

HIV Risk Reduction

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New Research Offers Hope

Recognizing what fuels the HIV epidemic among women may hold key to women's health overall

“There was a huge missing ingredient in our care model.” - Edward Machtinger, MD

Dr. Machtinger is Director of University of California San Francisco's Women's HIV Program (WHP). Founded in 1993, WHP at UCSF was the first program in the country designed specifically to serve HIV-positive women and girls, offering a full array of health and social services under one roof - an innovation that has helped clients to thrive for 20 years.

At the same time, new research prompted by the recognition that some patients were not doing well led WHP to a crucial discovery.

“We were concerned about the health of some of our patients,” explains Dr. Machtinger. “Most striking was the fact that over the past two years, eight women died, but none from AIDS or AIDS-related complications. So we conducted detailed behavioral assessments with 113 patients asking about sexuality, substance use, and a range of demographics. We also happened to include a question about recent and past physical and emotional abuse,” says Dr. Machtinger.



Cassandra, WHP Client

Complex PTSD

The experience of episodic or lifelong trauma can lead to Complex Post-traumatic Stress Disorder (PTSD) an anxiety disorder that disrupts or erodes a range of the survivor's emotional, social, cognitive, and psychological capabilities - from self-regulation to prosocial behavior - stripping them of social support which, over time, increases the severity of symptoms.

Treatment is rooted in strength-based interventions designed to help survivors function better, manage their symptoms, and integrate with family and community.

The findings, says Dr. Machtinger, were both shocking and very helpful. “Over 70 percent of our respondents reported lifelong abuse. Women who cited recent abuse or having been a victim of violence in the past 30 days were over four times more likely to be failing their anti-retroviral medicines and over four times more likely have an HIV-negative partner who did not use a condom.”

The findings revealed what the eight women who died had in common. “Each individual was unique,” says Dr. Machtinger, “but what unifies them is a history of trauma. One young woman who had suffered lifelong abuse simply stopped taking her anti-retrovirals. Three women overdosed. Two committed suicide. One was killed by an unknown assailant and another was murdered by her partner.”

“We all had a very strong concern that this woman could be murdered by her partner and did everything we could to protect her,” says Dr. Machtinger. “But at that point, we were not adequately educated or resourced to intervene effectively in the life of a woman threatened by such lethal intimate partner violence.”

“By the same token, I think many people, myself included, knew about the lifelong serial abuse that our patients had experienced, but we didn’t have a name for it and we had no idea that it was actually treatable. Now we know that the impact of longterm

abuse can lead to an anxiety disorder called Complex Post Traumatic Stress Disorder (PTSD). Complex PTSD and intimate partner violence can and must be addressed for us to have the meaningful impact on our patients that we seek.”

Professionals in the field of mental health and substance abuse treatment have long known the effect that trauma can have on a client’s life. But only recently have those in the field of HIV/AIDS become aware of how trauma and PTSD not only affect treatment outcomes but are driving the epidemic, especially among women.

“The results of our study and those of other recent studies clearly show that trauma fuels every element of the HIV epidemic among women. Many women with histories of childhood abuse and intimate partner violence (IPV) either cannot protect themselves or do not have the self-efficacy

and confidence to protect themselves. forty percent of women arrive in our program actively using crack cocaine; understanding the impact of Complex PTSD helps make sense of that,” says Dr. Machtinger.

“Our research revealed that a crucial piece was missing from our care model. So we dedicated ourselves to transforming our program into one that is trauma-informed. But when we looked for a guide, we couldn’t find a model that included screening and interventions for both intimate partner violence and past abuse. At that point, we realized that we had the



Trauma fuels every element of the HIV epidemic among women.

opportunity to make a very big contribution.”

Dr. Machtinger published his findings on trauma and PTSD in HIV-positive women in *AIDS and Behavior*, an international research journal, and was invited to present at the White House to a Presidential Working Group on the Intersection of HIV/AIDS, Violence Against Women and Girls, and Gender-Related Health Disparities.

“I was honored to be invited to speak to leaders from a variety of federal agencies that are working together to find a solution to the intersection of trauma and HIV,” said Dr. Machtinger. “The fact that this group came together at all is a sign that people increasingly understand the link between trauma and the HIV epidemic in women.”

The report generated by the Working Group reaffirms how severe trauma and PTSD are for HIV positive women, says Dr. Machtinger. “For example, 55 percent of women living with HIV in the United States report intimate partner violence, which is approximately twice the already high national rate among women. Over 60 percent of women with HIV report sexual abuse at some point in their lifetime, and 30 percent are currently living with PTSD symptoms. As we already know from many prior studies, both childhood sexual abuse and adult intimate partner violence predispose women to risk behavior that can lead to their

becoming infected in the first place.”

The discoveries of his team, says Dr. Machtinger, build on decades of research about the impact of trauma and PTSD on an array of health outcomes among HIV-positive women “and we are not the only ones working to develop a response. For example, a report by Dr. Webber on findings from the Women’s Interagency HIV Study by the National Institute of Allergy and

Infectious Diseases showed that HIV-positive women who report recent abuse are almost twice as likely to die compared with those who do not report recent abuse.”

The quest for new responses has the potential to make all interventions with HIV-positive women - from substance abuse to medication adherence - far more effective, says Dr. Machtinger, who believes that conventional expectations for women living with HIV are “far too low. An undetectable viral load is a great first step, but why stop short of a safe, healthy, fulfilling life?”

Moreover, says Dr. Machtinger, “developing and disseminating a

model of trauma-informed primary care has implications beyond the 350,000 women living with HIV in this country. The model can be scaled for use with the far larger population of all women and girls who have experienced abuse, loss, neglect, and community violence”.



Sonia, WHP Client

Conventional expectations for women living with HIV are far too low. An undetectable viral load is a great first step but why stop short of a safe, healthy, fulfilling life?



“Our research inspired us to transform our clinic and has the potential to transform women’s healthcare.”
Edward Machtinger, MD, Director of the Women’s HIV Program at the University of California, San Francisco is a nationally-recognized expert on the relationship between HIV and trauma.

HIV IS A SYMPTOM of a much larger problem - violence against women.

Highlights from the President’s Interagency Federal Working Group Report

- 36% of women in the U.S. have suffered rape, physical violence, or stalking by an intimate partner.
- Of these, 69% experienced Intimate Partner Violence (IPV) at age 25 or younger.
- 22% first experienced IPV between the ages of 11 and 17.
- Among women living with HIV, the rate of IPV is 55%.
- Only 26% of women living with HIV have the virus suppressed (undetectable viral load).
- Violence and HIV are prevalent among transgender women. A systematic review found a mean of 58% transgender women reported violence at home, with a mean HIV prevalence of 28%.
- Compared to women who have not experienced violence, women with a history of IPV are more likely to report HIV risk factors, including unprotected sex, injection drug use, and alcohol abuse.
- Women who experience IPV are less likely than other women to display high levels of self-efficacy for HIV prevention, and more likely to miss healthcare appointments.
- Among women living with HIV/AIDS, trauma, abuse, and violence are associated with less use of antiretroviral medication, decreased medication adherence, and increased risk of death.
- HIV infection may trigger or augment physical violence, particularly against women. One large study reported that over one in five women living with HIV reported physical harm since their HIV diagnosis, attributing half of these events to being HIV-positive.

HIV Early Intervention Services (EIS)

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