Tensions between safety, security and privacy in the provision of health and social services within low-barrier housing for women living with and affected by HIV

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Background

• Homelessness and unstable housing associated with
  – reduced personal safety
  – increased risk of HIV infection
  – difficulty accessing health care services
  – suboptimal adherence to HIV treatment
The Vancouver context

- Downtown Eastside Canada’s poorest postal code
- High incidents of HIV and drug use
- High rates of homelessness
- Substantial increase in low-threshold supportive housing units run by NGOs
Objective

• Draw attention to the tensions between providing safe and secure housing, and the protection of residents’ privacy and confidentiality.
Methodology

• 56 semi-structured interviews with women living in low income and supportive housing between January 2010 and April 2013

• Ethnographic field work in housing environments

• Interview focused on health care access, sex work and housing environments
Participant Characteristics

- Median age: 38 (Range 22-63)
- Female: 52  Transgender: 4
- Aboriginal: 31
- Caucasian: 19
- Other visible minorities: 6
- All participants had a history of sex work
Positives about housing

• Women feel incredibly grateful for housing
• Positive narratives about housing
  – Food/breakfast programs
  – Laundry
  – Homemakers
  – Income generation opportunities
Guest Policies

• “It makes me feel like I’m a little kid and I don’t have no privacy. They take away my right to have company. If I had all you girls in my room that’d be my right. You can’t do that. They’re taking your rights away from you, as far as I’m concerned, if you pay rent, you should be able to have whoever you want over.” Doris

• “We have to be like little lawyers because it is my constitutional right to have company over and you can’t go to regular people’s apartments, you don’t see anybody blocking the door: ‘you got no ID, can’t come in here.’ That’s abuse and violation of my civil rights.” Anna
Guest Policies and sex work

• “The minute I got into my SRO, that’s where I take all my dates now ‘cause it’s owned by [NGO], which is for women’s safety, which I totally like. The only thing I don’t like about that is you have to have picture ID to get in and I feel that it’s a shame that I have to be sent back on the [...] because the guy [client] doesn’t have picture ID. I have a big problem with that.” Anna
Police Presence

• “The police come in and they check the tenants list to see who lives there. To see if there’s anyone who has warrants out for their arrest. And also they check the guest list. That’s an invasion of privacy. [...] I don’t know if they’re allowed to do that.” Rachel
“At our building we have staff on twenty-four hours a day. The elevator always stops on the second floor [where the staff office is located]. Whether you’re coming down or going up. And uh, if they don’t see you in twenty-four hours they’ll, come and check on you [...] It’s kind of crazy. But I mean it’s good too, that they, come and check right.” Sandy
“A couple of weeks ago I had the police come to my building and they told me my daughter was missing. She lives in housing where they check up on her every day. And so, I haven’t talked to her yet. But she goes out and stays a few days elsewhere sometimes. What gives them the right to report her missing? I don’t know what to think. I told them I had seen her a week ago or maybe it’s been longer than that. And then I really started worrying. I went through all that just because they keep an eye on you too closely? I’m still upset about what they put me through.” Rebecca
“I will not wait in line [at a clinic]. I got no patience. So my doctors come see me. But they can’t now because I don’t have a fixed address. And they can’t come see where I’m at now - it’s a crack house. They can’t come there.”
“[I was worried] people are gonna see me taking pills and then wonder what I’m taking them for so I threw out a bunch of them cause I was scared that my friend [who she is staying with] would find out. I just kept my mood pills. Cause I know I need those more than I need the ARV’s cause I get fucking crazy. Well I’ve told like two or three people [about my HIV]. That I trust and, I know they won’t say anything. But there’s such a stigma. Down here it’s worse than in the real world.”
Health Care Delivery
Case Study - Claire

- Intake was quick and easy
- Doctor was contacted without Claire’s consent
- Need for medication discussed in lobby
• Threats to privacy particularly damaging for marginalized women who face stigma and criminalization due to sex work, drug use, HIV.

• Women living in poverty need to have the same rights to privacy as we all enjoy

• Need a continuum of housing options with various levels of support

• Women living in poverty need to be included in discussions on the delivery of housing programs
Acknowledgements

Research & administrative support: Peter Vann, Gina Willis, Cindy Feng, Annick Simo, Ofer Amram, Kathleen Deering, Jill Chettiar, Alex Scott, Julia Homer, Jen Morris, Chrissy Taylor, Brittney Udall, Chantelle Fitton, Sandra Cortina, Sylvia Machat, Belle Beach, Helen Wang, Even Shen and Tina Ok.

Community Advisory Board/Partners: WISH, SWUAV, ORCHID/ASIA, Options for Sexual Health, VCH, BCCDC Street Nurses, UNYA, PEERS, PACE, BCCEC, ATIRA, RainCity, Pivot Legal, PWN

Funding: US National Institutes of Health, Canadian Institutes of Health Research