

PHOTOVOICE FOR HEALTHY RELATIONSHIPS: COMMUNITY-BASED PARTICIPATORY HIV PREVENTION IN A RURAL AMERICAN INDIAN COMMUNITY

Susan F. Markus, MS, LPC

Abstract: This article provides an example of a culturally responsive, community-based project for addressing social determinants of health in rural American Indian (AI) communities through: 1) empowering youth and community voices to set directions for HIV, sexually transmitted infections, and unintended pregnancy prevention and education efforts; 2) using Photovoice to promote healthy relationships among AI youth; 3) using the socioecological model (Centers for Disease Control and Prevention, 2004; 2011) as a framework for organizing the creation and subsequent sharing of Photovoice messages from individual empowerment, to relationships, communities, institutions, and general society; and 4) framing analysis of Photovoice projects in alignment with Bell's (2010) model of storytelling for social justice that connects narrative and the arts in anti-racist teaching. A discussion on future steps and recommendations for future research is provided.

The Wind River UNITY Photovoice for Healthy Relationships project is a participatory action research project of The Wyoming Health Council and the Wind River UNITY youth council that began in 2010 with the development of Photovoice stories, and continues with sharing of the stories for prevention and education purposes. The project is funded by the Wyoming Department of Health HIV Prevention Program and a mini-grant from the Region VIII Office on Women's Health. Photovoice consultation has been provided by Dr. Kent Becker, Professor of Counselor Education at the University of Wyoming College of Education. The Wyoming Health Council is a private, nonprofit organization committed to providing access to reproductive health supplies, services, and education in Wyoming. The participant co-researchers are a group of 18- and 19-year-old American Indian (AI) members of Wind River UNITY (United National Indian Tribal Youth) in Wyoming.

Wind River UNITY is part of a national organization that empowers AI youth to be leaders in their communities by educating about and supporting healthy lifestyles, heritage, the environment, and community service. In this project, young AI UNITY members engaged in storytelling through photography and written narratives and, in turn, are sharing their stories for disease prevention and health promotion with their peers and community members. Their perspectives illuminate powerful, poignant, hopeful, clear paths to preventing HIV, sexually transmitted infections (STIs), and unintended pregnancy.

This article provides information about 1) amplifying voices of community members to set directions for community-based prevention of HIV, STIs, unintended pregnancy, and related risks on the Wind River Indian Reservation in Wyoming; 2) how the Wind River UNITY Photovoice for Healthy Relationships project was carried out; 3) emergent themes of the project within Bell's (2010) framework of *Storytelling for Social Justice*; 4) how the project is used in education about healthy relationships in culturally responsive prevention of HIV, STIs, and unintended pregnancy; and 5) lessons learned and future directions.

GUIDING FRAMEWORKS

The overarching focus of the Wind River Photovoice for Healthy Relationships project is twofold: First, we set out to empower young AI people to learn about the role of healthy relationships in the prevention of HIV, STIs and unintended pregnancy by participating in a Photovoice project that helped them explore their own experiences with healthy relationships. Second, we envisioned sharing the Photovoice stories with other youth, as well as with parents and others who influence youth, community members, and society at large to emphasize the importance of integrating cultural responsiveness in all health promotion and disease prevention activities. With knowledge about health disparities among marginalized populations driving the need for this work, we hoped to highlight and address disparities in HIV, STI, and unintended pregnancy rates among young AI people in Wyoming. Thus, we framed our work within the perspectives of public health and social justice.

Public Health Frameworks

We used public health frameworks provided by the Centers for Disease Control and Prevention (CDC) and the World Health Organization to conceptualize and facilitate the project. First, we focused on addressing social determinants of health (CDC, 2008; Commission on Social Determinants of Health, 2008); second, we focused on mobilizing the project within the socioecological model of disease prevention and health promotion (CDC, 2004; 2011).

Social Determinants of Health

Reducing health disparities is a key focus of the National Center for HIV, STD and TB Prevention (CDC, 2008). Health disparities are intricately connected to social determinants of health (CDC, 2008; Commission on Social Determinants of Health, 2008), and social justice is key to reducing these disparities. Indeed, the Commission on Social Determinants of Health (2008) states:

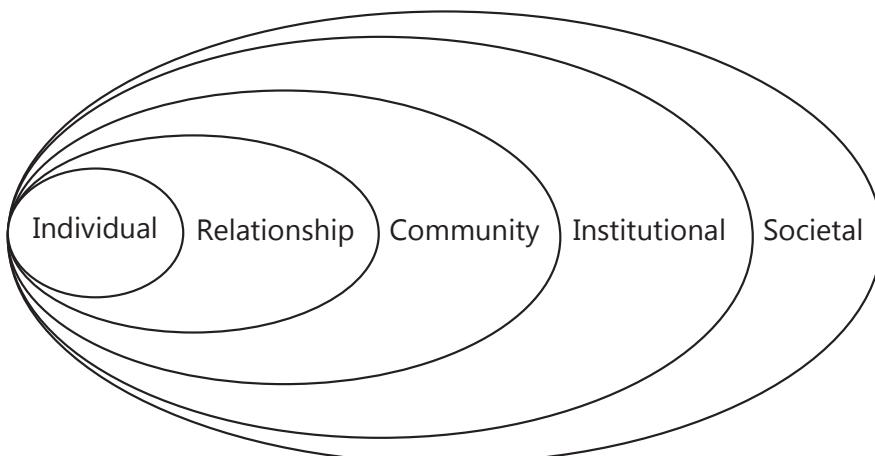
Social justice is a matter of life and death. It affects the way people live, their consequent chance of illness, and their risk of premature death... inequities in health, avoidable health inequalities, arise because of the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political, social, and economic forces. (p. 3)

Because social justice is integrally connected with reducing health disparities, for this project, we chose a participatory action research (PAR) format because of its commitment to social action (Smith, Rozenzweig, & Schmidt, 2010). Indeed, PAR research is conducted with, not on, participants, and every PAR study is structured uniquely (Smith et al., 2010).

