The Traumatic Lives of Women Living with HIV

Dr. Priscilla Dass-Brailsford

Chair, International Psychology
The Chicago School of Professional Psychology

Funding

The Center for Aids Research

(DC – D-CFAR)

NIH initiative to decrease the burden of HIV/AIDS in the nation's capital.

Acknowledgements: Nick Talisman, Abby Keogh, Toni Alukonde, Katie Unverferth, staff and women at The Women's Collective (Washington DC).

Abstract

Based on a study conducted with women living in the District of Columbia. Findings demonstrate a need for gender-responsive and trauma-informed practices to address mental health and trauma related issues among women living with HIV/AIDS.

- District of Columbia highest incidence of HIV compared to any other city in U.S.
- CDC (2011) reports AIDS incidence in DC at 119.8 per 100,000 people
- American women are almost 20 times higher than those of white women (CDC, 2016)
- 2000 to 2004, HIV/AIDS was the leading cause of death for African American women between the age of 25-34 years and the third leading cause of death for women 35-44 years of age

- About 11,000 African American women died because of HIV-related conditions during this period (CDC, 2015)
- HIV/AIDS (USA) – primarily affects economically and socially disadvantaged communities
- Rate of HIV among heterosexual African American women in the poorest sections of Washington, DC is over 12%.

- Women different risks than men
- Higher rates physical and sexual abuse in intimate relationships
- At risk for contracting HIV
- By race, gender, and socio-economic status, African American women are vulnerable to HIV-related deaths.

Long-term goal

- Identify & reduce mental health-related barriers to health care utilization among HIV+ women
- Preliminary evidence suggests trauma history/PTSD is a key barrier
- Objective*:* to identify common forms trauma exposure among HIV+ women – link to health care utilization

Specific Aim 1

- To evaluate the relationship between trauma exposure, in general, and different types of trauma in particular (childhood physical/sexual/emotional abuse, IPV, adult violence) with treatment engagement and adherence to HAART

Specific Aim 2

- To compare the extent to which mental health outcomes serve as mediators between trauma exposure and treatment engagement and adherence to HAART among WLWH with and without PTSD

Specific Aim 3

- To conduct in-depth LHC interviews with a sub-sample of WLWH (*n*=30, stratified to obtain a range of trauma histories, with and without PTSD) to elucidate the relationship between trauma history and HIV treatment adherence, and to identify mechanisms that play a role in improving treatment utilization.

Inclusion Criteria

- Female
- 21 years or older
- At least 8th grade level education
- Resident of the District of Columbia
- HIV positive
- Prescribed antiretroviral medications
- Child/adult trauma exposure (with or without PTSD)

Exclusion Criteria

- Non-English speakers
- Transgender
- Lifetime or current severe psychiatric disorder
- intoxicated (under the influence of alcohol or drugs

Methodology

Survey Data: N= 120

- **Patient Health Questionnaire-9** (PHQ-9; Kroenke et al, 2001)
- **Generalized Anxiety Disorder** Assessment (GAD-7)
- **PTSD Checklist for Civilians** (PCL-C; Blanchard et al.,1996): to assess PTSD symptoms
- **Life Stressor Checklist** (LSC-R)

- **AIDS Clinical Trials Group (ACTG) Adherence Questionnaire** (Cheney et al. 2000)
- 5-item self-report measure of treatment adherence (Carrieri et al, 2006)
- Cross validated medical treatment records (viral load used as a surrogate marker for adherence: an undetectable viral load = indicates good adherence; a detectable viral load = indicates lapses in adherence).

The Life History Calendar

- Matrix – clearly visible to participant
- Column headings: major life stages from infancy/early childhood to late adulthood
- Row headings denoted categories of life events eg. schools attended, traumatic experiences, victimization.

