

7th ANNUAL IRIS HOUSE SUMMIT

Women As  
The Face  
of AIDS



May 4-5, 2012 • [www.irishouse.org](http://www.irishouse.org)



# What's Love Got To Do With It?



The Socio Cultural Context of HIV Prevention and Treatment

Gail Elizabeth Wyatt, Ph.D.

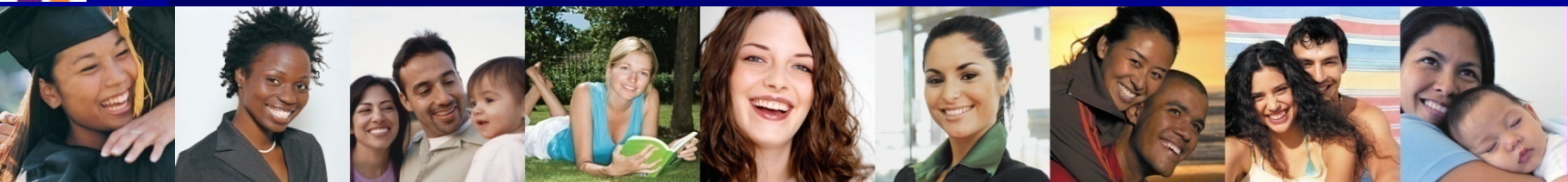
Women and the Face of AIDS Summit

Iris House

May 4, 2012

The New York Academy of Medicine

New York City, New York



Planning is Power.

# Facilitators of Disparities On a Societal Level

## A History of Oppression

1. Externalizes self control
2. Normalizes violence
3. Contributes to family breakdown
4. Increases healthy paranoia regarding health, medical adherence, and medical mistrust



- Some experiences need to be addresses on an individual level in order to enhance effects of behavior change with a partner
- Histories of abuse and trauma are among them



Interpersonal Issues

Personal Issues



Individual

Self Love

Love for Others



# Healing Our Women (HOW)

- Developed by Gail Wyatt, Ph.D., at the University of California, Los Angeles.
- 11 session group intervention for HIV positive women of color to:
  - Raise awareness of effects of sexual trauma
  - Increase coping strategies
  - Decrease depression and traumatic stress
  - Increase health maintenance behaviors
  - Reduce HIV-risk behaviors




# Defining Child Sexual Abuse (CSA) & Adult Sexual Abuse (ASA)

- CSA is unwanted or coerced sexual body contact prior to the age of 18.
- ASA is unwanted or coerced vaginal, oral or anal penetration since age 18.
- SA experiences vary with regard to the following:
  - ❖ *Type of abuse*
  - ❖ *Age of participants*
  - ❖ *Duration of abuse*
  - ❖ *Relationship of the perpetrator (intra or extrafamilial)*
  - ❖ *Degree of force or violence used*
  - ❖ *Number of Incidents*



# 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



# Sexual Abuse Prevalence

## *Community Samples :*

- ▶ 1 in 3 women will report one incident.
- ▶ 1 in 5 men will report one incident.
- ▶ non significance in rate changes over 10 year span 1984-1994 for women. However abuse was more severe in '94 than '84.
- ▶ Clinic and college samples range from 1 in 5 to 1 in 6, respectively.
- ▶ 1 in 4 women report rape since age 18.

Wyatt et al, 2001



# HIV and Trauma Co-Morbidity

1. Self medication – drinking, using drugs for anxiety, depression or upsetting memories (Perez, Kennedy & Fulblove, 1995).
2. A strong link between substance abuse treatment centers and CSA (NIDA, 1994).
3. Men and women with dual diagnosis (Waller, 1998).
4. Higher rates of CSA is found in drug user samples (Miller & Pone, 1998).

