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Research article

Abuse of power in relationships and sexual health

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ABSTRACT

STI rates are high for First Nations in Canada and the United States. Our objective was to understand the context, issues, and beliefs around high STI rates from a *nêhiyaw* (Cree) perspective. Twenty-two in-depth interviews were conducted with 25 community participants between March 1, 2011 and May 15, 2011. Interviews were conducted by community researchers and grounded in the Cree values of relationship, sharing, personal agency and relational accountability. A diverse purposive snowball sample of community members were asked why they thought STI rates were high for the community. The remainder of the interview was unstructured, and supported by the interviewer through probes and sharing in a conversational style. Modified grounded theory was used to analyze the narratives and develop a theory. The main finding from the interviews was that abuse of power in relationships causes physical, mental, emotional and spiritual wounds that disrupt the medicine wheel. Wounded individuals seek medicine to stop suffering and find healing. Many numb suffering by accessing temporary medicines (sex, drugs and alcohol) or permanent medicines (suicide). These medicines increase the risk of STIs. Some seek healing by participating in ceremony and restoring relationships with self, others, Spirit/religion, traditional knowledge and traditional teachings. These medicines decrease the risk of STIs. Younger female participants explained how casual relationships are safer than committed monogamous relationships. Resolving abuse of power in relationships should lead to improvements in STI rates and sexual health.

1. Introduction

Many Indigenous nations share a holistic Indigenous knowledge tradition, which supports sophisticated social, cultural, spiritual, political, and economic mechanisms and processes to sustain healthy human, natural, and spiritual relations (i.e. relations with beings in the physical and spiritual realms). In the last several generations, these processes have been interrupted by enforced legislative and social change (Bombay, Matheson, & Anisman, 2014; Canada, 1996, 2012; Ross, 2014).

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In that same period, Indigenous nations have experienced disparities in many social and health indicators (Adelson, 2005), including disproportionately high rates of human immunodeficiency virus (HIV) (Newman, Woodford, & Logie, 2012; Shea et al., 2011) and other sexually transmitted infections (STIs) (de Ravello, Everett Jones, Tulloch, Taylor, & Doshi, 2014; Eitle, Greene, & Eitle, 2015; Kaufman et al., 2007; Minichiello, Rahman, & Hussain, 2013; Winscott, Taylor, & Kenney, 2010).

HIV rates reported for Indigenous peoples in Canada are higher than those reported for Indigenous peoples in Australia and New Zealand (Shea et al., 2011). Within Canada, HIV rates reported for First Nations are higher than those reported for the general population (Archibald, Sutherland, Geduld, Sutherland, & Yan, 2003; Duncan et al., 2011; Spittal et al., 2007). The majority of reported HIV cases among First Nations are women (Cedar Project, Mehrabadi, et al., 2008; Shea et al., 2011), while the majority of reported HIV cases among the general population are men. These gender differences reflect differences in the HIV epidemic, which predominantly affects heterosexual and intravenous drug user subpopulations (Duncan et al., 2011) for First Nations and men-who-have-sex-with-men for the general population. The differences in affected populations suggest that gender and culture specific interventions are needed to prevent the HIV epidemic from widening (Shea et al., 2011).

Little was known about the HIV situation for the Saddle Lake Cree Nation, an Indigenous community in Alberta, Canada, with high rates of STIs, teen pregnancy, drug use, and gang activity; factors indicating vulnerability to rapid spread of HIV. In 2009, the Health Director for Saddle Lake formed our research team. Our objective was to understand the context, issues, and beliefs around high STI rates from a *nêhiyaw* (meaning Cree, in Cree) perspective. We used Indigenous methodology (Kovach, 2009; Wilson, 2008) grounded in *nehiyaw* epistemology (Kovach, 2009) that everyone and everything is related. Our intention was to use the results to inform community-based HIV prevention interventions centered around restoring balance to sexual health.

2. Methods

2.1. Design

This qualitative study used in-depth interviews to explore why STI rates were high in the community.

2.2. Theoretical framework

We used grounded theory (Charmaz, 2014) informed by one of the core principles of *nêhiyaw* Natural Law – *wahkohtowin*. *wahkohtowin* means everything – flying beings, swimming being, standing beings, still beings, four-leggeds and two-leggeds – is related (BearPaw Legal Education and Resource Centre, 2004). *nêhiyaw* believe individuals, communities and societies, ecologies and environments are all interrelated, interdependent and connected and therefore healthier following the teachings of *wahkohtowin*. The medicine wheel (Dapice, 2006) is a pan-First Nations model of *wahkohtowin* and provides direction on how to live a healthy life (Fig. 1). The medicine wheel represents how an individual has four aspects of self that are developed while passing through four stages of life. Physical and spiritual are opposite along the same axis as are mental and emotional as these aspects balance each other. These aspects touch each other at the center of the circle to show that all aspects come together to one. Clockwise movement around the wheel, starting in the east, shows: (1) the flow through the various stages of life from child to elder, (2) the flow of relationships, responsibility, and knowledge between people for each stage of life, and (3) the aspects and values being most actively developed at a given stage of life. It is believed that if a stage is missed or skipped in the sequence, the individual must go back later in life and live through that developmental stage.

The research team used the teachings of *wahkohtowin* and the medicine wheel as reminders that: everything is related; sexual health should be considered from physical, mental, emotional and spiritual perspectives; sexual health means taking care of one's body, mind, and spirit and being wise about with whom we share ourselves intimately; sexual relations is about the people we have sex with and those power dynamics; STIs are but one indicator of the health of our sexual relations and our sexual selves; and finally, understanding, restoring and maintaining sexual health requires a holistic life-course approach. In these ways, *wahkohtowin* and the medicine wheel were used to inform participant recruitment, interview conversation and probes, data analysis and interpretation of the results.

2.3. Setting

onihcikiskowapowin, meaning "shadow on the lake", is also known as the Saddle Lake Cree Nation, and is located in Treaty 6 region in Alberta. Saddle Lake is one of the larger First Nations communities in Canada with 9474 registered band members in July 2011 and 6026 members living on reserve (Indian and Northern Affairs Canada). The original language is Plains Cree, Y dialect. Data collected for this project are owned by the Saddle Lake community and stewarded by the University of Toronto in accordance with principles of Indigenous community ownership, control, access and possession (OCAP; http://fnigc.ca/ocap.html accessed May 31, 2016). Ethical review was conducted and maintained with both Blue Quills First Nations College and the University of Toronto.

A band council resolution was passed in 2009 approving collaboration between Saddle Lake Cree Nation and the University of Toronto. Our research team comprised Cree community members (also referred to as community partners), some of whom worked at the health center on-reserve or the local First Nations College or were otherwise employed in/around the