

# Let's Stop Failing Black Women: Implementing Trauma-Informed Pre-Exposure Prophylaxis Services and Programs

**Tiara C. Willie, PhD, MA**

*Bloomberg Assistant Professor of American Health  
Johns Hopkins Bloomberg School of Public Health*



# Acknowledgements

- All Study Participants
- Investigator and Community Partners
- Research Team
- National Institute on Minority Health and Health Disparities
  - K01MD15005
  - K01MD15005-03S1
  - K01MD15005-02S1
  - L32MD016555
  - R01MD019178
- National Institute on Mental Health
  - R34MH127986
- National Institute of Allergy and Infectious Diseases (NIAID)
  - P30AI094189-10S

## K01 Mentors, Advisors, and Collaborators

- Stefan Baral
- Jamila K. Stockman
- Amy Nunn
- Trace Kershaw
- Phillip Chan
- Leandro Mena
- Kenneth Mayer
- Adaora A. Adimora
- Mauda Monger



# Outline

## I. Background

## II. Why Implementation Science?

## III. Projects on Violence and HIV among Black Women

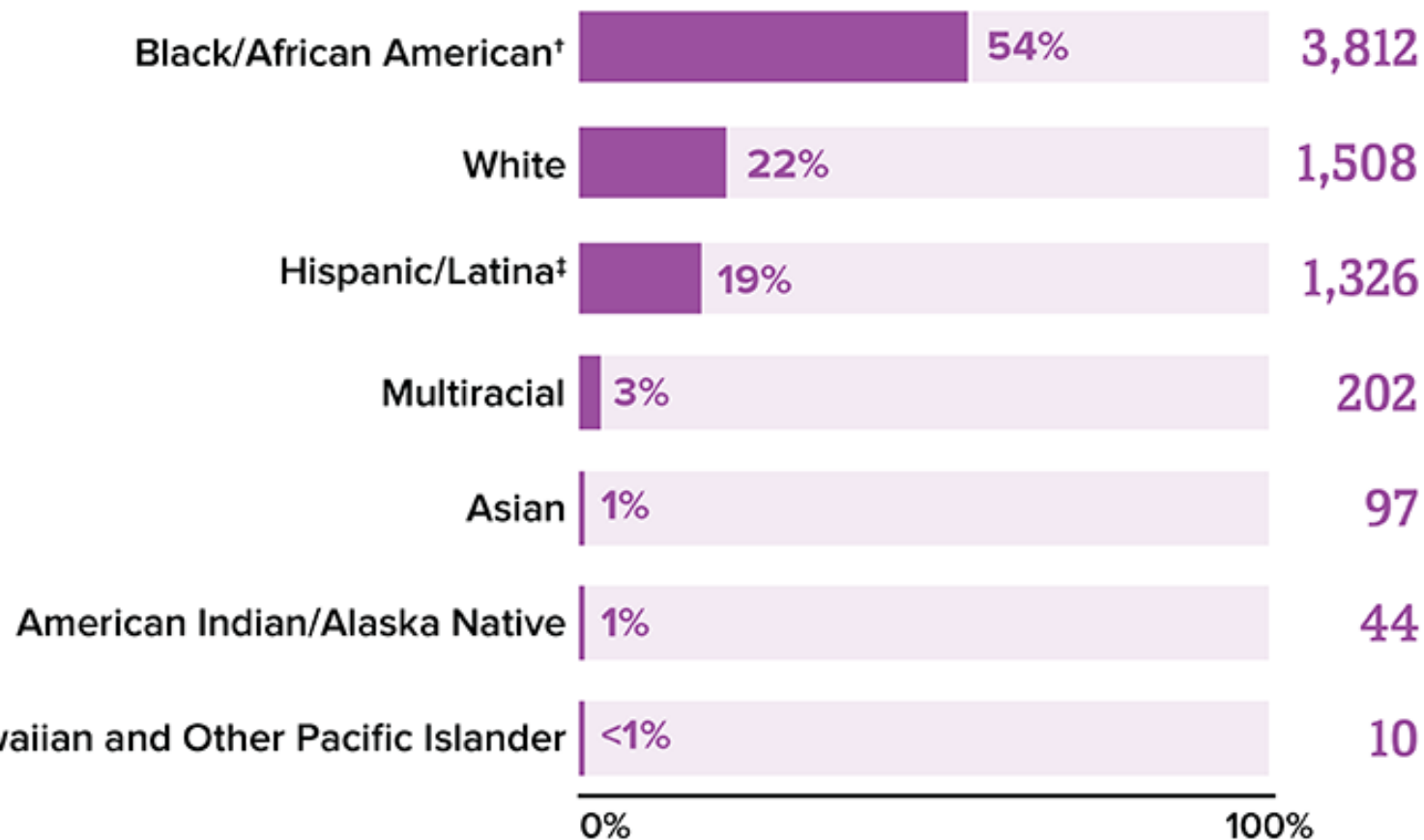
- a. Sister PrEP Project II
- b. Baltimore's CHARM
- c. CHARM 2.0
- d. Baltimore PrEP WAVE\*

## IV. Q&A

\*Preliminary data from a *CIRA Pilot Project*

# New HIV Diagnoses Among Women by Race/Ethnicity in the US and Dependent Areas, 2019\*

Black/African American women continue to be disproportionately affected by HIV.



\* Based on sex assigned at birth and includes transgender people. For more information about transgender people, visit CDC's HIV and Transgender People web content.

† Black refers to people having origins in any of the Black racial groups of Africa. African American is a term often used for people of African descent with ancestry in North America.