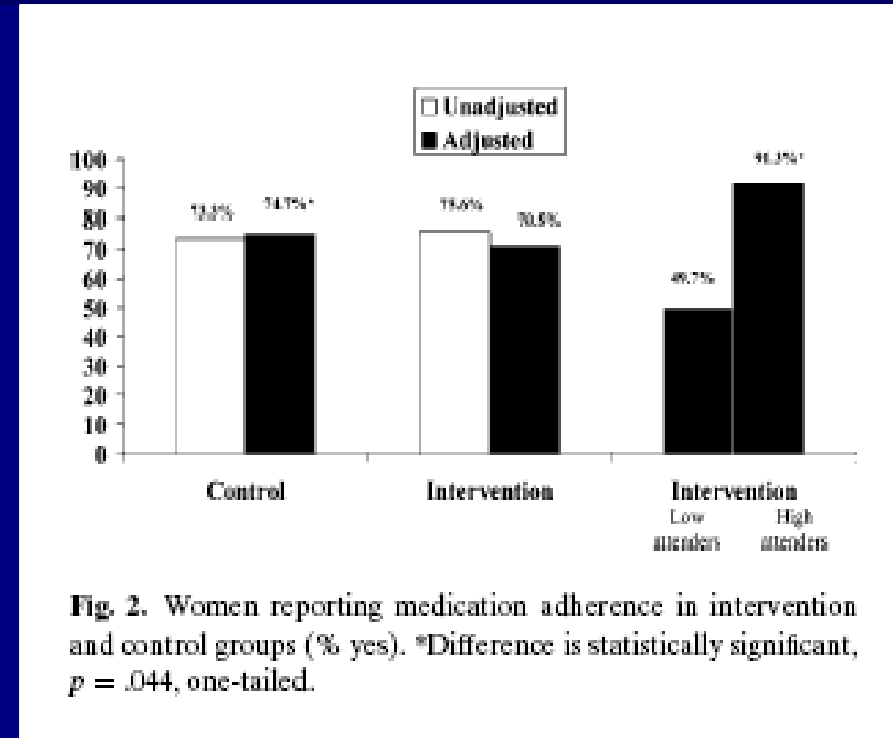
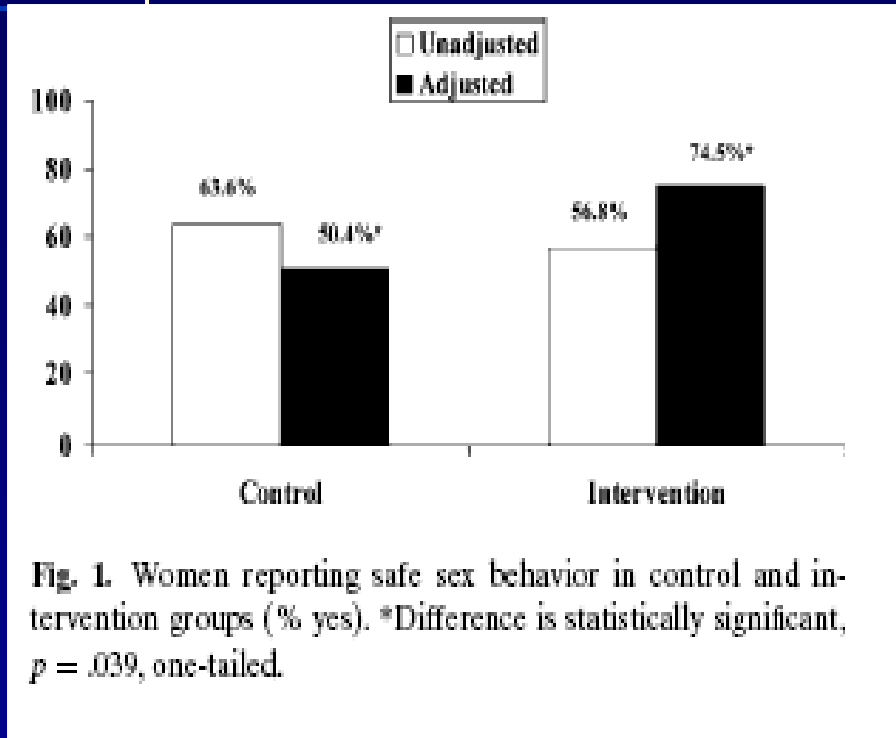


# Impact of CSA on Reproductive Health

- Women with CSA histories have higher rates of unintended pregnancy (Chandy, Blum & Resnick, 1996; Johnsen & Harlow, 1996; Wyatt, Guthrie & Notgrass, 1992; Wyatt et al., 1997).
- Men and women are less likely to use and make decisions about contraception (Mason et al., 1998; Heise, Moore & Toubia, 1995; Johnsen & Harlow, 1996).



# Enhanced Sexual Health Intervention for HIV-positive Women (NIMH Funded)



Wyatt, G. E., Longshore, D., Chin, D., Carmona, J. V., Loeb, T. B., & Myers, H. F. et al. (2004). The efficacy of an integrated risk reduction intervention for HIV-positive women with child sexual abuse histories.

*AIDS and Behavior*, 8(4), 453-462.



# HOW Curriculum



# HOW Curriculum

- **Session 1: *Orientation and Welcome.*** The objectives are to: 1) introduce the facilitator and program concepts; 2) establish group cohesiveness, confidentiality issues and ground rules; and 3) review the impact of HIV and establish personal goals.
- **Session 2: *Identifying Personal Behaviors and Consequences.*** The objectives are to: 1) define and understand the effects of childhood sexual abuse (CSA); 2) explore the long-term effects of CSA, and trauma symptoms; and 3) identify behaviors that can result from histories of violence.