Socioecological Model

To address social determinants of health by imparting social justice where people grow, live, work, and age, and, we hoped, to provide the impetus for change in political, social, and economic forces, we organized the Wind River UNITY Photovoice for Healthy Relationships project within the socioecological model of change for disease prevention and health promotion (CDC, 2004; 2011). The model, as shown in Figure 1, depicts how both risks and protective factors can move through layers of ecological systems, from individuals, to relationships, to communities, to institutional/structural policies and laws, and, finally, to society (CDC, 2004; 2011). In the Photovoice project, participant co-researchers were empowered with knowledge about the role of healthy relationships in preventing HIV, STIs, and unintended pregnancy, and were then encouraged to think about reaching various audiences throughout the layers of the socioecological model with their stories.

Figure 1
Socioecological Model*



*CDC, 2004; 2011

Social Justice Frameworks

Photovoice

Photovoice is a group process that engages people in telling their stories through photography to increase community awareness about an issue and, potentially, to mobilize change (Wang & Burris, 1997). The facilitator's role in Photovoice is to encourage storytelling and group reflection about pictures to identify emergent themes, and empowerment of participants is one of the key goals (Wang & Burris, 1997). The theoretical underpinnings of Photovoice are Paulo Freire's Critical Pedagogy and Critical Race Theory (CRT). In this study, we applied Bell's (2010) CRT-informed *Storytelling for Social Justice* schema for organizing emergent themes from the photo stories in the data analysis phase of the research project.

Freirian Critical Pedagogy

With roots in literacy education (Freire & Macedo, 1987), and affecting educational, health, economic, and social realms, Paulo Freire's Critical Pedagogy is often the most recognized theoretical underpinning of storytelling and directly imparts change through all layers of the socioecological model. Freire, a Brazilian educator, worked with oppressed people in equalized relationships to empower them to critically examine their situations and transform their own lives (Freire, 1970). The process is similar to that of Photovoice; empowerment and a sense of community emerge as teachers and students work together to examine, analyze, and explore the meanings behind photographs and scenes from their environments (Higgins, 1997).

Critical Race Theory

CRT has roots in legal scholarship to challenge structural racism, Anglo-American ethnocentrism, and universally accepted truths upon which the legal system is built (Ladson-Billings & Tate, 1995). CRT has a fundamental commitment to social justice and the elimination of all forms of subordination and posits that experiential knowledge and counter narratives of people of color are critical in creating social justice (Ladson-Billings & Tate, 1995).

Bell's Storytelling for Social Justice

Building on the foundation of CRT, Bell (2010) developed a model of *Storytelling for Social Justice* that connects narrative and the arts in a group process for anti-racist teaching. The progression of narratives explored through Bell's group process are:

- 1) *Stock narratives*, or widely accepted accounts of history and stereotypes that rationalize racism and perpetuate social inequities (Bell, 2010). Stock narratives have been taught from a Westernized view in schools, perpetuating stereotypes about AIs and preventing AI youth from seeing themselves in their schooling (Nieto & Bode, 2008).
- 2) *Concealed narratives* or *Counter narratives* of marginalized groups that are historical stories hidden under stock stories and tend to be unrecognized in dominant society (Bell, 2010).
- 3) *Stories of resistance* that highlight the women and men (beyond often-tokenized heroes in dominant culture, such as Dr. Martin Luther King, Jr.) who are heroic in their courage to stand up against oppression and counter the stock narratives; and,
- 4) *Emergent/transformative narratives* that challenge stock stories and weaken cycles of structural racism by empowering people to imagine an inclusive, socially just society for all (Bell, 2010).

THE PROBLEM

Wyoming's AI youth face complex challenges, related to historical trauma and contemporary racism, that increase their risk for HIV, STIs, and unintended pregnancy. With intergenerational grief as a backdrop and disparities due to ongoing structural racism as the landscape, young AI people face interrelated risks of substance abuse and trauma. In addition, young people in Wyoming—both AI and non-AI—face HIV/AIDS risks related to the geographic and cultural challenges of living in a rural frontier area.

Historical Trauma and Historical Trauma Response

A myriad of interrelated experiences culminate in higher rates of poor health and shorter life expectancy among AIs than among members of other racial/ethnic groups in the U.S. (U.S. Commission on Civil Rights, 2004). These issues are rooted in and perpetuated by AI people's experiences since first contact with Europeans, including genocide, ethnocide, forced removal from Tribal lands and livelihood, and children being taken from the care of their families and Tribes to be placed in boarding schools where they experienced emotional, physical, and sexual abuse (Brave Heart, 2003; Brave Heart & DeBruyn, 1998; Dennis, 2009; Lowe, 2008, U.S. Commission on Civil Rights, 2004). Brave Heart (2003) explains:

Historical trauma (HT) is cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma experiences; the historical trauma response (HTR) is the constellation of features in reaction to this trauma. The HTR often includes depression, self-destructive behavior, suicidal thoughts and gestures, anxiety, low self-esteem, anger, and difficulty recognizing and expressing emotions. It may include substance abuse, often an attempt to avoid painful feelings through self-medication. (p. 7)

Boarding school experiences have created devastating effects on AI families today, as emotional, physical, and sexual abuse were inflicted upon and learned by AI children in these schools (Brave Heart & DeBruyn, 1998). "Spiritually and emotionally, the children were bereft of culturally integrated behaviors that led to positive self-esteem, a sense of belonging to family and community, and a solid American Indian identity. When these children became adults, they were ill-prepared for raising their own children in a traditional American Indian context" (Brave Heart & DeBruyn, 1998, pp. 63-64).

Historical Trauma Response and Interrelated Risks among AI Youth

Witnessing and experiencing trauma is connected with self-medication through substance use, and, in turn, with sexual assault and/or sexual behaviors that increase risk of HIV and STIs among AI women and youth (CDC, 2006; Dennis, 2009; Lowe, 2008; Vernon, 2001; Vernon & Jumper-Thurman, 2005). Marginalized populations continue to be at higher risk of sexual assault and related HIV infection than non-marginalized groups (CDC, 2006), and the rape/sexual assault rates are highest among AI and African American populations (Ellison, 2003). Girls who report experiencing dating violence are almost three times more likely to test positive for STIs than non-abused girls (Decker, Silverman, & Raj, 2005), and AI youth have higher rates of STIs than any other ethnic group (Vernon, 2001). Self-medication to relieve pain associated with historical trauma

and experiencing and/or witnessing traumatic events can reduce inhibitions and perceptions of risk, causing protective factors to be minimized and creating a cyclical risk for HIV, STIs, and unintended pregnancy (Vernon, 2001).

