



Brief Communication 2002-1

Exposure to Trauma and Violence among Persons Living with HIV

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C.H.A.I.N. REPORT

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INTRODUCTION

Awareness has been increasing among medical as well as social service providers that the life circumstances of individuals living with HIV may predispose them to a number of negative health and mental health outcomes. An important area of investigation in this regard is exposure to traumatic events, often dating from early childhood. Other research has shown that exposure to violence and trauma is often associated with high rates of psychiatric comorbidities, substance abuse, and non-adherence to treatment regimens (Brady et al, 2002; Bassuk et al. 1998; Kessler et al. 1995). The purpose of this brief communication is to examine the prevalence of exposure to violence and trauma among the CHAIN cohort, a representative sample of persons living with HIV/AIDS in New York City. In addition, patterns of association between lifetime exposure to trauma and violence and select health, mental health, and service need outcomes will be examined.

A standardized instrument designed to assess lifetime and past year (12 month) traumatic events was administered as part of the most recent interview. The instrument is based on the National Co-morbidity Study, which was designed to obtain general population epidemiology of psychiatric disorder in the United States (Kessler et al. 1995). Respondents answer if they have ever experienced any of a series of violent events (assault, rape, direct combat), witnessed violent events (e.g., seeing someone seriously injured or violently killed) or experienced sudden losses of loved ones (e.g., losing a child through death). Questions are also asked about serious accidents or natural disasters as well as a general 'any other terrible or frightening event' open-ended item to capture experiences that may have been threatening or traumatic but not captured on the list of more typical experiences.

Data for this analysis are provided by the most recent three waves of survey data collected by the ongoing CHAIN study. All respondents who completed the Wave 8 (2001-2002) interview were presented with the Traumatic Experiences measure (n=388). To examine medical, mental health and service need outcomes, we have pooled survey data from the prior three interview periods covering the time period 1999-2002. Thus, we will examine the relationship between traumatic experience and recent engagement with medical care (lack of continuous engagement with medical care that meets current clinical standards), health status outcomes (CD4 count below 200 at least once during the 1999-2002 period), mental health functioning (scores on a standardized measure that are below the cut point consistent with diagnosis at one or more times during the study period), recent problem drug use (actively using heroin, cocaine, crack, or problem drinking at one or more of the interview periods), and housing status (homeless or unstably housed at one or more period between 1999 and most recent interview in 2002).

Research has documented that a history of exposure to trauma and violence is associated with an increased likelihood of substance abuse and mental illness, and the health and social problems often associated with these personal challenges, including HIV infection (see, e.g. Kimerling & Goldsmith, 2001, Kessler et al. 1997). On the other hand, many of what may be considered 'outcomes' of earlier traumatizing experience might also increase risk for exposure to trauma (drug abuse, homelessness, etc.). It is not possible to make strong causal statements about these relationships with the data at hand. We can, however, examine patterns of childhood trauma and

violence which suggest a pattern of early victimization. We will limit our exploration of possible outcomes by focusing on service need and health outcomes in the most recent interviews (1999-2002). Regardless of exact causal connections, we can present an accurate portrait of the extent to which persons living with HIV or AIDS in New York City are likely to have complex mental health and psychosocial needs that are associated with the types of traumatic experiences examined here.

FINDINGS

Rates of Exposure to Violence and Trauma

- Rates of exposure to trauma and violence are extremely high among the cohort. Over 90% have experience one or more traumatic event and 39% have had such an experience in the past 12 months (Table 1).
- More than half of the sample (55%) have been direct victims of violence - either physical or sexual assault as an adult or a child or teenager. Sixty-nine percent (69%) have witnessed violence and the same percentage (70%) have experienced traumatic loss events - death of a parent, child or spouse/partner (Table 1).
- Almost three-fourths (73%) of respondents have experienced one or more traumatic events during childhood. Approximately one in four (27%) report sexual assault or rape as a child or teenager. The same percentage have been physically abused and about half (49%) experienced domestic violence in their families while growing up . Thirty percent lost one or both parents before age 18 through death or permanent separation (Table 1).

