



# B'MORE

## Her PrEP Her Way

Kamila A. Alexander, PhD, MPH, RN

Helena A. Addison, BA

Breanna N. Beard, BA

Johns Hopkins School of Nursing

PrEP for Women Conference

September 25, 2018

## Intimate Partner Violence (IPV)

**1 in 3  
women**



CDC, 2017; NISVS, 2015; Interagency Federal Working Group Report, 2013



**4x  
higher  
risk of  
HIV**

- Health disparities disproportionately affect Black, Latina, and low-income women
- Increase risks for HIV (and unintended pregnancies)
  - Condom negotiation
  - STI diagnoses/exposures
  - Partner HIV status unknown
- Women in abusive relationships express interest in risk reduction and prevention options
- Need to determine safest ways to deliver PrEP (and contraceptives) to this population

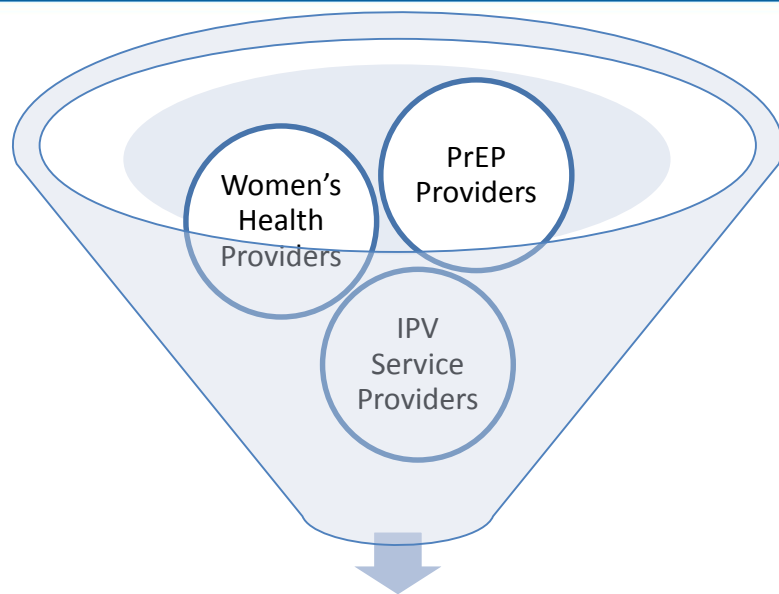
Campbell, Lucea, Stockman & Draughon, 2012; Willie, et al, 2017; Garfinkel, et al, 2017



**CDC guidelines for PrEP  
use among women  
apply to a majority of  
women experiencing  
IPV.**

- Barriers to healthcare IPV screening and counseling
  - Time
  - Poor or non-existent policies
  - Limited incentives for screening
  - Discomfort
  - **Inadequate cross-sector collaborations with survivor advocate services**

Colarossi et al, 2010; Jaffee et al, 2005; Yonaka, et al, 2007; Cha, et al, 2014; Tower, et al, 2006; Weeks, et al, 2008; Minsky-Kelly, et al., 2005. O'Campo, et al, 2011; Frankel, 2007.