Intersection of structural educational inequalities, poverty, and health disparities

Schools have historically produced and reproduced social inequalities in society (Ndimande, 2010). Disparities in outcomes on key indicators of educational performance are noted when children of color are compared with White students. The National Assessment of Education Progress from 1992-2003 found that White and Asian students scored higher than Hispanic, African American, and AI students on most academic indicators (Peterson, 2005). Faircloth and Tippeconnic (2010) found strikingly high dropout rates among AI students in U.S. states with high concentrations of AIs.

Nieto and Bode (2008) express that:

Ethnocentrism is found in our history books, ...[and] monocultural education is the order of the day in most of our schools. Because viewpoints of so many are left out, monocultural education...deprives all students of the diversity that is part of our world. (pp. 48-49)

When delivered from a viewpoint that does not integrate all students' cultural worldviews, education has been used as "a tool for forcibly changing, and in some cases, destroying indigenous cultures" (Stavenhagen, 2008, p. 165). Racial disparities intersect with poverty, and the poorest non-White children are often marginalized in schools (Nieto, 2003; Shields, 2004). According to Lee (2002), inequality in education creates "lifetime consequences" (p. 3). Youth who face discrimination and oppression are at higher risk of teen pregnancy, STIs, and HIV (Davis, 2003). Poverty, inequalities in health and education, and language and cultural barriers all play a role in these disparities (CDC, 2009). When students drop out of school, they may not receive preventive health education. Dennis (2009) reported that rates of exposure to sexuality education topics, number of years of school, and grade levels completed are all low among AI students. In addition, like other youth in the state, AI youth face challenges related to risk behaviors and to the rural, frontier nature of Wyoming's geography and population.

Youth Risk Behaviors in Wyoming

There is a dangerous interplay among high rates of dating violence, sexual abuse, sexual coercion, substance abuse, and youth risk behaviors in Wyoming. These risks may be exacerbated among AI youth by historical and contemporary experiences of racism and trauma, and by witnessing trauma.

Trauma, Violence, and Sexual Coercion among Wyoming Youth

A major portion of the Wind River Indian Reservation is located in Fremont County, Wyoming. The average teen birth rate in Fremont County is 74.5 per 1,000 teen girls, the highest in the state (Kids Count, 2007). Mylant and Mann (2008) found strong correlations among teen pregnancy, intimate partner violence, and substance abuse rates among teen mothers, and Wyoming has the second highest percentage in the nation of high school students responding “yes” to the question: “Have you ever been physically forced to have sexual intercourse when you did not want to?” (CDC, 2010). The Wyoming Youth Risk Behavior Survey indicates high rates of dating violence among Wyoming youth. In 2011, 14.2% of Wyoming high school students reported having been hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend during the past 12 months, up from 7.9% in 2003 (Hill, 2011).

Substance Abuse among Wyoming Youth

In 2011, 47.9% of Wyoming high school students reported they had engaged in intercourse, and 26.7% of those reported substance use before their last intercourse (Hill, 2011). The 2006 National Survey of Drug Use and Health Report found that rates of methamphetamine use among youth ages 12 to 17 years were highest in the rural states of South Dakota, Montana, North Dakota, and Wyoming (Office of Applied Studies, 2006). Further, AIs experience the highest rates of methamphetamine abuse among all ethnicities, creating negative ripple effects throughout communities (Partnership for a Drug-Free America, 2009).

Rural Frontier Challenges

In rural areas in the U.S., HIV prevention programs lag behind those in urban areas due to stigma associated with HIV and high-risk groups; geographic isolation that hinders access to preventive, medical, and social services; and overall low HIV rates (Williams, Bowen, & Horvath, 2005). These challenges are indeed present in Wyoming.

Isolation and Related Access Challenges

Wyoming’s frontier (5.8 persons/square mile) population of 536,626 is spread over 97,100 square miles (U.S. Census Bureau, 2010). The lack of services within rural communities means driving long distances to reach assistance, which is sometimes completely inaccessible due to harsh weather and rugged terrain. Services that are not community based often are not specifically tailored to a community’s unique population (Castaneda, 2005)—an especially important consideration when working with AI populations, who have experienced pervasive trauma when ethnocentric values

were imposed upon them. Further, for AI populations, access issues are compounded by poverty. According to Lowe (2008), 31.6% of the AI population in the U.S. lives below the poverty level, and “poverty is associated with poor access to primary and preventive health care and services” (p. 231).

Stigma

According to the Center for AIDS Prevention Studies (2006), a powerful stigma is associated with homosexuality and HIV/AIDS in many rural areas; as a result, young gay men feel forced to hide their homosexuality and to travel to urban areas or turn to the Internet to seek partners, thus increasing their risk of becoming infected with HIV. Meanwhile, only 22% of all Wyoming high schools provide support in the form of Gay Straight Alliances (Wyoming Department of Education, 2010).

AMPLIFYING COMMUNITY AND YOUTH VOICES TO SET DIRECTIONS

Cross (2003) states:

We must reframe our professional thinking about culture, and we must move from thinking of diversity as a problem to solve to seeing culture as one of our greatest assets for healing and mental wellness... I challenge you to tap into the richness of culture as a resource and to meet people where they are most closely engaged in meeting their needs. I also challenge you to help our children find the strengths, positive emotions, and mental wellness that are part of every culture. (p. 359)

Ethnocentrism in educational, health, and social service settings results in services that are incongruent with non-dominant cultural values and ways of being. Too often, solutions are placed onto people, especially youth, without inviting them to share their voices and work collaboratively toward solutions. Literature highlights the importance of building individual, community, and societal relationships in order to partner with youth and communities to foster social change (Cross, 2003; Duncan-Anrade, 2009; Freire, 1970; Shields, 2004; Sleeter & Grant, 2009). With this in mind, the Wyoming Health Council consistently invites young people to be leaders in setting directions for disease prevention and health promotion in their own communities as part of various social justice-oriented PAR projects. Indeed, according to the Commission on Social Determinants of Health (2008), “political empowerment for health and health equity requires strengthening the fairness by which all groups in a society are included or represented in decision-making about how society operates, particularly in relation to its effect on health and health equity” (p. 158).