# HOW Curriculum

- **Session 3:** *Identifying the Social Context of Behaviors and Consequences.* Clients will learn how to: 1) increase awareness of their gender and culturally defined expectations and conflicts; 2) discuss perceived safety and risks in relationships and behaviors and develop risk management and safety plans; 3) identify strategies to assess support and stress encountered in social networks; and 4) learn breast health and self-examination within a cultural context.
- **Session 4:** *Women's Bodies: Personal Identification of Barriers to Self-knowledge.* The objectives are to: 1) review and increase personal body awareness and touch; 2) increase understanding of the social, cultural, familial, and religious factors that influence personal responsibility and self protection; 3) demonstrate condom use to minimize HIV re-infection transmission; 4) increase motivation for behavior change and self-efficacy to maintain changes; and 5) increase motivation to slowly confront, and cope with painful experiences.



# HOW Curriculum

- **Session 5: *Triggers to Risks*.** The objectives are to: 1) identify behavioral triggers due to HIV and CSA histories that increase risks and problem solve risk reduction; 2) understand how triggers influence personal goals; and 3) develop a plan for behavior change maintenance.
- **Session 6: *Communication, Coping and Using Social Networks*.** The objectives are to: 1) practice cognitive problem solving, assertive communication and negotiation, and relapse prevention; and 2) develop a personal coping maintenance plan.





# HOW Curriculum

- **Session 7:** *How Do We Link What We Know with What We Feel?* The objectives are to increase knowledge of the influence of culture and social influences by: 1) reinforcing personal values that endorse self protection and risk reduction strategies; 2) increasing skill in anticipating risk reduction strategies; 3) learning problem solving (KFNHP) skills using scenarios that incorporate cultural conflicts, care-giving duties, religious beliefs, and contradictions; 4) discussing thoughts and feelings regarding sexual ownership and how CSA may influence attitudes and beliefs.
- **Session 8:** *Negative Self-Talk; Illness, Death, and Dying.* The objectives are to: 1) discuss sexual protection and maintenance during illness and 2) develop strategies to increase self-efficacy.



# HOW Curriculum

- **Session 9:** *Health Maintenance: Self-touch and Body Awareness.* The goals are to 1) discuss health maintenance, body awareness, as well as emotional and sexual self-regulation; 2) review obstacles to medical adherence; and 3) review the personal maintenance plan.
- **Session 10:** *Implementing Health Practices and Developing a Plan.* The goals are to: 1) revisit and discuss the issues of social networks, group termination, and disclosure of HIV and CSA; 2) enhance role playing through scenarios and finding new solutions; 3) review goals and problem solving skills; 4) review personal maintenance plans; and 5) begin the process of group termination and community resource utilization.
- **Session 11:** *Termination and Graduation.* This is a celebration and graduation for women and their families.



# Project Street Beat Evaluation of HOW



# The PSB HOW Research Team

- Gail E. Wyatt, Professor, Ph.D., Dept. of Psychiatry & Biobehavioral Sciences UCLA Semel Institute for Neuroscience and Human Behavior.
  
- Project Street Beat & PPNYC:
  - Daphne Hazel, M.Ed., Associate Vice President
  - Lisa Colarossi, Ph.D., LCSW, Director of Research & Evaluation
  - Vicki Breitbart, Ed.D., LCSW, Vice President of Planning, Research, & Evaluation
  - Kaity Trinidad, M.P.H., Program Monitor
  - Veronica Momjian, M.A., Research Assistant



# The PSB HOW Program Team

- Jessenia Casiano, Assistant Director of case Management Services
- Valerie Holmes, Community Follow-up Worker
- Natasha Abney, HIV Prevention Coordinator
- Dianne Walker, Community Follow-up Worker
- Cheryl Davis, MSW, Social Worker
- Juanita Thorpe, MSW, Director of Case Management Services



# HOW at Project Street Beat

Through support from the NYC AIDS Fund,  
NYS AIDS Institute and NYCDOHMH:

- In 2009, Dr. Wyatt conducted a 40-hour training for 9 PSB staff to facilitate the intervention with HIV+ women of color.
- PSB implemented and evaluated 6 HOW groups from 2009-2010.



# Project Street Beat

## PSB also provides a **MEDICAL MOBILE UNIT**

- Hep A, B and C Screening
- STI Screening/Treatment
- HIV Counseling and Testing
- Birth Control/Family Planning
- Gynecological Exams
- Primary Care (limited)
- Expanded Syringe Access
- Referral service



# HOW at Project Street Beat

Through support from the NYC AIDS Fund,  
NYS AIDS Institute and NYCDOHMH:

- In 2009, Dr. Wyatt conducted a 40-hour training for 9 PSB staff to facilitate the intervention with HIV+ women of color.
- PSB implemented and evaluated 6 HOW groups from 2009-2010.