- Enhances recall
- Promotes in-depth discussion
- Effective reflection tool
- “[I can see] my whole life on paper”
- LHC interview takes approximately 90 minutes
- Secondary gain of therapeutic value

LHC (Continued)

- Empirically tested (DeHart et al, 2008, 2013) MH among incarcerated women and sexual behaviors among adolescents
- Used among different cultural backgrounds and ages
- Fidelity – direct observation

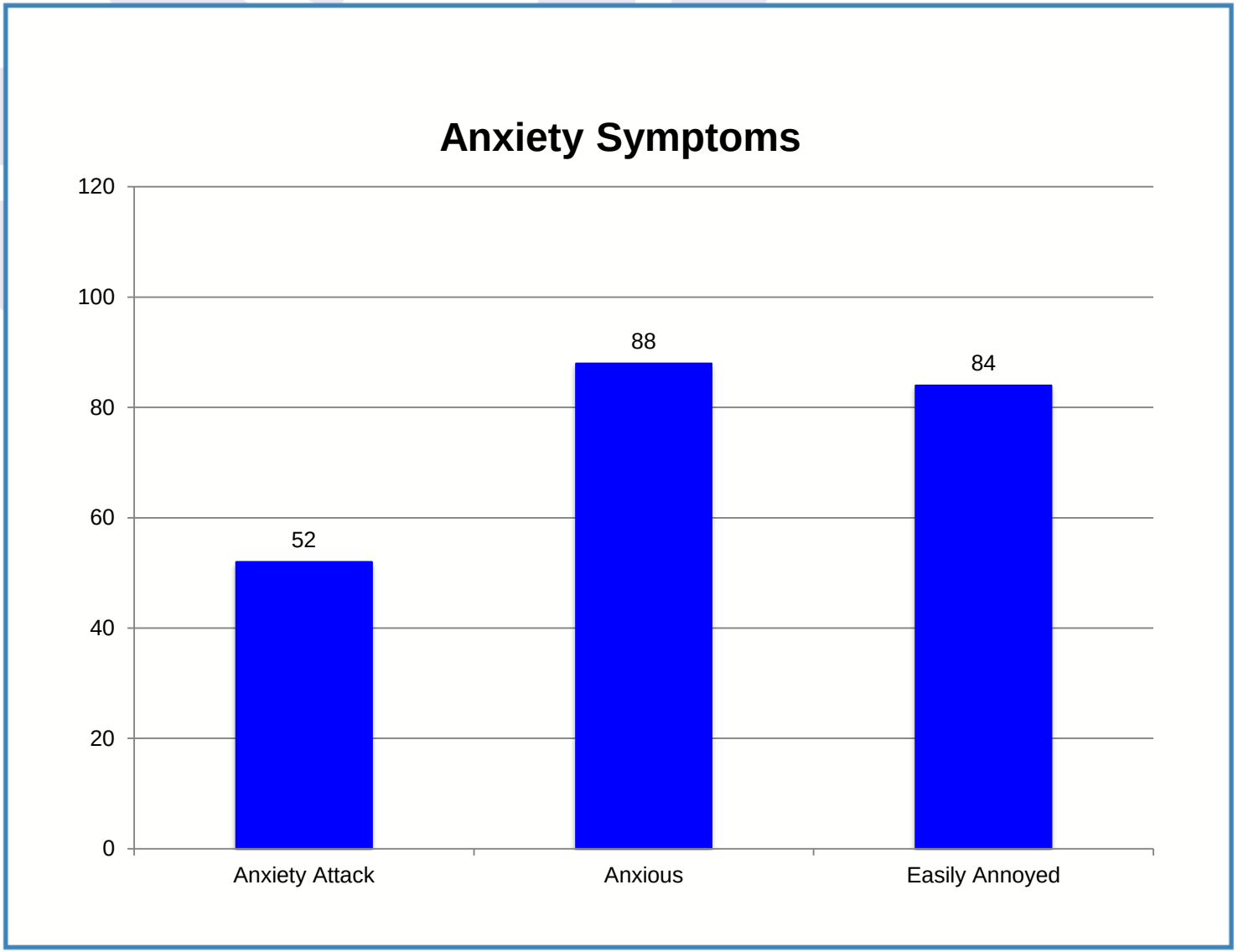
- LHC successfully used - women experiencing IPV
- Yoshihama et al (2005) compared traditional interview method with LHC
- Semi-structure - better access to long term memory
- Found LHC reports more lifetime IPV; especially abuse occurring early in respondent's life

