



SHAWNA

Sexual Health and HIV/AIDS:
Women's Longitudinal Needs Assessment

WINTER 2016/17

After more than six months of consultation with community, research, and policy experts on research priorities, SHAWNA officially launched in mid-2015.

Since launching,

- close to **300 women living with HIV** (trans-inclusive) have enrolled
- more than **640 interviews** (two to four per person) have been completed by community/peer research associates, with a clinical visit facilitated by a sexual health research nurse to support education, support, referral, and linkage to care
- over **60 in-depth, qualitative interviews** have been completed by peer research associates
- we have held **2 photovoice series** co-facilitated by peer research associates with our Positive Women's Advisory Board (hosted at Positive Women's Network) and the Afro-Canadian Positive Network of BC
- peer research associates and sexual health nurses have done outreach to over **300 spaces** across Metro Vancouver

ABOUT THE SHAWNA PROJECT

SHAWNA is a five-year community-based research project led by the Gender and Sexual Health Initiative in partnership with women living with HIV, community, and legal and policy experts. The project focuses on the social, policy, legal, gender and geographic gaps in women's sexual health and HIV care.

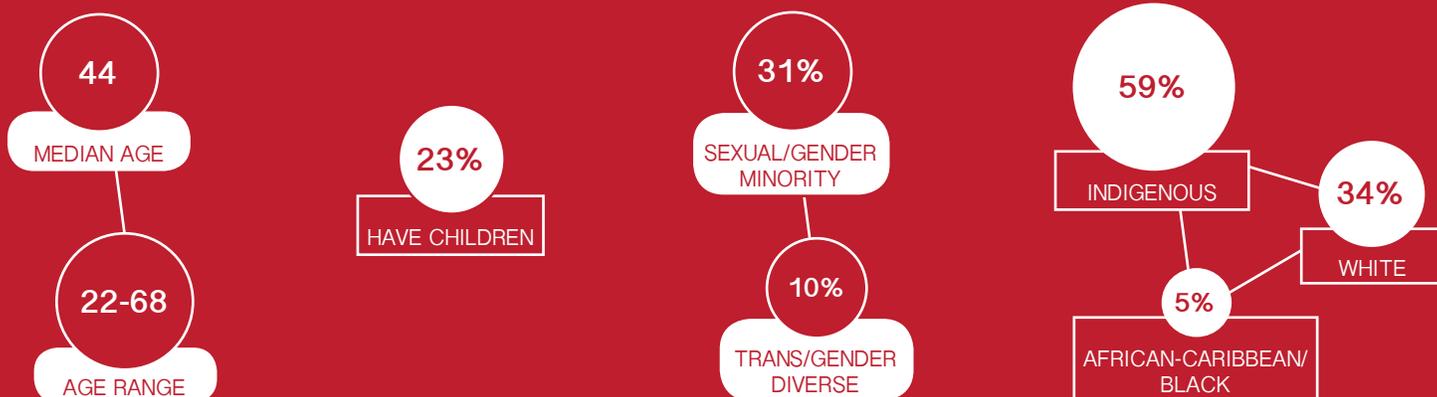
We are committed to GIWA/MIWA principles, which means ensuring the lived experiences of women and trans persons living with HIV are meaningfully included in all stages of research, including identifying research priorities, conducting community outreach and presentations, conducting survey and qualitative interviews, and co-authoring and sharing results.

We continue to seek guidance on new questions and bring back results to our Positive Women's Advisory Board, which meets on a quarterly basis, as well as our Community Advisory Board, which meets semi-annually.

All our work is grounded in action-based research: We want to make sure research and lived experiences directly improve the sexual health and HIV care policies and practices for women and trans persons living with HIV.

SHAWNA PARTICIPANTS

Women living with HIV (trans-inclusive) can participate in SHAWNA if they are 14 years of age or older and reside in Metro Vancouver or travel to Metro Vancouver to access HIV care services.



PHOTOVOICE PROJECT

Photovoice involves the use of photographs to tell stories and share real-life experiences. SHAWNA is using this arts-based approach to explore the issue of HIV non-disclosure criminalization with women living with HIV. The first photovoice series took place with the Positive Women's Advisory Board and members of the Afro-Canadian Positive Network of BC. Each series includes six workshops, co-facilitated by peer research associates. Working with the Canadian Aboriginal AIDS Network, YouthCO, Oak Tree Clinic, and Positive Women's Network, we are planning two more series with Indigenous and youth voices.