**Multi-sector Collaboration to increase  
Contraceptive use and PrEP uptake  
among IPV-exposed women**





**Phase 1:** Interviews & surveys with service providers from multiple health sectors

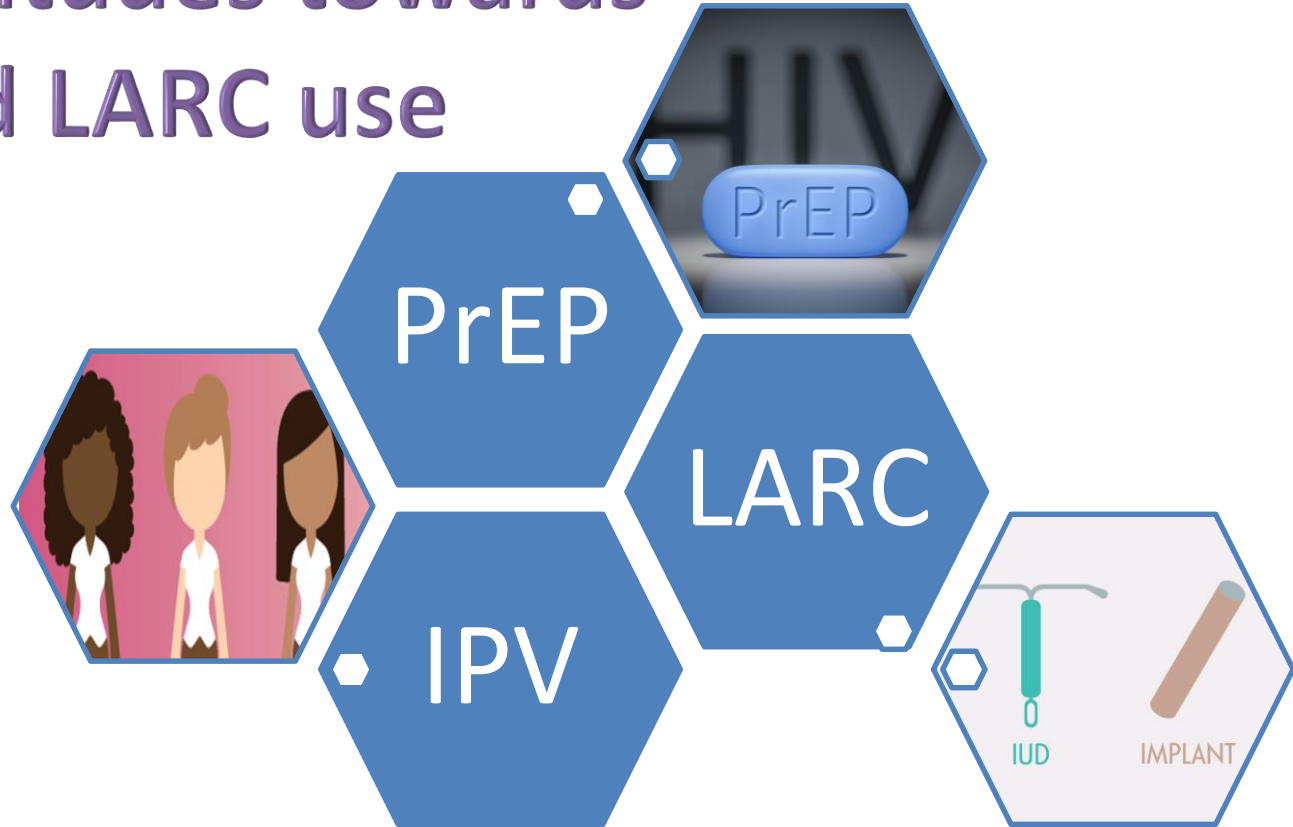
- Reproductive health providers
- PrEP providers
- IPV service providers

**Phase 2:** Survey of 100 women exposed to IPV and RC

# Women's Attitudes towards PrEP and LARC use

## Study Objective

To understand the  
factors related to LARC  
and PrEP acceptability  
among  
IPV-exposed women



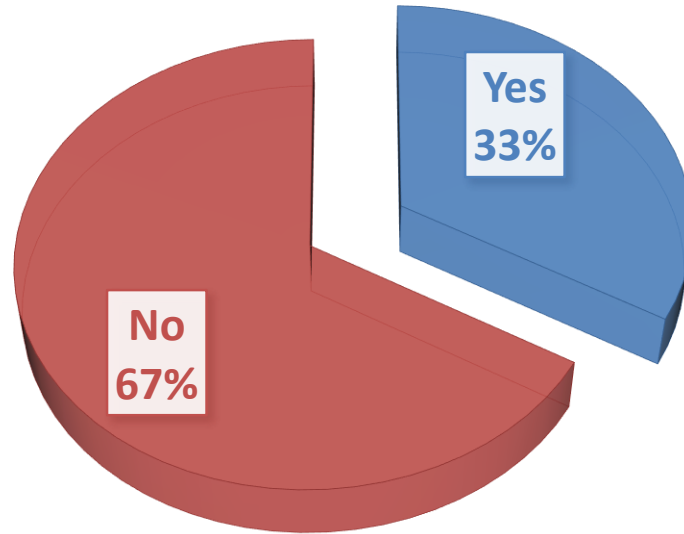


- Convenience sample
  - Women who have experienced a form of IPV within 12 months  
(Recruitment Goal: N = 100)
  - Recruitment at domestic violence service centers, youth development centers, beauty salons, etc. in the Baltimore area
- Quantitative survey
- Preliminary analysis procedure
  - Descriptive statistics