In 2009, the Wyoming Health Council engaged in dialogues with young people about sexuality education with funding from a Department of Health and Human Services Title X Family Planning Adolescent Expansion Grant. Focus/dialogue groups with AI college students brought vital, lively, optimistic, and humorous perspectives to the work. Participants reported that it had been rare in their adolescent years for an adult to have spoken with them about reproductive health, and most said they learned about sexuality and relationships from TV, movies, the Internet, and friends (Markus, 2010b). Participants felt that it would be valuable for parents, teachers, and other adults in the community to have tools to provide relationship guidance to children from an early age; they also noted that peer education was a powerful tool (Markus, 2010a). The group enthusiastically offered to do the educating, thus planting the seeds for the Photovoice project.

METHODOLOGY

The Wind River UNITY Photovoice for Healthy Relationships project was approved by the Institutional Review Board (IRB) at the University of Wyoming. The phases of the project were the creation of the Photovoice stories, analysis of the stories along the four phases of Bell's (2010) model of *Storytelling for Social Justice*, and facilitation of a community strategizing session with participant co-researchers to develop plans for sharing the project for disease prevention, health promotion, and social change.

Participant Co-researchers

The participating co-researchers were three female and three male 18- to 19-year-old AI members and the advisor of the Wind River UNITY youth council. Information about the project was given to the advisor of the UNITY group, who shared information with all UNITY members. Those interested in participating notified the advisor, who referred the potential participants to the project.

Creating the Wind River UNITY Photovoice Stories

The creation of the Wind River UNITY Photovoice for Healthy Relationships project stories took place over 3 consecutive days on the Wind River Indian Reservation in Wyoming, during the summer of 2010. On Day 1, participants each made an informed decision about participating in the project by completing an IRB-approved consent form. Next, they engaged in education and discussion about preventing HIV, STIs, and unintended pregnancy, as well as the role of healthy relationships in prevention.

Next, participants learned about Photovoice as a storytelling approach to social activism and a way to amplify their own voices. Definitions of Critical Race Theory, master narratives, and counter narratives were explored and discussed. Digital cameras were purchased prior to the project for the participants' use. Participants learned the basics of photography and experimented with moving in closer to objects and taking pictures from a distance, and began to think about using symbolism to depict a story (Becker, Lambert, Roberts, Bishop, & Covello, n.d.).

Participants completed the "All of Me" drawing (Becker et al., n.d.) to explore master and counter narratives about their group. Each participant drew an outline depicting him- or herself on large paper. On the outside of the line they wrote or drew assumptions and stereotypes people have about them. On the inside of the line, they wrote and drew their strengths, skills, and abilities; things they want others to know about them; and their hopes, dreams, and goals.

Next, participants explored what messages they hoped to share and with whom, using the CDC's (2004; 2011) socioecological model. In the Photovoice project, the model provided a way for the participants to think about their project in terms of its potential to empower them as individuals, to help them develop and sustain healthy relationships, and, in turn, to advocate for themselves in their communities, institutions, and even in society at large. In facilitated discussion, the participants noted, for each layer of the model, who and what supports and presents challenges to their building and maintaining healthy relationships, and considered master narratives that perpetuate challenges as well as possible counter narratives that could be shared through Photovoice.

On Day 2, participants spent time on their own or in pairs or groups shooting their photos. They were again asked to consider what a healthy relationship means to them, who/what supports and/or presents challenges to them in building and maintaining healthy relationships, and what they need in order to build and maintain healthy relationships. Day 3 entailed a group process in which the participants brought their photos back to the group, added narratives, and put them into a PowerPoint presentation.

RESULTS

The Wind River UNITY photo narratives tell a collective story of enduring wisdom and strength of AI cultures, shining through and living on in each of the participants and their stories, as shown in Figures 2-4 (at the end of the article). The Photovoice project was developed for five purposes that follow the layers of the socioecological model as follows:

1) *Individual*: to empower the participants with increased knowledge of the role of healthy relationships in preventing HIV, STIs, unintended pregnancy, and interrelated risks;

2) *Individual and Relationships*: to empower the participants to explore and identify what a healthy relationship means to them, and how they are both supported and challenged in developing and maintaining healthy relationships;

3) *Individual, Relationships, and Community*: to use the finished Photovoice project to engage in peer education about the role of healthy relationships and cultural heritage in preventing HIV, STIs, unintended pregnancy, and related risks;

4) *Individual, Relationships, Community, and Institutional*: to educate community members, educators, and health and social service professionals about how young AI people view healthy relationships and the culturally responsive ways adults can support them in developing and sustaining healthy relationships; and

5) *Individual, Relationships, Community, Institutional, and Societal*: to empower the participants to advocate for social justice to reduce ethnocentrism that may be related to disparities in health and educational outcomes of marginalized populations.

Analysis of the Photovoice Project

Four months after the photo stories were created, the group reconvened to participate as co-researchers in analysis. Each participant's photo story, consisting of three to five photos, was viewed via PowerPoint, and the participant was invited to talk about his or her story in terms of what messages it portrayed about healthy relationships, as well as any master narratives it countered. Other group members were then invited, with the photographer's permission, to share what meanings they connected with the photo story.

