnographic study looking at the intersecting risks of violence and HIV for rural women. The authors found that these women’s experiences of violence occurred within a rural context of poverty and declining economic resources, and within a historical context of colonial abuses and cultural disruptions. The women’s lives were often characterized by disconnection from family and community, rendering them vulnerable to further violence and exploitation. Social support programs in this rural setting were limited and access could be problematic.

- J. Reeves, “Biskanewin Ishkode (The Fire that is Beginning to Stand): Exploring Indigenous Mental Health and Healing Concepts and Practices for Addressing Sexual Traumas,” unpublished doctoral dissertation, University of Toronto, 2013. Available at

[https://tspace.library.utoronto.ca/bitstream/1807/43713/1/Reeves Allison J 201311 PhD thesis.pdf](https://tspace.library.utoronto.ca/bitstream/1807/43713/1/Reeves%20Allison%20J%20201311%20PhD%20thesis.pdf).

This thesis explores the mental health issues that Indigenous peoples manage. These issues arise from multiple traumas, including sexual vulnerabilities, sexual abuse and sexualized violence; and they include mood disorders, low self-worth, post-traumatic stress, and a range of issues related to anxiety. The author argues that Indigenous mental health and healing services are a more culturally appropriate and successful alternative to Western mental health services for Indigenous clients experiencing multiple traumas.

- International Affairs Directorate, Health Canada, *HIV/AIDS and Indigenous Peoples: Final Report of the 5th International Policy Dialogue*, October 21–23, 2009, Ottawa. Available at http://data.unaids.org/pub/Report/2010/2010_hiv_indigenous_peoples_en.pdf.

This report summarizes the discussions and policy recommendations that emerged from the International Policy Dialogue on HIV/AIDS and Indigenous Peoples that took place in Ottawa in October 2009. Participants discussed the unique impact of HIV and AIDS on Indigenous peoples, its relevance to global policy development, and explored ways forward in terms of research, policy and program development. The social determinants of health, human rights, and the better integration of Indigenous people into the international response to HIV and AIDS served as foundational themes for the dialogue.

- S.J. Ship and L. Norton, “HIV/AIDS and Aboriginal Women in Canada,” *Canadian Woman Studies* 21,2 (2001): pp. 25–31. Available at <http://cws.journals.yorku.ca/index.php/cws/article/viewFile/12592/11675>.

This article examines how HIV and AIDS affects Indigenous women differently than men. The authors share the experiences and perspectives of Inuit women involved in the sex trade in Montreal, First Nations women living with HIV in Vancouver, and caregivers of Indigenous people living with HIV or AIDS in the Halifax-Dartmouth region.

- C. Neron and R. Roffey, “HIV, sexual violence and Aboriginal women,” *Native Social Work Journal* 3,1 (2000): pp. 57–72. Available at <https://zone.biblio.laurentian.ca/dspace/bitstream/10219/443/1/NSWJ-V3-art4-p57-72.pdf>.

This articles addresses the connections between HIV and sexual violence among Indigenous women and offers some suggestions as to how health care workers and organizations can connect these issues in their work with Indigenous women.

Other resources

- The Canadian Aboriginal AIDS Network (CAAN), *Environments of Nurturing Safety (EONS): Aboriginal Women in Canada: Five Year Strategy on HIV and AIDS, Dec 2010 – Dec 2015*, December 2010. Available at <http://caan.ca/wp-content/uploads/2012/05/EONS.pdf>.
- Public Health Agency of Canada, *Population-Specific HIV/AIDS Status Report: People Living with HIV/AIDS*, 2013. Available at <http://www.catie.ca/sites/default/files/SR-People-Living-with-HIV.pdf>.
- Public Health Agency of Canada, “Chapter 8: HIV/AIDS among Aboriginal people in Canada,” in *HIV/AIDS Epi Updates*, December 2014. Available at <http://www.phac-aspc.gc.ca/aids-sida/publication/epi/2010/pdf/ch8-eng.pdf>.
- Native Women’s Association of Canada (NWAC), *Native Women’s Association of Canada’s Report in Response to Canada’s Fourth and Fifth Reports on the ICESR Covering the Period of September 1999 – December 2004*, April 2006. Available at <https://www.nwac.ca/wp-content/uploads/2015/05/2006-NWAC-Report-on-Canadas-Reports-to-International-Convenant-on-Economic-Social-and-Cultural-Rights.pdf>.
- R. Halseth, *Aboriginal Women in Canada: Gender, Socio-Economic Determinants of Health, and Initiatives to Close the Wellness Gap*, National Collaborating Centre for Aboriginal Health (NCCA), 2013. Available at http://www.nccah-cnsa.ca/Publications/Lists/Publications/Attachments/77/AboriginalWomenCanada_Web_EN.pdf.
- D. Culhane, “Their spirits live within us: Aboriginal women in downtown eastside Vancouver emerging into visibility,” *American Indian Quarterly* 27, 3/4 (2003): pp. 593–606. Available at <http://www.jstor.org/stable/4138965>.
- J.N. Erdman and R.J. Cook, “Women’s rights to reproductive and sexual health in a global context,” *Journal of Obstetrics and Gynaecology Canada* 28,11 (2006): pp. 991–997. Available at [http://www.jogc.com/article/S1701-2163\(16\)32295-2/pdf](http://www.jogc.com/article/S1701-2163(16)32295-2/pdf).
- Interagency Coalition on AIDS and Development and Canadian Aboriginal AIDS Network, *HIV/AIDS and Indigenous Populations in Canada and Sub-Saharan Africa*, 2011. Available at http://www.icad-cisd.com/pdf/HIV_and_Indigenous_Populations_EN.pdf.
- Truth and Reconciliation Commission of Canada, *Honouring the Truth, Reconciling for the Future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada*, 2015. Available at http://www.trc.ca/websites/trcinstitution/File/2015/Honouring_the_Truth_Reconciling_for_the_Future_July_23_2015.pdf/. See especially pp. 107–110, 180–181.