## “Have you ever heard of PrEP?”



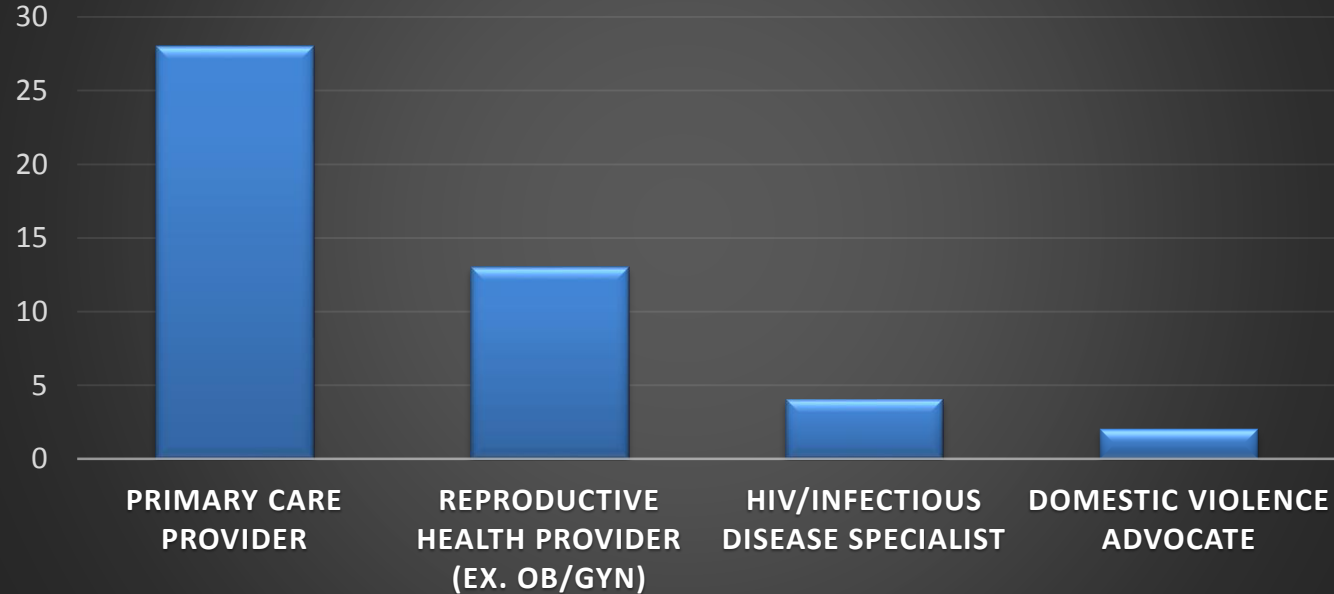


## WHERE WOULD IPV-EXPOSED WOMEN PREFER TO GET PrEP?

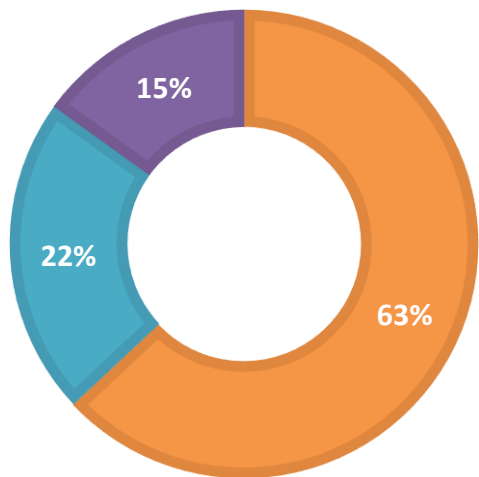




## WHO WOULD IPV-EXPOSED WOMEN PREFER TO GET PrEP FROM?



## WHO SHOULD MEDICAL PROVIDER TELL ABOUT PrEP?



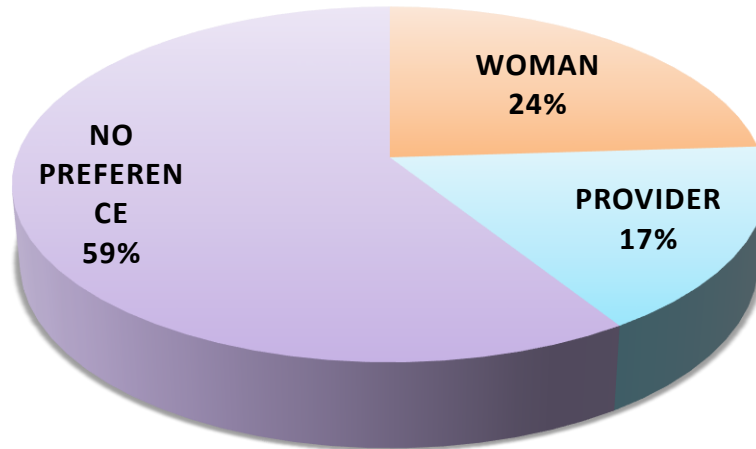
- All patients should be told about PrEP
- Only high-risk patients should be told about PrEP
- No patients should be told about PrEP

59% of women say that they are an appropriate candidate for PrEP

## WHO SHOULD START THE PrEP CONVERSATION?

**60%**

of women would be more likely to take PrEP if a health care provider recommended it.