Demographic Differences

- Women are more likely to have been victimized than men but for both men and women living with HIV, lifetime rates of assault or violence are 2 to 5 times higher than seen in the general U.S. population (Table 2 and Figure 1).
- Physical assault by a spouse or partner and sexual victimization rates show the greatest male-female differences. Thirty-seven percent (37%) of women compared to 12% of men have been physically assaulted by a partner. More than one-third (34%) of women have been raped as an adult and 27% were sexually assaulted or raped during childhood or adolescence. The rates for males are 12% partner assault, 20% adult rape, and 7% rape or sexual assault as a minor (Table 2).
- There are relatively few differences by race/ethnicity. Black respondents, on average, reported fewer total traumatic events (mean number of events 3.90) than either White, non- Hispanic (4.51) or Latino (4.90) CHAIN Project participants (Table 3).

- Younger persons (ages 26-34) are more likely than others to have experienced physical or sexual abuse as children. Older persons (age 50+) are more likely to have experienced death of a spouse or partner. There are no other statistically significant differences by age at time of interview (Table 4).

Risk Exposure and HIV Experience

- There are several differences in rates of traumatic experience by HIV risk exposure group. The highest rates are found among men who have sex with men who are also problem drug users. They report the highest number of total events (mean 5.03) and have the highest rates of direct exposure to assault and other forms of personal violence (Table 5).
- There are also differences in lifetime traumatic experience by date of HIV diagnosis. In general, individuals diagnosed before 1992 report more exposure to violence and are more likely than others to have witnessed violence (Table 6). While PLWHs diagnosed earlier tend to be older in chronological age, differences in exposure to trauma and violence by date of HIV diagnosis remain when controlling for current age of study participants (data not shown).

Differences in Past Year Experience of Trauma and Violence

- Approximately 40% of the entire sample experienced one or more traumatic event in the past year (12 months) with few differences by gender, race/ethnicity, current age or risk exposure group (Table 7).
- If we limit our attention to direct experience of personal violence, we again see that women living with HIV/AIDS are more likely to be victimized than their male counterparts. Younger persons are also more likely than others to experience assault, rape, or other violent events (Table 7).

Outcomes of Lifetime Exposure to Trauma and Violence

- Individuals who have experienced trauma, especially those who have experienced personal violence, are less likely to have maintained continuous engagement with medical care over the prior three interviews. Interestingly, loss events are also associated with discontinuous medical care (Table 8).
- There appears to be no relationship between lifetime exposure to trauma and violence and recent CD4 count. However, a history of multiple traumatic events, especially events of a violent nature, is associated with lower scores on a separate indicator of health status based on recent experience of opportunistic infections and visits to the emergency room for medical problems (Table 8).

- Not surprisingly, persons with a lot of trauma in their lives are significantly more likely to be currently experiencing clinically relevant mental health symptoms. Both on a general measure of mental health functioning (MOS-SF36), and on a measure of symptoms associated with Post Traumatic Stress Disorder, at least half of persons who report traumatic experiences are currently experiencing mental health problems that are distressing to them. (Table 8).
- There are fewer differences than expected with regard to current or recent substance abuse and lifetime exposure to trauma and violence. Individuals who have been physically or sexually assaulted are more likely to be actively using drugs at the time of their most recent interview. However, many of the relationships are not statistically significant. It is likely that a more detailed measure of substance use is needed to further specify the relationship between traumatic experiences and substance involvement among persons living with HIV/AIDS (Table 8).
- Trauma and violence are associated with homelessness. Victimization, as well as witnessing violence, are unfortunately an aspect of life on the street. For example, 29% of persons who reported multiple traumatic events over their lifetime experienced one or more recent episodes of homelessness or unstable housing. The sequence of events, however, cannot be determined with the data at hand. Most likely risks for violence and risks for homelessness are intertwined (Table 8).

