

**CAB Conference Call
April 30, 2015
12:00 EST
Meeting Minutes**

Participants:

Carlos	San Juan Research Hospital
Claire	Harvard University
Chanel	University of California, San Diego
Deb	Harvard University
Delia	University of Miami
Exzavia	Children's Diagnostic and Treatment Center
Jeanie	University of Southern California
Jennifer	University of Colorado, Denver
Juanita	Tulane University
Julie	Westat
Julie	University of Alabama, Birmingham
Kim	Texas Children's Hospital
Kimberly	Rutgers – New Jersey Medical School
Laurie	FSTRF
Lesley	Texas Children's Hospital
Megan	Westat
Raiko	University of Colorado, Denver
Ramona	University of Florida, Jacksonville
Tatania	Tulane University
Theresa	Texas Children's Hospital
Tranice	Tulane University
Yuri	University of Miami

• **APPROVAL OF MINUTES**

The minutes from the March 26, 2015 call were approved with no changes.

• **PHACS CONCEPT SHEET PRESENTATION**

Kim talked about maternal stress and depression. Theresa talked about helping mothers overcome barriers that cause stress. Theresa talked about stress that builds over time.

Deb talked about the Violence, Social Stress and Health Outcomes among Children with Perinatally-Acquired HIV Concept Sheet (CS). There are about 10,000 youth born with HIV in the US and Puerto Rico who are entering adolescence and adulthood. Many of those youth live in communities with high rates of violence and poverty. Research has shown that people who are exposed to violence and other stress can experience trauma. They can also have a greater risk of poorer mental and physical health. There have been studies that linked exposure to different types of violence to negative mental and physical outcomes. This means these people might be at greater risk. There is some research about whether violence has a difference effect on these outcomes between girls and boys. There is not much research about violence exposure in youth who were born with HIV.

There was a study done in IMPAACT about violence. There were 166 youth in the study. About half experienced violence and 79% witnessed violence. There were lower rates in youth who were born with HIV than youth who got HIV in other ways. Researchers are hoping to look at possible interventions that can help youth who experience or witness violence. This may help improve their health and safety in the future.

The CS is looking at youth who were born with HIV and uninfected youth born to mothers with HIV. The research team is looking at youth born with HIV and hoping to determine the prevalence of exposure to violence and social stress. They are also looking at how violence and social stress may affect viral load and CD4 percentage. The team is also looking at whether this is different in boys and girls.

The research team is looking at violence and social stress data reported by youth on the Life Events Checklist (LEC). They are looking at data from 8-15 year olds only. They are also looking at the Quality of Life (QOL) assessments completed by caregivers. Finally, they are also looking at the caregiver's Client Diagnostic Questionnaire (CDQ).

The team is looking at information from the questionnaires about youth and caregiver exposure to violence and social stress. Caregivers are asked about their experience with violence in their adult lives. The researchers do not know if a child was living with the caregiver during the time of a violent event.

Some studies have shown that girls and boys might be exposed to different types of violence. They may also have a different way of coping. This could have a different effect on their health.

The team found that children who reported past violence tended to be older. They also tended to be living with a relative that was not their parent. In situations where a caregiver reported exposure to violence, the child tended to be living with their mom.

The team found that among 8-15 year old youth born with HIV, 34% witnessed or experienced violence in the past year. They also found that 28% had a caregiver in AMP who was assaulted in adulthood.

The team wanted to look at youth medication adherence to figure out if it was connected to violence exposure. The team found that there may be a connection between violence exposure and lower medication adherence. Violence may possibly have an effect on physical health.

Results may be different between girls and boys. The team saw more of an effect of violence exposure on boys' viral loads than girls' viral loads. Programs and policies that address violence might help to support better health in youth with HIV.

Kim talked about violence in relationships. It may help to talk to youth about what to do if they experience violence. Kimberly talked about domestic violence. Some support groups have trouble getting women to return to domestic violence support groups for help.

Jeanie asked about how doctors are following up with youth who have experienced violence. There are staff at each site who immediately work with youth who report experiencing violence. Jeanie suggested that the site staff continue to follow up for a longer period of time.

Lesley talked about youth who may be afraid to report violence. Medical staff should build trust with their patients. Medical staff should call patients regularly to make sure they are okay. Theresa talked about training families. Medical staff can train families on how to talk to youth. Youth may be more likely to listen to their families. Exzavia talked about patient advocates. Patient advocates can work with medical staff to reach out to families.

NOTE: The next CAB call will be on Thursday, May 28, 2015 at 12:00 pm EST.