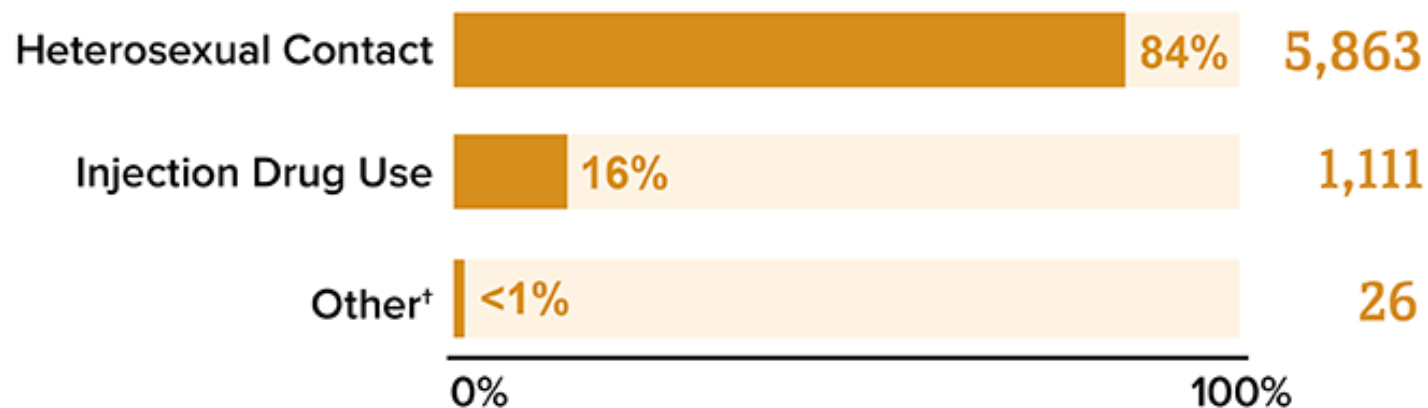
‡ Hispanic/Latina women can be of any race.

Source: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2019. *HIV Surveillance Report* 2021;32.



# New HIV Diagnoses Among Women by Transmission Category in the US and Dependent Areas, 2019\*

Most new HIV diagnoses among women were attributed to heterosexual contact.



\* Based on sex assigned at birth and includes transgender people. For more information about transgender people, visit CDC's HIV and Transgender People web content.

† Includes perinatal exposure, blood transfusion, hemophilia, and risk factors not reported or not identified.

Source: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2019. *HIV Surveillance Report* 2021;32.