Bell's (2010) model, with its theoretical underpinnings in CRT, engages people in creative storytelling for social justice within four types of narratives. The themes that emerged from the Wind River UNITY Photovoice for Healthy Relationships project naturally fit into this schema due to the group process and the CRT focus on master and counter narratives, as follows:

1) *Stock narratives*: The participants talked about stock narratives that view AI cultures as having substance abuse problems and high rates of teen pregnancy, and that view the two Tribes of the Wind River Reservation as enemies. As one participant highlighted in the analysis session:

I think there is a belief that the Northern Arapaho and Eastern Shoshone tribes of the Wind River Reservation are “warring tribes” and that we can’t get along. But UNITY is made up of young people from both tribes. Some of us have one parent from each tribe. We all support each other and we are like brothers and sisters, all one family. We are peaceful. When I’m by myself and I see another UNITY member,

I feel so good inside—so connected to that person—I know we are all here for each other. I think that's what UNITY means. (UNITY Photovoice participant, personal communication, December 30, 2010)

2) *Concealed narratives*: The Photovoice participants expressed that they rely on storytelling from their elders and multicultural educational opportunities to learn about AI and Tribal history that has been hidden by stock narratives. Knowledge of these stories strengthens their cultural identity and self-esteem. They expressed that the more they learn, the more they are determined to survive. One participant expressed,

People think we are incapable. That we are incapable of taking care of ourselves and each other. They think on the rez we are surrounded by negative stuff. They don't even know how the government played a role in the alcoholism of our people. But we are keeping a strong spirit. A lot of us young people live a drug- and alcohol-free life because we know how those things have hurt our people over the years. It has been another way to try to do away with us. But we are still here! We keep a strong spirit and we take care of each other. The powwow helps us come together and celebrate. We are still here. We keep a strong spirit and we tell each other, "You can do it." (UNITY Photovoice participant, personal communication, December 30, 2010)

And with regard to teen parenting, another expressed,

We do have teen pregnancy among our youth. But this isn't about that. To me, this shows something else about healthy relationships in our culture. This shows responsibility, priorities, family. Our key is to honor the children and protect them. Even at a young age, the decision of having a child is sacred and a child is a sacred gift. Her child will be in her heart always. This shows the importance of supporting her as she is a mother to this sacred child. They are our responsibility too. We all have to support her and be her family. Even if she is so young—she needs our respect even more for the decision she has made to be the most important person, a mother. We have respect for our moms. Moms are honored. Their priority is teaching their children respect so we must be respectful of mothers. It all goes full circle. (UNITY Photovoice participant, personal communication, December 30, 2011)

And:

The circle is very important. Some people just see a teen mom and they are not respectful of her. And people think a powwow is just a powwow. But these things

are so important in healthy relationships. When you're around that drum you just can't use drugs or alcohol. Those songs mean so much. They mean we are all one with Mother Earth. When you are hearing the heartbeat of Mother Earth, you just can't think about being disrespectful to yourself or anyone or anything else. Even the animals. The drum is made from deer and elk. It shows respect to that animal. Respect to all Native tribes. We are all one. There is no division. That is why the circle is so important. (UNITY Photovoice participant, personal communication, December 30, 2011)

3) *Stories of resistance*: Through the Photovoice project, the co-researchers expressed that their heroes and sheroes support them in building and maintaining healthy relationships. Historical chiefs, sub-chiefs, current Tribal leaders, youth council advisors, ancestors, parents, elders, siblings, and peers are all a part of one connected family upon whom they rely for strength and wisdom for engaging in healthy relationships. Drumming, singing, and dancing at powwows; listening to the stories of their elders and Tribal leaders; learning their native language; and sharing this knowledge with others are all ways to perpetuate stories of resistance. For example, one participant stated:

There's a wealth of knowledge from our elders and chiefs. We carry their spirits within and we honor their struggles and their pride. A way to do this is through teaching our children—they are our first priority. We can all carry the legacy by sharing their wisdom with our children. Their pride, their wisdom—hold it in your heart—we are descendants of Chief Washakie—and his leadership is always within us. It's not about bragging rights to say we're Indians—it is about honor and pride and carrying their legacy on. We come from great people. (UNITY Photovoice participant, personal communication, December 30, 2011)

And:

And that circle at the powwow is also very important and has meaning about our youth. The ones who are in the circle—drumming, singing, dancing—they are in a safe place with a community around them. They are sacred. We want all of our children to be in that circle. The farther you are from that circle, the more you are subject to those stereotypes of drugs and alcohol and other risks. We want to bring our children and our youth into that circle. So UNITY and powwows are a way to bring them back into the circle. We are setting an example and when people see that, and they feel it, they also want to be in that circle, be a part of the family. (UNITY Photovoice participant, personal communication, December 30, 2011)

4) *Emergent/transformative narratives*: The Photovoice project allowed a powerful story of transformation to emerge for the young co-researchers, especially with regard to hope for healing from historical trauma. The enduring strength and wisdom of AI cultures is expressed by the natural emergence of Indigenous culture in every participant's photo story, and by the words of one of the participants:

Lots of us young people are trying to be fluent speakers of our language. Whenever you speak your own language it brings pride. I want to be able to say I'm a fluent speaker. In boarding school days we died if we spoke our language. We are still here.

We are still here! And there's the importance of knowing who we are—we learn our language, follow dances, learn songs, follow prayers. When you pray in your own language it makes our whole world brighter. If we could all be free to pray in our own languages, it could be so powerful and peaceful. (UNITY Photovoice participant, personal communication, December 30, 2011)

Sharing of the Wind River UNITY Photovoice for Healthy Relationships Project

In April, 2011, the Wind River UNITY Photovoice for Healthy Relationships project was presented at the University of Wyoming's 15th Annual Shepard Symposium on Social Justice. In the late summer of 2011, the Wind River UNITY Photovoice for Healthy Relationships Art Reception and Community Conversation was held at the Intertribal Center at Central Wyoming College in Riverton, Wyoming. Community members and leaders of the Wind River Indian Reservation and Fremont County, including parents, grandparents, Tribal leaders, college counselors, teachers, youth, and community mental health providers attended this event, which entailed an art exhibition featuring the Photovoice project. A community dialogue followed the art reception, during which audience members discussed their reactions to the display and, in turn, discussed community strategies for next steps in addressing HIV, STIs, unintended pregnancy, and related youth risks.

