Trauma-Informed: Healing Pathways to Enhance HIV Services

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Continuum 2024 • June 9-11, 2024 • Puerto Rico
OUR AMAZING TEAM

10+
Research team members + collaborators
Research coordinators and assistants, Medical Directors, Executive Directors, and public health researchers
Funding

- All Study Participants
- Investigators, Community Partners, and Research Team
- National Institute on Minority Health
  - K01MD15005
  - K01MD15005-03S1
  - K01MD15005-02S1
  - L32MD016555
  - R01MD019178

- National Institute of Mental Health
  - R34MH127986

- National Institute of Allergy and Infectious Diseases (NIAID)
  - P30AI094189-10S
Outline

I. Background
II. Baltimore’s C.H.A.R.M. Project
III. The M.A.T.C.H. Study
IV. Implications
New HIV Diagnoses among Women by Race/Ethnicity in the U.S., 2019

Black women accounted for 80% of new HIV diagnoses among women in Baltimore, 2022

Pre-exposure prophylaxis (PrEP) is promising, but disparities exist.
Despite being efficacious, PrEP is not reaching women, 2019

Sullivan et al., 2018; Siegler et al., 2018; Huang et al., 2018
Despite being efficacious, PrEP is not reaching women nor Black Americans, 2019

Sullivan et al., 2018; Siegler et al., 2018; Huang et al., 2018
Trauma and violence can hinder PrEP access for Black women

- Several factors contribute to low PrEP initiation among Black women
  - Low awareness and knowledge, HIV risk perception, medical mistrust
- Potentially traumatic experiences with intimate partners and healthcare providers are curb PrEP initiation among Black women
  - Intimate partner violence (IPV) in romantic relationships
  - Gendered racism in healthcare encounters

Knight, Saleem, Stockman, and Willie, 2023; Willie et al., 2021; Calabrese et al., 2018; Tekeste et al., 2018; Willie et al., 2018; Willie et al. 2021a, 2021b, 2022, and 2023; SAMHSA 2012, and 2014
Gendered Racism among U.S. Black women

• History of unethical medical practices and research reinforces discrimination in healthcare settings

Willie et al., 2021; Calabrese et al., 2018; Tekeste et al., 2018
Intimate partner violence among U.S. Black women

- Intimate partner violence escalates heterosexual transmission of HIV among women

Willie et al., 2021; Calabrese et al., 2018; Tekeste et al., 2018
Trauma-informed policies could make a difference

HIV Diagnosis Rates

Lower IPV Prevalence

Few Trauma-Informed Policies

Several Trauma-Informed Policies

Higher IPV Prevalence

Willie et al., 2021
Trauma-informed, Multilevel Interventions

Gendered racism

Policy

Healthcare system

Intimate Relationships

IPV → HIV

Trauma-Informed Approach

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

Willie et al. 2021a, 2021b, 2022, and 2023; SAMHSA 2012, and 2014
Baltimore’s C.H.A.R.M Project

• Adapt and implement a trauma-informed pre-exposure prophylaxis (PrEP) Implementation Toolkit

• Implementation science project
  - Focus: Strategy Feasibility
  - Consolidated Framework for Implementation Research

• 4 Clinical Partners in Baltimore
Unique Implementation Context of Baltimore

20 semi-structured interviews with PrEP-eligible, Black women clients

18 semi-structured interviews with clinical staff involved in HIV services
Toolkit Recommendations

**Toolkit Content**

**The Four Rs of Trauma-Informed Care**

- **Realize**: Realize the widespread impact of trauma and understand potential paths for recovery.
- **Recognize**: Recognize the signs and symptoms of trauma in clients, families, staff, and others involved with the system.
- **Respond**: Respond by fully integrating knowledge about trauma into policies, procedures, and practices.
- **Resist**: Resist re-traumatization of children, as well as the adults who care for them.

This figure is adapted from: Substance Abuse and Mental Health Services Administration. (2014). SAMHSA’s concept of trauma and guidance for a trauma-informed approach. HHS publication no. (SMA) 14-4686. Rockville, MD: Substance Abuse and Mental Health Services Administration.
Toolkit Needs to **Realize the Impacts of Trauma**

“Sometimes you literally can’t have a white coat on. As someone that has white coat syndrome, their blood pressure goes up when they see a white coat. It’s hard as a healthcare professional to come into what is traditionally a belittling experience for Black women in a healthcare setting and come in and then ask a question about partner violence because it’s like, where is this coming from? Why are you asking me this?”

- Anna, 30-year old Black woman patient
Toolkit Needs to **Recognize the Signs of Trauma**

“One thing is how to recognize mental, physical, emotional abuse. That’s the first thing. You need to know how to recognize when you are in either [form of IPV]. The second thing is knowing when to get out and knowing when to play it safe.”

- Leslie, 10+ years as an Infectious Disease Physician
Toolkit Needs to Respond to Trauma

“I feel like as long as a Black woman knows that what she's saying is not going to immediately result in a negative consequence for her or her family. This could possibly be her child's father and she doesn't wanna see him go to jail. I think that would probably encourage her to be more likely to disclose that information. Making sure that they know the information will be kept confidential…”

- Maya, 25-year old Black woman patient
Toolkit Needs to Resist Re-traumatization

“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…You may not know that someone has had intimate partner violence, or has had a sexual assault…there are certain words you just don’t say while you’re performing the exam, just going through the motions.”

-Mark, 5+ years Nurse Practitioner
Toolkit Recommendations

## Toolkit Content

### The Four Rs of Trauma-Informed Care

- **Realize**
  - Realize the widespread impact of trauma and understand potential paths for recovery.

- **Recognize**
  - Recognize the signs and symptoms of trauma in clients, families, staff, and others involved with the system.

- **Respond**
  - Respond by fully integrating knowledge about trauma into policies, procedures, and practices.

- **Resist**
  - Resist re-traumatization of children, as well as the adults who care for them.

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This figure is adapted from: Substance Abuse and Mental Health Services Administration, (2014). SAMHSA’s concept of trauma and Guidance for a trauma-informed approach. HHS publication no. (SAMHSA) 16-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.
Physical Toolkit Binder will Assist with Fidelity

“[Medical Director] has protocols set up for everything. We have a whole binder in the provider room that has protocols like how to refer someone to this, to do that… It was easy for me to find resources because [the Medical Director] had set it up for us and it was an arm’s length away. I think that incorporating that into the system we already have would be easy for us to do.”

- Hannah, 10+ years as a Nurse Practitioner
Screen and Disclose IPV Discreetly

“A lot of times, with women that are in domestic violence situations, their abuser doesn't let them go anywhere by themselves. A lot of times, their abuser is in the room with them. There has to be a way for the doctors to ask because—you can't come out and say, "Do you feel safe in your relationship," with the person sitting right there.”

-Raina, 35-year old Black woman patient
The M.A.T.C.H. Study

- Adapt a trauma-informed peer navigation intervention
- Implement a multilevel intervention of:
  - Toolkit in clinics
  - Peer navigation with Black women clients
- Assess adoption, acceptability, and sustainability
Toolkit implementation in clinics

- Stepped wedge design randomized trial
  - Clinics are randomized in "waves" on a staggered schedule

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UC = usual care; Cooke et al. (2016). Implementation is ongoing.
Interviews & Community Advisory Coalition
THANK YOU
FOR YOUR ATTENTION!

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