

LIVING IN THE FACE OF TRAUMA (LIFT)

Best Evidence – Risk Reduction

INTERVENTION DESCRIPTION

Target Population

- HIV-positive adults with childhood sexual abuse (CSA) histories

Goals of Intervention

- Eliminate or reduce sexual transmission risk behavior
- Improve coping with the combined stressors of HIV infection and child sexual abuse
- Increase positive change in CSA-related trauma symptoms

Brief Description

Living in the Face of Trauma (LIFT) is a group-level coping intervention for HIV-positive persons who experienced childhood sexual abuse. The intervention consists of fifteen 90-minute sessions delivered to same-gender groups (about 6-8 persons per group). The LIFT intervention incorporates adaptive coping, which includes problem-focused strategies for changeable stressors and emotion-focused strategies for unchangeable stressors. These adaptive coping strategies assist participants in identifying and addressing individual stressors related to HIV infection and sexual trauma. Through discussions, trigger identification, skills-building exercises, goal setting, and social support, participants learn problem solving, communication skills, risk-reduction skills, cognitive reformation, and relaxation techniques to improve coping and reduce HIV sexual transmission risk behavior.

Theoretical Basis

- Cognitive Theory of Stress and Coping
- Cognitive Behavioral Treatment Strategies for Sexual Trauma

Intervention Duration

- Fifteen weekly 90-minute sessions delivered over about 3.5 months

Intervention Settings

- A local community health center

Deliverer

- Three female therapists and one male therapist: two clinical psychologists and two clinical social workers

Delivery Methods

- Cognitive restructuring
- Exercises
- Goal setting
- Group discussion
- Relaxation techniques
- Role plays
- Social support

INTERVENTION PACKAGE INFORMATION

An intervention package is not available at this time. Please contact **Kathleen Sikkema**, Duke University, Department of Psychology and Neuroscience, 417 Chapel Drive, Box 90086, Durham, NC 27708-0086.

Email: kathleen.sikkema@duke.edu for details on intervention materials.

EVALUATION STUDY AND RESULTS

The original evaluation study was conducted in New York City between 2002 and 2004.

Key Intervention Effects

- Reduced unprotected sex acts with all partners and with HIV-negative or unknown serostatus partners

Study Sample

The baseline study sample of 247 HIV-positive men and women with CSA histories is characterized by the following:

- *68% black or African American, 17% Hispanic/Latino, 10% white, 5% other*
- *53% female, 47% male*
- *60% gay or bisexual, 40% heterosexual*
- *47% MSM, 100% of men are MSM*
- *Mean age 42 years*
- *Mean education of 12 years*

Recruitment Settings

AIDS service organizations and community health care clinics in New York City

Eligibility Criteria

Men and women were eligible if they were 18 years or older, HIV-positive, and were sexually abused as a child and/or adolescent (i.e., any unwanted touching of a sexual nature by an adult or someone at least 5 years older).

Assignment Method

HIV-positive men and women (N = 247) were randomly assigned to 1 of 2 groups: LIFT intervention (n = 124) or HIV support group comparison (n = 123).

Comparison Group

The HIV support group provided a supportive environment for participants to address issues of HIV and CSA trauma. This intervention consisted of 15 weekly 90-minute group sessions led by experienced clinical therapists who were not trained on the coping intervention model.

Relevant Outcomes Measured and Follow-up Time

- Sex behaviors during past 4 months (including frequency of unprotected vaginal and anal intercourse with all partners and frequency of unprotected vaginal and anal intercourse with HIV-negative or unknown serostatus partners) were measured at 2 weeks after the intervention and at 4-, 8-, and 12-month follow-ups.

Participant Retention

- LIFT intervention
 - 71% retained at 4 months
 - 68% retained at 8 months
 - 65% retained at 12 months
- HIV Support Group comparison
 - 72% retained at 4 months
 - 72% retained at 8 months
 - 67% retained at 12 months

Significant Findings

- Across the three follow-up assessments, LIFT intervention participants reported significantly fewer counts of unprotected vaginal and anal intercourse with all partners ($p < .001$) and with HIV-negative or unknown serostatus partners ($p < .001$), compared to comparison participants.
- At the 4-month follow-up, the LIFT intervention showed significant effects in reducing unprotected sex with all partners ($p < .05$) and unprotected sex with HIV-negative and unknown serostatus partners ($p < .05$) among 168 participants who reported having vaginal or anal intercourse during the study.
- Among 168 participants who reported having vaginal or anal intercourse during the study, the LIFT intervention showed significant effects in reducing unprotected sex with all partners ($p < .05$) at the 8- and 12-month follow-ups and unprotected sex with HIV-negative and unknown serostatus partners ($p < .05$) at the 8-month follow-up. (While the above findings meet *Best* evidence, these findings meet the *Good* evidence criteria due to retention rate $< 70\%$).

Considerations

- None

REFERENCES AND CONTACT INFORMATION

Sikkema, K. J., Hansen, N. B., Kochman, A., Tarakeshwar, N., Neufeld, S., Meade, C. S., & Fox, A. M. (2007). [Outcomes from a group intervention for coping with HIV/AIDS and childhood sexual abuse: Reductions in traumatic stress](#). *AIDS and Behavior*, *11*, 49-60.

Sikkema, K. J., Wilson, P. A., Hansen, N. B., Kochman, A., Neufeld, S., Ghebremichael, M. S., & Kershaw, T. (2008). [Effects of a coping intervention on transmission risk behavior among people living with HIV/AIDS and a history of childhood sexual abuse](#). *JAIDS Journal of Acquired Immune Deficiency Syndromes*, *47*, 506-513.

Researcher: Kathleen Sikkema, PhD

Duke University, Department of Psychology and Neuroscience
417 Chapel Drive
Box 90086
Durham, NC 27708-0086

Email: kathleen.sikkema@duke.edu

