HIV Risk Reduction

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Reducing the spread of HIV

Empowering women in risky relationships

What is the key that unlocks behavior change among women whose abusive partners may put them at risk for HIV? Skill.

Susan Tross, Ph.D., a researcher who has studied the psychology around HIV and risk-taking behavior, says that women need mental, emotional and behavioral tools to protect themselves from risky sex.

They need to understand what kinds of sexual activities are risky and how to reduce the risk. They need to know how to use condoms properly, how to negotiate and how to be assertive. They also need to be able to assess the risk of abuse and develop a plan for keeping themselves and their children safe.

Many women are reluctant to address safer sex with their partners because they fear retaliation and even physical abuse. Tross facilitated a small, all-female study group to teach risk-reduction and empowerment strategies to women in relationships with an HIV-positive partner.

"We talk with women about decision-making around safer sex.

It's NOT safe for all women to insist on safer sex in every situation no matter what.

We teach women to think about the pros and cons, to explore the hows and the what-ifs.

Then if a woman decides that the benefits of introducing some aspect of safer sex outweigh the risk of harm from an angry partner, she is not only more likely to succeed, she knows what to do if the encounter turns negative."

- Susan Tross, Ph.D.

"A great way to help people adopt new behaviors is to let them observe others who are modeling the target skills," says Tross. "Behavior change involves skill-mastery, which is easier when a client feels like she has support from the people around her and that she's making a difference in the world."

Tross taught the women in her group how to develop a plan for bringing up safer sex with their partners. The group discussed risk-assessment and safety-planning, focusing on what-if scenarios and how to respond to a variety of reactions from their partners. Topics included how to determine the right time to approach the subject and warning signs that the conversation might go poorly.

Behavior change is easier when a client feels that she has support from the people around her and that she is making a difference in the world.

A critical component of the plan is developing an exit strategy in case something does go wrong:

- Have hotline numbers.
- Have a runaway kit.
- Know where the nearest shelter is.

The runaway kit should include her social security number, enough cash to pay for a bus or taxi for herself and her children and the phone number of someone she can stay with temporarily.

"One of the questions that we ask in this discussion is: 'Do you know the procedure in your substance abuse treatment clinic when a woman is in danger from her partner? Do you know the point-person in your substance abuse treatment clinic for issues of abuse?' Every treatment program usually has someone who knows what is available locally and whether is help available around-the-clock," says Tross.

According to the Centers for Disease Control and Prevention, women continue to be affected by HIV/AIDS at a growing rate in the U.S. Most are infected during heterosexual sex. Women who use drugs—including those in outpatient treatment for substance abuse—are at especially high risk. Addiction professionals know that clients in drug treatment are vulnerable to relapse and that many continue to use drugs as outpatients. Compounding this is the fact that women who use alcohol or drugs are often in sexual relationships with male drug users. When people are intoxicated, they are more likely to have unprotected sex.

Looking for a way to stop this domino effect, Tross set out to put a user-friendly tool in the hands of counsel-

ors in addiction treatment settings. "When researchers do beautiful work on interventions that are never used by front-line workers, that's a big problem," says Tross. "The National Institute on Drug Abuse makes it possible, through its Clinical Trials Network, for interventions to be tried out in real-life substance abuse treatment programs based in the community."

Tross selected a program called Safer Sex Skills Building, originally developed by Nabila El-Bassell, Ph.D. Designed to help prevent HIV among women in outpatient substance abuse treatment, the program works with a small group of clients who participate in an educational group. The women meet twice a week–five sessions in all–with a front-line addiction counselor leading the group. The intervention works, says Tross, even if the women do not attend all five sessions.

New research shows that a single session of HIV education can reduce instances of unsafe sex practices for at least three months.

"Traditional addiction clinics usually give one session of HIV education," says Tross. "They cover important topics like: What is HIV? How is it transmitted? How can you get tested? How can you protect yourself? If you test positive, how can it be treated? What if you're HIV positive, and you want to have a baby?"

Comparing the impact of the skill-building program with the HIV education that substance abuse treatment clinics traditionally offer, researchers found that women in both interventions showed significant decreases in the number of unprotected sexual encounters three months after treatment.

The difference in the program outcomes, called "the sleeper effect," showed up at the six-month mark. "When you give an intervention, the participant needs time to integrate the new skills. She has to have some real world experiences, a chance to try out what she's learned. If the skills are integrated, it helps to sustain the change," said Tross. At six months, "the trajectory, the course of unprotected sexual occasions changed." Unsafe sexual practices among the graduates of the Safer Sex Skills Building group continued to decline. Unsafe practices among the women in the education-only group were up–slightly higher than before the intervention.

"The Safer Sex Skills Building intervention helped women decrease risky sex–and hold that decrease over time," says Tross.

At the same time, she emphasized that HIV education alone does help, even though the behavior change was temporary.

Susan Tross, Ph.D.

"Education sessions are valuable and worth doing. Giving good, clear HIV education helps clients.

Something accurate delivered is so much more important than something ideal that's not delivered."

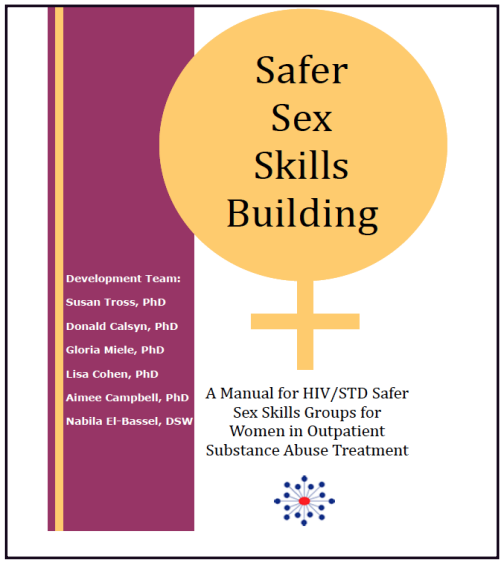
- Dr. Susan Tross

There have been tremendous advances since 1983 when Tross first entered the field, around the time that HIV was identified as the virus that causes AIDS. Tross was living in New York City, the epicenter of the HIV/AIDS epidemic.

"As a psychologist and as somebody who was losing friends and colleagues to this mysterious and fatal disease, I wanted to help people cope with their illness," says Tross. When scientists began to uncover how the virus was transmitted, her focus shifted to helping people avoid infection. Today, the emphasis of her research remains on prevention.

Susan Tross, Ph.D., is an associate professor of clinical psychology in the HIV Center for Clinical and Behavioral Studies, and the Division of Gender, Sexuality and Health in the Department of Psychiatry and Pediatrics at Columbia University Medical Center. She is co-director of the HIV Center's Intervention Science Core. She is also director of Psychology, Education, and Training in the Department of Psychiatry and Behavioral Health at St. Luke's Roosevelt Hospital Center.

Dr. Tross has conducted federally funded HIV intervention and substance abuse intervention research since 1986.



Looking for something new to talk about in your HIV educational groups?

Originally developed by Nabila El-Bassell, MSW, DSW, the leader's manual and participant notebook, along with teaching aids for the updated Safer Sex Skills Building, are available free at www.hiveis.com.