**26%**

of women would be embarrassed to ask their doctor to give them PrEP



## ROLE OF DOMESTIC VIOLENCE ADVOCATES

**49%** Would be more likely to take PrEP if a domestic violence advocate recommended the pill.

**27%** Would be embarrassed to ask a domestic violence advocate for PrEP

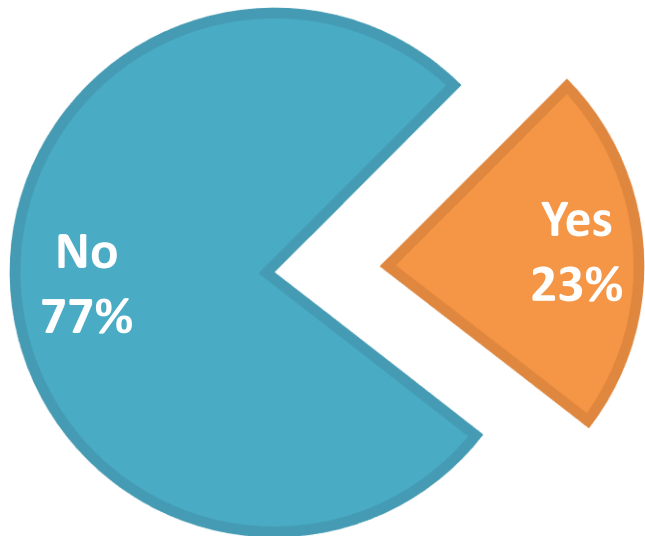


## Partner Controlled PrEP Use

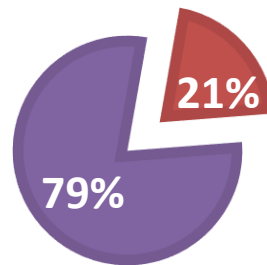
4% of women said that their partner would try to *force* or *pressure* them to take PrEP

# PRELIMINARY FINDINGS: PARTNER REACTIONS

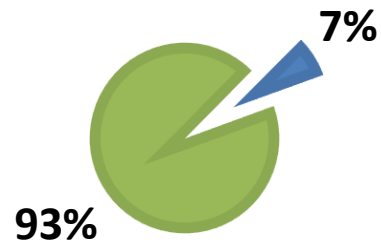
**“WILL YOUR PARTNER TELL  
YOU NOT TO TAKE PrEP?”**



