Supportive Housing for Women Living With HIV/AIDS

BY KATE REYNOLDS

Fife House was started by a group of concerned members of the community, led by Mary Anne Shaw, who were inspired by the story of George Fife, a local lawyer who lost his struggle with AIDS. Realizing that there was a need for support to persons living with HIV/AIDS, this group established Fife House as a charitable organization on February 10, 1988. The initial mission was to provide supportive housing for people living with HIV/AIDS.

After concerted fundraising, the first residence, Denison, opened in Toronto on July 1, 1990 with a capacity for five people living with HIV/AIDS. As a result of a long waiting list, Hastings, the second residence, opened on June 1, 1991, doubling the number of spaces available.

In December of 1994, in direct response to the requirements of longer living clients' increasingly complex needs, Fife House initiated 24-hour attendant care at the residences. At the request of the municipal government, on June 24, 1996, Fife House began providing supportive care to residents living with HIV/AIDS in an 82-unit apartment complex (Jarvis) in downtown Toronto. The mission was expanded accordingly: to provide supportive housing and support services.

A third residence, Gladstone, opened on November 1, 1996 with the unique mission of being the first supportive housing program to serve the needs of women living with HIV/AIDS. The focus of this article will be to look at some of the issues facing women living with HIV/AIDS in a supportive housing environment.

Fife House recognized the need for HIV positive women to have support services offered to them in a women-only home. Some of the women who had lived in a co-ed environment at Fife House found it was too difficult to live with men. Issues such as sexism, racism, and safety challenged the women and many were not satisfied living in this type of environment. Since opening Gladstone, Fife House has realized that providing a women-only home has given HIV positive women a sense of relief and companionship in knowing that they are not the only woman who is HIV positive. Knowing there are other women in similar circumstances has had a tremendous influence on the women who have lived at Fife House.

This particular issue speaks to the level of isolation that many HIV+ women experience. Gladstone offers HIV positive women the opportunity to meet other women, share experiences, and build a community of support for themselves as they try to come to terms with living with HIV/AIDS.

Along with the positive aspects of providing a home for HIV positive women come the many challenges that arise in housing women in a communal setting. One of these issues has to do with a woman's relationship to her home. For some women it is a place where they get to be away from all the external, outside pressures that they face. It represents a haven, a safe, quiet space where they don't have visitors and can focus on staying healthy. They come home to be by themselves, or to visit with the other residents or the staff. For other women it is a place where they can have their friends or partner over to visit. They want to feel able to welcome people into their "home." Still, for another woman, it is about recuperating from her latest bout with PCP (Pneumocystis carinii pneumonia) or even deciding to die at home. This particular woman has a network of medical professionals who are helping to make sure she experiences a comfortable death in her home.

This final example represents one of the most notable challenges about our housing. It is about meeting the needs of HIV positive women who are living relatively healthy lives versus the women who are at the end stages of AIDS and are really only concerned with waking up each day and getting through the day as best as possible.

An issue that has been prevalent over the years for Gladstone is housing male to female (M-to-F) transgendered women. The issues are complex. For example, there are concerns of safety for M-to-F transgendered women when they live in housing with men. Often the women are targeted by the men and suffer emotional and physical abuse. On the other hand, biologically born women, living in a woman-only home, can feel threatened by someone who they may perceive as being male, even though this person is living as a woman, and in turn not feel safe in their home. Trying to balance this dichotomy
can be tricky. Ultimately, Fife House’s mandate is to provide a safe and secure home for all the women living in the house. By utilizing conflict resolution techniques, having support staff present 24 hours a day, seven days a week, and promoting good communication between the residents has helped to alleviate some of the safety issues for the women.

One obstacle that HIV positive women face in accessing our housing is the fact that we are not able, due to funding restrictions, house women and their children. One way Fife House has been able to combat our limited abilities in supporting women and their children is to temporarily house women who are in the process of trying to regain custody of their children. We have facilitated visits between the mother and her children that have included day visits and overnight visits that eventually led to the mother regaining custody of her children. During this process we have also helped mothers move into more suitable housing for themselves and their children.

Fife House has been providing supportive housing for over eleven years. We have seen many changes over these years. In the last five to seven years we have seen the increase in the life span of people living with HIV. We have also recognized that the population of people accessing our housing has changed. We are housing individuals who have been marginalized in our communities. This population includes ex-prisoners, individuals who have problems with substance use, sex trade workers, and the homeless.

At Gladstone, we are faced with supporting women who may not only be HIV positive but are battling an addiction to crack/cocaine or alcohol, may still be actively working the street, and in conflict with the law. Often the issue of the woman’s HIV status takes a back seat to the other issues she is trying to cope with. Because of our client-focused approach, staff do their best in terms of taking direction from the resident in what kind of care and advocacy she requires. For some women, this may mean that having a roof over her head, that’s safe and secure, without the threat of eviction, is all that she needs to help get stabilized. Other women might need assistance in locating an HIV primary-care physician and still others ask for help in dealing with an addiction to crack/cocaine.

The experience at Gladstone has been that it often takes a woman anywhere from six months to a year to feel comfortable living there. This comes from the fact that so many of the women who have lived at Gladstone have lived in such unstable living conditions. It takes a long time to build trust with housemates, staff, and the agency.

Since opening its doors, Gladstone has experienced a fluctuating occupancy rate. There have been times when there has been an occupancy rate of 80 per cent or more and other times when it has dropped to 20 per cent. Contributing factors to these fluctuating rates include women’s isolation, not being able to house women with their children, safety concerns, and challenges living in a communal environment.

Fife House is addressing this concern by partnering with other communities in Toronto. One newly formed partnership is with two Aboriginal agencies, 2-Spirited People of the 1st Nations, and Anduhyaun. Gladstone has designated two of its beds for HIV positive Aboriginal women. A direct referral process will ensure that these women will maintain active contact with their referring agency. Staff from all three agencies work closely together to ensure the residents needs are being met to the best of our abilities.

This is a step towards keeping Gladstone a vital part of our community. Despite the struggles in maintaining high occupancy rates, Gladstone has become an integral part of the community for women living with HIV/AIDS. It holds out hope for women who really do believe they are alone and isolated in their struggles with HIV/AIDS. It provides them with a home where they can meet and live with other women who are like them and have the same fears they do. They can explore what it really means to be HIV positive in an environment free from judgement, and where they can build community that does not reject them because of their HIV status.

Kate Reynolds has been the Case Coordinator of Gladstone since its inception in 1996. She is a former member of the Board of Directors of the Canadian HIV/AIDS Treatment Information Exchange (CATIE).