A Synthesis of Key Recommendations

There is considerable agreement among researchers, activists and civil society organizations about what must be done to address high rates of violence and HIV in the lives of Indigenous women. The following list of recommendations is not comprehensive;⁶³ rather, it highlights key areas for potential law and policy reform that have been recognized by those working to advance Indigenous women's health, safety and well-being.⁶⁴

Law reform

- **Limit the misuse of the criminal law against people living with HIV, restricting it solely to cases of intentional transmission of the virus in cases of non-disclosure.** Research has shown that criminalizing people for not disclosing their HIV-positive status to sexual partners has the potential to undermine HIV prevention efforts currently under way.⁶⁵ In particular, evidence suggests that criminalization of HIV non-disclosure may create barriers to engagement and retention within the cascade of HIV care for people living with HIV in Canada, discourage access to HIV testing for some people due to fears of legal implications following a positive diagnosis, and compromise linkage and retention in health care through concerns of exposure of confidential medical information.⁶⁶ Moreover, criminalizing HIV non-disclosure does little to protect women from HIV infection, violence, coercion or sexual objectification, while presenting serious adverse consequences for women living with HIV, especially if they face challenges due to their socioeconomic situation, discrimination, insecure immigration status, or abusive or dependent relationships.⁶⁷
- **Repeal sex work-specific criminal laws, which contribute to harms to sex workers' health and safety, including their ability to mitigate HIV risk and violence as well as access HIV education, prevention, care, treatment and support.** As UNAIDS observed in its guidance note on HIV and sex work: "The decriminalization of sex work is key to changing the course of the HIV epidemics among sex workers, and in countries as a whole."⁶⁸ A global study affirmed this observation, and suggested that decriminalizing sex work could avert 33–46% of HIV infections among sex workers and clients over the next decade.⁶⁹
- **Repeal punitive laws concerning drug use, including mandatory minimum prison sentences for minor, non-violent drug offences and criminal laws prohibiting possession of all drugs for personal use, and reduce the negative impact of drug policy and law on women and their families by minimizing custodial sentences for women who commit non-violent offences.** A growing body of research has demonstrated that punitive drug laws and policies — including the excessive use of incarceration as a drug-control measure — hamper the access of people who use drugs to harm reduction and health care services, thus hindering an effective response to HIV.⁷⁰ There have been repeated calls for a public health approach to drug use, including from UNAIDS, which has reported that "there is irrefutable evidence that new HIV infections drop sharply when people who inject drugs have access to harm reduction and other public health programmes."⁷¹

- **Enact national legislation on family abuse.**⁷² The legislation should emphasize community intervention orders and community-based healing. The *Nunavut Family Abuse Intervention Act* is a good model.
- **Endorse international declarations and ratify international conventions concerned with promoting the safety of women and Indigenous peoples' rights,**⁷³ including the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP).

Policing and the justice system

- **Rectify the jurisdictional issues between the RCMP, First Nations, municipal and provincial police forces.**⁷⁴ Overlapping and unclear jurisdiction of RCMP, First Nations, municipal and provincial police forces has impeded effective resolution of some cases.⁷⁵ Family members of missing Indigenous women have faced jurisdictional conflicts when attempting to file a missing persons report outside their community of residence. Jurisdictional issues are barriers not only to families and loved ones who try to report a missing person, but also to the investigation of a case. Jurisdictional conflicts also affect families' access to victim services: because different police forces may provide different services, families in the same city may receive different supports depending on whether their loved one's case falls under RCMP, provincial or municipal jurisdiction. There is an urgent need to ensure a more integrated response to missing persons, with strong and immediate cross-jurisdictional coordination.
- **Implement or improve education and sensitivity training for the RCMP and local police authorities, and improve mechanisms for civilian oversight to hold the RCMP and other police accountable.**⁷⁶ Polices authorities must be trained in the dynamics of violence against women and in upholding the human rights of sex workers, people who use drugs and other key populations in which Indigenous women are overrepresented and in which policing practices have undermined their ability to mitigate HIV risk and posed barriers to their access to health and harm reduction services.⁷⁷
- Establish a national database on missing and murdered Indigenous women, in consultation with Indigenous women and their organizations,⁷⁸ and **ensure that all cases of missing and murdered Indigenous women are duly investigated and prosecuted and that family members have access to information about the development of the investigation and about their rights in any legal proceedings.** Ensure the National Inquiry into Missing and Murdered Indigenous Women and Girls adopts a human rights-based approach; has a mandate that covers the investigation of the role of the RCMP, provincial police, municipal police and public complaints commissions across jurisdictions; establishes a mechanism for the independent review of cases where there are allegations of inadequate or partial police investigations; ensures adequate support and protection to witnesses; and strengthens inclusive partnerships with Indigenous women's organizations and national and international