**VERBAL ABUSE RISK**

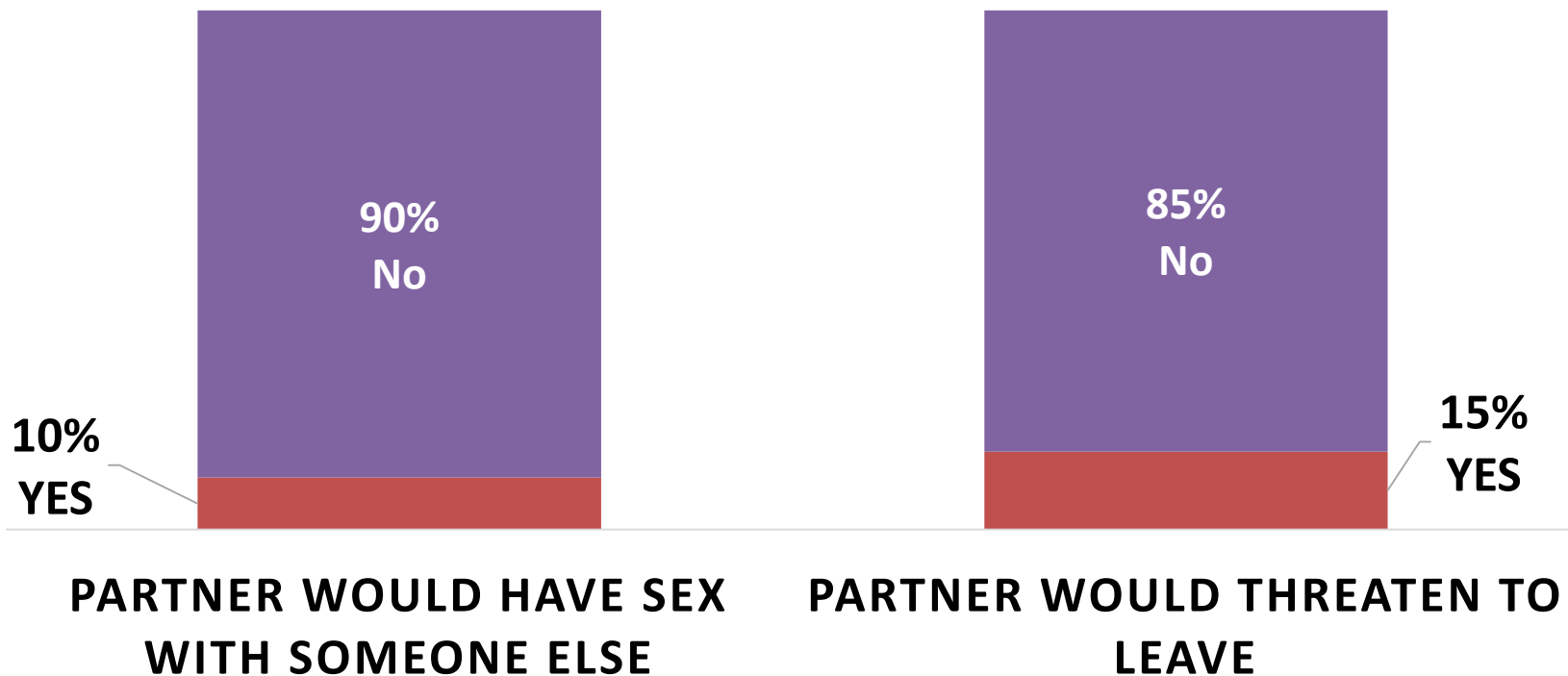


**PHYSICAL ABUSE RISK**





# PRELIMINARY FINDINGS: PARTNER REACTIONS





# PRELIMINARY FINDINGS: PrEP SABOTAGE





## What We Need From You

### 1) **Participate** (if eligible)

Interviews – 1 hour

Location & time that fits  
your schedule

\$10 gift card as thank you

Surveys – 15 minutes

Complete one today!

<http://bit.ly/prepforproviders>

\$5 gift card as thank you

2) Provide your **contact information** if you would like to learn more about participation

3) **Refer women in your care** who may be interested in participating



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