PHYSICAL/SEXUAL ABUSE AND HIV RISK

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INTERPERSONAL VIOLENCE (IPV)

• IPV is associated with higher rates of psychiatric disorders, substance abuse, homelessness and HIV in women and men

(Berger-Greenstein, Brady, Cuevas, Trezza & Richardson, 2004)
SUBSTANCE USE, HIV AND IPV

• Use, Abuse and Dependence
• Alcohol Abuse
• Prescription Drug Use and Pain Management
• Illicit Drug Use
• Injection Drug Use

Berger-Greenstein, Brady et. al 2004}
WHO IS AT RISK?

- African American and Latino women and men are at increased risk for HIV
- Substance using women and men have higher rates of IPV and HIV
- MSM... particularly AA and Latino MSM are at increased risk for HIV and IPV

(Huebner, Rebchook & Kegeles, 2004; Relf, Campbell & Catania, 2004; Hilary, Inciardi, Kurtz & Kiley, 2004; Kalichman, Gore-Felton, Benotsch, Cage & Rampa, 2004)
WHO IS AT RISK?

• Homeless men and women have high rates of IPV and HIV

• Women and Men who are sex workers have high rates of IPV and HIV

• Poor women and men, have higher rates of IPV and higher rates of HIV

(Wentzel et. al, 2004; Harris et. al 2003; O’Campo et. al 2002; Gilbert et. al 2000; Logan, 2000; Wechsberg, 2003; Kessler et. al 1993)
• Recent immigrants including women may be at increased risk for HIV and have higher rates of IPV.

• Women have significantly higher rates of childhood sexual abuse than men which increases their risk for HIV.

• MSM have higher rates of childhood sexual abuse and perhaps IPV than other men.

(Bassel et. al 1998, Gielen et. al 2001; Eisenman et. al; 2003; Harris et. al 2003; Greenwood et. al 2002)
WOMEN LIVING WITH HIV/AIDS IN US

- Of the diagnoses of HIV infection from 2008-2011:
  - Women accounted for 21%
  - Black/African Americans accounted for 64% of the women and 47% of the total
  - Hispanics/Latinos accounted for 16% of women and 21% of the total

(CDC, HIV Surveillance - Epidemiology of HIV Infection (through 2011))
IMPLICATIONS: HIV RELATED

- Multiple partners
- STD History
- Partner-related risk
- Receptive anal intercourse without condom for young AA women and MSM
- Sex work and sex trade
- Unwanted Pregnancy

MENTAL HEALTH IMPLICATIONS: IPV AND HIV

• Axis-1 Spectrum Disorders
  • Developmental Disorders (Unknown)
  • Adjustment Disorders (13-54%)
  • Mood Disorders (2-22%)
  • Anxiety Disorders (PTSD may be 15-20%)
  • Substance Use Disorders (over 50%)
  • Psychotic Disorders (5-8% of urban mentally ill HIV+)
  • HIV Related Organic Mental Disorders including
    Minor Motor Cognitive Disorder (HIV always crosses
    the blood brain barrier)
PERSONALITY DISRUPTION

• Axis- 2 Spectrum Disorders
  • Borderline Personality Disorder
  • Antisocial Personality Disorder
  • Mixed Personality Disorder
HIV AND PERSONALITY DISORDERS

- Borderline, Antisocial and Narcissistic Personality Disorders are not uncommon in affected HIV populations

- Etiology of both BPD and APD are most likely related to childhood abuse and neglect

- Patients with these disorders may have problematic relationships, impulsivity, entitlement, self destructiveness and non-adherence to recommendations

- Both respond to enlightened self-interest, limit setting, empathy, and self regulation
MOOD DISORDERS AND HIV: DEPRESSION

- Somewhere between 2 and 57% of HIV infected men and women are depressed (Berger, Brady, Spiggle, Brief and Keane, 2004; Rabkin, 1996)

- 20% of HIV patients presenting for medical admission have MDD (Lyketsos, 2001)

- 37% of IVDU’s had MDD within 3 years of Diagnosis (Johnson, 1999)

- 57% of Women with HIV met criteria for MDD in one study (Richardson et. al 2001)
MOOD DISORDERS AND HIV: DEPRESSION

- As HIV infection progresses depressive symptoms increase (Lyketsos et. al, 1996)
- Mood Disorders are implicated in adverse medical outcomes including suicide
- These rates probably reflect higher rates of depression independent of HIV for gay men, poor women and IVDU’s (Berger, Brady, Spiggle, Brief and Keane, 2004).
ANXIETY/TRAUMA RELATED DISORDERS AND HIV

• Anxiety disorders (with their etiology most likely the result of trauma) are common in HIV Positive Individuals (easily 20% based on a non-HIV sample)

• These Disorders include post-traumatic stress disorder, generalized anxiety disorder, panic disorder and panic attacks
One recent meta-analysis found that the estimated rate of recent PTSD in HIV-positive women is 30.0%, over five times the rate of recent PTSD reported in a national prevalence sample of women (Machtinger, et al. 2012).

