Health Disparities in Reproductive and Sexual Health













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Prevalence of Violence

1 in 6 U.S. women and
1 in 33 U.S. men

Will be sexually assaulted during the course of their lives.These are reported cases.

US Department of Justice Women and Girls White House Advisor on Violence Against Women and Girls 2010

Non-consensual & consensual sexual behavior 1. Influences

- Self efficacy
- > Intent to use condoms and contraceptives consistently
- Regular medical care
- > Vulnerability to be abused or battered (revictimization)
- Substance abuse
- 2. HIV-positive women, regardless of ethnicity, are 2½ times more likely to report sexual and physical abuse than HIV negative women with comparable demographics (Wyatt et al, 2002)

3. 1 in 3 HIV negative women reports CSA

4. 1 in 4 HIV positive African American and Latino men // report CSA (Williams, Wyatt et al., 2007)



Trauma & Its Effects

- 1. Shame, guilt, fear, terror
- 2. Dysregulation of sex and mood extremes
 - Abstinence/Celibacy
 - Highly sexualized behaviors
 - Maladaptive Coping, Substance abuse, sex work
- 3. Drop out fight or flight



7 Distinguishing Factors

What distinguishes African American women from other ethnic/cultural groups with regard to Trauma Informed Interventions that address IPV?

- 1. Structure of Relationships
 - Fewer men to women than any other group
- 2. Cumulative Trauma (PTSD) and stress over time
- 3. Generational Poverty
- 4. Under education
 - Poorer quality schools
- 5. Health Disparities
 - Access
 - Treatment
 - Acceptability of services (paranoia)
- 6. Lack of Cultural Congruence
 - Relevance—the right messenger & the right message
- 7. Perceived Worth
 - Targeted messages of deviation

Wyatt, 2009



There is no one Africar American Community

Mis

BRAZIL

Kamile's Ancestry



ALGERIA

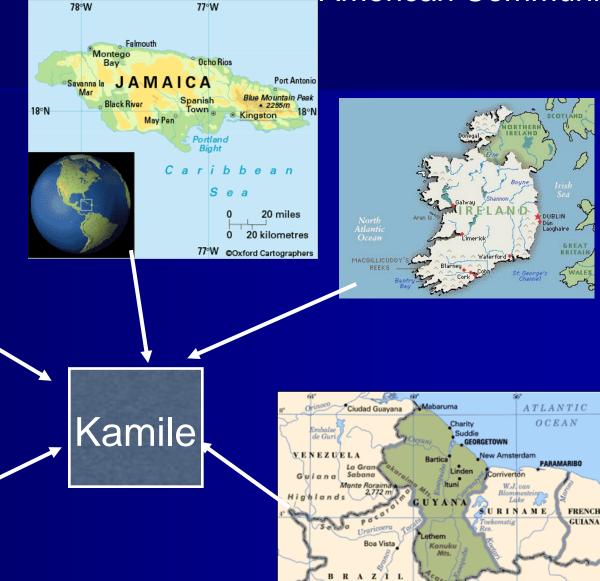
NIGER

LIBYA

EGY

SUDAN

ETHIOPI/



Facilitators of Disparities On a Societal Level

A History of Oppression

- 1. Externalizes self control
- 2. Normalizes violence even within families
- 3. Contributes to family breakdown
- Increases healthy paranoia regarding health, medical adherence, and medical mistrust
- 5. Increases fear of the establishment

Environmental and Social Influences: Macro Assaults

Girls who listen to degrading music in which:

- > Women are depicted as sex objects
- Men are sexually insatiable
- Sex is inconsequential

were 2 times as likely to engage in early sex as other girls (Rand Corp, 2006) who did not listen to degrading music

The Media's Role

Disparities in Reproductive Health

If a woman has been traumatized, media can re-victimize her – For Example:

THATSABORTION.COM

THE MOST DANGEROUS PLACE FOR AN AFRICAN AMERICAN IS IN THE WOMB.

Over 37% of Missouri's abortions are performed on African Americans, who comprise 12% of our population.

