

NATAP: High Trauma Rates in PWH-MSM, Women, Drug Users

December 26, 2023 at 11:06 AM

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PLWH are disproportionately affected by psychological, emotional, physical, and sexual trauma [1, 5] and tend to have higher prevalence estimates of trauma compared to the general population. For example, **studies have shown that among US populations, up to 95% [9, 10] of people living with HIV report at least one traumatic stressor [11] and up to almost two-thirds (64%) have posttraumatic stress disorder (PTSD) [12].**

MSM living with HIV may experience higher levels of stigma and trauma related to their sexual orientation.

women living with HIV exhibited a higher prevalence of PTSD (35%) in comparison with both MSM (33%) and non-MSM male (20%) groups.

Compared with heterosexual counterparts, MSM reported higher risk for suicidal ideation,⁸⁹ which also indicates greater psychological stress and mental health problems (ie, PTSD and depression). Given that these data are from a small number of studies and/or participants, this finding should be interpreted with caution. Nonetheless, given the high prevalence of PTSD in this group, future efforts should be made to obtain more prevalence data on PTSD among MSM living with HIV.

PTSD as a serious and costly health problem in the general population is well recognised, and impairs a person's physical health, and greatly influences social functioning.¹¹

The illness experience of PTSD, such as persistent avoidance and re-experiencing the traumatic event, may also compromise quality of life and cause significant distress in PLWH.

The pooled prevalence of PTSD among PLWH found in this study heightened the high rate of comorbidity between HIV infection and PTSD, which is consistent with previous demonstrations.^{8 7}

For PLWH, although depressive symptoms have been the focus of many studies, and 36% of PLWH were likely to have depression according to nationally representative data in the USA,⁷⁷ this pooled estimated prevalence of PTSD among PLWH showed that PTSD is also a common mental disorder among individuals living with HIV/AIDS. Therefore, the results of our study significantly underscore the importance of early assessment and trauma-directed psychological interventions for PLWH.

Post-traumatic stress disorder (PTSD) is a mental health condition following exposure to a life-threatening event, or extreme or repeated exposure to traumatic events.⁴ A growing body of literature indicates that PLWH have a heightened risk for PTSD.^{5 6} PLWH are more likely to report a history of traumatic and stressful life experiences than the general population, including childhood sexual/physical abuse and intimate partner violence.⁷⁻⁹ PTSD may precede an HIV-positive diagnosis due to previous traumatic experiences. In addition, being diagnosed with HIV, a life-threatening illness, is a potentially traumatic event in and of itself, and PTSD may emerge as a result of this diagnosis. Infection with HIV causes a progressive destruction of the immune system, which increases the susceptibility to malignancies that threaten a person's life, and being labelled and associated with HIV stigma, taking multiple daily medications and experiencing repeated unpleasant side effects constitute potentially traumatic events.¹⁰ These high rates of potential trauma exposure during the course of the illness may also increase the likelihood of developing PTSD.

There are many factors which may explain the high levels of PTSD among PLWH such as **early exposure to trauma, including childhood sexual abuse [13], and revictimization [14].** One factor which may also contribute to PTSD is the **diagnosis of HIV [14].** Over one-third of individuals living with HIV among a South African population have stated that the worst traumatic event that they experienced was being diagnosed with HIV [15].

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Stigma, racial discrimination, poor neighborhood, gender identity, social status, socio-economic status, family background.

Ageism perpetuates the invisibility of older adults and, in turn, renders current medical and social service systems unprepared to respond to patients' needs.

older people living with HIV are more likely to be members of racial, ethnic, and sexual minorities and that, as a result, many of them will have "navigated the realities of homophobia, sexism, racial/ethnic discrimination, and economic discrimination.

Results A total of 38 articles were included among 2406 records identified initially. The estimated global prevalence of PTSD in PLWH was 28% (95% CI 24% to 33%). Significant heterogeneity was detected in the proportion of PLWH who reported PTSD across studies, which was partially explained by geographic area, population group, measurement and

sampling method ($p < 0.05$).....<https://bmjopen.bmj.com/content/10/4/e032435>

the level of perceived HIV-related stigma in the community experienced by PLWH may cause adverse health and psychosocial outcomes. Social isolation and stigma might exacerbate symptoms of PTSD.⁸¹ In high-income countries, PLWH may experience 'compound' or 'layered' stigma, where stigmatising beliefs are associated with HIV infection and related to sexual orientation, commercial sexual behaviours, etc.

Mental health and cognitive challenges

Possible challenges to the mental health and well-being of older people with HIV include:

- HIV-associated neurocognitive disorders (HAND)
- depression
- trauma
- loneliness

Trauma & HIV - High Rates

"trauma screening should be mandatory as part of HIV care services and all patients living with HIV must be screened for a history of trauma to provide holistic HIV care."