Childhood Traumatic Events and Client Outcomes

- Since events in childhood or adolescence are prior to the CHAIN study period, we can examine the relationship between exposure to trauma and violence during these earlier years and current outcomes (Table 9).
- Individuals who have experienced both the loss of a parent during childhood through death or permanent separation, and have been exposed to physical or sexual abuse or family violence growing up, score very poorly on two separate measures of current mental health functioning. More than 60% (64%) score “very low” on a standardized measure of mental health functioning, with scores in the range seen among psychiatric inpatient populations. The same percentage score positive on a diagnostic screen for Post Traumatic Stress Disorder (PTSD) (Table 9).
- Individuals experiencing both loss and violent events during childhood or adolescence are less likely than others to have maintained continuous HIV medical care that meets standards of good clinical practice. It may be that their ongoing mental health issues and/or difficulties with substance abuse or housing present barriers to their effective engagement with medical care (Table 9). In a multivariate regression analysis examining childhood trauma, recent substance abuse, and mental health functioning as

predictors of maintaining medical care that meets good clinical standards (controlling for age, gender, race/ethnicity, and low CD4 count), recent substance abuse and low mental health score are the strongest predictors of not maintaining continuous medical care. Childhood trauma as such is not statistically significant when these other variables are taken in to consideration (data not shown).

September 11, 2001

- Slightly over 200 interviews for the CHAIN Wave 8 survey were completed after the tragic events of September 11, 2001. A total of 15 of these (7.4 %) specifically mentioned “9/11” or the terrorist attacks on the World Trade Center as a traumatic event for them in the life events section of the questionnaire. Two respondents reported being in the Towers when they were attacked and 2 others reported losing close friends or relatives who were in the Towers when they fell. The remaining individuals discussed the general experience of fear and horror during the attacks and/ or their continuing anxiety. “I was at St. Vincent’s and saw everything from there and I kept wondering:, What next!?” was one description of the trauma experienced that day. A typical description of lingering worries: “The World Trade Center attack affected me somehow. I don’t trust things like before.”
- There are a number of indications that the impact of September 11 on persons living with HIV in New York City has been greater than the relatively small percentage of CHAIN respondents who initiated discussion of the event in their interviews. A focus on the “trauma” of the experience can not capture the complexities of response to an event of such magnitude. For example, many more individuals discuss ways in which 9/11 affected them in response to a series of direct questions on the topic which have been added to the new CHAIN questionnaire currently in use. These data are not yet available for analyses.

Summary and Recommendations

It is clear that exposure to trauma and violence characterizes the lives of the great majority of persons living with HIV in New York City. The most consistent differences are by gender: HIV positive women are more likely than men to have been victimized in the past and to continue to experience trauma and loss. Whether violence and trauma characterized childhood or have become part of current reality for individuals in our sample, traumatic events are experienced and re-experienced as painful and have had lasting emotional consequences. In addition, mental health needs can interfere with engagement with medical care and adherence to treatment regimens (Aidala, 2000). These findings direct our attention to the importance of systematic screening for mental health needs among HIV positive people and the need for integrating mental health and physical health systems of care.

Table 1. LIFETIME AND PAST YEAR TRAUMATIC EXPERIENCE

	EVER	PAST YEAR
<i>Total Sample (n=)</i>	<i>(373)</i>	<i>(373)</i>
Lifetime experience of violence or trauma	93%	39%
Mean (sd) number of traumatic events	4.23 (2.8)	0.57(0.8)
Experienced childhood trauma or loss event¹	73%	na
Experienced violence	55%	6%
Direct combat experience	3%	0
Physical assault by spouse/ partner	24%	4%
Physical assault by other than a partner	24%	3%
Physical assault or abuse as a child	27%	na
Sexual assault or rape as an adult (18+ yrs)	17%	1%
Sexual assault or rape as a child or adolescent	27%	na
Witnessed violence	69%	14%
Seeing someone physical assaulted	53%	12%
Seeing someone seriously injured or violently killed	36%	6%
Witnessing family violence while growing up	49%	na
Loss events	70%	12%
Losing a parent before age 18	30%	na
Death of a spouse or partner	56%	12%
Losing a child through death	15%	<1%
Other traumatic events	48%	18%
Serious accident or fire	27%	5%
Natural disaster (e.g. hurricane, flood)	11%	5%
Other terrible or frightening event	24%	9%

1. Physical assault or abuse as a child, sexual assault as a child or adolescent, witnessing family violence while growing up, or losing a parent before the age of 18 through death or permanent separation.

