
Abuse and Mental Health Concerns Among HIV-Infected Haitian Women Living in the United States

Myriam Glémaud, PsyD, MSW
Lourdes Illa, MD
Marisa Echenique, PsyD
Victoria Bustamante-Avellaneda, PsyD
Shirley Gazabon, PhD
Olga Villar-Loubet, PsyD

Alan Rodriguez, MD
JoNell Potter, PhD
Barbara Messick, MPH
Dushyantha T. Jayaweera, MD, MRCOG (UK), FACP
Catherine Boulanger, MD
Michael A. Kolber, MD, PhD

This study describes the prevalence of abuse and mental health issues among a cohort of HIV-infected Haitian women living in the United States. We present data on 96 women, ages 19–73 years ($M = 47.6$, $SD = 11.1$), who were screened for mental health concerns between 2009 and 2012. Results demonstrated that 12.5% of the women reported a history of abuse. However, posttraumatic stress disorder (PTSD) secondary to HIV was reported by approximately

34% of women. Depression and anxiety were also highly reported, with rates of 49% and 43%, respectively. Women who reported a history of abuse were more likely to report anxiety, PTSD, and PTSD related to HIV symptoms than those without. Our findings suggest that Haitian HIV-infected women may under-report abuse and experience significant depression and anxiety. These preliminary results could be used to develop future studies and to design and implement

Myriam Glémaud, PsyD, MSW, is a Clinical Psychologist, Department of Psychiatry and Behavioral Sciences, University of Miami Miller School of Medicine, Miami, Florida, USA. Lourdes Illa, MD, is an Associate Professor, Department of Psychiatry and Behavioral Sciences, University of Miami Miller School of Medicine, Miami, Florida, USA. Marisa Echenique, PsyD, is an Assistant Professor, Department of Psychiatry and Behavioral Sciences, University of Miami Miller School of Medicine, Miami, Florida, USA. Victoria Bustamante-Avellaneda, PsyD, is a Voluntary Professor, Department of Psychiatry and Behavioral Sciences, University of Miami Miller School of Medicine, Miami, Florida, USA. Shirley Gazabon, PhD, is a Research Assistant Professor, Department of Psychiatry and Behavioral Sciences, University of Miami Miller School of Medicine, Miami, Florida, USA. Olga Villar-Loubet, PsyD, is a Research Assistant Professor, Department of Psychiatry and Behavioral Sciences, University of Miami Miller School of

Medicine, Miami, Florida, USA. Alan Rodriguez, MD, is a Professor of Clinical Medicine, University of Miami Miller School of Medicine, Miami, Florida, USA. JoNell Potter, PhD, is an Associate Professor, Clinical, Obstetrics and Gynecology Research, University of Miami Miller School of Medicine, Miami, Florida, USA. Barbara Messick, MPH, is a Project Coordinator, Ryan White Part D, Department of Obstetrics & Gynecology, University of Miami Miller School of Medicine, Miami, Florida, USA. Dushyantha T. Jayaweera, MD, MRCOG (UK), FACP, is a Professor of Medicine, Division of Infectious Diseases, University of Miami Miller School of Medicine, Miami, Florida, USA. Catherine Boulanger, MD, is an Assistant Professor of Clinical Medicine, University of Miami Miller School of Medicine, Miami, Florida, USA. Michael A. Kolber, MD, PhD, is an Associate Chief of Infectious Diseases, Director of Adult HIV Services, and Professor of Medicine, University of Miami Miller School of Medicine, Miami, Florida, USA.

culturally sensitive interventions for this underserved population.

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According to the Florida Department of Health, 47,705 Blacks were living with a diagnosis of HIV through 2011, and among them, 15% were Haitian-born (Florida Department of Health, 2011). A study on Haitians in the United States revealed that although the incidence of AIDS cases was decreasing for Haitian men, it was increasing for Haitian women (Marc et al., 2010). Among Haitian women, it was found that 88% had been infected through heterosexual contact and only 9% through injection drug use (Marc et al., 2010). Many factors contributed to this increase, including the inability to negotiate safe sex, limited HIV knowledge, gender inequality in heterosexual relationships, and domestic violence, which also often led to barriers in HIV treatment and affected HIV disclosure (Fuentes, 2008; Koenig & Moore, 2000; Malow et al., 2000; Marc et al., 2010; Ulibarri et al., 2010; Williams et al., 2008).

Domestic violence, defined as a pattern of coercive behavior perpetrated by a spouse or intimate partner to control the other, is often perceived differently depending on cultural factors and beliefs (Fernandez, 2006; Wallach et al., 2010). In Haiti, gender equality was addressed in the legislation in 1987, providing women equal rights to property, education, and governance (Beauzile, 2006). However, it was not until 2005 that domestic violence and violence against women was recognized as an enforceable crime against women (Beauzile, 2006). Despite this new legislation, attitudes in the general population toward gender inequality and domestic violence did not change as quickly as the law was implemented. Although domestic violence is an observable behavior in Haiti, the underreporting of such behaviors continues to pose threats to the health of women living in Haiti (United Nations, 2010).

In a survey conducted by two Haitian women's organizations, domestic violence was found to affect an estimated 60% of women living in Haiti (Beauzile,

2006). Due to the economic situation in which they live, many Haitian women tolerate abuse by their partners in exchange for financial security for themselves, their children, and their extended families (Beauzile, 2006). In addition, Haitians have a strong family belief system and they consider family as the main foundation of Haitian life (Nicolas et al., 2009), which may have an impact on women's tolerance toward domestic violence, related to a fear of disrupting family integrity. According to *The World's Women 2010: Trends and Statistics* (United Nations, 2010), 11%–29% of women in Haiti justified the hitting or beating of a wife for reasons such as burning the food, arguing, going out without her spouse, neglecting the children, and for refusing to have sex.

The trend of underreporting violence persists when Haitian women migrate to the United States. In addition to the emotional, verbal, physical, and sexual violence commonly perpetrated on women, immigrant women, including Haitian women, deal with fear of legal problems related to immigration status, which hinders help-seeking behaviors, such as medical care (Moynihan et al., 2008). It is often difficult for Haitian women in the United States to report domestic violence as they deal with multiple factors, such as language barriers, low education level, poverty, limited access to care, and immigration issues (Fordyce, 2009).

The intersection of the two epidemics of HIV and domestic violence has been widely recognized since the last World Health Organization (WHO, 2006) meeting due to the significant threats these two epidemics pose to women's health. It has been found that some women perceive themselves as having limited abilities to protect themselves from HIV due to fears of (a) a partner's reaction, (b) abandonment by partner and family, (c) rejection from society, (d) loss of economic assistance, (e) accusations of infidelity, and (f) violence (WHO, 2006). These fears are most prominent among minority women, which may explain the increase in heterosexual transmission of HIV to Black women, including Haitian women (Williams et al., 2008). These fears also serve as a barrier for women to obtain appropriate care. To increase access to HIV treatment and prevention services for Haitian women living in the United States, Devieux et al. (2004), suggested that it was imperative to examine the context

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