

NATAP: Psychological Trauma & PTSD Among HIV+ Women

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Using meta-analytic technique to estimate rates of exposure to traumatic events and recent PTSD in HIV-positive women, we observed, **Very high rates of all categories of trauma exposure and PTSD.**

The implications of these findings are highly significant. HIV/AIDS has increasingly become a health crisis for women, especially among women of color.

These results estimating disproportionately high rates of trauma and PTSD support and inform longtime calls for studies of trauma-prevention and trauma-recovery interventions to reduce the high incidence and poor outcomes of HIV among women [9, 10, 24, 35, 62, 63]. Relatively few such interventions have been reported in the literature among HIV-positive women [64], or women at high risk for HIV [65, 66] and more are urgently needed.

there is a degree of heterogeneity among the rates of trauma and PTSD found in the included studies that may be partially attributed to each study's unique characteristics. These characteristics included geographic location, race, substance abuse, sexual activity, homelessness, incarceration, motherhood, and participation in a study cohort.

Conclusion

Effectively addressing trauma and PTSD may be an opportunity to make a transformational impact on the HIV epidemic. Given the high rates and known consequences of trauma and PTSD in HIV-positive women, screening and referrals for recent and past trauma and PTSD should be considered a core component of HIV treatment in this population, along with medication adherence, CD4 counts, and viral loads. Additional studies of trauma-prevention and trauma-recovery interventions in HIV-positive and at-risk women are greatly needed.

Psychological Trauma and PTSD in HIV-Positive Women: A Meta-Analysis

Abstract

Women bear an increasing burden of the HIV epidemic and face high rates of morbidity and mortality. Trauma has been increasingly associated with the high prevalence and poor outcomes of HIV in this population. This meta-analysis estimates rates of psychological trauma and posttraumatic stress disorder (PTSD) in HIV-positive women from the United States. We reviewed 9,552 articles, of which 29 met our inclusion criteria, resulting in a sample of 5,930 individuals.

The findings demonstrate highly disproportionate rates of trauma exposure and recent PTSD in HIV-positive women compared to the general population of women.

For example, **the estimated rate of recent PTSD among HIV-positive women is 30.0% (95% CI 18.8–42.7%), which is over five-times the rate of recent PTSD reported in a national sample of women.**

The estimated rate of intimate partner violence is 55.3% (95% CI 36.1–73.8%), which is more than twice the national rate. Studies of trauma-prevention and trauma-recovery interventions in

than twice the national rate. Studies of trauma-prevention and trauma-recovery interventions in this population are greatly needed.

We utilized categories of trauma exposure and PTSD that most specifically captured the categories used by the included studies. For trauma exposure, two variables were used for categorization. The first was stage of life at which trauma exposure occurred: (a) childhood, (b) adulthood, and (c) unspecified. The second variable was type of trauma exposure. Combining the first and second variables resulted in 10 categories: **IPV, childhood sexual abuse (CSA), childhood physical abuse (CPA), childhood abuse (unspecified), adult sexual abuse, adult physical abuse, adult abuse (unspecified), lifetime sexual abuse, lifetime physical abuse, lifetime abuse (unspecified).**

Results

The results of the meta-analysis are presented in Table 3. The estimated rate of recent PTSD in HIV-positive women is 30.0% (95% confidence interval [CI] 18.8–42.7%). This estimate is over five times the rate of recent PTSD reported in a national prevalence sample of women [56, 57]. **The rate of lifetime PTSD in one study is reported to be 74%. While this rate is much higher than 9.7% reported in a national sample of women [57, 58],** a single study is not amenable to meta-analytic technique. The estimated rate of IPV among HIV-positive women is 55.3% (95% CI 36.1–73.8%). This estimate is more than twice the national prevalence rate of IPV in women [59].

Estimated rates of adult sexual abuse and adult physical abuse are 35.2% (95% CI 20.1–51.4%) and 53.9% (95% CI 30.2–76.8%), respectively. The estimated rate of adult abuse (unspecified type) is 65.0% (95% CI 58.9–70.8%). National prevalence rates in the general population of women for these three types of abuse are not available for comparison.

The estimated prevalence of CSA and CPA are 39.3% (95% CI 33.9–44.8%) and 42.7% (95% CI 31.5–54.4%), respectively. Both of these estimates are approximately twice those documented in a national prevalence sample of women [60]. The estimated rate of childhood abuse (unspecified type) among HIV-positive women is 58.2% (95% CI 36.0–78.8%), compared to 31.9% prevalence in a national sample [60].

The estimated rate of lifetime sexual abuse is 61.1% (95% CI 47.7–73.8%); this estimate is five times the national prevalence in women [61]. The estimated rate of lifetime physical abuse is 72.1% (95% CI 60.1–82.1%). The estimated rate of lifetime abuse (unspecified type) is 71.6% (95% CI 61.0–81.1%), compared to 39% in a national sample [61].

No category of PTSD or trauma exposure yielded significance for publication bias using Begg and Mazumdar's test. Of note, two categories (unspecified adult abuse and unspecified childhood abuse) contained too few studies to conduct the Begg and Mazumdar's test for publication bias. Forest plots of estimated prevalence rates of trauma exposure and recent PTSD can be found in electronic supplemental material (Supplementary material 2).