Strategies developed by the community and the Photovoice co-researchers involved identifying additional community events and group meetings at which to present the project, as well as clarifying a key take-away message of the project. The overall message they identified is that it is vitally important to integrate AI values and historical and contemporary cultural wisdom in a culturally congruent manner when providing sexuality education to young AI populations. Indeed, the Photovoice project and its analysis highlight that AI youth draw heavily on their cultural heritage for wisdom and support in building and sustaining healthy relationships. Having strong adult AI role models who promote this wisdom, in turn, has empowered the Wind River UNITY Photovoice co-researchers to become positive role models for their younger peers.

As a result of this initial strategizing session, the Photovoice project was presented at the 2nd Annual Native American Education Conference on the Wind River Reservation in October, 2011, in which UNITY shared with educators the importance of honoring and supporting cultural heritage as an integral part of education for AI youth. Planning is currently underway for the Wind River UNITY Photovoice co-researchers to provide presentations on healthy relationships in community schools in a peer education format that will provide education and support for younger AI children with a focus on strengthening and supporting the wisdom of AI cultural heritage.

DISCUSSION

This project highlights several important themes to consider for working with AI populations in HIV, STI and unintended pregnancy prevention and education. The lessons that we learned from this project are:

- **Invite the voices of youth:** This project highlights the vital importance of integrating the wisdom and strength of young people in setting directions for and implementing HIV, STI, and unintended pregnancy prevention programs among rural frontier AI communities. Inviting the leadership of young people brought a fresh, optimistic, healing perspective to the work. Providing a venue for the young people to share their views in a safe environment allowed for powerful messages to emerge.
- **Provide opportunities for nonverbal creative expression:** Photovoice fits well within AI cultures, as storytelling is a powerful key to cultural survival. The intergenerational stories that are passed on “are not fairy tales or entertaining stories for children—they are lived values that form the basis for Indigenous governance and regeneration. Experiential knowledge and living histories...comprise part of the core teachings that Indigenous families transmit to future generations” (Corntassel, Chaw-win-is, & T’lakwadzi, 2009, p. 137). The visual stories that are told through Photovoice are also a strong fit for facilitating communication among AI youth, caregivers, and elders, as they allow stories to be told without verbally speaking the message. For disenfranchised populations whose voices and language have historically been oppressed and denied, Photovoice can send a powerful visual message.
- **Integrate cultural heritage into the fabric of the work:** Reactions to the Wind River UNITY Photovoice stories tend to be powerful and emotional. An unintended emergent theme of the Wind River UNITY project is that of hope for healing from historical trauma and grief. Community members shared that the display brings them hope and a sense of pride that their ancestors, cultural values, and wisdom about healthy relationships (e.g., respect, peace and harmony) live on in their young people. This finding emphasizes how

reducing health disparities may be possible through culturally responsive empowerment and a focus on positive social determinants of health (e.g., cultural heritage) in health promotion and prevention activities. A key pathway to healing, and, potentially, improved health and educational outcomes is the message that the wisdom and strength of AI cultures lives on in the young people. The co-researchers believe this is an important message to maintain within themselves for empowerment and to share with others with whom they have relationships, as well as with community members, educators, and policy makers, through all layers of the socioecological model.

- **Continue to learn.** Future research is needed to determine the efficacy of prevention and education efforts that are based on Photovoice projects, especially in the realms of reducing rates of HIV, STIs, and unintended pregnancy, as well as disparities in health and educational outcomes of marginalized populations. Likewise, more research is needed to learn about the effectiveness of Photovoice projects in bringing attention to social determinants of health, countering master narratives, increasing cultural competency in education and prevention of HIV/STIs and unintended pregnancy, and, in turn, reducing health disparities. Finally, research is needed to examine the benefits of Photovoice projects with additional populations and additional social determinants of health.

Figure 2
Wind River UNITY Photovoice for Healthy Relationships - Example 1

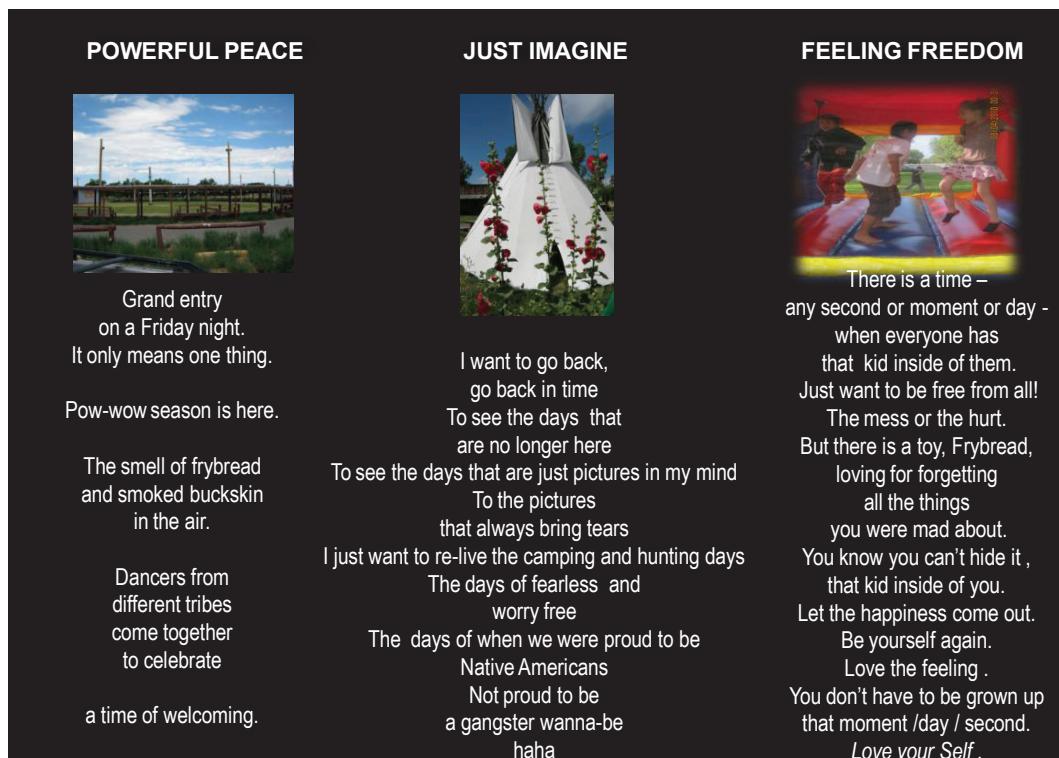


Figure 3
Wind River Unity Photovoice for Healthy Relationships - Example 2

THE SYMBOL OF MY PEOPLE	HARMONY	A POWER HIGHER THAN YOU
 <p>Traveling throughout the United States, I have had the honor of representing my tribe at different events.</p> <p>No matter where I go, I always take something that reminds me to be proud of my identity and where I come from.</p> <p>Whenever I go to a pow-wow or cultural event, it feels good knowing that my tribe's legacy is being continued.</p>	 <p>One of my heroes is my sister because she knows how to walk in two worlds with honor.</p> <p>When she went off to school, she was able to maintain her culture while pursuing her educational goals.</p>	 <p>Healthy Relationships will remain stronger when you have a solid spiritual base. Two people working together toward a positive direction. I see Creator all around us.</p>