human rights institutions and bodies during the Inquiry and in its implementation process.⁷⁹

- **Fund police initiatives that focus on the specific patterns of gender-based violence against Indigenous women and girls**, rather than focusing solely on missing persons in general.
- **Support community-based first response and search-and-rescue programs.**⁸⁰ A community-based first response program involves training local community members in skills to manage emergencies and respond to crises. In addition to filling a service gap for remote communities, community-based first response also has the potential to reduce morbidity and mortality, and to build safer, more resilient communities.⁸¹ A community-based search-and-rescue is a search for a missing person organized and conducted by a community council or community-based non-profit society. While they should not replace public searches conducted by the RCMP and other public authorities, governments should authorize and support community-based search-and-rescue programs.⁸²
- **Remove barriers to financial supports for Indigenous women leaving abusive relationships.**⁸³ This could include changing income threshold policies for women coming out of abusive relationships with minimal financial resources, so they can access legal aid and income assistance, and/or implementing specific legal aid services for women coming out of abusive relationships.
- **Improve access to justice, especially in northern and remote communities.**⁸⁴ Access to justice is a complex problem that will require a complex and multipronged solution. Some initiatives to consider include increasing funding for legal aid; ensuring Indigenous women and victims of violence have access to adequate legal aid in all jurisdictions;⁸⁵ improving the professional presence of lawyers, paralegals and other trained personnel by implementing satellite offices, incentivizing remote legal practice for law students and young lawyers, and providing legal training for community leaders or other public service professionals; increasing collaboration between service providers and building relationships with trusted intermediaries, with an aim toward addressing the multifaceted nature of clients' problems; designing and improving programs that harness communication technologies as a means of overcoming distance barriers, such as call-in centres, videoconferencing, online forums or email; and improving public access to legal information and promoting legal awareness.⁸⁶
- **Reform police, prosecutorial and judicial policy and practice to secure more effective enforcement of sexual assault laws.**⁸⁷ Interpretation and enforcement of sexual assault laws is easily confounded due to the strong influence of racial and sexual biases, myths and stereotypes. Failure to adhere to the applicable law governing the prosecution of sexual assault allows decision-makers to rely on these biases, resulting in judgments distorted by gender and racial prejudice. Canadian law has rules of evidence and procedure specifically designed to restrict the admission of extraneous

evidence to protect legal deliberation from the influence of invalid assumptions and generalizations; adhering to these rules of law, related standards of judicial practice and rules of professional conduct is essential in sexual assault cases.

- **Make reporting acts of violence on reserves and in settlement communities more convenient, private and safer.**⁸⁸ This should include, among other things, adequate training, including cultural training, for all personnel working with Indigenous women who have experienced violence or abuse on privacy issues and the consequences of failing to respect confidentiality, and telephone help lines staffed by Indigenous women who can assist other Indigenous women to (discreetly) navigate the different programs and services for appropriate assistance.
- **Provide more legal education for Indigenous women on and off reserve.**⁸⁹ This could involve, for example, publishing guidelines or educational resources on the *Family Homes on Reserves and Matrimonial Interests or Rights Act*, S.C. 2013, c. 20. (Until the Act came into force, the law on matrimonial property for Indigenous women on reserves was unclear. The *Indian Act* does not include laws that apply to matrimonial real property on reserve land; as a result, women who were experiencing violence or who became widowed could lose their homes on the reserve while Indigenous women who wanted to leave violent relationships or escape unsafe situations faced poor housing options and limited choices.) Indigenous women should have access to resources that provide clarity and guidance about their legal rights following the loss of a spouse or break-up of a marriage, or when they are experiencing domestic violence.
- **Provide sufficient and stable funding to implement and evaluate community sanctions that will provide realistic alternatives to imprisonment for Indigenous people** and respond to the underlying causes of offending.⁹⁰

Prisons

- **Implement culturally sensitive programming, including for drug dependence, at all prison facilities and promote incarcerated women's access to community programs and to healing lodges.**⁹¹ Indigenous women who are not incarcerated at a healing lodge have very limited access to Indigenous-specific programming. Correctional services must meet the programming needs of Indigenous prisoners, including Indigenous women, no matter where they serve their sentences.
- **Identify and rectify barriers to the use of Section 84 of the *Corrections and Conditional Release Act*, and create and implement an action plan to encourage its use for federally sentenced women.**⁹² Section 84 provides for the release and reintegration of a prisoner into an Indigenous community, and is designed to increase the role that communities play in release planning, reintegration and supervision of Indigenous people.

