


Strengths-Based Interventions Empower Underserved African American Women Sex Workers

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Background

- ❑ 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.
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WOMEN PROTECTING WOMEN



TM



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
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Strengths-Based Case Management

- 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.
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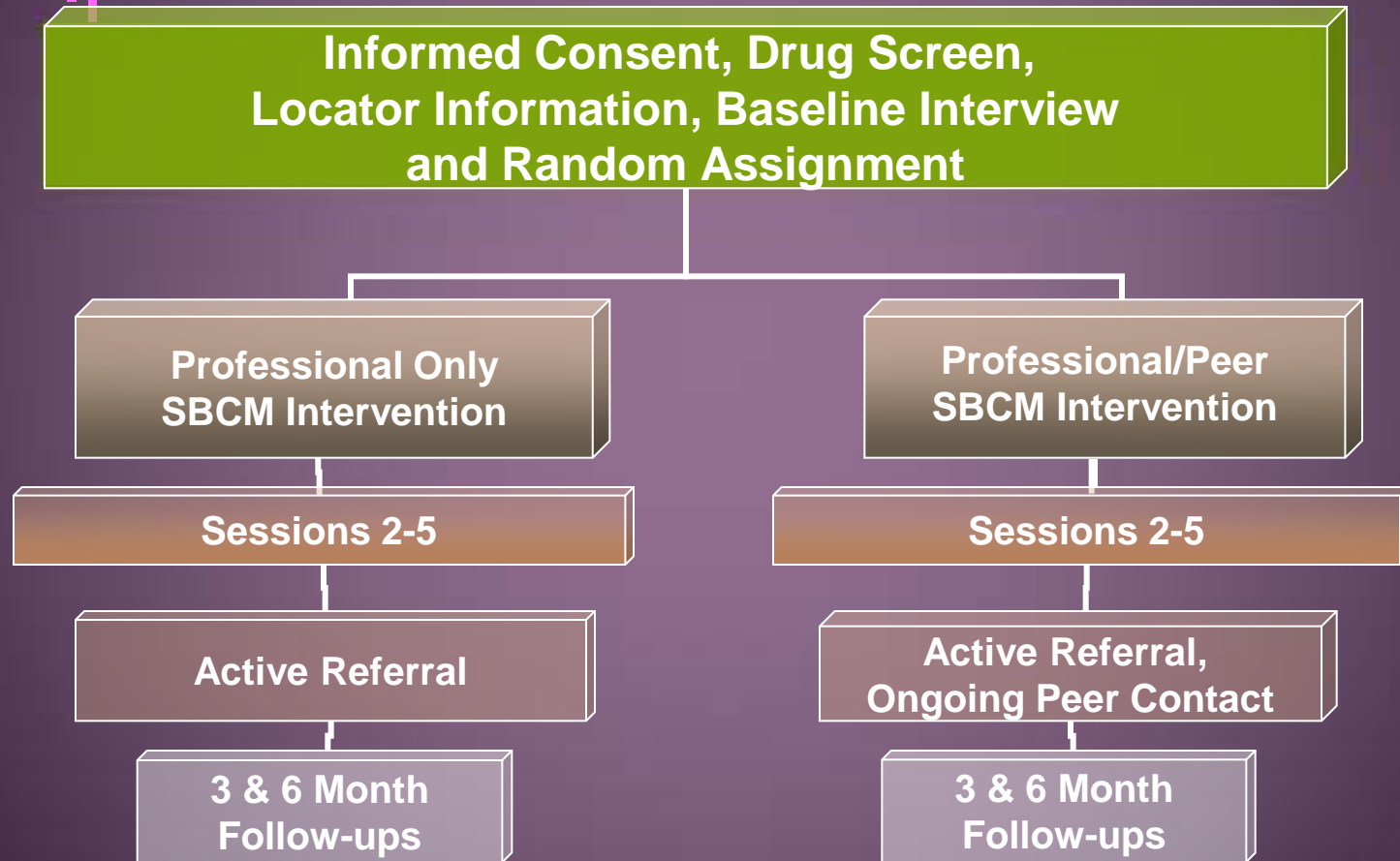


Strengths-Based Case Management

- 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.
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Study Design