Figure 4
Wind River Unity Photovoice for Healthy Relationships - Example 3

CHIEF WASHAKIE	CHIEF WASHAKIE AND HIS SUB-CHIEFS
 <p>Washakie, Chief of the Eastern Shoshone Tribe, Lead his people to victory when he won the Warm Valley from the United States government. They told him that he and his people could choose wherever they wanted to live, and Washakie chose the Warm Valley.</p> <p>Now, the Eastern Shoshone people share the Wind River Reservation with the Northern Arapaho Tribe.</p> <p>If Washakie were alive today, he would have wanted his people to have good relations with their neighbors, the Arapaho.</p>	 <p>Healthy Relationships include people following the wisdom and advice of elders and leaders. Our Chiefs are looking down upon us every day.</p>

Susan F. Markus, MS, LPC
Wyoming Health Council
416 West 24th Street
Cheyenne, WY 82001
E-mail: smarkus@uwyo.edu
Phone: 307/632-3640

REFERENCES

Becker, K., Lambert, S., Roberts, K., Bishop, M., & Covello, K. (n.d.). *Photovoice: Teaching advocacy and social justice through the lens*. Retrieved from http://www.uwyo.edu/profstudies/_files/doc/ACES.Handout.Photovoice.pdf

Bell, L.A. (2010). *Storytelling for social justice: Connecting narrative and the arts in anti-racist teaching (the Teaching/Learning Social Justice series)*. New York: Routledge.

Burbules, N. C. & Perk, R. (1999). Critical thinking and critical pedagogy. In T. S. Popkewitz & L. Fendler (Eds.), *Critical theories in education* (pp. 45-66). New York: Routledge.

Brave Heart, M. Y. H. (2003). The historical trauma response among Natives and its relationship with substance abuse: A Lakota illustration. *Journal of Psychoactive Drugs*, 35(1), 7-13. Retrieved from <http://www.tandf.co.uk/journals/UJPD>

Brave Heart, M. Y. H. & DeBruyn, L. M. (1998). The American Indian holocaust: Healing historical unresolved grief. *American Indian and Alaska Native Mental Health Research*, 8(2), 60-82. doi: 10.5820/aian.0802.1998.60

Castaneda, D. (2005). HIV/AIDS related services for women and the rural community context. *AIDS Care*, 12, 549-565. doi: 10.1080/095401200750003743

Center for AIDS Prevention Studies (2006). *What are rural HIV prevention needs?* San Francisco, CA: Author. Retrieved from <http://www.caps.ucsf.edu/pubs/FS/revrural.php>.

Centers for Disease Control and Prevention (CDC). (2009). *Health disparities and racial/ethnic minority youth*. Atlanta, GA: Author. Retrieved from <http://www.cdc.gov/Features/HealthDisparities/>

CDC. (2006). Physical dating violence among high school students. *Morbidity and Mortality Weekly Report*, 55(19), 532-535. Retrieved from <http://www.cdc.gov/mmwr/PDF/wk/mm5519.pdf#page=bookmarks&page=4>

CDC. (2004). *Sexual violence prevention: Beginning the dialogue*. Atlanta, GA: Author. Retrieved from <http://www.cdc.gov/violenceprevention/pdf/SVPrevention-a.pdf>

Corntassel, J., Chaw-win-is, & T'lakwadzi. (2009). Indigenous storytelling, truth-telling, and community approaches to reconciliation. *English Studies in Canada*, 31(5), 137-159. Retrieved from <http://ejournals.library.ualberta.ca/index.php/ESC>

Cross, T. (2003). Culture as a resource in mental health. *Cultural Diversity and Ethnic Minority Psychology*, 9, 354-359. doi: 10.1037/1099-9809.9.4.354

Davis, L. L. (2003). *Adolescent sexual health and the dynamics of oppression: A call for cultural competency. (Advocates for Youth Issues at a Glance)*. Washington, DC: Advocates for Youth. Retrieved from <http://www.advocatesforyouth.org/storage/advfy/documents/oppression.pdf>

Decker, M. R., Silverman, J. G., & Raj, A. (2005). Dating violence and sexually transmitted disease/HIV testing and diagnosis among adolescent females. *Pediatrics*, 116, 272-276. doi: 10.1542/peds.2005-0194

Dennis, M. K. (2009). Risk and protective factors for HIV/AIDS in Native Americans: Implications for preventive interventions. *Social Work*, 54(2), 145-155. Retrieved from <http://www.naswpress.org/publications/journals/sw.html>

Duncan-Andrade, J. M. R. (2009). Note to educators: Hope required when growing roses in concrete. *Harvard Educational Review*, 79, 1-13. Retrieved from <http://www.hepg.org/her/abstract/696>

Ellison, M. (2003). *Sexual Assault. OJP Fact Sheet*. St. Paul, MN: Office of Justice Programs, Minnesota Department of Public Safety. Retrieved from http://www.ojp.state.mn.us/cj/publications/FS-2003-001_Sexual_%20Assault.pdf.