- **Expand care, treatment and support services to women in detention living with or vulnerable to HIV, including by implementing prison-based needle and syringe programmes, safer tattooing programs, opioid substitution therapy, condoms and other safer sex supplies.**⁹³ In light of evidence of the substantial number of Indigenous women who report using drugs in prison, that injection drug use accounts for more than 60% of cases of HIV transmission to Indigenous women in the general population, and higher HIV prevalence among federally sentenced women than federally sentenced men (as well as higher prevalence than among women in the general population), comprehensive harm reduction programming in prison would help address the increased risk of HIV transmission among federally sentenced women who are Indigenous and use injection drugs.

Socioeconomic inequalities

- **Develop a specific and integrated plan for addressing the particular socioeconomic conditions affecting Indigenous women, both on and off reserve,** including poverty, poor health, inadequate housing, low school-completion rates, low employment rates, low income and high rates of violence, and take effective and proactive measures, including awareness-raising campaigns, to sensitize Indigenous communities about women’s human rights.⁹⁴
- **Increase funds for support measures linked to child welfare, in-home child supports, poverty-related neglect** and other issues to assist Indigenous families to meet their needs in the least disruptive way possible to the family.⁹⁵
- **Create an Indigenous Housing Strategy** that provides for safe and affordable housing for Indigenous women and girls, ensuring that these are culturally relevant, have a geographic distribution that matches the pattern of need, and include emergency shelters, second stage and third stage transitional housing.⁹⁶
- **Provide education supports for Indigenous women and girls,** including by implementing programs to reduce school dropout rates,⁹⁷ and increasing grants and removing the funding cap on the Post-Secondary Student Support Program to ensure that Indigenous women and girls have access to funding for post-secondary education.⁹⁸
- **Implement comprehensive education on healthy relationships, sexual health and safer sex for Indigenous youth,** with a focus on the empowerment of young Indigenous women.⁹⁹
- **Offer jobs and skills training and develop employment opportunities for Indigenous women.**¹⁰⁰
- **Improve access to health care,** including transportation and physical access for women in northern or remote communities.¹⁰¹

- **Address the need for culturally competent care for Indigenous people living with HIV or AIDS.**¹⁰² HIV service provision in Canada has historically been designed to accommodate the needs of gay men, pushing Indigenous people and women living with HIV to the margins of HIV service provision. While there has been an emergence of Indigenous-specific HIV service provision, Indigenous women living with HIV continue to face gender barriers to HIV service provision, some directly related to their experiences of violence.¹⁰³
- **Implement culturally appropriate programs for substance use.**¹⁰⁴

Programs and services for survivors of violence

- **Provide training to health care providers to provide care, treatment and support that is culturally appropriate and sensitive to the needs of Indigenous survivors of gender-based violence,** including how violence may affect Indigenous women's health. In particular, counselling services and service providers associated with programs for women who have experienced violence should be aware of the potential role and importance of culture and tradition in HIV-positive Indigenous women's understanding of healing.¹⁰⁵
- **Fund safe spaces,** including survivor-led shelters, transition programs and specialized services for Indigenous women who have experienced violence.¹⁰⁶
- **Fund culturally appropriate and holistic practices and strategies to manage the physical, mental, emotional and spiritual health of Indigenous women living with HIV,** including Indigenous health centres, healing ceremonies, pow wows, gatherings, smudging, and the support of Elders and spiritual leaders.¹⁰⁷
- **Integrate HIV services with services to address gender-based violence.** HIV and gender-based violence are deeply interrelated, particularly for Indigenous women. Service integration could include making both services available in the same location, presenting the services as reinforcing and complementary,¹⁰⁸ including routine screening for violence by HIV care providers, and offering culturally appropriate consultation with social workers or health care providers with expertise in both intimate partner violence and HIV.¹⁰⁹
- **Support community-based and restorative justice programs.**¹¹⁰
- **Implement the Truth and Reconciliation Commission's Calls to Action.**¹¹¹ Addressing the intergenerational trauma caused by the residential school system is crucial to improving the health and safety of Indigenous women.

Notes

¹ See, for example: Amnesty International, *Violence Against Indigenous Women and Girls in Canada: A Summary of Amnesty International's Concerns and Call to Action*, February 2014.