HOWEVER I DRESS.  
WHEREVER I GO.  
YES MEANS YES AND

**NO**

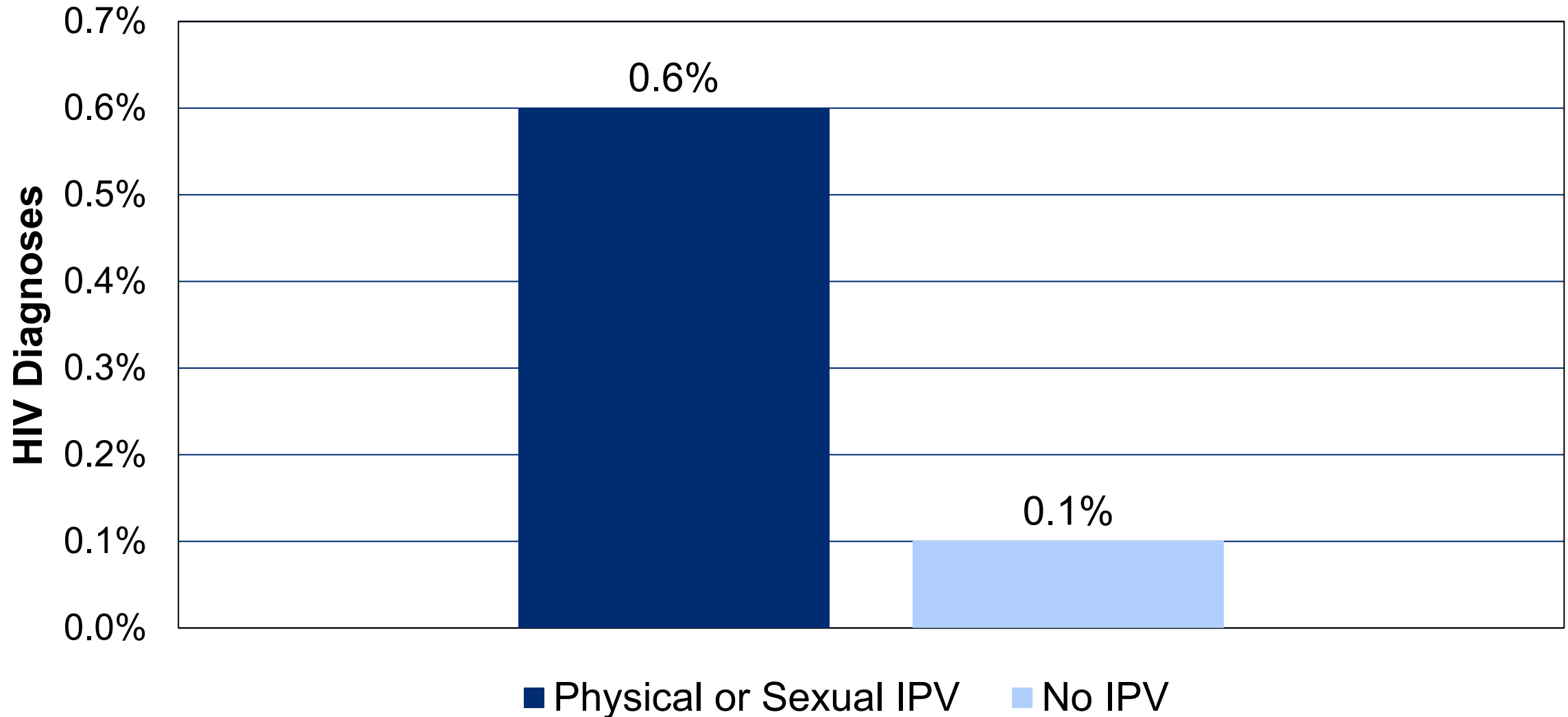
MEANS

**NO**





# Intimate Partner Violence (IPV) Elevates HIV Acquisition



# Linking Intimate Partner Violence (IPV) to HIV Acquisition

Sexual  
assault

Reduced  
psychological  
well-being

Compromised  
condom  
negotiation

Stockman et al., 2013; Campbell et al., 2013; Dunkle & Decker, 2013

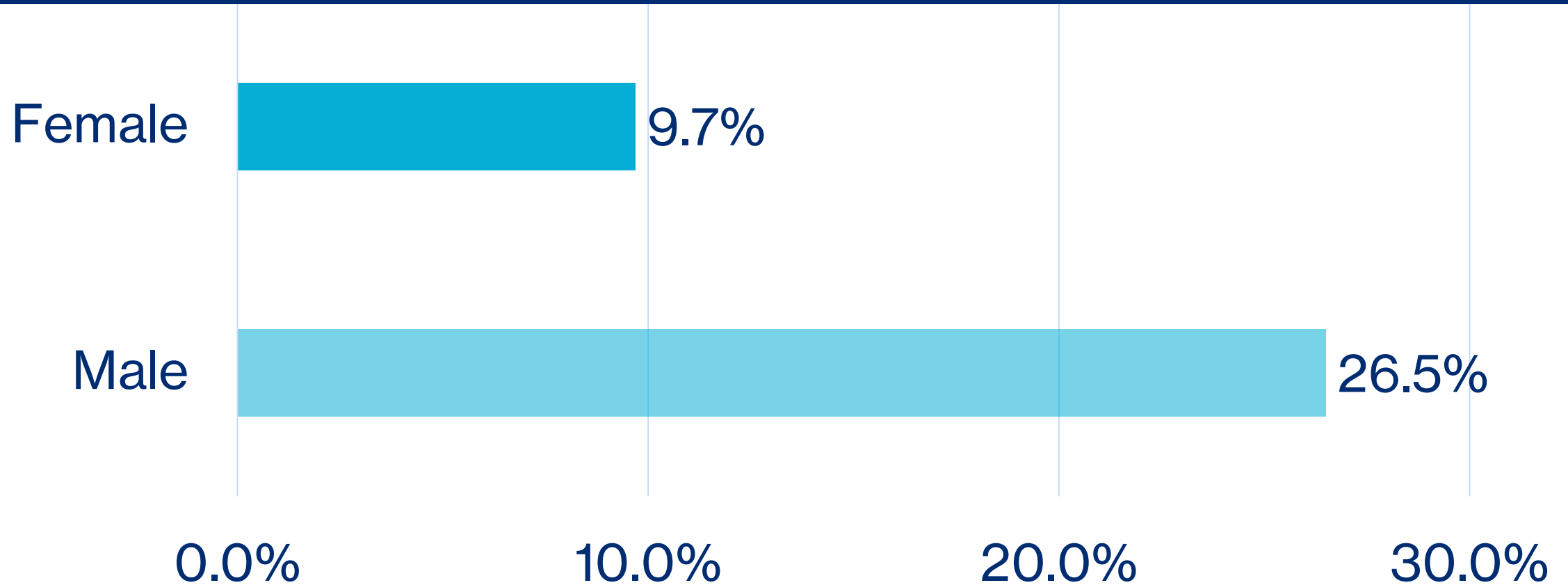




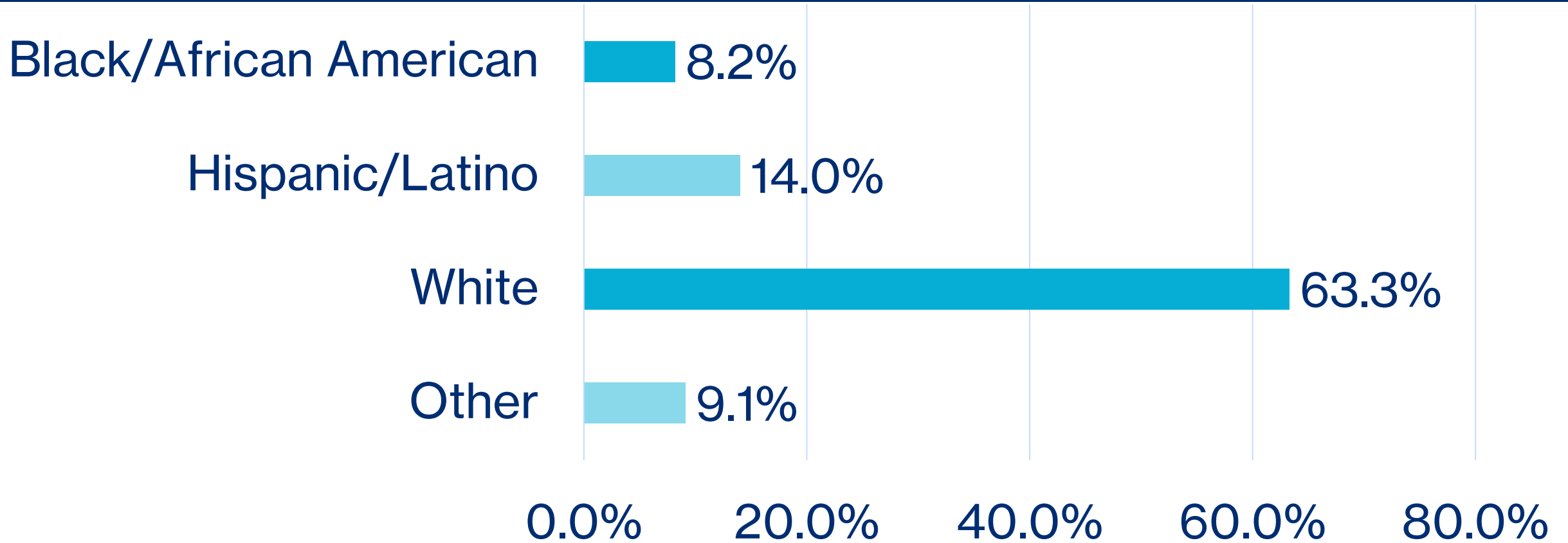
# PrEP is promising, but significant disparities persist



