Strengths-Based Interventions Empower Underserved African American Women Sex Workers

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Street-based female sex workers constitute an especially vulnerable population for HIV, as they are often enmeshed in chronic patterns of substance use, sexual risk, homelessness, and violent victimization.

The omnipresent risk of violent victimization represents an acute threat to sex workers’ health, safety, and well-being.

Among marginalized African American women sex workers, violent victimization represents a formidable barrier to HIV risk reduction.
Primary Aim

- The Women Protecting Women project was designed to test the relative effectiveness of two intervention approaches for:
  - Increasing linkages and engagement with health and social services;
  - Reducing risk behaviors for HIV; and,
  - Reducing violence & Improving quality of life
The intervention trial tested 2 strengths-based case management approaches for reducing barriers to health care, and reducing HIV risk behaviors among African-American, street-based sex workers.

Strengths-based case management emphasizes client abilities and assets, and allows the client to control the direction of service acquisition.

Women were randomly assigned to: A professional only condition; or, A professional/peer team.
The CM contacts were structured to:

- encourage the client’s readiness for treatment or other service linkage;
- build the relationship with the case manager/peer;
- elicit strategies for change based on identified client strengths; and,
- identify barriers to service linkage and develop ways to address them.
Study Design

Informed Consent, Drug Screen, Locator Information, Baseline Interview and Random Assignment

Professional Only SBCM Intervention
- Sessions 2-5
- Active Referral
- 3 & 6 Month Follow-ups

Professional/Peer SBCM Intervention
- Sessions 2-5
- Active Referral, Ongoing Peer Contact
- 3 & 6 Month Follow-ups
Eligibility and Recruitment

- Eligible clients:
  - Were between 18-50 years of age;
  - Were African American women;
  - Engaged in illegal drug use 3 times/week;
  - Engaged in sex trading 3 times/month.

- Recruitment began in May 2007 and through June 2010 562 eligible clients were enrolled into the study.
Demographic Characteristics
(N=562)

- Mean Age 39.3 Years
- 52.0% Less than High School Education
- 54.8% Homeless in Past 90 days
- 18.2% HIV Positive (self-report)
Drug Use Characteristics:
Percent Using in Past 3 Months

- Alcohol: 88.4%
- Marijuana: 68.3%
- Crack: 70.8%
- Other Cocaine: 60.0%
- Heroin: 8.2%
- Rx Sedatives: 25.8%
- Rx Opioids: 19.9%
Sex Work
(N = 562)

- Mean of 14.6 years in sex work
- Mean of 19.1 male partners (past 3 months)
- 48.7% report unprotected vaginal sex (past 3 months)
Abuse and Victimization
(N=562)

- 88.0% of the sample reported lifetime sexual, physical, or emotional abuse.
- 49.5% reported abuse before age 18.
At baseline, 34.0% of the sample reported sexual or physical victimization by a “date” or client in the past 3 months.

17.3% of participants reported abuse by other perpetrators in the past 3 months.

Overall, 41.1% of the sample reported recent abuse.
Abuse-related Traumagenic Factors

<table>
<thead>
<tr>
<th>Category</th>
<th>Percent Endorsing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involved family, friend or other trusted person</td>
<td>74.2</td>
</tr>
<tr>
<td>Happened over a long period of time</td>
<td>70.1</td>
</tr>
<tr>
<td>Feared for your life</td>
<td>69.4</td>
</tr>
<tr>
<td>Resulted in sex</td>
<td>58.4</td>
</tr>
<tr>
<td>Involved more than 1 person</td>
<td>49.3</td>
</tr>
<tr>
<td>People did not believe or help you</td>
<td>42.5</td>
</tr>
</tbody>
</table>
Serious Mental Illness
(N=562)

- Severe depression was reported by 55.7% of the sample.
- Severe anxiety reported by 40.9%.
- Severe traumatic stress reported by 63.5%.
- Participants classified as “severe” on any one of these three scales was considered to demonstrate serious mental illness.
- 74% of the sample met this criteria.
Figure 1. Regression model: SMI mediates the relationship between abuse-related traumagenic factors and unprotected vaginal sex (N=562)

* significance at p≤.05; ** significance at p≤.01; *** indicates significance at p≤.001.
Recent Abuse and Co-Occurring Problems  
( N=562 )

Women who reported recent abuse have:

- 3.8 times greater odds of severe mental health problems;
- 2.1 times greater odds of recent unprotected sex.
Case Management Interventions

• In spite of the numerous challenges faced by this group of women, the Strengths Based CM interventions demonstrated high levels of acceptability: more than 90% of the clients attended 4 of the 5 offered sessions.

• Abused women were equally as likely to be retained in the study interventions and follow-up component as non-abused women.

• Would the additional barriers confronted by abused women affect HIV-related intervention outcomes?
Risky sexual behaviors for HIV declined significantly for all study participants at 3 & 6 month follow-up.
Sexual Risk Outcomes

- Regardless of intervention assignment, women with recent abuse histories reported significant decreases in unprotected vaginal sex from baseline to 3 month follow-up (21.5 to 10.8, \( p=.008 \)), and from baseline to 6 month follow-up (24.6 to 12.7, \( p=.006 \)).

- Non-abused women reported declines in unprotected sex as well, but these did not approach statistical significance.
Feedback on the Interventions:
Comments from Abused Women

- It feels real! The Case Manager makes me feel like I am somebody, that I do matter!
- It helped me to break my goals down. I did not know where to get started, now I have a plan.
- The ladies been out there too, so they know where I'm coming from, they know how I feel.
- They really listen to me and they don't look down on me.
- I came here broke down, beat up, and worn out. Coming here, I opened up. It was just a lot of emotional support being around people that knew me, knew where I came from, knew where I was trying to go.
Conclusions

- The data on intervention retention and client feedback suggest that the SBCM protocols are highly acceptable to this population of drug-involved, marginalized women.
- For women with recent histories of abuse and victimization, strengths-based intervention approaches may be especially effective in promoting positive health behaviors and reducing risk for HIV.
- Strengths-based approaches appear to provide critical social support and empowerment for women impacted by violence.
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