² The authors employed the following search terms throughout the research process: “gender-based violence and HIV”; “Indigenous women, treatment, violence and HIV”; and “HIV health care and violence against Indigenous women.” Research was conducted using various search engines, including the library databases of the University of Toronto and Osgoode Hall Law School, Google Scholar and Westlaw. Though the authors conducted an extensive search, the results did not relate specifically to the impact of gender-based violence on HIV-positive Indigenous women’s access to health care.

³ Canadian Aboriginal AIDS Network, *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.

⁴ S.J. Ship and L. Norton, “HIV/AIDS and Aboriginal Women in Canada,” *Canadian Woman Studies* 21,2 (2001): p. 25.

⁵ P. Arriagada, “First Nations, Métis and Inuit Women,” Statistics Canada, February 23, 2016.

⁶ *Ibid.*, p. 4.

⁷ *Ibid.*, p. 3.

⁸ *Ibid.*

⁹ Statistics Canada, “Aboriginal Peoples in Canada: First Nations People, Métis and Inuit,” 2013.

¹⁰ Public Health Agency of Canada, *Population-Specific HIV/AIDS Status Report: People Living with HIV/AIDS*, 2013, p. 17. The rate of new infections over a given period is also known as incidence. Prevalence answers “How many people have this disease right now?” Incidence answers “How many people per year newly acquire this disease?”

¹¹ *Ibid.*

¹² Public Health Agency of Canada, *HIV/AIDS Epi Updates: Chapter 8: HIV/AIDS among Aboriginal People in Canada*, December 2014, p. 1.

¹³ *Ibid.*, p. 6.

¹⁴ *Ibid.*

¹⁵ S. Perreault, *Criminal Victimization in Canada, 2014*, Statistics Canada, November 23, 2015, p. 17.

¹⁶ See, for example, D. A. Brownridge, “Male partner violence against Aboriginal women in Canada,” *Journal of Interpersonal Violence* 18,1 (2003): pp. 65–83; and R. Siemieniuk et al., “Domestic violence screening: prevalence and outcomes in a Canadian HIV population,” *AIDS Patient Care STDs* 24,12 (December 2010): pp. 763–770.

¹⁷ Canadian Centre for Justice Statistics, *Family Violence in Canada: A Statistical Profile, 2014*, Statistics Canada, January 21, 2016, p. 15.

- ¹⁸ Ibid.
- ¹⁹ Ibid., p. 16.
- ²⁰ Z. Miladinovic and L. Mulligan, *Homicide Canada, 2014*, Statistics Canada, November 2015, p. 13.
- ²¹ Ibid.
- ²² Ibid., p. 14.
- ²³ Ibid.
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- ²⁵ S. Perreault, *Criminal Victimization in Canada, 2014*, Statistics Canada, November 23, 2015, p. 17.
- ²⁶ *HIV/AIDS Epi Updates: Chapter 8: HIV/AIDS among Aboriginal People in Canada*, p. 2.
- ²⁷ *Criminal Victimization in Canada, 2014*, p. 12.
- ²⁸ P. Idele et al., "Epidemiology of HIV and AIDS among adolescents: Current status, inequities, and data gaps," *Journal of Acquired Immune Deficiency Syndromes* 66,2 (2014): pp. 144–153.
- ²⁹ *First Nations, Métis and Inuit Women*, pp. 15–22.
- ³⁰ Ibid, p. 15.
- ³¹ Ibid., p. 19.
- ³² Ibid., p. 22.
- ³³ K. Scrim, "Aboriginal victimization in Canada: A summary of the literature," *Victims of Crime Research Digest* 3 (2010): pp. 15–20.
- ³⁴ C. Rodrigo and S. Rajapakse, "HIV, poverty and women," *International Health* 2 (2010): pp. 9–16.
- ³⁵ Ibid., p. 10.
- ³⁶ C. Patrick, *Aboriginal Homelessness in Canada: A Literature Review*, Canadian Homelessness Research Network, 2014, p. 39.
- ³⁷ G. Goudreau, *Aboriginal Women's Initiative: Literature Review: A Review of the Literature on Intergenerational Trauma, Mental Health, Violence Against Women, Addictions and Homelessness among Aboriginal Women of the North (NOWSOPE)*, YWAC Sudbury and YWAC Canada, September 2011, p. 16.
- ³⁸ *First Nations, Métis and Inuit Women*, p. 11. Notably, Inuit girls (aged 14 and under) are the most likely to live in crowded dwellings (40%, as compared with 8% for non-Indigenous girls, 23% for First Nations girls, and 6% for Métis girls).
- ³⁹ S. Gaetz et al., *The State of Homelessness in Canada*, Canadian Homelessness Research Network, 2013, p. 26.

⁴⁰ Ibid.

⁴¹ Canadian Women's Health Network, *Women, Housing, and Health*, 212. Available via www.cwhm.ca.

⁴² S. Greene et al., "Under my umbrella': The housing experiences of HIV-positive parents who live with and care for their children in Ontario," *Archives of Women's Mental Health* 13,3 (2010): pp. 223–232.