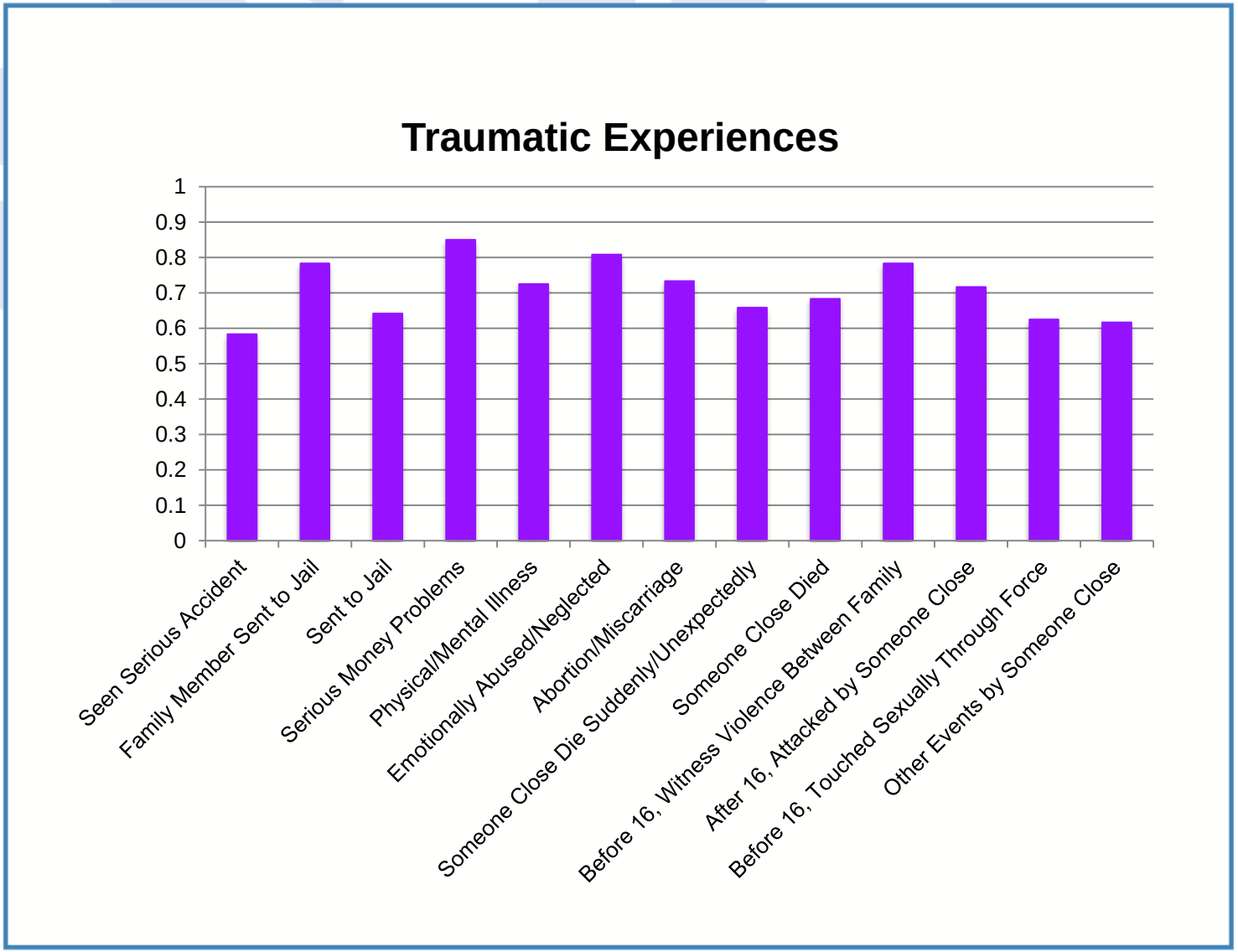
Data Analysis

- Mixed-methods data analysis – descriptive statistics
- Thematic Coding
- Trauma categories were only included in the analysis if consistent with DSM-IV which defines types of traumatic events associated with PTSD
- Codes discussed by whole research team, - iterative process until consensus was reached
- Data entered qualitative software package (NVIVO 8) - content analysis.

Quantitative Data Results

- Anxiety and PTSD emerged as major mental health issues
- Out of a total possible score of 3, the mean score of participants was 1.94 (SD=1.1)
- LSC-R, 50% of participants endorsed 17 or more life stressors, the mean score was 16.2 (SD=2.96)
- PCL-S, 80% of participants scored greater than the cut off score of 38 and had a mean score of 49.1 (SD=15.9)
- Only 4 participants scored 17 (cut off score) or more on the PHQ-9


Anxiety Symptoms
120
100
80
60
40
20
0
52
88
84
Anxiety Attack
Anxious
Easily Annoyed


Traumatic Experiences
1
0.9
0.8
0.7
0.6
0.5
0.4
0.3
0.2
0.1
0
Seen Serious Accident
Family Member Sent to Jail
Sent to Jail
Serious Money Problems
Physical/Mental Illness
Emotionally Abused/Neglected
Abortion/Miscarriage
Someone Close Die Suddenly/Unexpectedly
Someone Close Died
Before 16, Witness Violence Between Family
After 16, Attacked by Someone Close
Before 16, Touched Sexually Through Force
Other Events by Someone Close

Themes

- Chaotic Home Environment
- Bullying at School
- Homelessness & Teen Pregnancy
- Physical, Sexual and Emotional Abuse
- Intimate Partner Violence
- Mental Health & Substance Abuse Issues
- Criminal Involvement
- HIV & Health Care
- Repeating the Cycle
- Positive Coping – Support
- Future Goals and Aspirations

Incidence of Trauma