Table 2. LIFETIME TRAUMATIC EXPERIENCE BY GENDER

	WOMEN	MEN
<i>Total Sample (n=)</i>	(183)	(190)
Lifetime experience of violence or trauma	93%	90%
Mean (sd) number of traumatic events	4.61 (3.0)	3.86 (2.6) *
Experienced childhood trauma or loss event¹	72%	61% *
Experienced violence	65%	45% ***
Direct combat experience	2%	5%
Physical assault by spouse/ partner	37%	12% ***
Physical assault by other than a partner	26%	23%
Physical assault or abuse as a child	29%	25%
Sexual assault or rape as an adult (18+ yrs)	34%	20% ***
Sexual assault or rape as a child or adolescent	27%	7% ***
Witnessed violence	68%	71%
Seeing someone physical assaulted	53%	53%
Seeing someone seriously injured or violently killed	28%	43% ***
Witnessing family violence while growing up	53%	45%
Loss events	74%	66%
Losing a parent before age 18	34%	25% *
Death of a spouse or partner	59%	53%
Losing a child through death	20%	11% *
Other traumatic events	45%	51%
Serious accident or fire	28%	26%
Natural disaster (e.g. hurricane, flood)	8%	15% *
Other terrible or frightening event	23%	25%

1. Physical assault or abuse as a child, sexual assault as a child or adolescent, witnessing family violence while growing up, or losing a parent before the age of 18 through death or permanent separation.

* $p \leq .05$ ** $p \leq .01$ *** $p \leq .001$

Figure 1. CHAIN Participants Compared to U.S. Population¹

¹: National Co-Morbidity Survey, ages 15 - 54 (1990 - 1992) n=3065 women, n=2812 men.