# PSB Recruitment and Screening Criteria

- Women recruited from PSB client base.
- Inclusion criteria:
  - HIV+ or at risk status
  - History of sexual abuse or trauma
  - Enrolled as a client in PSB
- Exclusion criteria, within last 30 days:
  - Psychiatric or drug-related hospitalization
  - Attempts to harm oneself or others
  - Psychotic symptoms



# Enrollment

- Screened: 33 HIV+ and 8 HIV-/at risk.
- Eligible & consented: 29 HIV+ & 8 HIV-/at risk.
- Enrolled in separate groups for HIV+ and HIV-/at risk status.
- Dropped out intervention = 2 HIV+



# Participant Characteristics

Characteristic	HIV + <i>n=27</i>	HIV – <i>n=8</i>
Group sites		
Bronx	37%	34%
Brooklyn	63%	62%
Race/Ethnicity		
African-Am.	85%	87%
Latina	15%	13%
Education		
< high school	56%	37%
= high school	37%	50%
≤Bachelor's	7%	13%
Age (average)	49	42



# Participant Characteristics

Characteristic	HIV + <i>n=27</i>	HIV – <i>n=8</i>
Employed	19%	25%
U.S. Born	96%	100%
Sexual Abuse		
Child & adult	73%	57%
Adult only	4%	14%
Child only	23%	29%
Sexual Partners		
None	37%	13%
Men	52%	75%
Women	0	12%
Main + Other Partners	11%	0



# Evaluation Methods: Fidelity to the HOW Curriculum

- First 2 HOW groups in 2009.
- Rating sheets of observations for each session:
  - ✓ Completing the curriculum content and exercises
  - ✓ Engaging individual participants
  - ✓ Participation in dialogue
  - ✓ Non-judgmental expression
  - ✓ Co-facilitation skills
  - ✓ Monitoring of adverse events and follow-up
- Weekly meetings with facilitators to review



# Evaluation Methods: Changes in Participant Reports

- Surveys verbally administered to all women.
- Three HOW Participant Surveys
  - ✓ Baseline (1-2 weeks prior to 1<sup>st</sup> session)
  - ✓ Post-test (1 week after last session)
  - ✓ 3-month follow-up
  - ✓ Surveys administered as structured individual interviews
- Program & research incentives were offered



# Measures

- ✓ Depression
- ✓ Coping
- ✓ Post-Traumatic Stress
- ✓ Condom Efficacy
- ✓ Condom use
- ✓ Alcohol use before &/or during sex
- ✓ Knowledge
- ✓ Medication adherence