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.
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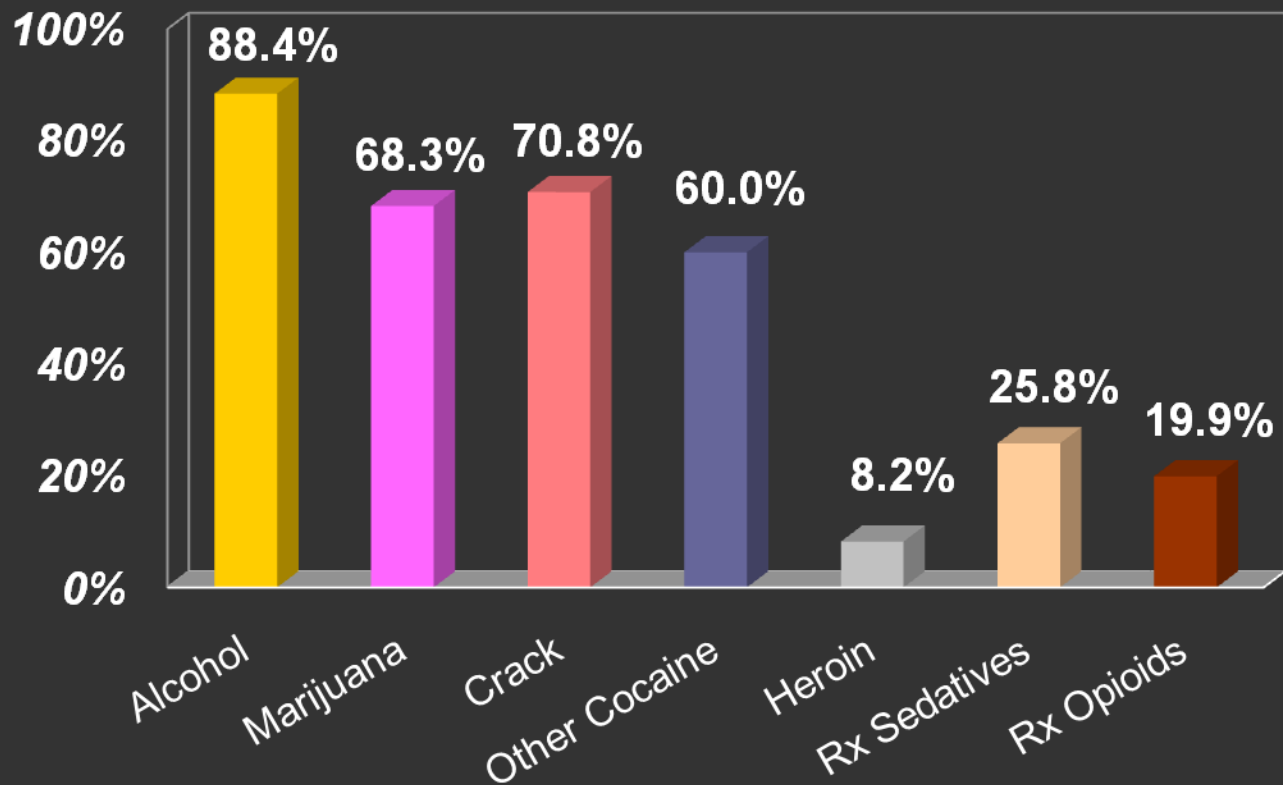


Demographic Characteristics

(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)
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Drug Use Characteristics: Percent Using in Past 3 Months





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)
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Abuse and Victimization

(N=562)