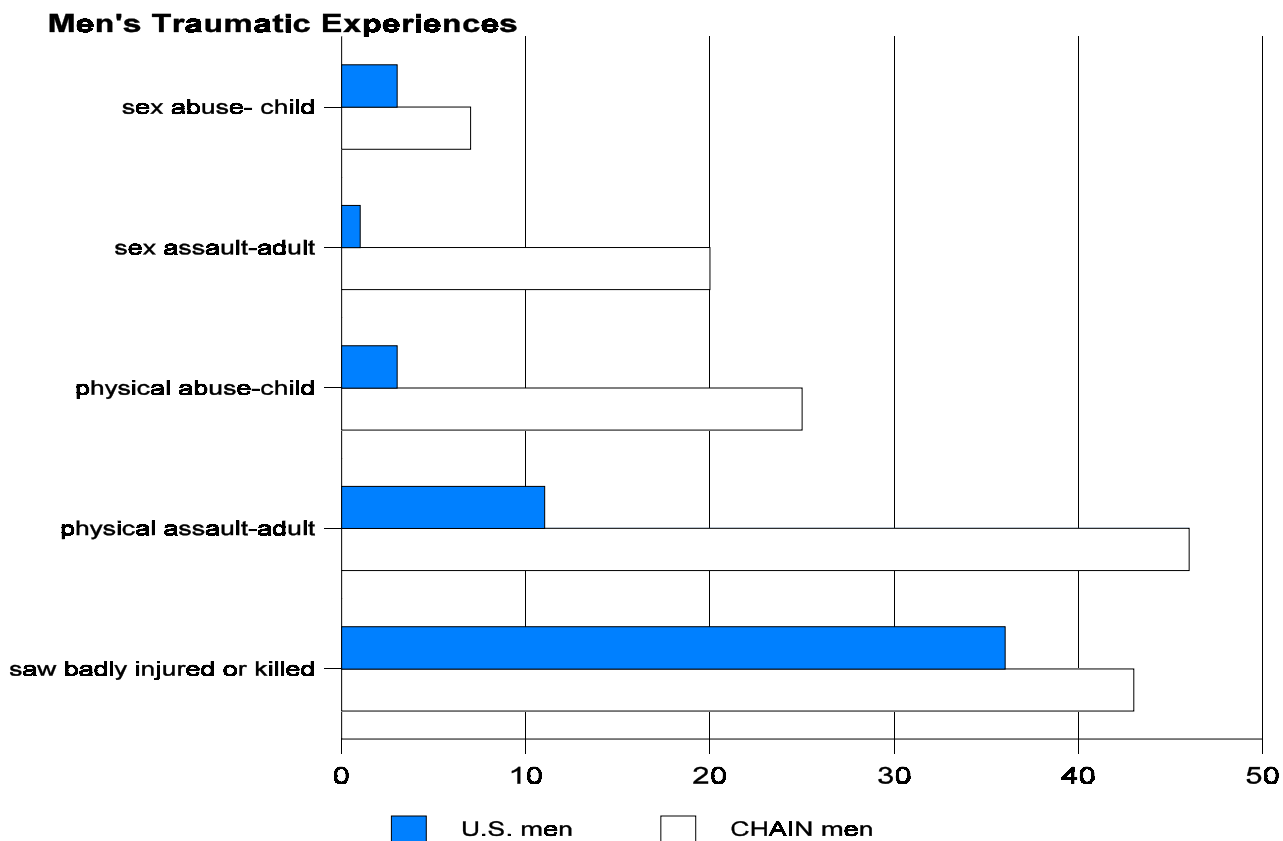
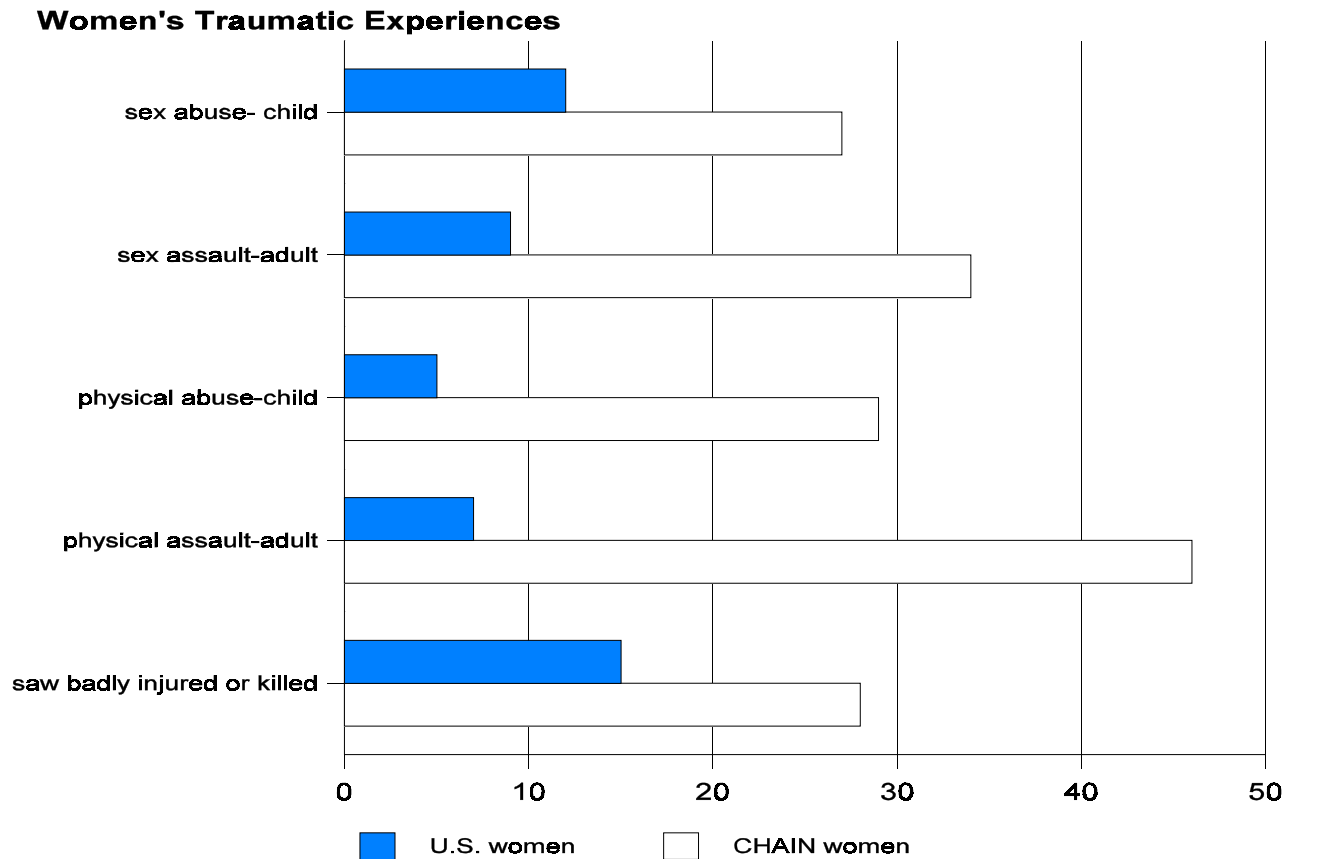