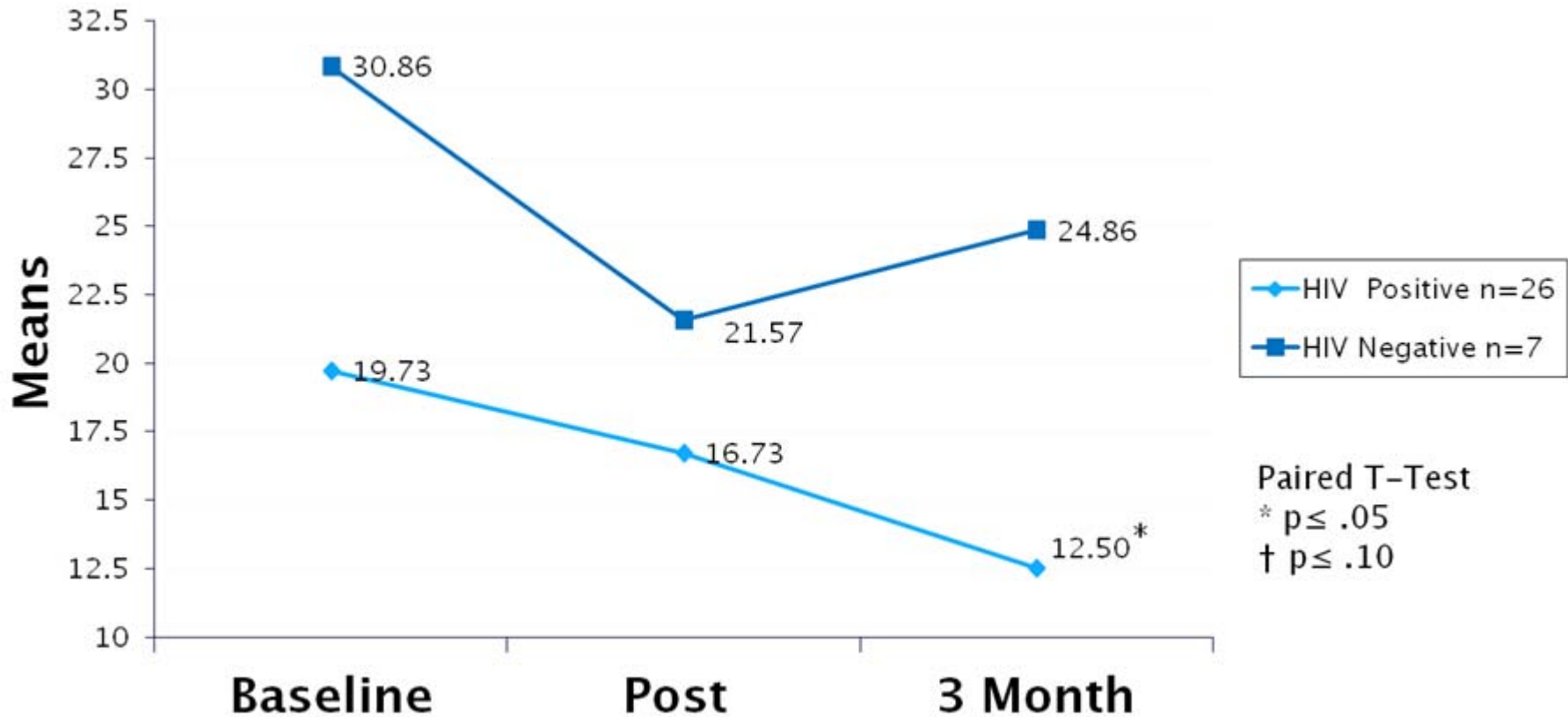
# Results: Fidelity

- Fidelity to the curriculum was high overall.
- Two improvements were needed:
  - ✓ Coordination between facilitators.
  - ✓ Too much curriculum content for the amount of time scheduled. Exercises would need to be cut short or held over to the next week.
- These problems were addressed by:
  - ✓ Providing an additional 2-hour training on co-facilitation skills.
  - ✓ Moving some curriculum content from sessions that were too full to other sessions that had more time. No content was removed.





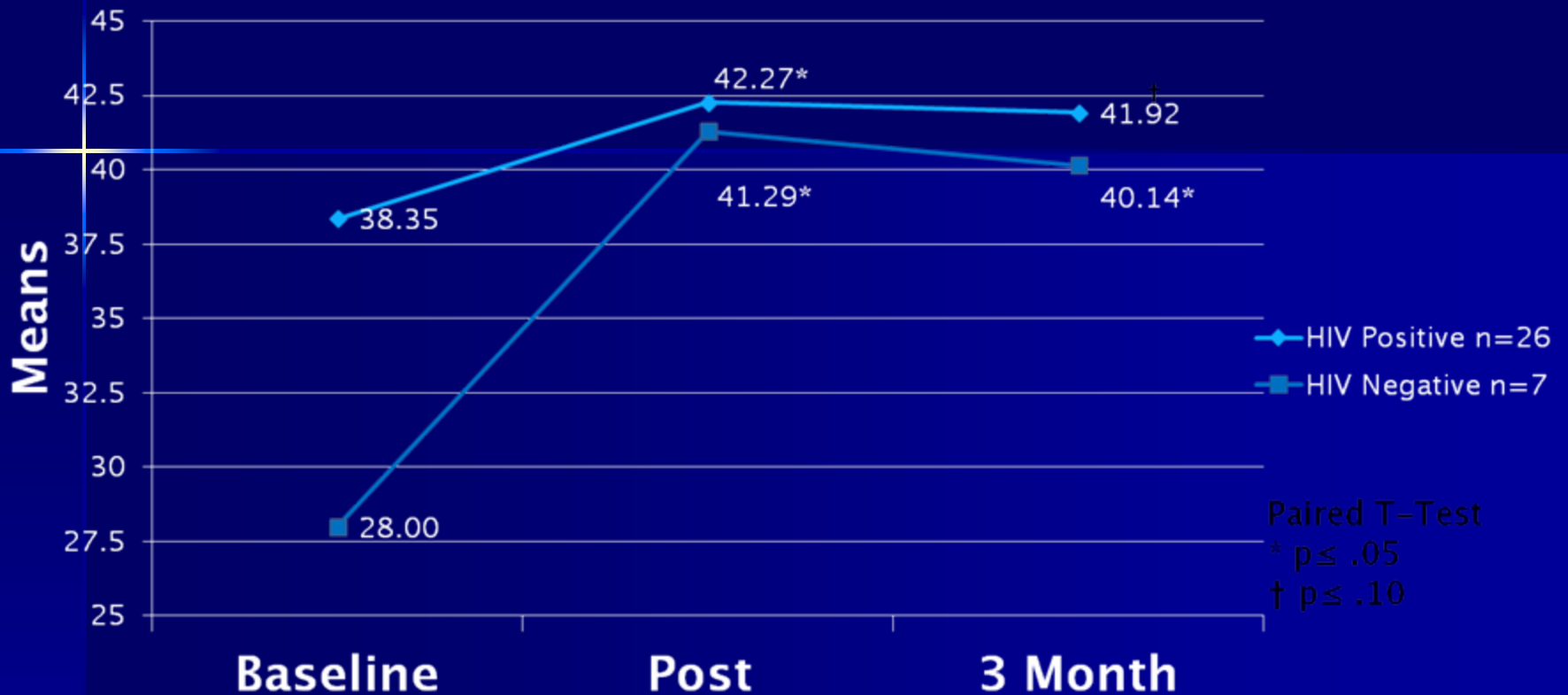
# Depression Results



20 questions answered on 4-point scales:  
0=none, 1=a little, 2=moderately, 3=a lot.  
Summary scored ranging 0-60.



