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ACCESSING AND COMPLETING HIV PREVENTATIVE TREATMENT FOR SEXUAL ASSAULT PATIENTS

Sexual assault patients encounter barriers when accessing, accepting, and completing non-occupational post-exposure prophylaxis (nPEP). Little is known how sexual assault forensic examiners (SAFE) programs' protocols may influence patient completion of their nPEP.



Interviews were conducted with SAFEs from an urban program to understand these barriers



The interviews found that patients encounter barriers related to stress



The interviews found that patients encounter system related barriers

Systemic Barriers:

- Emergency department providers inconsistently offer prescriptions for the correct medication
- Patients have difficulty locating a local pharmacy that stocks the necessary treatment
- Uninsured patients have to complete additional steps to access their treatment while they are also overwhelmed by their sexual assault

Distress Barriers:

- Patients' emotional distress and fear of acquiring HIV may impede their ability to comprehend information and access nPEP
- Patients may feel overwhelmed trying to access nPEP, while also managing emotional distress
- The 28-day nPEP regimen might remind patients of the sexual assault on a daily basis

How to address

To address systemic barriers, steps required to access nPEP can be reduced. Emergency Department providers also should be provided with written resources on the guidelines for communicating about HIV risk and nPEP as well as information on medications and dosages.

To address distress-related barriers, providers can wait to discuss HIV and nPEP until rapport has been established, and patients are less stressed. This may help patients comprehend and recall information and accept recommendations. Discussions should be had with a balance of realistic risk without exacerbating fear of potential exposure.