PHOTOVOICE GOALS

- 1 enable people to record and reflect on community strengths and concerns,
- 2 encourage knowledge uptake through group discussion of photos, and
- 3 reach policymakers.



A collage made as part of the Photovoice project.

RECENT HIGHLIGHTS

JAIL/PRISON EXPERIENCE & HIV CARE

How does time in jail/prison impact women's HIV health outcomes?

Interviewing close to 300 women living with HIV, the SHAWNA team looked at the effect of time in jail/prison on women's HIV care.

Viral load is the amount of HIV in a person's blood. Taking HIV medication can lower the amount of virus, helping improve a person's health.

- The majority (76%) of women living with HIV had been in jail/prison at some point in their lifetime, with 16% incarcerated at follow-up.
- While the majority (83%) were on HIV medication, just over half (65%) had undetectable (fewer than 40 copies/mL) viral loads over the follow-up period.
- Even after considering other factors that may affect viral load (e.g., age, drug use, homelessness), recent incarceration was the strongest factor linked to not having a suppressed viral load. Adherence partially explained this.

Results suggest an urgent need to scale up supports for women living with HIV within and after release from jail/prison. The SHAWNA team is working with community partners (Oak Tree, UBC prison research, Positive Women's Network, First Nations Health Authority) to look at ways to expand services and supports.

M. Erickson, N. Pick, P. Chamboko, F. Ranville, M. Braschel, M. Kestler, K. Friesen, A. Krüsi, J. S. Montaner, K. Shannon, on behalf of the SHAWNA project.