# Coping Results



12 questions answered on 4-point scales:  
1=none, 2=a little, 3=moderately, 4=a lot.  
Summary scores ranged from 12-48.



# Post-Traumatic Stress Disorder



16 questions, answered Yes-No:

Summary Scored 0 - 16.



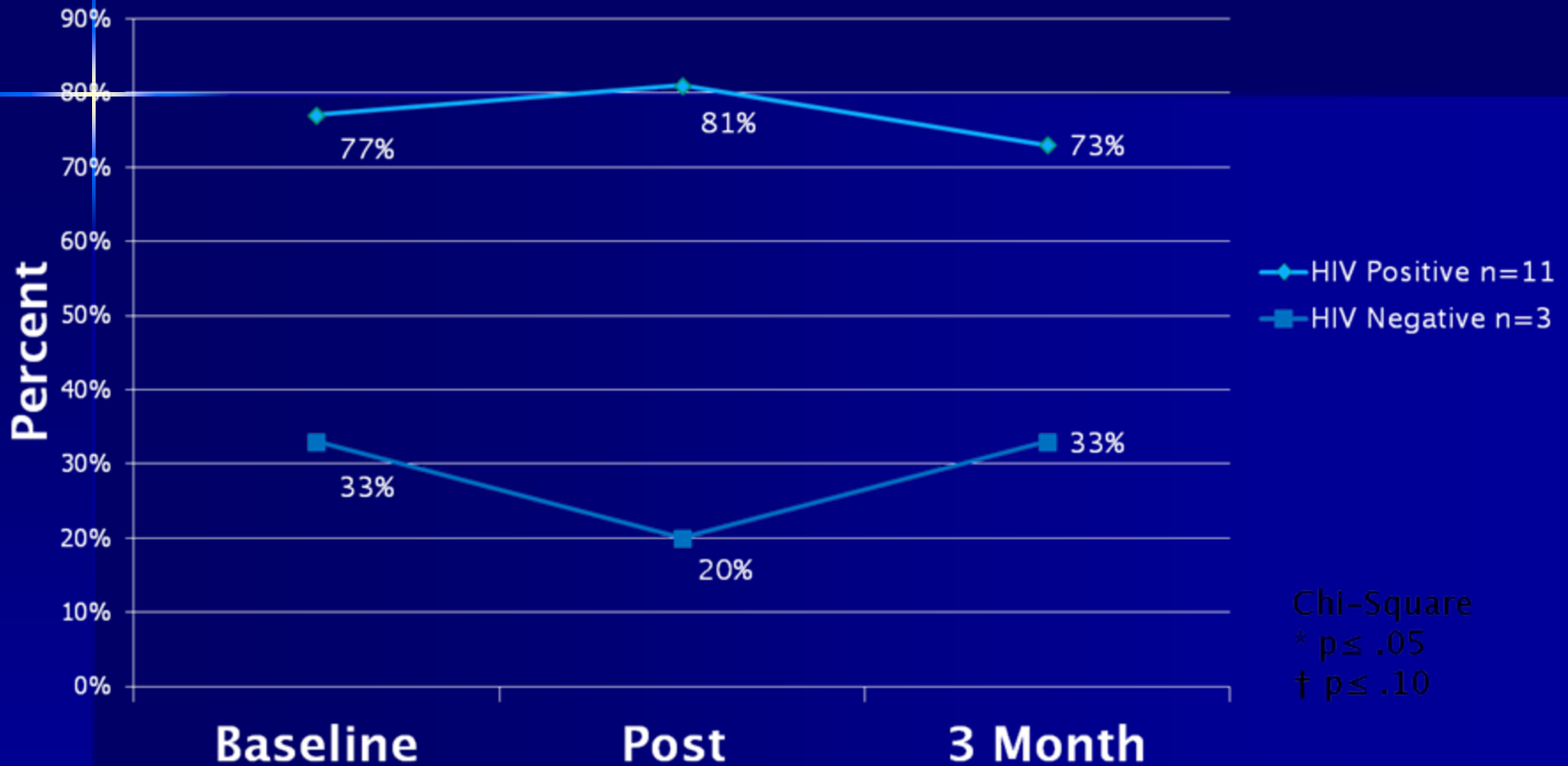
# Condom Use Self-Efficacy



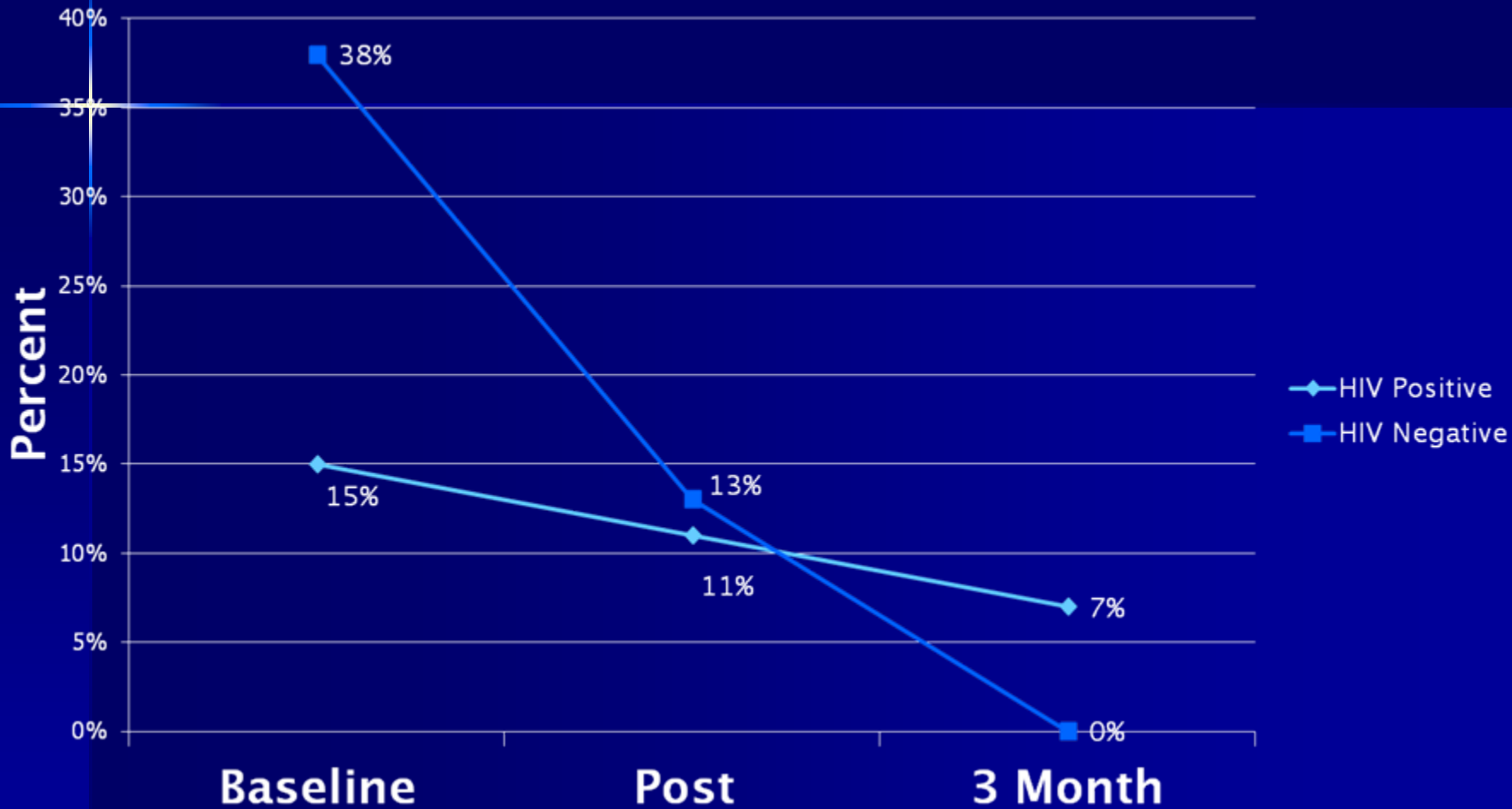
9 questions, answered on 5-point scales:  
1=strongly disagree, 5=strongly agree.  
Summary scored 9 - 45.



