

**Women Living with HIV/AIDS:
Real Lives, Real Connections to Care**
Women's Health Institute, Session 201

**The Influence of Social and Generational Trauma on
Adherence to Care and Services for HIV+ Women**

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Circle of Care



- Founded in 1989 to provide integrated and consumer-centered services responsive to the priorities of individuals infected and affected by HIV/AIDS epidemic
- Designated Ryan White Part D grantee for the Philadelphia area
- Network of 26 agencies and 8 affiliate hospitals providing medical care, specialty care, supportive services, education and advocacy
- Project of the Family Planning Council
- In 2007, 2,291 HIV infected women, adolescents, children and their families were served



Real Life

- C.P. is a single, 23 year old African American female diagnosed with HIV 3 years ago.
- C.P. is the daughter of an active drug addict, and her father died as a victim of community violence.
- As a child, she was exposed to her mother's lifestyle as an active addict, often left alone to complete tasks of daily living, get to school and feed herself.
- C.P. finished 11th grade, and then dropped out of high school.



Real Life

- She has two children, and is pregnant with her third. The father of C.P.'s children has been in and out of incarceration, and is currently in prison for 3 years related to drug possession.
- C.P. receives public assistance (cash, food stamps, medical benefits.)
- She is precariously housed with various family members.
- She has managed bouts of depression without professional intervention.
- C.P has not told her children's father or any other member of her family about her HIV status.



Real Life – EXPOSED!



- African American female diagnosed with HIV
- Mother a drug addict, father a victim of violence
- Exposed to unhealthy lifestyle, often left alone
- Finished 11th grade, and then dropped out
- Two children, pregnant with her third
- Father of C.P.'s children is currently in prison
- Received public assistance
- Precariously housed
- Managed bouts of depression
- Has not told her HIV status

- ILLNESS
- DRUGS/VIOLENCE
- HELPLESSNESS
- LACK OF EDUCATION
- FAMILY PLANNING
- STABILITY/CRIME
- UNEMPLOYMENT
- HOMELESSNESS
- MENTAL HEALTH
- DISCLOSURE ISSUES





Social and Generational Traumas

Social Trauma

- Intersection of social issues that affects individuals
 - Poverty, Illness, Homelessness, Unemployment, Lack of Education, Community Violence, Intimate Partner Violence, Drug and Alcohol Issues
- Paralyzing effect
- Creates an inability to successfully navigate social support and public assistance systems

Generational Trauma


- “Traumatized family unit”
- Operates in the context of drama over many years
- Response to negativity or adversity is fear, rejection and/or denial
- Minimal group coping skills




Hard to manage Not Adherent
Non-compliant Lost to Care
High Risk Hardest to Reach



Providers stigmatize clients as much, if not more, than the general population!




Shortcomings of HIV Service System



Inability to truthfully acknowledge the needs of HIV positive women

- Insufficient social and psychological assessments lead to one dimensional service implementation and culturally insensitive service delivery
- Potential exclusion of core sources of HIV+ woman's support network: intimate partner(s), children, family, friends




Real Connections to Care:
What We Do WELL


- Require an individualized assessment of each client's environment and needs
- Creation of relationships with medical and social service providers in various specialties and programs
 - Memorandums of agreement to share information that is essential for proper client care
 - Enhances ability to provide services to client with a true and clear picture of client's mental, physical and social needs




Family Centered Care




- Engage HIV+ women, their children, their intimate partners, their family member(s) and their extended support network as active participants of the care team
- Provide support to the client AND the client-defined support system to improve self-sufficiency
- Encourage women to see themselves as a priority in order to take care of the entire family unit



Family Centered Care



- Provide culturally appropriate services that are responsive to the needs of the family
- Encourage HIV+ women and their support systems to determine their needs and make decisions concerning care and services
- Continuity of care is maintained regardless of change in family structure



Peer Counselors
LIFELINES TO OUR CLIENTS




- Member of the target population, maintains similar demographics, area of residence as clients
 - May or may not be HIV+
- Act as liaisons between the client and service system
- Model positive behaviors to client
- Knowledgeable of local, regional medical and social service resources
- Are available for one-on-one emotional support
- Ensure linkages to mental, physical and social services: ESCORT CLIENTS INTO CARE
- Trained and certified through the Philadelphia Department of Public Health (PDPH) and Circle of Care
 - HIV Counseling and Testing, Risk Counseling Services
 - Motivational Interviewing and Assessment
 - Domestic Violence, Social Services (TANF, Disability), Educational Services (GED, Continuing Education, Welfare to Work)



Core Elements in Retaining HIV+ Women in Medical Care and Supportive Services

FOR CONSUMERS


- Trusting Environment
- Embracing HIV+ woman with firmness and structure
- Family-focused and family friendly services and environments
- Truly accepting individuals where they are in life
- Provide tools that help HIV+ women determine their lives the way that THEY want to live



Core Elements in Retaining HIV+ Women in Medical Care and Supportive Services

FOR PROVIDERS

- Assess personal biases, shortcomings, and weaknesses
- Model positive behaviors
- Offer flexibility in times and locations of service delivery (if possible)
- Respectful, culturally competent communication
- Providers CANNOT approach care or service delivery within the confines of traditionally social service methodologies



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