- 88.0% of the sample reported lifetime sexual, physical, or emotional abuse.
 - 49.5% reported abuse before age 18.
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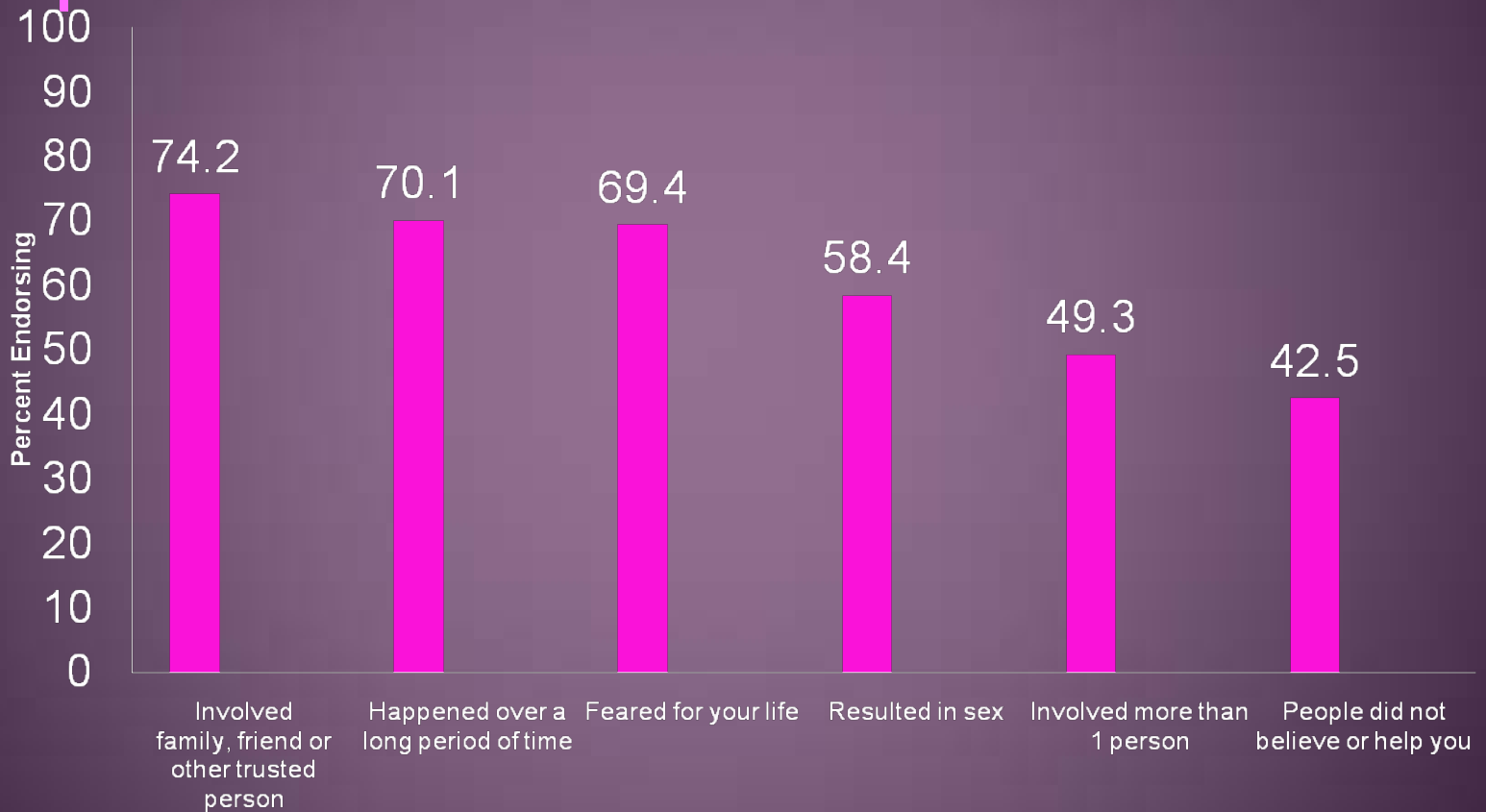


Recent Victimization

(N=562)

- 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.
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Abuse-related Traumagenic Factors