# Proportion of Condom Use



# Alcohol Use Sexual Risk



# Knowledge

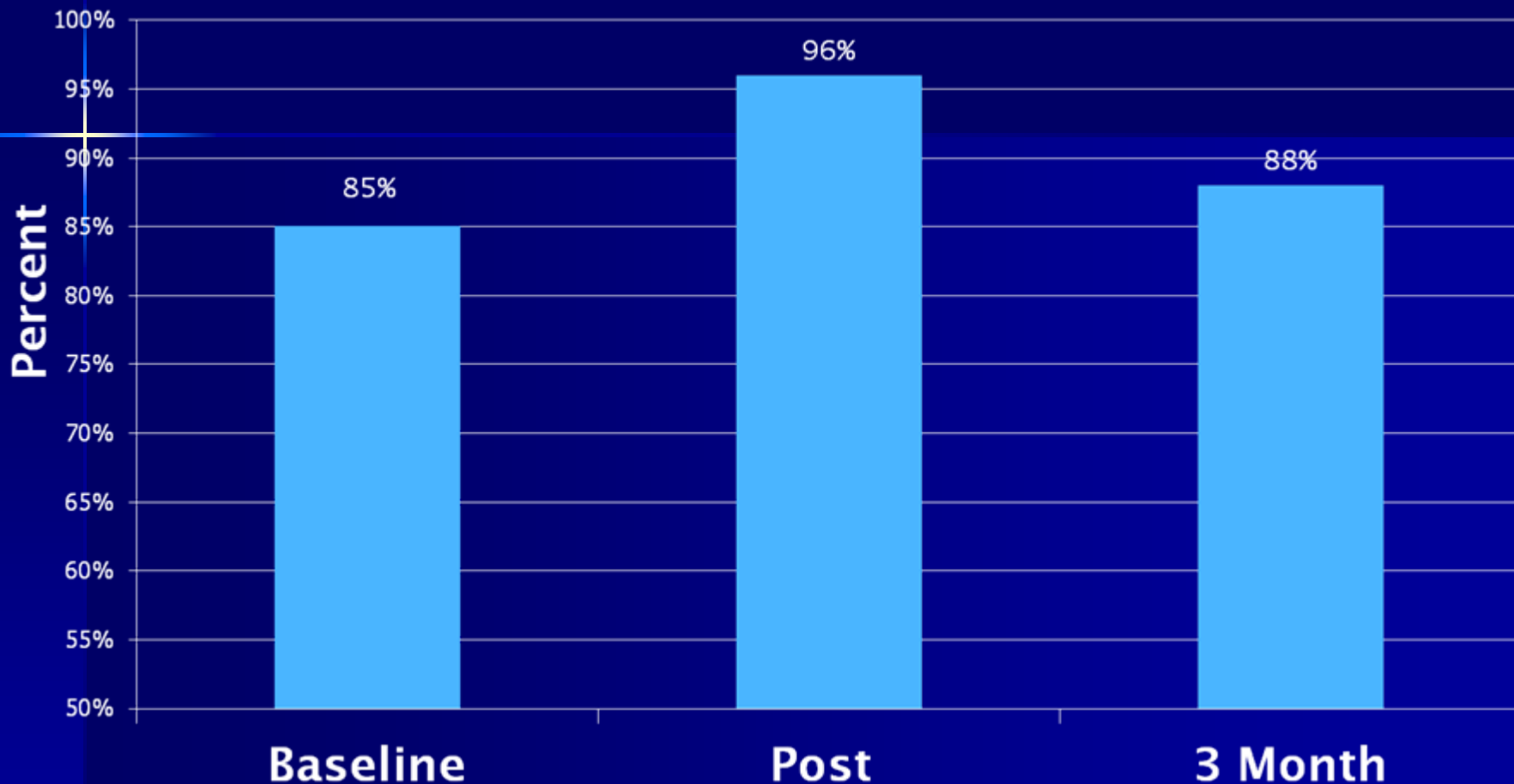


17 questions, answered True-False

Summary scored 0-17.



# Medication Adherence



Proportion of HIV + sample taking medication.





# Satisfaction Results

- Participant satisfaction was measured after each session with a brief survey:
  - Comfort in the group
  - Recognizing personal needs
  - Taking care of oneself
  - Perceived helpfulness
- Items scored from 5=least satisfied to 25=most satisfied. On average, participants were very satisfied (Mean = 22.73, SD=2.45).



# Recommendations

- ❖ Need for existing and sufficient supports for participants:
  - Psychological counseling- individual and group.
  - Support group.
- ❖ Need for on-going staff support in HOW content:
  - Debriefing after each session.
  - Psychological counseling if needed.
- ❖ Incentives and meals.
- ❖ Utilize peer as HOW facilitator.
- ❖ Allow ample time for journal writing.



# Summary & Next Steps

- ❖ Continue to conduct HOW groups at PSB.
- ❖ Adapt & evaluate HOW for young women.  
This is Complete.
- ❖ PSB will train other CBOs to implement HOW.



# ACKNOWLEDGEMENTS

- NIMH
- NYC AIDS Fund
- NYS AIDS Institute
- NYCDOHMH
- Keith Haring Foundation
- New York City Prevention Planning Group
- New York City Department of Health and Mental Hygiene HIV Planning Group
- PPNYC
- California Endowment
- UCLA CFAR/AIDS Institute



# SAMHSA Workshop

## July 2011

- 2 ½ days in Washington, DC
- 8 SAMSHA grantees met with Daphne Hazel, Juanita, Thorpe, and Gail Wyatt to train on HOW



# NREP Submission

## January 2012

- HOW submitted to National Registry for Evidence Based Programs (NREP) at SAMSHA for consideration