"Trauma is defined by the American Psychological Association as a **disturbing experience that causes significant fear, vulnerability, dissociation, confusion, or other adverse feelings that may result in a long-lasting negative effect on one's attitudes, behavior, and functioning [7].** However, the Diagnostic and Statistical Manual (DSM-5) [8] defines trauma as "actual or threatened death, serious injury or sexual violence". Therefore, there is a debate on whether "adverse childhood experiences: These include: living with someone with psychopathology, living with someone who had been incarcerated, divorce or separation of parents, witnessing domestic violence, experiencing physical, emotional, or sexual abuse. For example, sexual abuse will be considered traumatic based on the DSM-5 definition."

"PLWH are disproportionately affected by psychological, emotional, physical, and sexual trauma [1, 5] and tend to have higher prevalence estimates of trauma compared to the general population. For example, studies have shown that among US populations, up to **95%** [9, 10] **of people living with HIV report at least one traumatic stressor [11] and up to almost two-thirds (64%) have posttraumatic stress disorder (PTSD) [12]."**

"Both mental health issues and HIV care services should be provided together

to improve the mental health, HIV outcomes and overall wellbeing of PLWH.”“PLWH with histories of trauma are more likely to engage in substance abuse (e.g., drug and alcohol)”

“trauma survivors experience PTSD, phobia, anxiety, depression, increases substance abuse and risky sexual behaviors that may expose them to HIV infection.”

“Evidence has shown that some PLWH usually report experiences of physical and childhood sexual abuse, and intimate partner violence, particularly among women living with HIV”

“A study conducted with 104 WLH in a San Francisco clinic showed that **97.1% had experienced lifetime trauma (including adverse childhood experiences)** and those with more lifetime trauma were more likely to report **PTSD, depression, anxiety, and substance abuse, especially alcohol and drugs.**”

“men who have sex with (MSM) especially those living with HIV are disproportionately affected by trauma”.....“The trauma emanates from a lifetime of living with HIV, especially in the early days of the epidemic when there was little hope for survival (i.e., prior to 1995/1996), which led to seemingly endless loss of those in one’s social circle.”

“African American WLH are disproportionately affected by interpersonal violence, substance abuse and adverse mental health outcomes, which is often associated with poor HIV care outcomes ”

Trauma-Informed HIV Care Interventions: Towards a Holistic Approach

trauma-specific services refer to evidence-based interventions and treatment that are geared towards treating traumatic stress and any other substance use and mental health disorders (for e.g., PTSD) that co-occur and develop either during or after a traumatic event [32].

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Several studies and reviews across different social settings have established that trauma survivors experience PTSD, phobia, anxiety, depression, increases substance abuse and risky sexual behaviors that may expose them to HIV infection [1, 5, 20, 27–30].

Evidence has shown that some PLWH usually report experiences of physical and childhood sexual abuse and intimate partner violence particularly among women living with HIV (WLH)

sexual abuse, and intimate partner violence, particularly among women living with HIV (WLH) [5, 16–21]. Although both women and men living with HIV are affected by trauma, WLH are mostly affected by trauma (e.g., PTSD) than their male counterparts [1]. A meta-analysis (including a wide range of countries) found that PTSD was prevalent (30%) among WLH [5, 18]. A study conducted with 104 WLH in a San Francisco clinic showed that **97.1% had experienced lifetime trauma (including adverse childhood experiences)** and those with more lifetime trauma were more likely to report **PTSD, depression, anxiety, and substance abuse, especially alcohol and drugs** [2].

Although the experience of trauma among men living with HIV is lower when compared to WLH, **men who have sex with (MSM) especially those living with HIV are disproportionately affected by trauma**, which has been linked to their sexual behaviors and HIV outcomes [1, 23]. Research has shown that most MSM have had a history of childhood sexual abuse, PTSD, and dissociation [23].

WLH who reported more lifetime trauma were more likely to report non-adherence to HIV medications and poor quality of life compared to women who did not report trauma [2]. Particularly, **African American WLH are disproportionately affected by interpersonal violence, substance abuse and adverse mental health outcomes, which is often associated with poor HIV care outcomes** [22].

PLWH are disproportionately affected by psychological, emotional, physical, and sexual trauma [1, 5] and tend to have higher prevalence estimates of trauma compared to the general population. For example, studies have shown that among US populations, up to 95% [9, 10] of people living with HIV report at least one traumatic stressor [11] and up to almost two-thirds (64%) have posttraumatic stress disorder (PTSD) [12].