# PrEP Coverage among Persons Aged 16+ in 2019 by Selected Characteristics – United States



# PrEP Coverage among Persons Aged 16+ in 2019 by Selected Characteristics – United States





# PrEP Barriers for Black Women

Intimate Partner Violence

Gendered Racism



Lang and Bird, 2015; Crenshaw, 1989; Collins, 2002; Willie et al., 2021; Calabrese et al., 2018; Tekeste et al., 2018

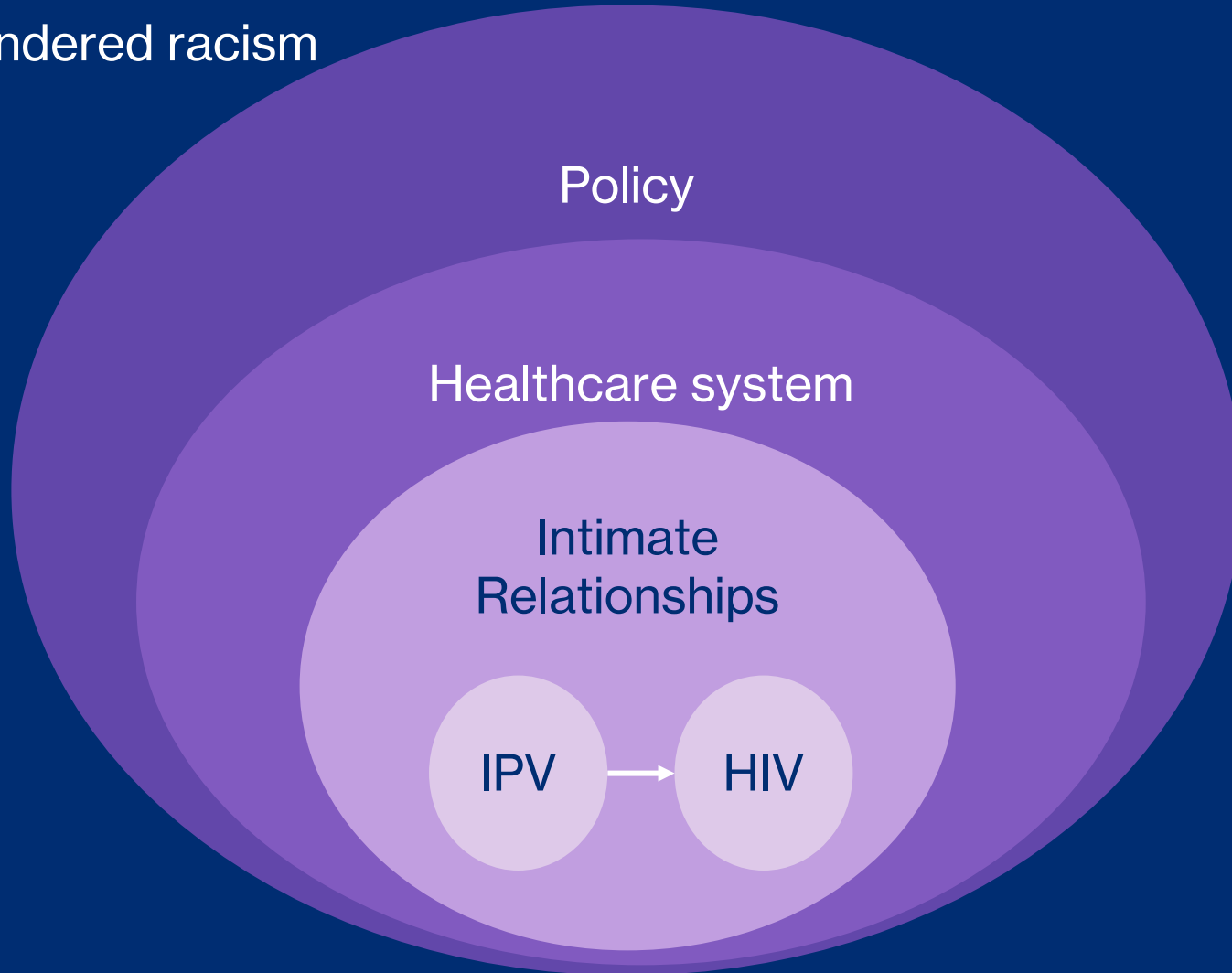


# How can we improve PrEP implementation for Black women?



# Trauma-Informed, Multilevel Interventions

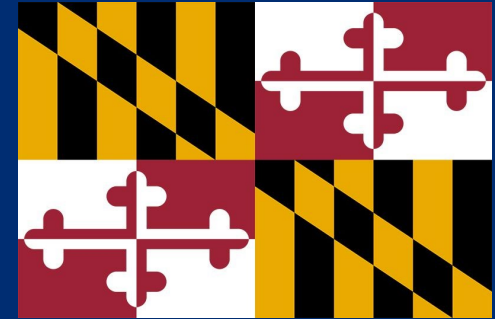
Gendered racism



## Trauma-Informed Approach

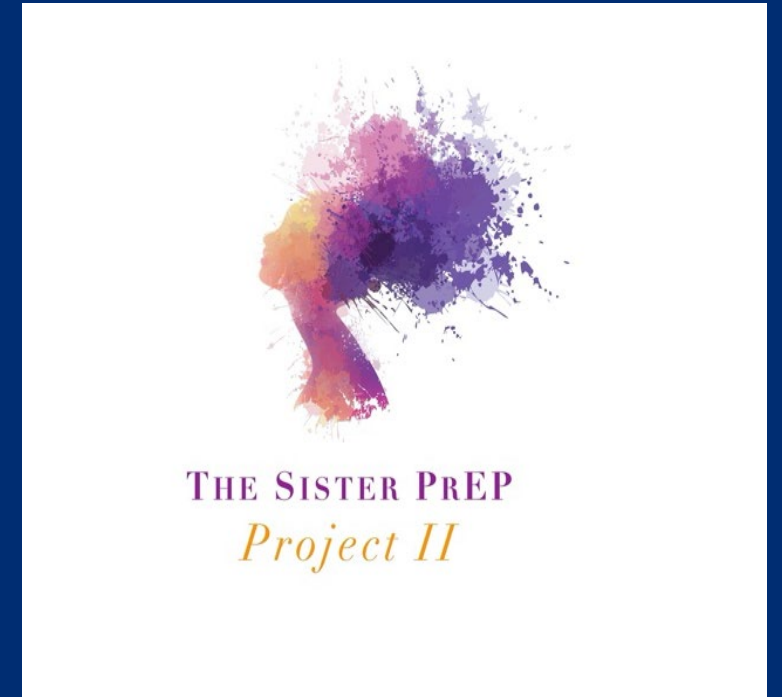
- 1) *Realize* impacts of trauma
- 2) *Recognize* signs of trauma
- 3) *Respond* to trauma
- 4) *Resist* re-traumatization





# Sister PrEP Project II

- Design, Implement and Evaluate a Trauma-Informed PrEP Implementation Toolkit
- Type 2 Hybrid Project
  - Focus: Effectiveness and Feasibility of Strategy
