"I GUESS SHE JUST NEEDS TO DO HER HOMEWORK...": HIV-POSITIVE MOTHERS’ INTERACTIONS WITH CHILD PROTECTION SERVICES ACROSS ONTARIO

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CONFLICT OF INTEREST

None to declare.
Historically, research and practice related to child protection and HIV has focused on guardianship planning and child placement (Andrews et al., 1993; Hutchinson & Ingram, 2000).

Recent research on the perspectives of HIV-positive mothers from ACB communities indicates: (Greene et al., 2010)

- Child protection services are feared
- HIV-positive mothers believe their interactions with child protection services will be negative/not supportive

More research is needed on the experiences and needs of Aboriginal and non-Aboriginal families affected by HIV and child protection service involvement.
The HIV Mothering Study: observational mixed methods study exploring the psychosocial experiences and needs of HIV-positive mothers across Ontario.

Participants continue to be enrolled in pregnancy (3rd trimester) and followed to 12 months post partum.

This presentation will focus on the qualitative component: narrative interviews with HIV-positive pregnant women.

In particular, 46 women were interviewed from March 2011 to July 2012.
Participants were asked to share their stories and experiences of pregnancy.  
29% had contact with CAS  
Interviews were recorded and transcribed verbatim.  
Narratives regarding experiences with child protection services emerged as a significant theme.  
Reflexive narrative analysis was used to understand HIV-positive mothers’ interactions with child protection services.
“I would not expose my status to CAS because that’s the last thing I would want because a CAS record stays longer with you than a friggin’ criminal record.”
TANIA’S STORY

“I felt really discriminated against and in my trial they kept bringing up my health status, HIV, HIV, HIV, it’s just there, I notice. I cannot put it into words how I have been treated differently, but there’s a big difference.”
“I’m not ready to give up on her and they’re [CAS] basically, like, telling me because of what I have, my HIV, to worry about that...not to worry about her [daughter in care], I’m like, you can’t say something like that to a mother.”
HIV-positive mothers from Aboriginal communities are affected by:

- Colonization
- Legacy of residential school system
- Intergenerational trauma

Colonization and racism in Canada:

- Fuels HIV risk behaviours among Aboriginal groups (McKeown et al, 2004)
- Environments of loss and absence for PAW (family, home, security, education, etc.)
METHODS & PARTICIPANTS: FAMILIES, HIV & HOUSING STUDY

- Retreat held in September 2011 by the Families, HIV & Housing Study and Oahas
- Participants: 7 Positive Aboriginal Women from across Ontario
The facilitator introduces the theme

Everyone sits in a circle and a feather is used to give someone the floor

Out of respect, no one speaks while another person talks at all

Each person is given a turn.

A second round gives facilitators opportunity to ask individuals to expand on a theme
Child protection service involvement was a significant theme raised by Positive Aboriginal Women who attended the retreat:

- 100% had contact with child protection services
- A couple of the women actually requested that we talk about this issue, and all the women agreed
“It’s almost like the same thing with my grandson. I had to really struggle and fight CAS for me to have him... on top of that me being HIV-positive and Children’s Aid thought I wasn’t capable looking after him...they thought they could just, like, shush me away because I’m positive and they think I’m not capable...I know where my rights stand because of my grandson, because I won...I have to fight for him, though, because they wanted to take him away from me for the longest time”
“I’ve been fighting with CAS since my daughter was 2...about the time that I was diagnosed...I was told if because you are Aboriginal you can ask for an Aboriginal worker. Well it doesn’t matter if it’s a White CAS worker or an Aboriginal worker, you still get treated like shit. I think they are really uneducated when it comes to HIV ‘cause I’ve had one even say if you can’t even look after yourself how can you look after a teenager...I just really wish they would get educated more on HIV and Hep C because they still discriminate whether you’re doing a good job as a parent or not. They just can’t get past those viruses or the illnesses and I think there needs to be a lot of changes and a lot of work there...Some of us are lucky enough to have family that support us, you know, and when you take away parts of our family you are taking away parts of our heart basically, that’s how it feels to me when I’m not around my daughter and I just feel they need sensitivity training.”
HIV-positive mothers...

- Perceive HIV-related stigma and experience discrimination from child protection workers
- Highlight the need for child protection workers to have more education and training about HIV (specifically around privacy, confidentiality and disclosure)
- Are strong, resilient and will fight for their children and families
RECOMMENDATIONS: REDEFINING PRACTICES AND POLICIES

- Develop and implement education and training for child protection agencies:
  + Evolution of HIV to a chronic, manageable condition for many HIV-positive mothers
  + Understand the historical relationship Aboriginal families have with child protection services – contextualize with HIV
  + Understand the role child protection services can have to support or exacerbate the experiences of HIV affected families

- Develop child protection policies:
  + HIV is never in itself a child protection issue
  + Promote collaborative and supportive partnerships with HIV-affected families
RECOMMENDATIONS: RECONCEPTUALIZING POSITIVE MOTHERING

- Shift our language and perspectives of HIV-positive mothers and families
  - From: problem-focused, punitive, “placing” children
  - To: strengths-based, “supporting” HIV-affected families

- Consult HIV-positive mothers and HIV-affected families!
  - Ensure their voices are heard, valued and acknowledged in policies and programming
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  + All Co-Investigators
  + All Clinical Site Coordinators

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