Of the 22 women who reported childhood sexual abuse, 21(95%) also reported IPV in adult relationships.

"He even beat me up when I was pregnant. He beat me so much that my placenta separated and my baby was born prematurely."

Another stated:

"I was cut and beaten up; emotionally abused, stalked, chased with a gun, stomped in the face and over the heart, and prevented from receiving health care after my jaw was broken"

Chaotic Home Environment

- 69% had been exposed to physical fighting and violence in the home during childhood.

"Every day of my life there was fighting and arguing in the house; it was very violent with punching, throwing bottles, and knives most of the time. My grandmother was verbally abusive to everyone because she was a chronic alcoholic."

Criminal Involvement

- Histories began in childhood
- Family members incarcerated, arrested, or charged
- 13 of the 22 women who committed a crime, committed a crime at least once, and 11 were incarcerated at least once.
- Drug use and/or distribution were the most often-reported crimes

Clinical Implications

- Health care providers unique position to support WLWH
- Imperative that WLWH are screened for depression, anxiety, or PTSD
- Decreases the likelihood of missed opportunities for providing mental health services and support.
- Create a safe/trusting environment for patients to discuss trauma
- Associated increased HAART Adherence; fewer ER visits

Limitations

- Small sample size
- Diverse sample - findings more generalizable
- Self-censorship and the sensitive nature of topic
- Repressed traumatic memories- unable to recall
- Qualitative data does not allow definitive conclusions

Future Directions

- More research
- Empirical evidence
- Early Detection & Collaboration
- Development of Interventions
- Policy Changes

Thank You