- Champions at Community Healthcare Clinics in The Mississippi Delta



# Sister PrEP Project II

## Formative Phase

- Conduct 6 focus groups with PrEP-eligible Black women (N=37)
- Conduct 8 individual interviews with staff
- Conduct 8 interviews with PrEP-experienced Black women

Data collection is ongoing, but preliminary findings are *promising*.

## Implementation Phase

- Pilot-test Toolkit
  - Nonrandomized waitlist control with clinic routine data
- Assess staff's skills 3-months and 6-months post-rollout





# Black women discussed their experience of dual arrest following IPV disclosure

Participant 1:

“I’ve actually been in an [abusive] domestic relationship. I was arrested for it as well. The way it happened; he was hitting me first...”

Multiple Participants:

“Yeah.”

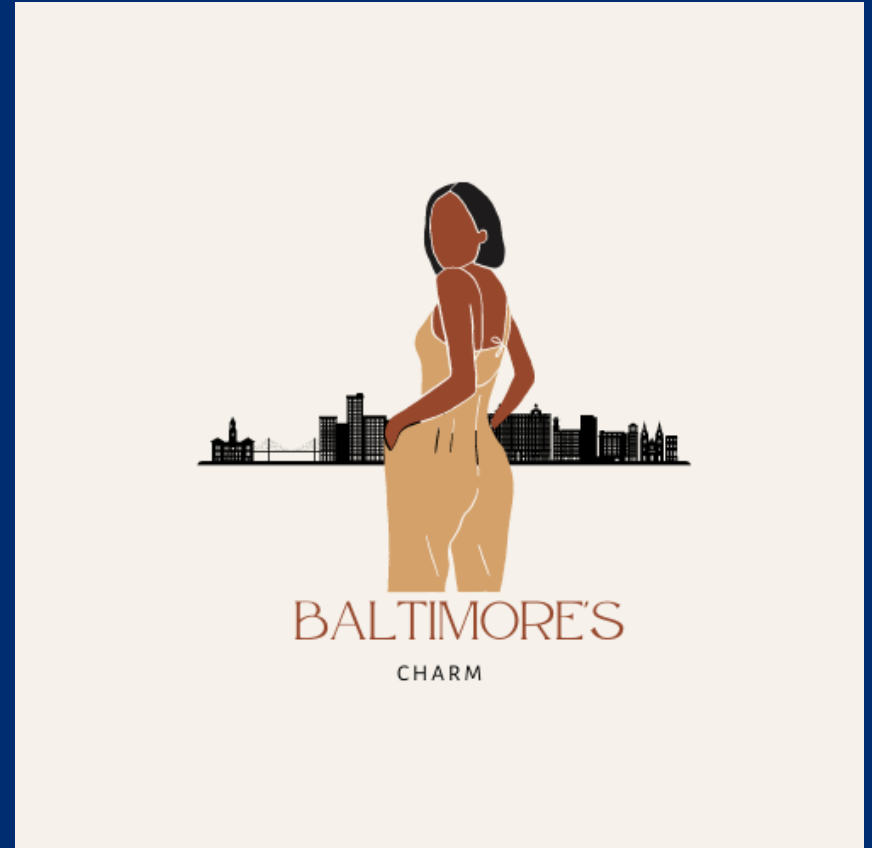
Participant 1:

“He called the police and he said I was trying to murder him, but I got the bruises. They ended up arresting us both.”



