WLWH experience increased distress, have a lower health-related quality of life, and have lower social resources. A disproportionate number of WLWH are from ethnic minority populations.

**METHOD**

**Participants and Procedure**
- Baseline data from 84 WLWH Living with HIV who were participating in a clinical trial of Cognitive Behavioral Stress Management in the context of HIV+ partners on highly active antiretroviral therapy (HAART).
- Women provided a 24 hour urine sample and completed psychosocial measures.

**Exclusionary Criteria**
- Medication use interfering with study procedures.
- History of chemotherapy or whole body radiation for the treatment of cancer.
- History of a chronic illness associated with a medication regimen.
- History of a mental health diagnosis.

**Measures**
- **Serostatus Disclosure**
  - HIV Disclosure Scale (ODS; Dein, 1998): Serostatus disclosure was assessed by calculating the percentage of people who were disclosed to for each category of family members.
  - HIV-Specific Social Support from Family Members
  - UCLA Social Support Inventory Family Support Subscale (Schwarzer, Dorn, & Koch, 1996): The average amount of support women perceived from their family members was 12.19 (SD = 5.5; n = 52; range = 1 - 20).

**Depressive Symptoms (Distress)**
- Beck Depression Inventory (BDI): Cognitive Affective Subscale (Beck & Steer, 1993): Women’s mean depressive symptoms were 5.80 (SD = 3.3; n = 50; range = 0 - 24).

**ANALYSIS PLAN**
- **Covariates**
  - Depressive Symptoms
  - Social Support
- **Primary and Moderator Variables**
  - Serostatus Disclosure

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- **Covariates**
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  - Social Support
- **Primary and Moderator Variables**
  - Serostatus Disclosure

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**PARTICIPANT CHARACTERISTICS**

**HYPOTHESIS 1**
- Serostatus disclosure to children and mothers explained lower levels of cortisol in women, but did not explain depressive symptoms.
- Children = β = 3.32, p = .05, ΔR² = .05
- Mothers = β = 3.31, p = .05, ΔR² = .05

**HYPOTHESIS 2**
- Family interventions may be advantageous for women who have disclosed to family members but are not reaping the benefits of support available to them.

**RESULTS**
- **Depressive Symptoms**
  - Significant interaction terms were decomposed with one standard deviation above and below the centered mean representing high and low levels of the moderator.

**CONCLUSIONS**
- ***The effects of serostatus disclosure on physiological stress and psychological distress may depend, in part, on women’s family environment and whom she decides to disclose to within that environment.***
- ***Family interventions may be advantageous for women who have disclosed to family members but are not reaping the benefits of support available to them.***

**PATTERNS OF SEROSTATUS DISCLOSURE**

**Figure 1**
- The effects of serostatus disclosure on physiological stress and psychological distress may depend, in part, on women’s family environment and whom she decides to disclose to within that environment.

**Figure 2**
- Family interventions may be advantageous for women who have disclosed to family members but are not reaping the benefits of support available to them.