Relationship of Drugs, Abuse and HIV Explored by Social Intervention Group

By COLIN MORRIS

Innovative approaches to prevention and intervention models in social work are propelling the School of Social Work’s Social Intervention Group (SIG) to the forefront of their field.

Now more than ever, due to the tireless efforts of many social work advocates, there is more information on contemporary social problems affecting many communities, such as domestic violence, drug addiction, and the effects of widespread HIV infection.

A number of the research findings on these topics, however, may appear too reductive for drawing conclusive models for the larger scope of social work practice. Some applied versions of treatment may be less effective due to the limitations of the data. By studying links among related social problems and designing and testing intervention and prevention models to address overlapping problems, SIG, with support from institutions like the National Institute of Drug Abuse and the National Institute of Mental Health, is fostering new developments in practice models for practice in the field of social work.

For example, in the area of domestic violence, studies have shown that between 12% and 30% of women in the general population have suffered sexual abuse during their childhood. Yet, SIG’s research findings among women in drug treatment programs show that the percentage of those sexually abused in childhood rises to roughly 50 - 80%. SIG’s research findings also show that the rates of intimate partner violence among women in drug treatment programs range between 60 - 70% and women who are HIV positive are more likely to have both childhood sexual abuse and intimate partner violence. These overlapping problems among drug-involved women are being rigorously studied by SIG in order to inform the design of new models for practice.

“We are interested in advancing the science of behavioral intervention and prevention on these overlapping social problems, therefore, we need to use rigorous research methodologies to design intervention and prevention models,” explains Nabila El-Bassel, director of SIG. “Unfortunately, there is a real lack of empirically-based integrated intervention and prevention models available for use by service providers. The fields of drug abuse and domestic violence are quite eager for assessment tools and practice models that integrate both of these overlapping social problems.”

According to research findings from studies conducted as part of SIG’s qualitative studies with women in drug treatment, a series of social and psychological problems is likely to unfold in individuals who have suffered childhood sexual abuse. Such individuals experience Post Traumatic Stress Disorder and associated features depression, dissociation, and feelings of powerlessness—all these often bring about skill deficits and maladaptive behaviors that can lead to involvement with drugs and sex trading, which increases one’s chances of infection with HIV.

The following statement from a participant in one of SIG’s qualitative studies with women in drug treatment describes how the sexual abuse that she was subjected to as a young girl led to a progression of behaviors that eventually resulted in HIV infection.

“You know, I do drugs and I do bad things to forget what happened to me when I was a child. My father abused me sexually for seven years. He forced me to sleep with him and I did, but he also took care of me. The pain stayed with me, and still it’s hard for me to forget what happened. I always felt scared, and didn’t know how to communicate my feelings of fear and anger. I went to college, became a nurse and worked for two years in nursing, but I was still not able to forget what happened to me when I was a child. I started taking drugs from my job and ended up with crack. Crack did me. Crack was the best. Crack helped me forget and not care for anything, but I ended up with abusive men, in jail, in crack houses, and then got HIV. These things happened to me because of the abuse.”

El-Bassel says, “We have learned so much from the research and personal experiences of women in our studies and, as a result, we firmly believe that excluding childhood sexual abuse and history of trauma from HIV intervention strategies will further escalate the spread of the epidemic among women.

SIG employs multiple approaches to work diligently with service providers, as well as with clients and community leaders in developing, testing and disseminating their interventions. Through one of SIG’s initiatives, Co-Director Louisa Gilbert has worked collaboratively with a group of drug treatment providers, eight community and service providers and representatives of the New York State Office of Alcohol and Substance Abuse Services (OASAS) to explore the feasibility of implementing a protocol for conducting routine screening for intimate partner violence (IPV), safety planning and providing referrals. This collaborative working group has conducted seven focus groups with service providers in different drug treatment settings in order to understand existing practices for screening and treating IPV and to elicit structural and attitudinal factors which may impede or facilitate the adoption of protocols for addressing IPV. For each study, SIG community board members are involved in all stages of the research in order to make it relevant to the community and promote evidence-based practice.

“Community collaboration is a very important piece for our research mission in conducting prevention and intervention research and enhance evidence-based practice in the overlapping social problems among women in drug treatment,” says El-Bassel.

SIG researchers such as Louisa Gilbert, Susan Witte, Elwin Wu, Denise Hien and others strive to create effective prevention and intervention strategies not only for individuals, but also for couples, families and communities. In addition to being a research group, SIG has also created a unique interdisciplinary research training program for faculty, and graduate students to study contemporary social problems.