Growing evidence has shown the need to adopt and implement trauma-informed care in HIV care services. Reiterated, several studies have shown an association between PLWH's experience of traumatic events and poor HIV treatment adherence, poor linkage to care, antiretroviral therapy (ART) resistance, lower CD4 counts, higher HIV viral loads, additional opportunistic infections, and high AIDS-related mortality [5, 21, 29].

PLWH with histories of trauma are more likely to engage in substance abuse (e.g., drug and alcohol) and unprotected sexual activities (e.g., non-condom sex) that may facilitate HIV transmission to others especially if they are not virally suppressed [5, 22, 31].

Over 40 years investment in HIV research led to the development of antiretroviral therapy (ART) that changed the course of HIV infection from a deadly disease to a manageable chronic disease [1]. Globally, several studies have reported that people living with HIV (PLWH) now live longer if they adhere to ART and are virally suppressed [1–6]. Despite this breakthrough in HIV research, experience of traumatic events are social determinants of health that are usually not addressed within the health systems.

Definition of Trauma

Trauma is defined by the American Psychological Association as a **disturbing experience that causes significant fear, vulnerability, dissociation, confusion, or other adverse feelings that may result in a long-lasting negative effect on one's attitudes, behavior, and functioning** [7]. However, the Diagnostic and Statistical Manual (DSM-5) [8] defines trauma as "actual or threatened death, serious injury or sexual violence". Therefore, there is a debate on whether "**adverse childhood experiences**" as defined by the 11-item Adverse Childhood Experiences questionnaire are all considered traumatic experiences. These include: living with someone with psychopathology, living with someone who had been incarcerated, divorce or

... someone with psychopathology, living with someone who has been incarcerated, divorce or separation of parents, witnessing domestic violence, experiencing physical, emotional, or sexual abuse. For example, sexual abuse will be considered traumatic based on the DSM-5 definition.

However, living with someone with psychopathology or someone who had been incarcerated might not be considered “traumatic”. Indeed, not all types of abuse might be considered “traumatic” based on the DSM-5. However, **if it is a “disturbing experience” which may have a long-lasting effect then this experience will be traumatic** based on the American Psychological Association’s definition. We argue that the experience of trauma may be based on one’s personal perspective and view of the event.



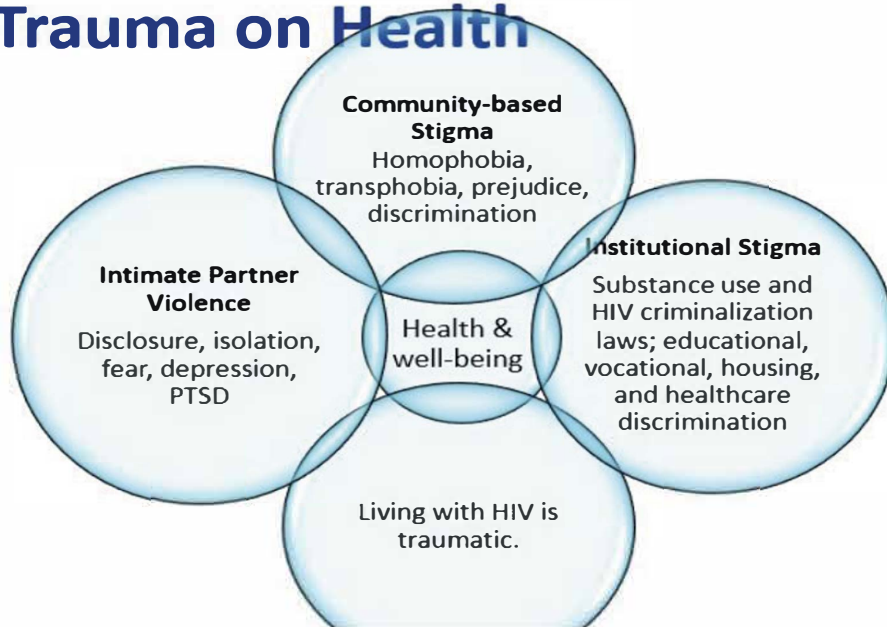
Trauma Affects the Brain

- Trauma at any age can affect the brain and result in changes in behavior and responses to life experiences.
- Our brains are “neuroplastic,” meaning that they can change and adapt based on our environments and experiences.