MissouriLife.org

Campaigns like these:

 Instill guilt in all women who may not have had control over their ability to plan or avoid sex

 Reinforce stereotypes that women are not able to be responsible for their bodies

Campaigns like these

 Send the message that there is something toxic about African American women's bodies especially their wombs

 Overlook the effects of interpersonal violence or forced/coerced pregnancies on symptoms of depression, PTSD, and substance abuse

IPV and Sexual Health

IPV and Risks for Sexually Transmitted Infections

- In a study of 848 unmarried, African American women ages 18-29 who sought care at Kaiser
 - Physical or sexual abuse
 - Partner related condom barriers
 - Having an older partner

Increased the likelihood of contracting an STI (chlamydia, gonorrhea or T, vaginalis) engaging in other risky behaviors

Seth et al., Sexual Health 2010



Findings from Center for Culture, Trauma, and Mental Health Disparities (NIMH, Wyatt, PI)



We examined predictors of symptoms of depression and PTSD in a sample of over 550 low income African American and Latino men and women and found:



- 1. The most consistent predictors were:
 - 1. Racial/ethnic discrimination
 - 2. Chronic stress burden (e.g.)
 - 1. Losing your home
 - 2. Community violence
 - 3. Unemployment



2. Experiences of trauma (sexual and physical) make a smaller, but significant contribution to symptoms of PTSD and depression.

There factors are not addressed in most trauma informed interventions or asked about in a therapeutic context

Disparities in Diversity of Investigators

Regarding RO1s:

Asian Americans are 4 percentage points

AND

 African Americans are 13 percentage points less likely to receive NIH investigator-initiated research funding Ginther, et.al., 2011

Compared to Whites

 Controlling for background variables, Black applicants remain 10 percentage points less likely than whites to be awarded NIH research funding

Are Issues of Violence and Trauma being Addressed in Current Research?

Facilitators of Disparities Recent Findings:

HTPN (HIV Prevention Trials Network) 052 with 1750 HIV sero-discordant couples in 13 cities and 9 countries

One Study Exclusion Criteria:

"Any condition that , in the opinion of the site investigator, would make participation in the study unsafe"- Cohen, McCauley & Gamble 2012

Raise questions

Did "unsafe" practices include

- rape?
- coerced pregnancy forced reproduction?
- interpersonal domestic violence?
- forced prostitution? Forced marriage? Of one or both partners?

Re-train Health Providers to:

1. Identify and screen for histories of sexual and physical violence and trauma

2. Provide appropriate care or refer women (and men) to other trained professionals or programs

Revise licensing requirements and continuing medical education

State license exams should include of violence and trauma prevention linking to PTSD, Depression, and other mental health challenges

Health care facilities (including jails and prisons) need to include comprehensive programs that address women's:

- Sexual health-the knowledge and care of the body to avoid disease transmission (e.g., STD/HIV, cancer)
- Reproductive health-the care of female reproduction and the right to make decisions within the context of her well being.

Healing Our Women

 NIMH funded program (Wyatt,PI) with an intervention for HIV positive women with histories of sexual and physical violence

 Piloted with primarily

- African American
- Latina
- White Women
- In English and Spanish

Healing Our Women

- The 11 week intervention addresses symptoms of PTSD and depression and teaches skills to minimize them
- Implemented in Los Angeles, New York, and currently tested with HIV negative women ages 15-62 at Project Street Beat of Planned Parenthood, NYC
- Training held in 8 states and under consideration at NREPP, SAMHSA

Wyatt, et.al., 2004, 2011

Prioritize

Implementation studies of evidencebased interventions for women who experience violence in rural and urban community settings.

Future Policy

Affordable healthcare should include services for survivors of violence and trauma.

Minority investigators need to be funded in equal numbers compared to other groups to <u>conduct</u> research

Change is Real Now.



Just as most of us still can't believe our eyes, just think how every young black boy in America now sees himself, for the rest of his life, with the election of someone who's hair looks like his...brings tears to your eyes. That's why we have to save them now from destroying themselves.

This a recent photo of a little boy visiting the White House. He wanted to feel Obama's hair because he wanted to know if the President's hair felt just like his. Obama obliged. Priceless.



Acknowledging the NIMH Funded Center for Culture, Trauma, and Mental Health Disparities

John K. Williams, M.D. Dorie Glover, Ph.D. Honghu Liu, Ph.D. Dorothy Chin, Ph.D. Tamra Loeb, Ph.D. Steve Shoptaw, Ph.D. Jennifer Carmona, Ph.D. Muyu Zhang, M.S., M.A. Louise Datu

Hector Myers, Ph.D. Alison Hamilton, Ph.D. Frank Galvan, Ph.D. Tamra Loeb, Ph.D. Andres Sciolla, Ph.D. Teri Davies, Ph.D. Michael Rodriguez, M.D., M.P.H. Erica Marchand, Ph.D.

And the women whose voices need to be heard