⁴³ *HIV/AIDS Epi Updates: Chapter 8: HIV/AIDS among Aboriginal People in Canada*, p. 28.

⁴⁴ Ibid, p. 27. Note that research focused on sex work in the context of vulnerability to HIV infection among Indigenous people continues to be concentrated in British Columbia, particularly in Vancouver. Therefore, it may not be generalizable to the rest of Canada.

⁴⁵ N. Chavoshi et al., "The Cedar Project: Sexual Vulnerabilities Among Aboriginal Young People Involved in Illegal Drug Use in Two Canadian Cities," *Canadian Journal of Public Health* 103,6 (2012): pp. 413–416.

⁴⁶ Public Safety Canada, *Corrections and Conditional Release Statistical Overview, 2014*, April 2015, p. 53.

⁴⁷ Canadian Association of Elizabeth Fry Societies, *Fact Sheet: Violence Against Women and Children*, 2013, p. 7.

⁴⁸ Canadian Human Rights Commission, *Protecting Their Rights: A Systemic Review of Human Rights in Correctional Services for Federally Sentenced Women*, December 2003, p. 42.

⁴⁹ D. Zakaria et al., *Summary of Emerging Findings from the 2007 National Inmate Infectious Diseases and Risk-Behaviours Survey*, Correctional Service Canada, March 2010, p. 49.

⁵⁰ N. Poole and C. A. Dell, *Girls, Women and Substance Use*, British Columbia Centre of Excellence for Women's Health and Canadian Centre on Substance Abuse, 2005, p. 9.

⁵¹ R. A. Cormier, C. A. Dell, and N. Poole, "Women and Substance Use Problems," in M. DesMeules et al., *Women's Health Surveillance Report: A Multi-Dimensional Look at the Health of Canadian Women*, Canadian Institutes for Health Information, 2006, p. 14.

⁵² *First Nations, Métis and Inuit Women*, p. 30.

⁵³ S. Perreault, *Violent Victimization of Aboriginal People in the Canadian Provinces, 2009*, Statistics Canada, March 11, 2011, p. 9.

⁵⁴ *HIV/AIDS Epi Updates: Chapter 8: HIV/AIDS among Aboriginal People in Canada*, p. 1.

⁵⁵ See, for example, METRAC, *Women, Gender-Based Violence and HIV/AIDS*, July 17, 2014; S. Mamam et al., "The intersections of HIV and violence: Directions for future research and interventions," *Social Science and Medicine* 50,4 (2000): pp. 459–478; Shared Health Exchange, *What Puts Women at Risk? Violence against Women (VAW)*, 2014; The Center for Women's Global Leadership, *Strengthening Resistance: Confronting Violence against Women and HIV/AIDS*, 2006; T. Young and A. Katz, "Survivors of sexual abuse: Clinical, lifestyle and reproductive consequences," *Canadian Medical Association Journal* 159,4 (1998): pp. 329–334.

⁵⁶ Cedar Project Partnership, "The Cedar Project: historical trauma, sexual abuse and HIV risk among young Aboriginal people who use injection and non-injection drugs in two Canadian cities," *Social Science and Medicine* 66,11 (2008): pp. 2185–2194.

⁵⁷ R. Halseth, *Aboriginal Women in Canada: Gender, Socio-Economic Determinants of Health, and Initiatives to Close the Wellness Gap*, National Collaborating Centre for Aboriginal Health, 2013, p. 10. “Intergenerational trauma” is the transmission of historical oppression and its negative consequences across generations.

⁵⁸ See, for example: L. Orza et al., “‘Violence. Enough already’: Findings from a global participatory survey among women living with HIV,” *Journal of International AIDS Society* 18,Sup. 5 (2015): pp. 1–9; C.E. Kennedy et al., “Safer disclosure of HIV serostatus for women living with HIV who experience or fear violence: A systemic review,” *Journal of the International AIDS Society* 18,Sup. 5 (2015): pp. 1–9; M. Medjuck, “*Shackled with HIV: HIV-Positive Women’s Experiences of Gender-Based Intimate Partner Violence* (Unpublished master’s thesis, University of British Columbia, 2008); R.A.C. Siemieniuk, H.B. Krentz and M. J. Gill, “Intimate partner violence and HIV: A review,” *Current HIV/AIDS Reports* 10,4 (2013): pp. 380–389; Shared Health Exchange, *What Puts Women at Risk? Violence against Women (VAW)*, 2014; The Center for Women’s Global Leadership, *Strengthening Resistance: Confronting Violence against Women and HIV/AIDS*, 2006; R.A.C. Siemieniuk et al., “Domestic violence screening: Prevalence and outcomes in a Canadian HIV population,” *AIDS Patient Care and STDs* 24,12 (2010): pp. 763–770.

⁵⁹ Canadian Aboriginal AIDS Network (CAAN), *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.