Faircloth, S. C. & Tippeconnic, III, J. W. (2010). *The dropout/graduation rate crisis among American Indian and Alaska Native students: Failure to respond places the future of Native peoples at risk*. Los Angeles, CA: The Civil Rights Project/Proyecto Derechos Civiles at UCLA. Retrieved from www.civilrightsproject.ucla.edu

Kids Count. (2007). *Kids Count Data Center*. Baltimore, MD: Author. Retrieved from <http://datacenter.kidscount.org/data/bystate/stateprofile.aspx?state=WY&loc=7119>

Lee, J. (2002). Racial and ethnic achievement gap trends: Reversing the progress toward equity? *Educational Researcher*, 31(1), 3-12. doi:10.3102/0013189X031001003

Lowe, J. (2008). A cultural approach to conducting HIV/AIDS and Hepatitis C virus education among Native American adolescents. *The Journal of School Nursing*, 24, 229-238. doi:10.1177/1059840508319866

Markus, S. (2010a). *Final report: Community readiness for sexual violence prevention in Wyoming*. Cheyenne, WY: Wyoming Health Council.

Markus, S. (2010b). *Focus groups for adolescent risk behavior prevention*. Cheyenne, WY: Wyoming Health Council.

Mylant, M.L. & Mann, C. (2008). Current sexual trauma among high-risk teen mothers. *Journal of Child and Adolescent Psychiatric Nursing*, 21(3), 164-176. DOI: 10.1111/j.1744-6171.2008.00148.x

Ndimande, B. S. (2010). Critical theory as social justice pedagogy. In Chapel, T.K. & Hobbel, N. (Eds.), *Social justice theory across the curriculum* (pp. 89-103). New York: Routledge.

Nieto, S. M. (2003). Profoundly multicultural questions. *Educational Leadership*, 60(4), 6-10. Retrieved from <http://www.ascd.org/publications/educational-leadership/dec02/vol60/num04/Profoundly-Multicultural-Questions.aspx>

Nieto, S. & Bode, P. (2008). *Affirming diversity: The sociopolitical context of multicultural education* (5th Ed.). Boston: Pearson Education, Inc.

Office of Applied Studies. (2006). *Results from the 2005 National Survey on Drug Use and Health: National findings*. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Partnership for a Drug-Free America. (2009). *The partnership launches first national public service campaign targeting meth abuse in Indian Country. (Methamphetamine Resources, Tools, and Information)*. Retrieved from <http://www.methresources.dreamhosters.com/wp/>

Peterson, K. (2005). *Diversity fuels student enrollment boom*. Washington, DC: The Pew Center on the States. Retrieved from <http://www.stateline.org/live/printable/story?contentId=35088>

Quick Health Data Online. (2010). *2007 Percent adolescents reporting having ever been forced to have sex*, by gender, state and U.S.* Washington, DC: Office on Womens Health. Retrieved from http://www.healthstatus2010.com/owh/pdf/Apr10_YouthChart.pdf

Rolón-Dow, R. (2011). Race(ing) stories: Digital storytelling as a tool for critical race scholarship. *Race Ethnicity and Education*, 14(2), 159-173. doi: 10.1080/13613324.2010.519975

Shields, C. M. (2004). Dialogic leadership for social justice: Overcoming pathologies of silence. *Educational Administration Quarterly*, 40(1), 109-132. doi: 10.1177/0013161X03258963

Sleeter, C. E. & Grant, C. A. (2009). *Making choices for multicultural education: Five approaches to race, class, and gender* (6th Ed.). Hoboken, NJ: John Wiley & Sons, Inc.

Smith, L., Rozenzweig, L., & Schmidt, M. (2010). Best practices in the reporting of participatory action research: Embracing both the forest and the trees. *Counseling Psychologist*, 38(8), 1115-1138. doi: 10.1177/0011000010376416

Stavenhagen, R. (2008). Building intercultural citizenship through education: A human rights approach. *European Journal of Education*, 43(2), 161-179. doi: 10.1111/j.1465-3435.2008.00345.x

U.S. Census Bureau. (2010). *Wyoming quick facts*. Washington, DC: Author. Retrieved from <http://quickfacts.census.gov/qfd/states/56000.html>

U.S. Commission on Civil Rights. (2004). *Broken promises: Evaluating the Native American health care system*. Washington, DC: Author. Retrieved from <http://www.usccr.gov/pubs/nahealth/nabroken.pdf>

Vernon, I. (2001). *Killing us quietly: Native Americans and HIV/AIDS*. Lincoln: University of Nebraska Press.

Vernon, I. & Jumper-Thurman, P. (2005). The changing face of HIV/AIDS among Native populations. *Journal of Psychoactive Drugs*, 37, 247-255. Retrieved from <http://www.tandf.co.uk/journals/UJPD>

Wang, C. & Burris, M. A. (1997). Photovoice: Concept, methodology, and use for participatory needs assessment. *Health Education and Behavior*, 24(3), 369-387. doi:10.1177/109019819702400309

Williams, M.L., Bowen, A.M., & Horvath, K.J. (2005). The social/sexual environment of gay men residing in a rural frontier state: Implications for the development of HIV prevention programs. *Journal of Rural Health*, 21(1), 48-55. doi: 10.1111/j.1748-0361.2005.tb00061.x

Hill, C. (2011). *Wyoming's 2011 Youth Risk Behavior Survey*. Cheyenne, WY: Wyoming Department of Education. Retrieved from http://edu.wyoming.gov/Libraries/YRBS/2011_Summary_Report.sflb.ashx

Wyoming Department of Education. (2010). *HIV, other STD, and teen pregnancy prevention and Wyoming students*. Washington, DC: U.S. Department of Health and Human Services. Retrieved from http://edu.wyoming.gov/Libraries/YRBS/2009_HIV_Other_STD_and_Teen_Pregnancy_Prevention_and_Wyoming_Students.sflb.ashx

ACKNOWLEDGEMENTS

The author wishes to thank Rob Johnston, Wyoming Department of Health HIV Program Manager; Dr. Kent Becker, University of Wyoming Professor of Counselor Education and Photovoice Consultant; Edward Wadda, Wyoming Governor's Eastern Shoshone Tribal Liaison and Wind River UNITY Advisor; and Lucy Williamson, Executive Director of Wyoming Health Council, for their collaborative sharing of wisdom and expertise throughout this project.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.