Trauma Linked to Health Challenges Over the Lifespan

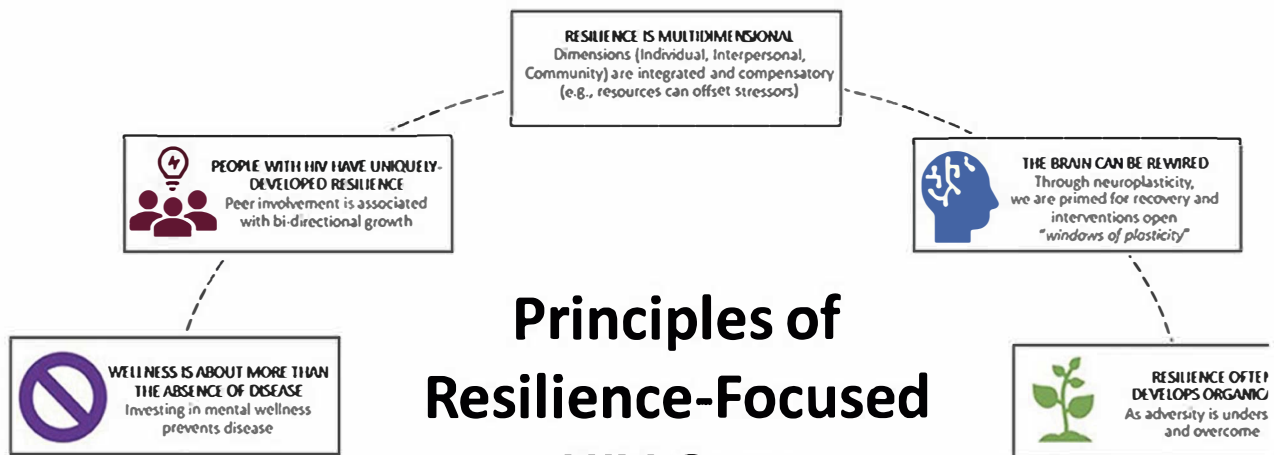
Adverse Childhood Experiences	Biological Impacts and Health Risks	Long-term Health and Social Problems
The more types of adverse childhood experiences...	The greater the biological impact and health risks, and...	The more serious the life-long consequences to health and well-being.

Impacts of Trauma on Health



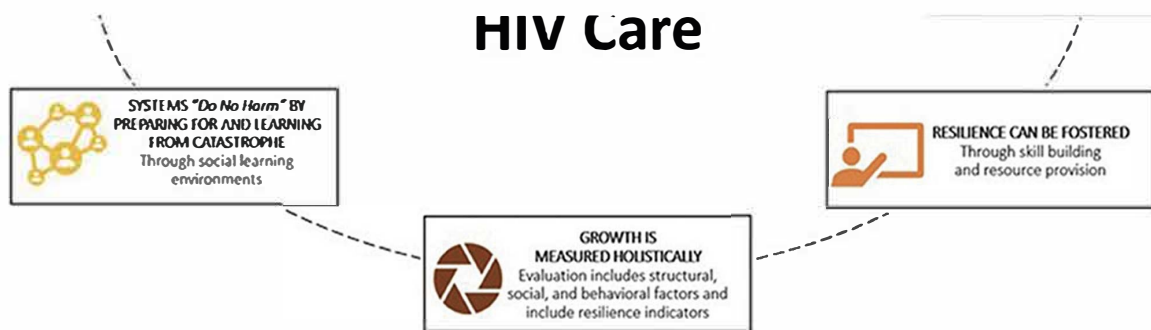
LTS, long-term survivors Thrivers

- Studies have found that older adults with HIV, particularly long-term survivors, have experienced deep psychological effects of the HIV/AIDS epidemic.
- The effects include higher rates of depression and anxiety, increased substance use, social isolation, and cognitive impairment.
- There has been a focus on post-traumatic stress disorders (PTSD) in long term survivors (LTS).



Principles of Resilience-Focused

HIV Care



Citation: Brown LL, Martin EG, Knudsen HK, Gotham HJ and Garner BR (2021) Resilience-Focused HIV Care to Promote Psychological Well-Being During COVID-19 and Other Catastrophes. *Front. Public Health* 9:705573. doi: 10.3389/fpubh.2021.705573

Resilience

- Resilience requires a skill set that we can work on and grow over time.
- Building resilience takes time, strength, and help from people around us; we'll likely experience setbacks along the way.
- It depends on personal behaviors and skills (like self-esteem and communication skills), as well as external things (like social support and resources available to us).
- Being resilient does not mean that people don't experience stress, emotion upheaval, and suffering.
- Demonstrating resilience includes working through emotional pain and suffering.

What is stigma in aging?

- Ageism refers to the stereotypes (**how we think**), prejudice (**how we feel**) and discrimination (**how we act**) towards others or oneself based on age.
- Who does ageism affect? Ageism affects everyone
- Alongside intersectional stigmas, people ageing with HIV face specific challenges that are distinct from those faced by people with HIV at younger ages.
- Chronic comorbidities, which become more common as people age, can be more prevalent in people with HIV than those without, and are major determinants of poor HRQOL. (health related quality of life)
- Biomedical complications of ageing with HIV are beginning to be well described, the psychosocial stressors that older people with HIV have, and the consequences of these stressors on physical and mental health.