Those exposed to trauma and those who develop PTSD go on to have poorer health outcomes and higher transmission risk behaviors (Machtinger, et al. 2012).
Chart Review for 100 Women in Medicaid HMO

- 95% History of Sexual Abuse
  (rape, assault, incest, molestation, torture)
- 45% rape
- 30% Incest and Molestation
- 83% Serious Physical Assault
- 41% Hospitalization for Assault
- 22% Seizure related assault
TRAUMA, WOMEN AND SUBSTANCE ABUSE

Chart Review for 100 Women in Medicaid HMO

- 72% Lifetime ETOH Abuse
- 68% ETOH Related Hospitalization
- 69% Other Substance Abuse
- 62% History of IVDU
BROAD IMPLICATIONS

- Decreased Quality of Life
- Reduced Adherence
- Negative Health Outcomes
- HIV transmission
- Increased Costs

(Brief, Bollinger, Vielhauer, Berger-Greenstein, Morgan, Brady, Buondonno and Keane 2004)
MANAGING HIV IN TRAUMATIZED PATIENTS

- Acute medical intervention and safety planning
- Systematic assessment of risk: IPV, HIV risk & SA
- Substance abuse and mental health treatment
- Adherence training
MANAGING HIV IN TRAUMATIZED PATIENTS

• Introversion/extroversion and stability/instability schema

• Empathy, affect regulation and distress tolerance

• Get support for limit setting

• Motivational Interventions may hold promise
HIV AND MOTIVATIONAL APPROACHES

• MI has been successfully used to reduce unprotected sex among women (Carey et. al 1997; Belcher, Kalichman & Topping, 1998)

• MI has been used to reduce alcohol use in people with Schizophrenia (Grabaer et. al, 2003)

• MI can be useful for SMI and SA if adapted (Martino, Carroll & Costas, 2002; Ruesch & Corrigan, 2002)

• One study examining MI and HIV risk reduction in the dually diagnosed suggested that MI was no more effective than SA intervention for reducing HIV sexual and drug use behavior (Carey et. al 2004)
BRADY CONTEXT:
HIV/AIDS, SEVERE MENTAL ILLNESS AND HOMELESSNESS
(PI: BRADY NIH-NIMH R01 MH 084696-01A2 2010-2015)

- Two-arm randomized controlled trial (RCT) for 308 seriously mentally ill adults (SMI) engaging in risky behavior, comparing a brief HIV primary and secondary prevention intervention [Skills building and Motivational Interviewing (SB-MI) to Care as Usual (CAU)].
- Boston Medical Center - large urban safety net Medical Center and outcomes will be measured at 3, 6, and 12 months.
- Participants: To date we have randomized 212 men and women (117 men and 95 women) with retention of 88% at 12 months.
HIV STUDY PSYCHIATRIC AXIS 1 DIAGNOSES – MEN AND WOMEN

• PTSD: 99 (58%)
• Lifetime MDD: 86 (50%)
• Panic disorder: 46 (27%)
• Agoraphobia: 6 (3.5%)
• OCD: 8 (4.7%)
• GAD: 15 (8.7%)
HIV STUDY PSYCHIATRIC AXIS 1
DIAGNOSES – WOMEN ONLY

- PTSD: 49 (59.7%)
- Lifetime MDD: 39 (47.5%)
- Panic disorder: 28 (34%)
- Agoraphobia: 3 (3.6%)
- OCD: 4 (4.8%)
- GAD: 8 (9.7%)
HIV STUDY – DEMOGRAPHIC INFORMATION (WOMEN ONLY)

- The mean age of the women in the study is 41
- 9.7% (8) HIV+, 90.2% (74) HIV negative or unknown
- Self identified sexual orientation:
  - Heterosexual: 42 (51.2%)
  - Lesbian: 6 (7.3%)
  - Bisexual: 32 (39%)
  - Unsure/Other: 2 (2.4%)
- Socioeconomic
  - 41.4% (34) describe their current housing as a “shelter” or “on the street”
  - 30.4% completed some level of post high school education, 39% completed high school/GED, and 30.4% did not complete high school
SEXUAL ORIENTATION V. BEHAVIOR

• For the last 3 months:
  • Heterosexual
    • 97% (41) reported WSM, 2.3% (1) reported no sex
  • Lesbian
    • 16.66% (1) reported WSM, 50% (3) reported WSW, and 33.33% (2) reported WSWM
  • Bisexual
    • 3.1% (1) reported no sex, 56% (18) reported WSM, 3.1% (1) reported WSW, and 37.5% (12) reported WSWM
  • Unsure/Other
    • 100% reported WSM
SB-MI holds great promise for the “real world” as it provides a highly flexible structure for tailoring strategies and techniques for each participant’s complex cognitive and psychosexual functioning and affords maximum flexibility and privacy in selecting topics of intervention, which is essential to the spirit of Motivational Interviewing.
THE TRANSLATION OF MI TO MEDICINE

• Systematic information about patient risk behavior or adherence in medical record.
• Monitoring multidisciplinary staff follow-up with patients regarding risk behaviors.
• Working thru ambivalence? Rulers...importance and confidence?
• Developing and monitoring a plan of action
CASE EXAMPLE

- Sexual History Taking Video Clip (time permitting)