⁶⁰ Canadian HIV/AIDS Legal Network, *Women and the Criminalization of HIV Non-Disclosure*, 2012, p. 3.

⁶¹ R. Siemieniuk et al., “The Clinical Implications of High Rates of Intimate Partner Violence Against HIV-Positive Women,” *Journal of Acquired Immune Deficiency Syndromes* 64,1 (September 1, 2013): pp. 32–38.

⁶² Canadian Aboriginal AIDS Network (CAAN), *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.

⁶³ For more recommendations, please consult these master lists: P. Feinstein and M. Pearce, *Review of Reports and Recommendations on Violence Against Indigenous Women in Canada: Master List of Report Recommendations Organized by Theme*, LEAF, February 2015. Available at <http://www.leaf.ca/wp-content/uploads/2015/02/Master-List-of-Recommendations.pdf>; NWAC, *List of Reports and Recommendations on Violence Against Indigenous Women and Girls*, 2015. Available at <https://nwac.ca/wp-content/uploads/2015/05/List-of-Reports-and-Recommendations-on-VAIWG.pdf>; NWAC and FAFIA, *The National Inquiry on Murders and Disappearances of Indigenous Women and Girls: Recommendations from the Symposium on Planning for Change – Towards a National Inquiry and an Effective National Action Plan*, February 2016. Available at https://nwac.ca/wp-content/uploads/2016/02/NWAC-FAFIAsymposium_22recommendations_2016_EN.pdf.

⁶⁴ These recommendations were consistently raised in the key resources, and either aimed at reducing violence/HIV infection/stigma or meant to address one or more of the social, cultural and economic factors beginning on p. 5.

⁶⁵ B. Adam et al., *How Criminalization is Affecting People Living with HIV in Ontario*, Ontario HIV Treatment Network, 2012.

⁶⁶ S. Patterson et al., “The impact of criminalization of HIV non-disclosure on the healthcare engagement of women living with HIV in Canada: a comprehensive review of the evidence,” *Journal of the International AIDS Society* 18 (2015):20572.

⁶⁷ Canadian HIV/AIDS Legal Network, *Women and the Criminalization of HIV Non-Disclosure*, 2012.

⁶⁸ UNAIDS, *Guidance Note: Services for Sex Workers*, 2014: p. 3.

⁶⁹ K. Shannon et al., “Global Epidemiology of HIV among Female Sex Workers: Influence of Structural Determinants,” *The Lancet* 385,9962 (January 3, 2015): pp. 55–71.

⁷⁰ See, for example, “Public health and international drug policy,” *The Lancet* 387,10026.

⁷¹ UNAIDS, *A Public Health and Rights Approach to Drugs*, 2015, p.1. See also: UNAIDS, *Do No Harm: Health, Human Rights and People Who Use Drugs*, April 15, 2016.

⁷² T. Byrne and W. Abbott, *Stopping Violence Against Aboriginal Women: A Summary of Root Causes, Vulnerabilities and Recommendations from Key Literature*, Knowledge and Information Services, Ministry of Citizens’ Services, February 23, 2011, p. 34.

⁷³ See, for example: Amnesty International, *Violence against Indigenous Women and Girls in Canada: A Summary of Amnesty International’s Concerns and Call to Action*, February 2014, p. 7.

⁷⁴ See, for example: Assembly of First Nations, *A National Action Plan to End Violence against Indigenous Women and Girls: Updated Draft – For Full Discussion & Input*, July 2013, p. 16; Inter-American Commission on Human Rights, *Missing and Murdered Indigenous Women in British Columbia, Canada*, OEA/Ser.L/V/II, Doc. 30/14, December 21, 2014, p. 124.

⁷⁵ NWAC, *What Their Stories Tell Us: Research Findings from the Sisters in Spirit Initiative*, 2010, p. 38.

⁷⁶ M. Rhoad, *Those Who Take Us Away: Abusive Policing and Failures in Protection of Indigenous Women and Girls in Northern British Columbia, Canada*, Human Rights Watch, 2013.

⁷⁷ See, for example, J. Csete et al., “Public health and international drug policy.”

⁷⁸ See, for example, *Violence against Indigenous Women and Girls in Canada: A Summary of Amnesty International’s Concerns and Call to Action*, pp. 4–5.

⁷⁹ Committee on the Elimination of Discrimination against Women, *Concluding observations on the combined eighth and ninth periodic reports of Canada*, CEDAW/C/CAN/CO/8-9, 2016.

⁸⁰ See, for example: M. Buckley, *Towards More Effective Missing Women Investigations: Police Relationships with Victims’ Families, the Community and the Media*, Missing Women Commission of Inquiry, March 2012; M. Laanela, “First Nations demand more search and rescue support,” *CBC News*, October 29, 2015.

⁸¹ K. Born et al., “Teaching wilderness first aid in a remote First Nations community: The story of the Sachigo Lake wilderness emergency response education initiative,” *International Journal of Circumpolar Health* 71 (2012).