# Baltimore's CHARM

- Adapt and Implement a Trauma-Informed PrEP Toolkit
- Type 3 Hybrid Project
  - Focus: Strategy Feasibility
- 4 Clinical Implementation Partners in Baltimore City



# Baltimore's CHARM

- 11 semi-structured qualitative interviews with PrEP-eligible Black women clients
- 16 semi-structured qualitative interviews with staff

- Refine the Toolkit to Baltimore context
- Discuss recommendations for Toolkit implementation for each site



# Toolkit needs to discuss how to avoid retraumatizing Black women experiencing IPV

“Having some type of information specific to trauma-informed care for Black women who are receiving PrEP would be helpful, just so I could know what it is...Even with that, you may not know that someone has had intimate partner violence, or has had a sexual assault, or whatever the case may be...there are certain words you just don't say while you're performing the exam, just going through the motions.”





# Baltimore's CHARM 2.0

- Stepped wedge multilevel intervention
  - Toolkit implementation for staff
  - Peer navigation or support group only clinical trial for Black women clients
- Implementation outcomes
  - Adoption, Acceptability, Appropriateness, Sustainability, and Costs



# Baltimore's CHARM 2.0

- Toolkit implementation
- The order to receive Toolkit was randomized

<b>Site 1</b>	UC	Toolkit	Toolkit	Toolkit	Toolkit
<b>Site 2</b>	UC	UC	Toolkit	Toolkit	Toolkit
<b>Site 3</b>	UC	UC	UC	Toolkit	Toolkit
<b>Site 4</b>	UC	UC	UC	UC	Toolkit

UC = usual care; Cooke et al. (2016). Implementation is *ongoing*.



# Baltimore's PrEP WAVE

- Adapt, Implement and Evaluate a PrEP Decision Aid
- Type 2 Hybrid Project
  - Focus: Effectiveness and Feasibility of Strategy
- Maryland Community Agencies Providing Domestic Violence Services



# Summary

## Implementation Strategies to Increase PrEP Initiation among Black Women

Trauma-informed PrEP Implementation in healthcare clinics

Trauma-informed peer navigation in community settings

Decision aids in community settings





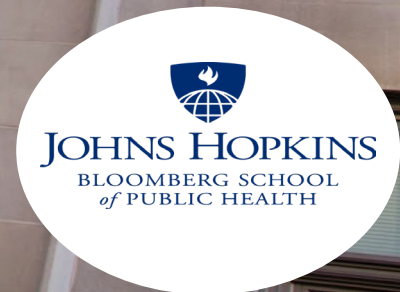
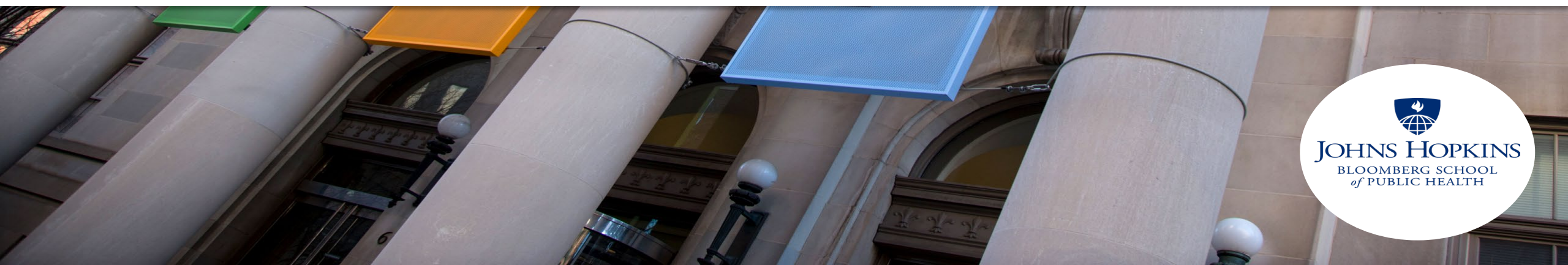


