

CHILDHOOD TRAUMA AND MEDICATION ADHERENCE IN HIV+ WOMEN: PROJECT UPDATE

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THE BACKGROUND

- ▶ Childhood trauma has lifelong, lasting effect
- ▶ Often occurs in a family context of secrecy: protection of perpetrator; blaming/disbelief of the victim
- ▶ Examples: sexual abuse, physical abuse, severe emotional neglect
 - ▶ Often these occur simultaneously
- ▶ Well-documented links exist between childhood trauma and risk for HIV

THE POPULATION

- ▶ St. Paul's Hospital, 10C – medical unit primarily devoted to the care of individuals with HIV and AIDS
- ▶ Patients are medically, socially and culturally complex:
 - ▶ Multiple comorbidities, opportunistic infections, malnutrition, dental problems
 - ▶ Marginalized and isolated (fear of disclosing HIV+ status, sexual orientation, etc)
 - ▶ Many refugees and First Nations folks
- ▶ Care is complicated by poverty, homelessness, psychiatric illness, discrimination, abuse, incarceration, intergenerational trauma resulting from residential school system

THE PROJECT

- ▶ A quantitative study designed to:
 - ▶ Discover the rates of childhood trauma among women admitted to I0C
 - ▶ Determine links between childhood trauma and HIV medication adherence in women admitted to I0C
 - ▶ Determine links between demographic information and childhood trauma and HIV medication adherence
- ▶ All women admitted to I0C who are HIV+, 19+ years old and who can speak and read English were eligible
- ▶ Some were excluded due to highly acute medical status, high level of sedation at time of recruitment, or language barrier

PROJECT TOOLS

- ▶ Informed consent form
 - ▶ Provides information about confidentiality, project goals, tasks, risk and benefits
- ▶ Binghamton Childhood Abuse Screen
 - ▶ Series of true/false statements designed to provide screening-level assessment of experiences of childhood abuse or trauma
- ▶ Demographic information form
 - ▶ Age, gender, cultural background, housing status, drug/alcohol use, involvement in sex work, HIV-related medical history
- ▶ Anxiety scale
 - ▶ Administered in person following completion of above forms; designed to assess participant's anxiety level and refer to further support if necessary

THE WORK

- ▶ Student research assistants received emails from I0C clinical educator when a woman was admitted to the unit
- ▶ Student RAs attended to recruit the patient into the study
 - ▶ Gave her a letter of intent that described the study
 - ▶ Requested informed consent
 - ▶ Administered project measures either verbally in interview format or by leaving them with the patient to fill in herself (depending on literacy level, patient's alertness and patient preference)
 - ▶ Collected data
 - ▶ Checked in with patient regarding anxiety level following interview (some questions can be very intrusive and anxiety-provoking)
 - ▶ Referred to further care if necessary
 - ▶ Provided honorarium

PROJECT GOALS

- ▶ Recruitment began in fall 2013
 - ▶ Goal is to recruit 50 participants; currently have recruited approximately 18
- ▶ With information provided by the study, we will be able to:
 - ▶ Better support women who are patients on I0C who have experienced childhood trauma
 - ▶ Educate and inform care providers about how best to support women with HIV who have experienced childhood trauma both in hospital and in community
 - ▶ Support women in adhering to their medications better
 - ▶ Providing better medical outcomes!

FUTURE DIRECTIONS

- ▶ Project recruitment will be handed off to a nursing preceptorship student on I0C
- ▶ Following completion of this study, future projects could include:
 - ▶ Examining links between childhood trauma and HIV medication adherence in women in the community
 - ▶ Determining ways to better support HIV medication adherence in women who have experienced trauma
 - ▶ Looking at HIV, trauma and medication adherence in men

ACKNOWLEDGEMENTS

- ▶ Principal Investigator: Julie Kille, MSN, RN
- ▶ Co-Investigators: Patricia Lauridsen-Hoegh, LLB, BSN, RN; Jane McCall, MSN, RN; Dave Unger, MD
- ▶ Research Assistants: Andrea Gilgan, Becky Wengle, Katie Leathem