

KINSHIP: A Peer Navigation Pilot RCT to Improve PrEP Linkage Among Women Impacted by the Criminal Legal System: Feasibility, Acceptability, and Preliminary Outcomes

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Background: Women impacted by the criminal legal system (WI-CLS) in the US encounter intersecting stigmas due to their multiply marginalized identities, face elevated HIV vulnerability and incidence, and experience persistent inequities in HIV prevention uptake (e.g., PrEP). Although peer navigation models have shown promise in other marginalized populations, this approach remains untested among WI-CLS. This study used a two-arm randomized controlled trial to evaluate kINSHIP, a peer-led navigation intervention designed to address intersectional stigma and improve PrEP linkage among WI-CLS.

Methods: WI-CLS were recruited from jail and community-based organizations serving this population in a large urban West Coast city and randomized to kINSHIP or standard-of-care (SOC) case management. The 30-day kINSHIP intervention consisted of five weekly core sessions (≤ 75 minutes each: Relationship Building, HIV/PrEP Education, PrEP Goal Setting, Assessing Your Needs, and Stigma and Health), plus an optional social engagement session with peers. kINSHIP targeted four mechanisms: social support, self-efficacy, healthcare access, and stigma coping. Feasibility and acceptability were assessed alongside the primary outcome of PrEP linkage (medical record-verified attendance at a PrEP appointment) at 4 months. SAS was used to calculate descriptives; chi-squares explored outcomes by arm.

Results: In this small pilot sample, 28 WI-CLS were randomized (13 kINSHIP, 15 SOC). Overall, participants' average age was 33.7 years (range 20–65); 35.7% self-identified as Black and 28.6% as Latine. At 4 months, kINSHIP participants were significantly more likely to achieve PrEP linkage than SOC participants (30.8% vs. 0%; $\chi^2(1, N=28) = 5.05, p=0.041$).

Conclusion: In this pilot RCT, a peer-led navigation intervention significantly improved PrEP linkage among WI-CLS relative to standard care, offering preliminary support for peer navigation as a strategy to address intersectional stigma and HIV prevention inequities in this population. Findings on feasibility and acceptability will be reported separately; a fully-powered trial is warranted to confirm efficacy.

Disclosure of Interest Statement: We have no disclosures.