**Thank you! Questions?**

**[twillie2@jhu.edu](mailto:twillie2@jhu.edu)**

** [@TiaraCWillie](https://twitter.com/TiaraCWillie)**

**[mochalab.org](http://mochalab.org)**





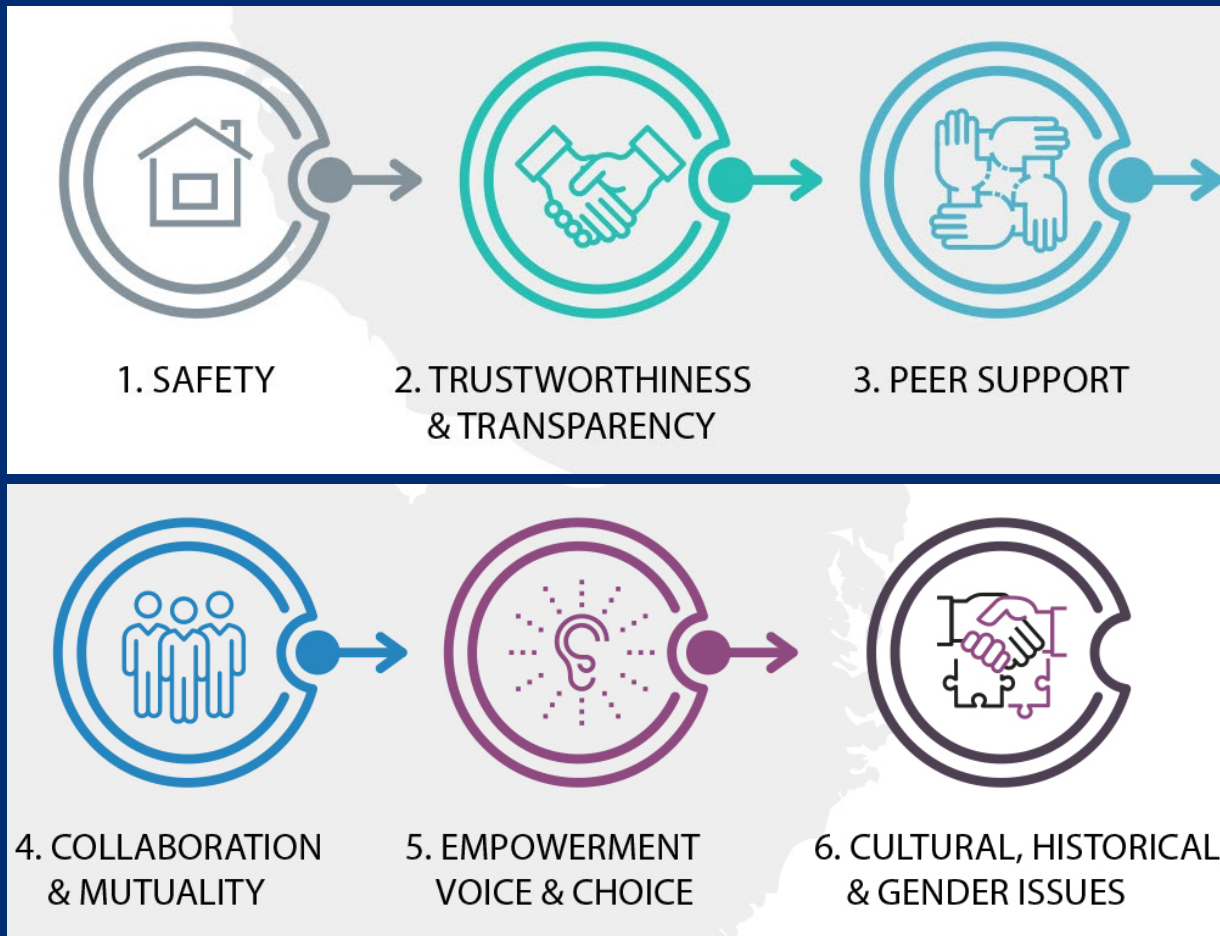
# Supplemental Slides



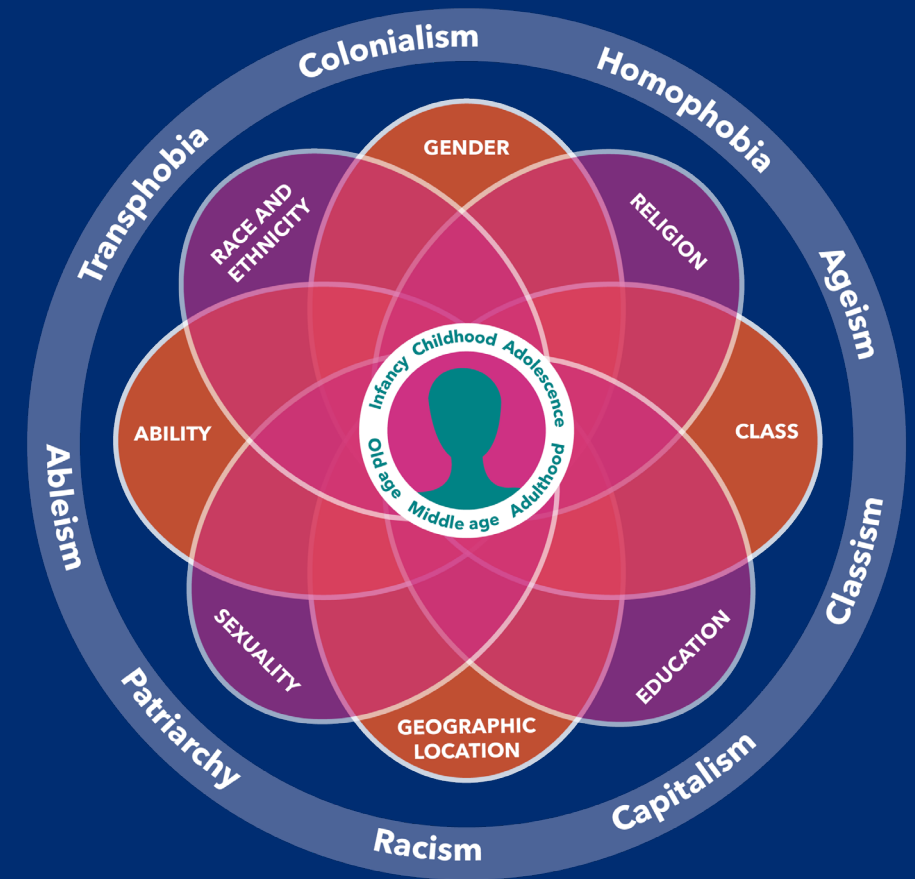


# Integrated Frameworks

## SAMSHA's Trauma-Informed Care Principles



## Intersectionality



# Clinical settings as an entry point

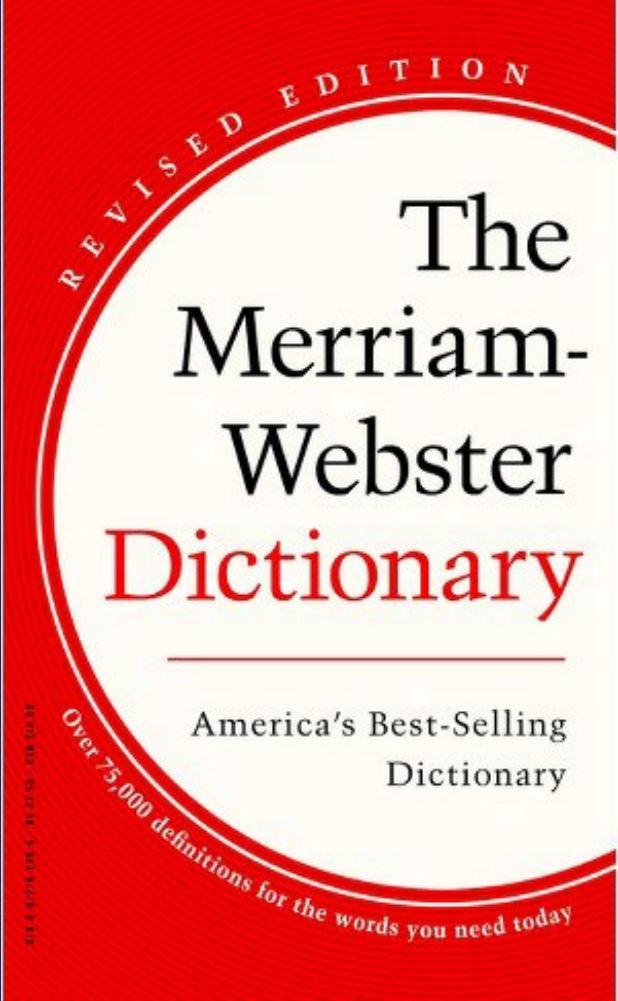
- Healthcare providers are the gatekeepers of PrEP
- PrEP candidacy guidelines do not include IPV
- Microaggressions may be reinforced in this setting
- Women experiencing IPV might be missed due to the lack of routine screening





# Findings: Toolkit Recommendations

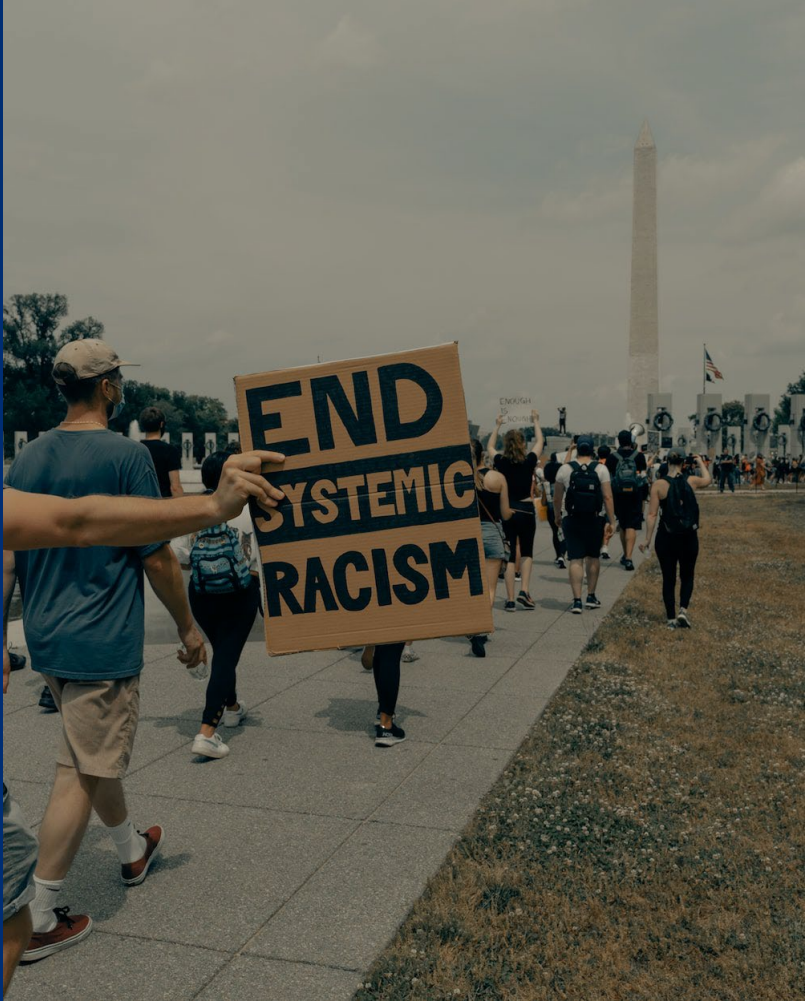
## Comprehensive IPV Definitions



## Clinical IPV Screening



## Responses to IPV Disclosure



# Staff member includes financial abuse as part of IPV among her patients

“They'll probably have the conversations about fighting, emotional, [but] just explaining to them that abuse is not just physical. It could be financial. It could be emotional. You see them talking to you in a degrading manner and those kind of things. Not respecting, not giving them money to pay the bills, have an eviction notice, or has the power been turned off? That's control. That's abusive.”



# Several Black women viewed clinical screening for IPV as appropriate

“I think that's a good idea because a lot of people are afraid to talk about it if they're real life going through, and maybe they talking to their doctors, somebody they feel close to, might be able help them out in a situation of getting out of domestic violence.”



# Findings: Toolkit Recommendations

## HIV Prevention & Abuse



## Service Coordination



## Training and Campaigns





# Black women shared how economics constrained women's power in relationships

“It depends on where their resources come from – so where their money and their light bill comes from. If you don't want me to use a condom, then I won't because I won't say anything because I need you to help me.”



# Staff member discuss connecting patients to support services

“You got to go through the social worker. She would go through the steps and that will lead to placing the patient into a safe situation. Sometimes, that includes locating housing and food for her and if she has children, just trying to get them in a safe place.”



# Staff member share the need for educational materials

“Anything that educates people to make people better, I think is wonderful because some women don’t know a healthy relationship... You should have pamphlets. We should have a way to let the people know. Let women know that: “You don’t have to live like this, and we can offer you this.”