Table 3. LIFETIME TRAUMATIC EXPERIENCE BY RACE/ETHNICITY

	WHITE	BLACK	LATINO
<i>Total Sample (n=)</i>	<i>(41)</i>	<i>(229)</i>	<i>(100)</i>
Lifetime experience of violence or trauma	88%	91%	93%
Mean (sd) number of traumatic events	4.51 (2.8)	3.90 (2.6)	4.90 (3.2)**
Experienced childhood trauma or loss event¹	64%	66%	71%
Experienced violence	59%	51%	63%
Direct combat experience	5%	3%	3%
Physical assault by spouse/ partner	24%	23%	26%
Physical assault by other than a partner	37%	18%	34%
Physical assault or abuse as a child	29%	21%	41%
Sexual assault or rape as an adult (18+ yrs)	12%	16%	21%
Sexual assault or rape as a child or adolescent	27%	24%	35%
Witnessed violence	76%	67%	70%
Seeing someone physical assaulted	49%	52%	57%
Seeing someone seriously injured or violently killed	42%	35%	36%
Witnessing family violence while growing up	49%	48%	50%
Loss events	56%	62%	65%
Losing a parent before age 18	27%	28%	34%
Death of a spouse or partner	52%	56%	57%
Losing a child through death	6%	16%	16%
Other traumatic events	63%	41%	58%
Serious accident or fire	32%	24%	32%
Natural disaster (e.g. hurricane, flood)	27%	7%	16% ***
Other terrible or frightening event	34%	18%	32%

1. Physical assault or abuse as a child, sexual assault as a child or adolescent, witnessing family violence while growing up, or losing a parent before the age of 18 through death or permanent separation.

* $p \leq .05$ ** $p \leq .01$ *** $p \leq .001$

Table 4. LIFETIME TRAUMATIC EXPERIENCE BY CURRENT AGE

	26 - 34 yrs	35 - 49 yrs	50+ yrs
<i>Total Sample (n=)</i>	(36)	(223)	(114)
Experienced any trauma or violent event	89%	91%	92%
Mean (sd) number of traumatic events	4.78(3.0)	4.09(2.8)	4.33(2.8)
Experienced childhood trauma or loss event¹	75%	76%	66% #
Experienced violence	64%	52%	49%
Direct combat experience	0	3%	4%
Physical assault by spouse/ partner	36%	25%	19%
Physical assault by other than a partner	25%	25%	23%
Physical assault or abuse as a child	44%	27%	22% *
Sexual assault or rape as an adult (18+ yrs)	19%	16%	18%
Sexual assault or rape as a child or adolescent	44%	28%	19% **
Witnessed violence	79%	67%	71%
Seeing someone physical assaulted	61%	50%	57%
Seeing someone seriously injured or violently killed	42%	35%	36%
Witnessing family violence while growing up	64%	47%	46%
Loss events	58%	69%	76% #
Losing a parent before age 18	28%	30%	29%
Death of a spouse or partner	42%	55%	67% **
Losing a child through death	11%	13%	21%
Other traumatic events	47%	47%	51%
Serious accident or fire	25%	25%	33%
Natural disaster (e.g. hurricane, flood)	8%	11%	12%
Other terrible or frightening event	28%	23%	24%

1. Physical assault or abuse as a child, sexual assault as a child or adolescent, witnessing family violence while growing up, or losing a parent before the age of 18 through death or permanent separation.

