

# **GRAND ROUNDS**

## **HIV Center for Clinical and Behavioral Studies**

**New York State Psychiatric Institute and Columbia University**

### **“Coping with Loss and Trauma: Intervention Outcomes Among HIV-infected Women and Men”**

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Dr. Kathleen Sikkema, Associate Professor in the Division of Chronic Disease Epidemiology, Social and Behavioral Sciences Program, Yale School of Public Health, is a clinical psychologist specializing in HIV prevention and mental health interventions. She reviewed two intervention studies, one concerned with loss and bereavement and one with trauma, aimed at improving mental health and quality of life for people with HIV.

In the “Living Beyond Loss” loss and bereavement study, 268 participants (gay men and women and heterosexual men) were recruited. About one third of participants were female; 73% were people of color; half were gay/lesbian; the average age was 40; All had experienced AIDS-related loss(es) within the previous two years. Nearly half had lost a spouse or partner. The average number of losses of friends and family members to HIV/AIDS was 27. Participants had a high rate of mood and anxiety disorders and substance abuse.

A model for examining the effects of stress on behavior suggests that global stressors lead to specific stressors, which lead to coping mechanisms focused on the problem or the emotional responses. In the study, participants were offered 12 sessions of group therapy over three months, or on request were given up to 12 individual therapy sessions, received post-intervention assessment, and were followed for one year with assessments every three months. The group therapy curriculum emphasized sharing personal stories, discussing emotions related to loss and living with HIV, and identifying stressors, coping strategies, and goals. One half completed more than eight sessions, and 60% completed all of the post-intervention assessments.

All intervention participants improved over controls, showing decreases in psychological distress. Women in the group intervention had greater relief than men who were in either group or in individual therapy and greater than women in individual therapy. Decreased use of avoidant coping mechanisms were thought to mediate the decreases in depression and grief. [See also Folkman, et al, 1991.] The group intervention showed a dose dependent impact, and during 12-month follow-up, participants in this group had greater decreases in grief and psychic distress than the comparison group.

The trauma study, “Living in the Face of Trauma (LIFT),” on domestic violence and child and

sexual abuse, postulated that a history of child sexual abuse leads to greater risk behavior in the form of less condom use and more forced sex. About one-third of women with HIV report a history of child sex abuse; 63% of mothers with HIV have a history of rape, incest, or assault. More than half of men and three-fourths of women report one lifetime unwanted sexual experience. The goals of the study were to decrease trauma-related stress, decrease risk behavior, and increase health-related behaviors.

In a pilot intervention with a sample size of 242 men and 110 women (76% African American), participants received 15 weekly group sessions in either a coping or support group. Many psychiatric diagnoses were represented. Participant coping mechanisms included denial, self-destructive behavior, social support networks, and faith in providers or in a higher power. Intervention components included connecting memory with trauma narratives and behavior, relaxation training, cognitive tasks such as identifying specific stressors and strategies, and interpersonal elements such as sharing experiences and creating supportive relationships.

The actual study of 257 HIV-positive participants (half female, 72% African American, average of 9 years since diagnosis)) consisted of three research arms: coping, support, and control groups. Nearly 90% of male and female participants reported unwanted touching during childhood; 69% of males and 81% of females reported this occurred during adolescence, and 38% of males and 60% of females experienced this as adults. Unwanted vaginal or anal sex during childhood was reported by 72% and 67% of males and females, respectively, during adolescence by 58% and 72%, and during adulthood by 38% and 63%. Nearly half had at some point been involved in the sex trade, 43% had been incarcerated, and 66% had been homeless. About a third had had substance abuse treatment and nearly 40% had used psychiatric medications in the previous four months. In that period, about half of men and 30% of women reported having had any unprotected sex, and one third of men and one quarter of women had unprotected vaginal or anal sex.

Elements related to resiliency include optimism, support, religiosity, and a sense of growth and meaning. These are related to the willingness of participants to address their trauma and perceptions of its impact. Higher shame about sexual abuse (internalized stigma) was most predictive of risk behavior and sexual behavior related to emotional need.

Following the intervention, there was a decrease in traumatic stress; 50% of the coping group reliably improved or recovered according to IES (Impact of Event Scale) scores (20% more than in either of the other two groups) and had lower deterioration rates. Condom use was slightly higher for the coping group and substantially higher with HIV-negative partners or those of unknown status. This group also had less avoidance behavior. Researchers were cautiously optimistic about ongoing changes in risk behavior.

Current research includes a project on coping interventions for people over 50 and an HIV prevention intervention for abused women in South Africa. In the latter work, with the organization People Opposing Women Abuse (POWA), 97 participants were divided into two groups, one receiving six sessions and a workshop and the other just the workshop. Both groups received a post-session intervention and follow-up, although a large number of women who lived in shelters were lost to follow-up. Both groups reported increased intent to avoid risk behavior

and decreases in unprotected sex. Although women in abusive relationships were encouraged to negotiate condom use, it is not known how many actually left their partners, an issue which should be examined in future research.

**Discussion:**

Recruitment for the U.S. studies was done with brochures, through case and social workers, and through referrals from CBOs.

Quantitative instruments in South Africa contained items relevant to local culture that researchers added to standard tools.

In the first study, there were eight or more sessions; in the second, ten or more. Analysis is underway concerning whether any particular session had more effect than others.

Large structural changes are very difficult. The violence against women in South Africa can be so intense that it is hard to know where to start. Women who go to the police because of abuse by their partner are sometimes raped by the police or on the way to a shelter and, at the same time, they agonize about children left at home with the original abuser. Women initially need a safe place to go, then poverty reduction, then economic opportunity, education, and cultural change. In the South Africa study, women were just given food and money for transportation to sessions.

Researchers are looking at data to determine whether people have any access to long term therapy and are also investigating other issues. Interventions do not continue in any systematic way, although people trained by the intervention may incorporate techniques into further work. Overall, a goal should be to improve mental health standards of care in CBOs.

Most funding for HIV work is devoted to prevention or treatment, not coping skills. It would be very useful to obtain funding for dissemination of interventions for coping

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RELATED PUBLICATIONS:

Folkman S, et al, "Stress, coping, and high-risk sexual behavior," *Health Psychology*, 1992;11(4):218-22.

Sikkema K, et al, "Improvements in health-related quality of life following a group intervention for coping with AIDS-bereavement among HIV-infected men and women," *Quality of Life Research*, 2005, 14: 991-1005.

Sikkema K, et al, "The clinical significance of change in trauma-related symptoms following a pilot group intervention for coping with HIV-AIDS and childhood sexual trauma.," *AIDS Behavior*, 2004, Sep; 8(3):277-91.

Sikkema K, et al, "Outcomes from a randomized controlled trial of a group intervention for HIV positive men and women coping with AIDS-related loss and bereavement," *Death Studies*, 2004, Apr-May; 28(3):187-209.

Sikkema K, et al, "AIDS-related grief and coping with loss among HIV-positive men and women," *Journal of Behavioral Medicine*, 2003, Apr; 26(2):165-81.

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**KEYWORDS:** trauma, sexual abuse, violence, bereavement, grief, mental health, mental illness, women, South Africa, risk behavior, culture, structural intervention, support, substance abuse, behavior change, condoms, prevention.

**SHORT TITLE:** Coping with Loss and Trauma: Intervention Outcomes