
South African Sexual Assault Survivors' Experiences of Post-Exposure Prophylaxis and Individualized Nursing Care: A Qualitative Study

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South African sexual assault survivors face the risk of potential HIV exposure, but relatively little is known about their experiences of post-exposure prophylaxis (PEP) and post-sexual assault care. Researchers conducted 10 semistructured interviews with sexual assault survivors who had participated in an initial quantitative study of a post-sexual assault intervention that administered PEP and provided proactive individualized follow-up care. The qualitative study examined survivors' experiences of PEP and their participation in the initial observational study itself. Participants demonstrated a range of emotional reactions to PEP, while almost all equated their study experiences to positive interactions with the study nurses who administered PEP and provided informal psychosocial support. The results highlight important opportunities for nurses to enhance the quality of post-sexual assault care in order to improve patients' emotional and psychosocial outcomes and potentially increase the likelihood of survivor PEP adherence.

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Although a limited number of studies have examined the use of post-exposure prophylaxis (PEP) to

potentially reduce the chance of HIV infection among sexual assault survivors, relatively little is known about survivor experiences of PEP in the emotionally charged context of sexual assault. Prophylactic anti-retroviral therapy has been found to reduce the likelihood of HIV infection after potential occupational exposures (Cardo et al., 1997). Sexual assault survivors are often so traumatized when they seek care immediately after the assault that they are unable to fully understand the risks and benefits of PEP (Wiebe, Comay, McGregor, & Ducceschi, 2000), and PEP adherence in this population is often poor (Carries, Muller, Muller, Morroni, & Wilson, 2007; Kim et al., 2009; Limb, Kawsar, & Forster, 2002; Linden, Oldeg, Mehta, McCabe, & LaBelle, 2005; Sikka et al., 2009; Templeton, Davies, Garvin, & Garsia, 2005).

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At 17.8%, South Africa has one of the highest HIV prevalence rates in the world (United Nations Children's Fund [UNICEF], 2009). Although sexual assault is notoriously underreported, a United Nations (2002) survey found that South Africa also had the highest sexual assault rate per capita of all 66 countries surveyed (115.21 per 100,000 inhabitants; United Nations, 2002). In the same year, a representative community-based survey found that among women ages 17–48, the actual rate of sexual assault was much higher at 2,070 per 100,000 women per year (Jewkes & Abrahams, 2002). Although South Africa developed a policy for post-sexual assault treatment in 2002 that included the provision of PEP (Department of Health, Government of South Africa, 2002), the policy's implementation still faces several obstacles within the health care system (Kim et al., 2009).

Studies of PEP adherence among sexual assault survivors in resource-poor settings have suggested that psychosocial support facilitates survivors' PEP adherence. One study of South African sexual assault survivors' preferences regarding post-sexual assault services showed that "respondents particularly valued the availability of HIV prophylaxis (with an HIV test) and having a sensitive health care provider who could provide counseling" (Christofides, Muirhead, Jewkes, Penn-Kekana, & Conco, 2006, p. 211). A study of sexual assault survivors who received post-sexual assault care in Kenya echoed these findings: 132 (68%) of the 194 participants followed up after 2 weeks to obtain additional doses and counseling, while more than half completed the entire PEP course. Those who received initial trauma and HIV counseling were more likely to complete the full course of PEP ($p = .004$; Kilonzo, Ajema, Ngari, & Taegtmeier, 2007).

Two qualitative studies of PEP adherence among South African sexual assault survivors underscored the role of psychosocial support within post-sexual assault interventions in order to facilitate PEP adherence. One study of 52 South African sexual assault survivors found that virtually all "required encouragement and support from health workers, family, friends and counselors" (Vetten & Haffeejee, 2008, p. 27) to adhere to PEP. Participant interviews suggested that "when women went to health facilities, they were not only hoping to be treated in relation

to PEP but also wanted to be helped with their distress and trauma" (Vetten & Haffeejee, 2008, p. 27). Similarly, Abrahams and Jewkes (2010) found that "being blamed and not receiving social support had profound psychological impact" (p. 471) on South African sexual assault survivors, and that the stigma of sexual assault and fear of HIV played very powerful roles in debilitating women's abilities to take PEP. They also found that "important others" facilitated PEP adherence by providing vital support (Abrahams & Jewkes, 2010). Both studies suggested that counseling and other forms of emotional and psychosocial support should be a core aspect of post-sexual assault interventions to support PEP adherence after the trauma of sexual assault (Abrahams & Jewkes, 2010; Vetten & Haffeejee, 2008).

Our qualitative study of 10 South African sexual assault survivors was a subcomponent of a larger, quantitative observational study of a post-sexual assault intervention that provided PEP and proactive, nurse-driven, 6-month individualized follow-up (Roland et al., 2011). Its purpose was to develop an in-depth understanding of individual experiences of PEP and participation in the observational study itself. Findings form the basis of clinical recommendations to improve post-sexual assault interventions in resource-poor, high-HIV prevalence settings in order to improve patients' emotional and psychosocial outcomes and to potentially increase the likelihood of PEP adherence. As it provides critical insight into South African sexual assault survivors' experiences of PEP and the nurse-driven post-sexual assault intervention in the observational study itself, our qualitative study adds to existing literature by highlighting opportunities for nurses to enhance post-sexual assault care at the initial examination and during follow-up in order to increase the likelihood of survivor PEP adherence and improve survivor emotional and psychosocial outcomes.

Methods

Initial Observational PEP Study

This is a qualitative substudy of a quantitative, observational PEP study that enrolled sexual assault survivors at risk for HIV infection and provided

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