$p \leq .10$ * $p \leq .05$ ** $p \leq .01$ *** $p \leq .001$

Table 5. LIFETIME TRAUMATIC EXPERIENCE BY RISK EXPOSURE GROUP

	MSM	Problem Drug User	MSM & PDU	Hetero & Other
<i>Total Sample (n=)</i>	(66)	(150)	(33)	(124)
Experienced any trauma or violent event	91%	92%	91%	90%
Mean (sd) number of traumatic events	4.02(2.6)	4.46(3.0)	5.03(2.8)	3.89(2.7) #
Experienced childhood trauma or loss event ¹	67%	65%	76%	65%
Experienced violence	53%	51%	78%	54% #
Direct combat experience	0%	4%	6%	3%
Physical assault by spouse/ partner	15%	24%	21%	30%
Physical assault by other than a partner	18%	27%	49%	18% ***
Physical assault or abuse as a child	32%	24%	46%	23% *
Sexual assault or rape as an adult (18+ yrs)	9%	21%	15%	16%
Sexual assault or rape as a child or adolescent	30%	24%	39%	25%
Witnessed violence	67%	71%	79%	65%
Seeing someone physical assaulted	44%	58%	70%	48% *
Seeing someone seriously injured or violently killed	39%	38%	46%	28%
Witnessing family violence while growing up	52%	47%	64%	46%
Loss events	64%	75%	67%	69%
Losing a parent before age 18	26%	31%	24%	31%
Death of a spouse or partner	55%	62%	52%	50%
Losing a child through death	6%	21%	6%	17% **
Other traumatic events	56%	47%	55%	43%
Serious accident or fire	21%	33%	30%	23%
Natural disaster (e.g. hurricane, flood)	23%	7%	15%	10% **
Other terrible or frightening event	33%	25%	21%	19%

1. Physical assault or abuse as a child, sexual assault as a child or adolescent, witnessing family violence while growing up, or losing a parent before the age of 18 through death or permanent separation.

p ≤ .10 *p ≤ .05 **p ≤ .01 ***p ≤ .001

Table 6. LIFETIME TRAUMATIC EXPERIENCE BY DATE OF HIV DIAGNOSIS

	Before 1992	1992 -1995	1995 - 1998
<i>Total Sample (n=)</i>	(141)	(163)	(69)
Experienced any trauma or violent event	95%	90%	86% #
Mean (sd) number of traumatic events	4.84(2.9)	3.98(2.7)	3.58(2.8) **
Experienced childhood trauma or loss event ¹	74%	62%	62%
Experienced violence	60%	52%	52%
Direct combat experience	3%	4%	1%
Physical assault by spouse/ partner	26%	22%	25%
Physical assault by other than a partner	31%	21%	23% #
Physical assault or abuse as a child	36%	23%	17% **
Sexual assault or rape as an adult (18+ yrs)	18%	18%	12%
Sexual assault or rape as a child or adolescent	32%	22%	28%
Witnessed violence	76%	66%	62% #
Seeing someone physical assaulted	58%	53%	44%
Seeing someone seriously injured or violently killed	45%	29%	32% **
Witnessing family violence while growing up	57%	44%	46% #
Loss events	75%	72%	58% *
Losing a parent before age 18	28%	33%	25%
Death of a spouse or partner	64%	54%	44% *
Losing a child through death	16%	17%	12%
Other traumatic events	48%	49%	46%
Serious accident or fire	33%	24%	23%
Natural disaster (e.g. hurricane, flood)	14%	10%	8%
Other terrible or frightening event	24%	25%	22%

1. Physical assault or abuse as a child, sexual assault as a child or adolescent, witnessing family violence while growing up, or losing a parent before the age of 18 through death or permanent separation.

p ≤ .10 *p ≤ .05 **p ≤ .01 ***p ≤ .001

Table 7.
PAST YEAR TRAUMATIC EXPERIENCE BY CLIENT CHARACTERISTICS

	Past Year Traumatic Experience		
	(n)	Any Traumatic Experience	Experienced Violence
Gender			
Female	(183)	43% #	10% *
Male	(190)	35%	4%
Race/ Ethnicity			
Black	(229)	35%	6%
White	(41)	44%	5%
Latino	(100)	46%	10%
Current Age			
26-34	(36)	36%	17% *
35-49	(223)	43%	7%
50+ yrs	(114)	32%	4%
Risk Exposure Group			
MSM	(66)	39%	6%
Problem Drug Use	(150)	39%	5%
MSM & PDU	(33)	42%	3%
Hetero/ Other	(124)	38%	10%

