

The pervasiveness of trauma: understanding the intersection of trauma and housing amongst people living in an HIV-specific housing facility

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Background

People living with HIV (PLHIV) experience disproportionate rates of lifetime trauma, including physical and sexual abuse. Historical and personal traumas can influence the spaces in which PLHIV live and access support services.

Research has highlighted how trauma can be mediated by housing environments. However, little is known about the intersection of trauma within the context of HIV-specific housing, and how such housing environments impact the experiences of PLHIV. Understanding this relationship is important given the role of housing within the risk environments of PLHIV.

This analysis examined how participants' trauma histories shaped their experiences living in an HIV-specific non-profit-operated housing facility in Vancouver, Canada, and impacted their health and drug-related outcomes.

Methods

- **Semi-structured, qualitative interviews** were conducted with **24 PLHIV** (aged 19 years of age or older) who were current or previous residents of the housing facility. **A community researcher co-facilitated 10 interviews.**
- Interviews were part of a larger community-based longitudinal evaluation of an HIV-specific housing facility in Vancouver, Canada.
- Interviews were conducted between October 2016 and February 2017.
- Participants were recruited until thematic saturation was reached.
- Data were analyzed using NVivo qualitative software, with attention paid to how the structural vulnerability of participants and the social-structural environment of the housing facility shaped participants' experiences.

Results

- Participant narratives highlighted the **pervasiveness of trauma histories**, which **largely intersected with participants' social locations** (e.g. gender, race).
- **Trauma experiences often influenced participants' engagement with supportive services in their housing environment.**
- In particular, the **social and operational environment of the housing facility at times** re-traumatized participants and **created barriers** in mitigating the impacts of trauma in their daily lives.
- Participant accounts illustrated how their **lack of service engagement was, in part, an effort to overcome trauma histories and seek 'normalcy,'** as well as avoid re-traumatization.

According to participants, barriers to a "normal life" included:



Social environment within the housing facility



Physical building environment



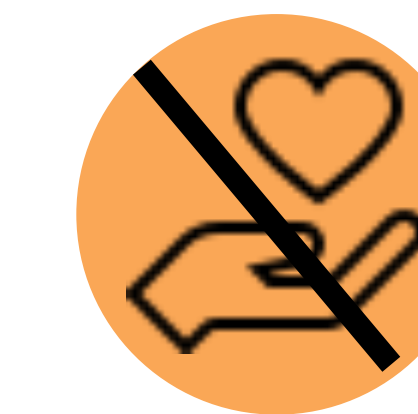
Community-wide trauma related to an overdose crisis

“...I would rather live in a place where I've got a portable [housing] subsidy, where there are, like, families. Live in a building where I could fit into a lifestyle that's normal. Two people dying in a week is not normal. (Participant 22)”

Participants' self-care and management techniques included:



Social isolation within the housing facility



Not utilizing support services in building



Not engaging with building staff about issues they face

“They suggest group stuff here all the time [[for me] and the thing is...that when I get used to somebody I've got abandonment issues or people dying on me or just leaving. Everything [here] is short term and that's a problem for me because I am alone. (Participant 18)”

“That's all trauma we live. We're kind of looking after each other because they're [staff] not looking after us.” (Participant 15)”

Discussion

The **social and operational environments** of this housing facility were inadvertent contributors to the ongoing traumatization of participants.

Our findings underscore the **need for enhanced and tailored supportive services, as well as the integration of trauma-informed practice**, within supportive housing services for structurally vulnerable PLHIV.

Acknowledgements

We would like to thank all those who contributed their time and expertise to this project, including participants, peer research associates, the participating organization, and the research team. This research was supported by an operating grant from the Canadian Institutes of Health Research. We would like to thank Cameron Collins at the BC Centre for Excellence in HIV/AIDS for his assistance printing this poster.

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