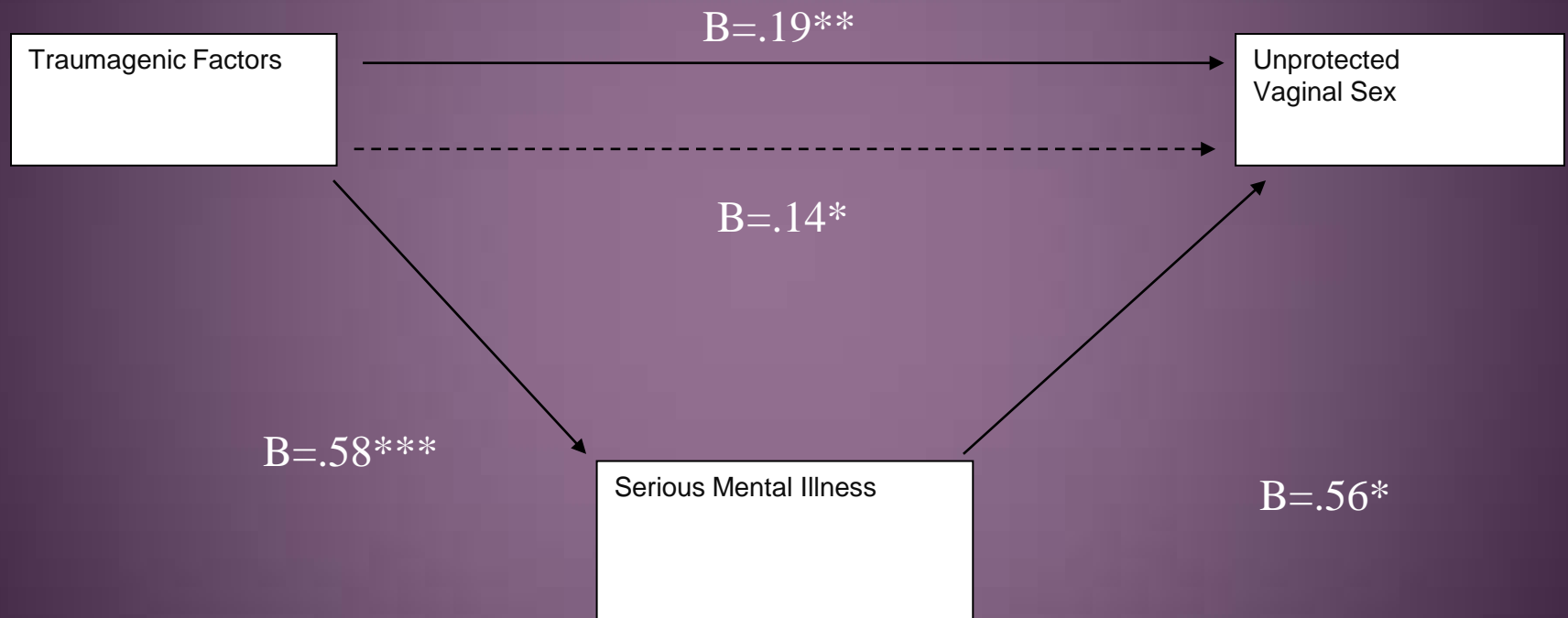


Serious Mental Illness

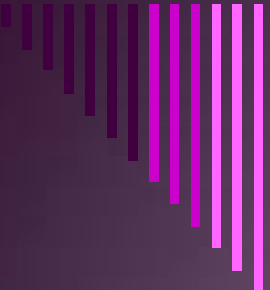
(N=562)

- 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.
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Figure 1. Regression model: SMI mediates the relationship between abuse-related traumagenic factors and unprotected vaginal sex (N=562)



* significance at $p \leq .05$; ** significance at $p \leq .01$; *** indicates significance at $p \leq .001$.



Recent Abuse and Co-Occurring Problems

(N=562)

Women who reported recent abuse have:

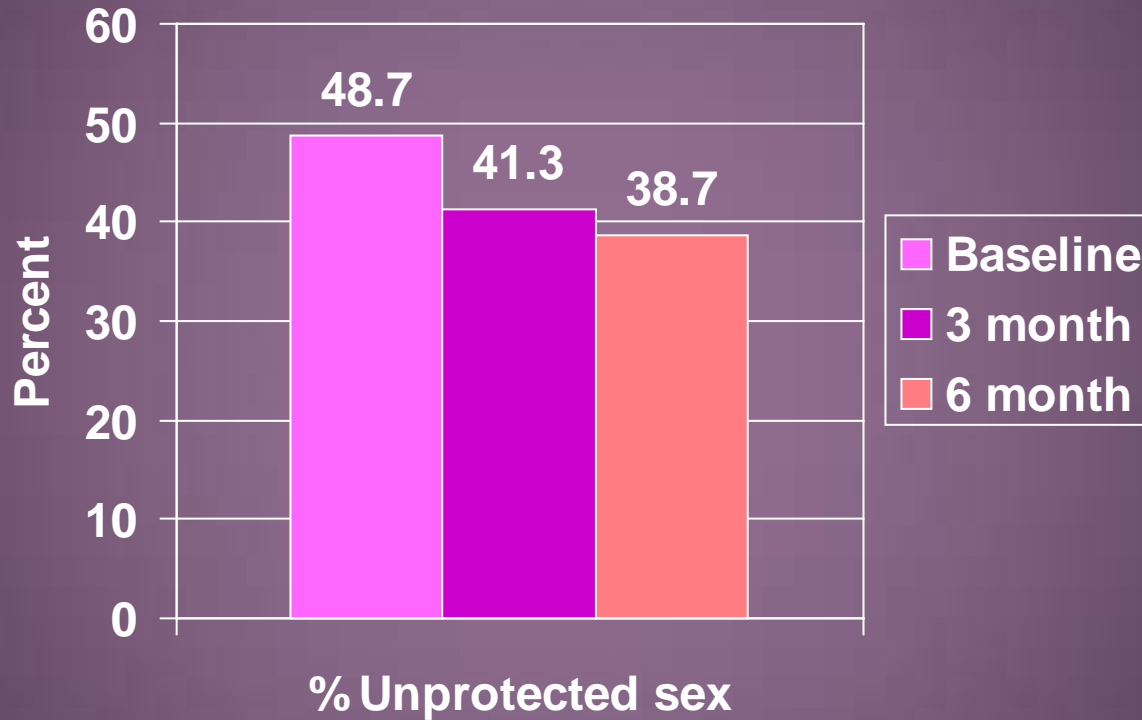
- 3.8 times greater odds of severe mental health problems;
 - 2.1 times greater odds of recent unprotected sex.
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Case Management Interventions

- 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?
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Sexual Risk 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.
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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.
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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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