Note: Row percentages shown

$p \leq .10$ * $p \leq .05$ ** $p \leq .01$ *** $p \leq .001$

Table 8. RECENT CLIENT OUTCOMES BY LIFETIME EXPOSURE TO TRAUMA AND VIOLENCE

	Any Traumatic Event		Multiple (4+) Traumatic Events		Experienced Violence		Witnessed Violence		Experienced Loss Events	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<i>Total Sample (n=)</i>	(346)	(33)	(165)	(208)	(204)	(169)	(258)	(115)	(262)	(111)
RECENT OUTCOMES (1999- 2002)										
MEDICAL CARE										
Has <u>not</u> had continuous medical care that meets good clinical practice	43%	30% #	47%	38% #	47%	36% *	44%	37% #	46%	32% *
HEALTH STATUS										
Low (< 200) CD4 count	29%	36%	29%	31%	29%	31%	28%	34%	31%	28%
Medical Problem(s) ¹	66%	58%	70%	61% *	72%	57%**	66%	64%	66%	64%
MENTAL HEALTH FUNCTIONING										
Very Low (<37.0) Mental Health Score ²	47%	36%	54%	40%**	53%	38%**	50%	37%**	47%	43%
Positive Screen for PTSD	39%	na	52%	22%***	47%	22%***	43%	19%***	41%	23%***
PROBLEM SUBSTANCE USE										
Current Drug Use or Problem Drinker ³	32%	30%	36%	29%	36%	28%#	33%	30%	34%	36%
HOUSING STATUS										
Recent homelessness /unstable housing	25%	18%	29%	21% *	28%	20% #	28%	17% *	25%	23%

Table entries are percent of CHAIN sample who reported poor outcome at one or more interviews during the period 1999 - 2002 (T6 - T8).

1 Recent opportunistic infection or admission to emergency room for medical problem.

2. Based on MOS SF-36 Mental Component Summary Score (MCS) - scores at a level consistent with diagnosis.

3. Used heroin, cocaine or crack or problem drinking (based on CAGE measure) in the six months prior to interview.

Table 9.
RECENT CLIENT OUTCOMES BY CHILDHOOD EXPOSURE TO TRAUMA AND VIOLENCE

	Exposure to Violence or Trauma during Childhood/ Adolescence (under age 18)			
	None	Loss of Parent	Exper Violence	Both Loss and Violence
<i>Total Sample (n=)</i>	(126)	(38)	(138)	(72)
RECENT OUTCOMES (1999- 2002)				
MEDICAL CARE				
Has <u>not</u> had continuous medical care that meets good clinical practice	58%	66%	65%	42% **
HEALTH STATUS				
Low (< 200) CD4 count	35%	24%	25%	36%
Medical Problem(s) ¹	35%	39%	40%	41%
MENTAL HEALTH FUNCTIONING				
Very Low (<37.0) Mental Health Score ²	35%	42%	48%	64% ***
Positive Screen for PTSD	17%	30%	40%	62% ***
PROBLEM SUBSTANCE USE				
Current Drug Use or Problem Drinker ³	30%	26%	35%	35%
HOUSING STATUS				
Recent homelessness /unstable housing	23%	11%	28%	32% #

NOTE: Table entries are percent of the CHAIN sample who reported poor outcome at one or more interviews during the period 1999 - 2002 (T6 - T8).

1 Recent opportunistic infection or admission to emergency room for medical problem.

2. Based on MOS SF-36 Mental Component Summary Score (MCS) - mean scores for psychiatric in-patient populations and at a level consistent with psychiatric diagnosis.

3. Used heroin, cocaine or crack or problem drinking (based on CAGE measure) in the six months prior to interview.

p≤ .10 *p≤ .05 **p≤ .01 ***p≤.001

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