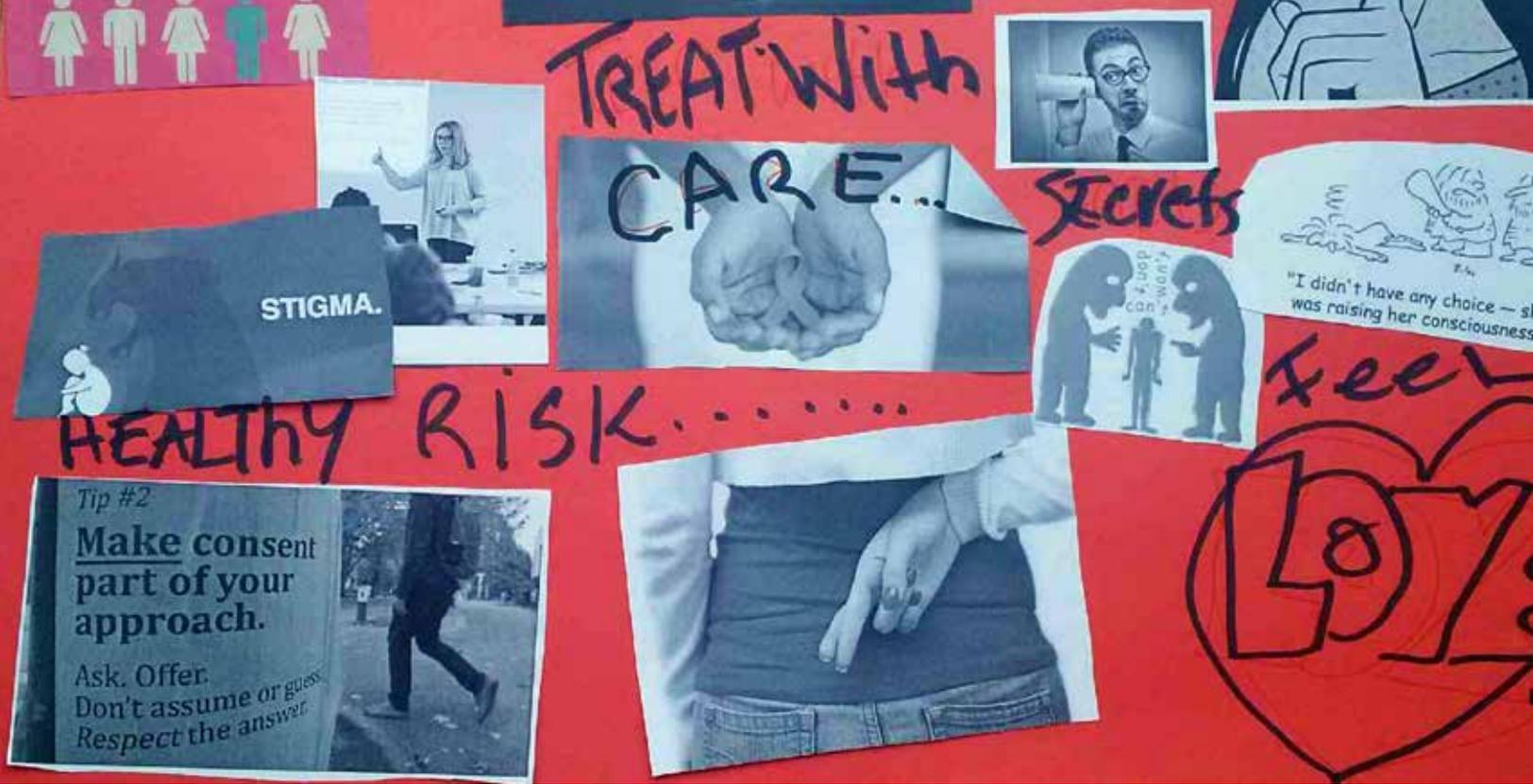
STIGMA AND DISCRIMINATION & WOMEN AND TWO-SPIRIT PEOPLE

Why do women (trans and cisgender) and two-spirit people living with HIV continue to face difficulties accessing treatment and care? An analysis of 56 interviews revealed the challenges they face.

- Before their HIV+ diagnosis, many participants already experienced discrimination due to factors such as race, class, gender, and disability.
- Living with HIV worsened the discrimination due to stigma and the criminalization of HIV non-disclosure.
- Many participants described experiences of stigma and discrimination when accessing services based on HIV+ status, gender, race, class, disability, drug use, and other factors.

Because women and two-spirit people living with HIV encounter significant barriers to accessing treatment and care, only emphasizing an individual's responsibility for health outcomes is not helpful. Inequalities must be addressed directly through affordable housing options, increased disability benefits, women- and Indigenous-centred care options, and targeted anti-stigma programs.

P. Matthen, A. Krüsi, K. Czyzewski, F. Ranville, L. Gurney, K. Shannon, on behalf of the SHAWNA project.



A collage made as part of the Photovoice project.

Women's Voices

“ I was sweating profusely [in the hospital], and they thought I was doped out, and here I had a kidney infection and I had almost died the day after they kicked me out.”

“ The doctor said, ‘You have to disclose’, but ... I’m undetectable. I’m not going to spread it.... I feel like we’re criminals, and on a health issue. That’s wrong.”

“ I’ve been raped recently ... in my own home.... I didn’t report it. I couldn’t. Halfway through the date, he just asked, ‘Are you positive?’ I’m like, so how do I answer that? ... And it just went wrong.”

NON-VOLUNTARY HIV DISCLOSURE & GENDER-BASED VIOLENCE

Does non-voluntary HIV disclosure affect experiences of violence among women living with HIV? Given ongoing HIV non-disclosure criminalization and stigma, the SHAWNA team looked at experiences of HIV+ outing without consent (e.g., by health providers, housing residents or staff, ex-partners, police, prison staff) among close to 300 women.

Forced or non-voluntary HIV disclosure occurs when a person’s HIV+ status is shared without their consent.

- Half of women living with HIV have had their HIV+ status disclosed without consent.
- One-third have experienced violence due to their HIV+ status.
- Women who had their HIV+ status disclosed without consent were 5 times more likely to experience HIV-related violence.

Though often framed as an effort to protect women, Canada’s HIV non-disclosure laws may increase the risks of gender-based violence for women living with HIV. Canada needs to move away from criminalization, implement trauma-informed HIV care, and work to reduce stigma and gender-based violence.

D. Barreto, A. Krüsi, F. Ranville, H. Safford, S. Pooyak, M. Braschel, M. Kestler, J. Shoveller, K. Shannon, on behalf of the SHAWNA project.



Members of the Positive Women's Advisory Board and Gender and Sexual Health Initiative staff at a recent meeting hosted by YouthCO.

If you are interested in participating in the SHAWNA project or would like more information, please contact us:

778-945-0899

604-569-3701

shawna@cfenet.ubc.ca

www.gshi.cfenet.ubc.ca/shawna



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THANK YOU TO THE POSITIVE WOMEN'S ADVISORY BOARD,
COMMUNITY ADVISORY BOARD, AND COMMUNITY PARTNERS!

