Coming Out of the Dark: HIV and Trauma

How I learned to escape the shadow of trauma and post-traumatic stress disorder

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“You look like you’re losing weight”

This was the statement a co-worker shared with me recently. They reported that I was looking thinner than usual. To many people, hearing you looked thin would be welcomed. For myself, it brought forth a fear that had me wanting to run into the bathroom to see if I appeared sick. My heart pounded as I looked in the mirror for a sign of anything signaling something was wrong. It was a comment that triggered a flashback to my early days of learning I had HIV. A time when looking thin or appearing to lose weight was associated with having what was referred to as “full-blown AIDS.” It was either that or you were accused of being on crack cocaine.

After calming down and taking the remark as a compliment, I questioned my reaction. The more I examined my feelings, the more I was able to identify my response. I was still living the trauma of having HIV.

Identifying my trauma was not easy as it’s something that is rarely if ever talked about. When I go to my doctor visits, we talk about everything else connected to my care, but we don’t talk about trauma. Unless one is intentionally addressing their trauma, it remains untreated. In some cases, it’s disregarded as something in one’s head and they should easily “get over it.” Even sharing that the comments on my weight acted as a trigger to me, I know, will look in the eyes of many as a vanity issue. They don’t considering that for some dealing with trauma, what may look like a minor issue to others is a flashback to their reality.

Trauma generally refers to a deeply disturbing or distressing experience. Trauma can result from a situation, an event, or a series of events that you experience. Some can have long-lasting negative effects on your regular ability to function as well as on your mental, physical, social, emotional and spiritual well-being. Among people with HIV, trauma can have devastating mental and physical health consequences, including:

Depression

Problems with disease management

Higher risk of behaviors associated with HIV transmission

Exploring theses consequences to trauma, I identified with all of them. I'm reminded of my previous struggle with depression and my return to high-risk actions. As I endured, I attached my behavior to the anger I felt of having HIV. I thought it was unrelated to any trauma, when in fact it was trauma that was in control.

Similarly, upon further examination of my co-workers' comments on my weight, I didn't know at the time that my reaction was a manifestation of PTSD. What appeared as a complimentary comment was in fact a trigger of earlier experiences in which my appearance was related to HIV.

My PTSD stress started well before I was diagnosed with HIV. It manifested when, as a teenager, I was silently dealing with being sexually abused as a child. This was an episode of my life when I was victimized for a year by a family member at the age of 10. Learning I now had HIV in my late teens compounded my earlier trauma and left me living a life of shame. Shame that, when triggered, drew me to the before-mentioned risk behaviors that included many episodes of risky and unsafe sexual encounters.

Triggers have a personal attachment to one's trauma, and they can appear as subtle as a comment or more pronounced through perceived rejection from another. Even a particular scent or sight can make someone revert back to when their HIV negatively impacted their lives.

As someone who has been living with the disease for 32 years, I thought I could say that I've dealt with my status, yet with further examination, I also freely admit that I had never fully addressed the trauma that created my situation. Even when I was in counseling, I don't think my trauma was fully addressed.

Yet there is a strong importance to introduce trauma-sensitive practices to the care of those living with HIV. Providers have an opportunity to interrupt the cycle of abuse by creating new patterns of health and well-being for patients. Especially for those who treat HIV-positive individuals on a regular basis. At the most, although they may not be a psychologist, they should have the basic understanding of trauma and insert routine screening. Treatment options, such as therapy, can be explored.

Looking at my triggers, I now recognize they're attached to my early diagnoses and run in conjunction with fears of my initial diagnose. As someone living with HIV for 30 plus years, I also recognize that despite the longevity of my disease, when triggered I go back to that time in my life when my doctor told me I was positive. Even now, when my doctor shares the result of my blood work, I get an overall sense of anxiety, despite knowing I've been compliant with my medical care. Yet, it feels as if I will hear bad news, and this results in me falling into a place of shame, questioning my role in taking my medications.

My turning point was allowing myself the ability to claim my PTSD and by claiming it, start to work toward a solution to address it. As someone who lived constantly with shame, it was important for me to not let that same feeling block me from any treatment. My secondary goal in addressing my

situation was finding someone who was adept at addressing trauma. It was important to find a mental health provider who could fully understand the presenting problems and their underlying issues in the context of my life.

Finally, it was important to research trauma and its relationship to HIV. Through my studying, I was now fully aware that this was more common than I thought—I was not alone. Yet many feel alone and don’t understand the full impact on how trauma affects their lives.

Given high rates of trauma and PTSD among people living with HIV, it is important for medical providers to offer trauma-sensitive services that help diagnose people as early as possible, overcome any barriers to them engaging in their own care, and make appropriate referrals to evidence-based treatment and interventions.

It’s time to start healing.

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