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⁸³ See, for example, BC Association of Aboriginal Friendship Centres, *End Violence: BC Friendship Centres Action Plan to End Violence against Aboriginal Women and Girls*, 2014, p. 14.

⁸⁴ See, for example, NWAC, *Voices of Our Sisters in Spirit: A Report to Family and Communities*, p. 98.

⁸⁵ Committee on the Elimination of Discrimination against Women, *Concluding observations on the combined eighth and ninth periodic reports of Canada*, CEDAW/C/CAN/CO/8-9, 2016.

⁸⁶ Canadian Forum on Civil Justice, *Rural & Remote Access to Justice: A Literature Review*, Rural and Remote Access to Justice Boldness Project, November 2015, pp. 42–43.

⁸⁷ See, for example, L. Vandervort, “Lawful subversion of the criminal justice process? Judicial, prosecutorial, and policy discretion in *Edmondson, Kindrat, and Brown*,” in E. A. Sheehy (ed.), *Sexual Assault in Canada: Law, Legal Practice and Women’s Activism* (Ottawa: University of Ottawa Press, 2012), p. 111–150. The three cases discussed in this chapter involved three non-Indigenous men accused of sexually assaulting a twelve-year-old Indigenous girl.

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⁸⁹ See, for example, *Missing and Murdered Indigenous Women in British Columbia, Canada*, p. 124.

⁹⁰ Truth and Reconciliation Commission of Canada: Calls to Action, 2015.
[http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls to Action English2.pdf](http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls%20to%20Action%20English2.pdf)

⁹¹ See, for example, Canadian Human Rights Commission, *Protecting Their Rights: A Systemic Review of Human Rights in Correctional Services for Federally Sentenced Women*, December 2003; M. Wesley, *Marginalized: The Aboriginal Women’s Experience in Federal Corrections*, Aboriginal Peoples Collection, Aboriginal Corrections Policy Unit, Public Safety Canada, 2012; The Honourable Louise Arbour, *Commission of Inquiry into Certain Events at the Prison for Women in Kingston*, 1996; and Committee on the Elimination of Discrimination against Women, *Concluding observations on the combined eighth and ninth periodic reports of Canada*, CEDAW/C/CAN/CO/8-9, 2016.

⁹² Canadian Human Rights Commission, *Protecting Their Rights: A Systemic Review of Human Rights in Correctional Services for Federally Sentenced Women*, December 2003.

⁹³ See, for example, Canadian HIV/AIDS Legal Network, *On Point: Recommendations for Prison-Based Needle and Syringe Exchange Programs in Canada*, February 2016; and Committee on the Elimination of Discrimination against Women, *Concluding observations on the combined eighth and ninth periodic reports of Canada*, CEDAW/C/CAN/CO/8-9, 2016.

⁹⁴ Committee on the Elimination of Discrimination against Women, *Concluding observations on the combined eighth and ninth periodic reports of Canada*, CEDAW/C/CAN/CO/8-9, 2016.

⁹⁵ See, for example, *Voices of Our Sisters in Spirit: A Report to Families and Communities*, pp. 102–103.

⁹⁶ See, for example, *Stopping Violence Against Aboriginal Women: A Summary of Root Causes, Vulnerabilities and Recommendations from Key Literature*, p. 34; *Voices of Our Sisters in Spirit: A Report to Families and Communities*, pp. 100–101.

⁹⁷ See, for example, *Violence against Indigenous Women and Girls in Canada: A Summary of Amnesty International’s Concerns and Call to Action*, pp. 6-7.

⁹⁸ Committee on the Elimination of Discrimination against Women, *Concluding observations on the combined eighth and ninth periodic reports of Canada*, CEDAW/C/CAN/CO/8-9, 2016.

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¹⁰⁰ See, for example, Special Committee on Violence against Indigenous Women, *Invisible Women: A Call to Action: A Report on Missing and Murdered Indigenous Women in Canada*, 41st parliament, 2nd session, March 2014, p. 43.

¹⁰¹ See, for example, C. Varcoe and S. Dick, "The intersecting risks of violence and HIV for rural Aboriginal women in a neo-colonial Canadian context," *Journal of Aboriginal Health* 4,1 (2008): pp. 42–52.

¹⁰² See, for example, CAAN, "*Relational Care*": *A Guide to Health Care and Support for Aboriginal People Living with HIV/AIDS, Final Report 2008*, 2008.

¹⁰³ CAAN, *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.

¹⁰⁴ See, for example, *Stopping Violence Against Aboriginal Women: A Summary of Root Causes, Vulnerabilities and Recommendations from Key Literature*, p. 41.

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¹⁰⁷ *Our search for safe spaces: A qualitative study of the role of sexual violence in the lives of Aboriginal women living with HIV/AIDS*.

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¹¹¹ Truth and Reconciliation Commission of Canada, *Honouring the Truth, Reconciling for the Future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada*, 2015.