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Addressing Historical Trauma: The Struggle of Native American Women Against HIV/ AIDS

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Native American women are experiencing growing rates of HIV and remain one of the most at-risk populations in the country. With two important events taking place in March (National Women & Girls HIV Awareness Day on March 10, and [National Native HIV/AIDS Awareness Day](#) on March 20) the National Native American AIDS Prevention Center (NNAAPC) describes these risks as well as a culturally-responsive intervention underway to help Native women reduce their risk of HIV infection.

There was a time when women in Native American cultures were highly revered. They held positions of political, social, military, and spiritual leadership. They held property and managed their communities' resources. They were responsible for the health and well-being of the family, tribe and community. They were prominent, powerful, and sacred. Their communities valued them as such; more importantly, Native women valued themselves in the same way.

Today, however, Native American communities continue to suffer the long-standing effects of historical trauma associated with the virtual obliteration of their cultures. The current health system, provided by the Indian Health Service, is flawed and underfunded. Because nearly 67% of Native Americans live in urban areas away from home reservations and cannot access IHS services, they are often under-insured or completely uninsured. Exacerbating this problem are the persistent anxiety and mistrust stemming from the often embattled relations between Native nations and the U.S. government. Additionally, some researchers assert that historical influences are direct contributors to the current social and health problems found in American Indian populations. They link high rates of suicide, substance abuse, mental illness, domestic violence and other ills to unresolved grief.

As a result, the sacred value and special roles of Native women have been lost in many tribal communities. Many Native women have a lower status economically, educationally and socially. This degradation impacts every facet of their lives, particularly their health. The shift has put Native women at greater risk for HIV infection.

Statistics are telling.

Overall, Native Americans (American Indian, Alaska Natives, and Native Hawaiians), like other minority communities, experience a significant HIV/AIDS disparity. Native Hawaiians and American Indians/Alaska Natives have the third and fourth highest rates of new HIV infections, respectively. Among those living with AIDS, American Indians and Alaska Natives have the shortest survival rate following diagnosis, followed by Native Hawaiians.

Native women are particularly vulnerable for HIV infection. As is true for most women, the majority of infections occur as a result of heterosexual sex; in the case of Native women, the figure is estimated at 66%. Women have unique vulnerabilities to [HIV transmission](#) due to biological and anatomical make-up, and having untreated sexually transmitted infections (STIs) makes them more vulnerable to HIV infection. This risk is

compounded for Native women due to the high occurrences of domestic violence and sexual assault they face. Condom negotiation and other protective actions may be impossible for women in violent relationships.

Additionally, the percentage of HIV infection related to injection drug use is **32% -- the highest of all racial and ethnic groups**. This is probably the most disturbing trend for Native women and one which is most linked to historical trauma: many women are forced into intolerable situations and often into unhealthy life choices.

Despite growing numbers of HIV cases among adults, the Native community has seen success protecting its children. Last year, in its annual HIV/AIDS surveillance report, the Centers for Disease Control and Prevention (CDC) states that from 2005-2008 only three Native children under the age of 13 had been diagnosed with HIV, and no Native children were diagnosed with AIDS. Another bright spot is in the area of prenatal transmission, which is nearly zero in the Native community, thanks to prenatal HIV screenings and the use of antiretroviral drugs. Indian Health Services reports the percentage of expectant mothers receiving prenatal HIV screenings grew from 54% in 2005 to 82% in 2009.

To reduce the risk of HIV infection in Native women, the National Native American Prevention Center (NNAAPC) is focusing on helping Native women reclaim a sense of identity and power. Through grants from the Office on Women's Health, NNAAPC is partnering with organizations throughout the country to implement *Native Women Speaking: Keeping Our Communities and Ourselves Strong*.

Native Women Speaking uses culturally and gender-responsive approaches to facilitate behavior change and risk reduction by engaging Native women in a discussion of the conditions that affect their risk-taking behaviors, such as discrimination, substance abuse, cultural oppression and historical trauma. It is structured to help participants reclaim a sense of pride in their identities as Native women. Participants create a framework based in cultural and spiritual traditions that promotes holistic balance in their lives and helps them set a realistic HIV risk reduction goal.

Feedback on the program so far has been extremely positive. As Native women engage with one another and continue the learning process to reduce their risk of HIV/AIDS, they address a deeply-rooted generational transference of grief, which affects their health even today.

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