What Factors Drive Acceptance of PEP in ERs After Sexual Assault?

Researchers found women are less likely than men to accept a prescription for post-exposure prophylaxis after an assault.

May 6, 2020 By Benjamin Ryan

Certain factors, such as an individual's sex, are associated with differing levels of acceptance of a prescription from an emergency room clinician for post-exposure prophylaxis (PEP) to prevent HIV acquisition following a sexual assault.

Publishing their findings in the journal AIDS, researchers conducted a retrospective analysis of January 2015 to September 2018 data from the emergency department–based Sexual Assault and Partner Abuse Care Program at the Ottawa Hospital.

The program saw 1,712 people, including 1,032 who had experienced sexual assault. The median age of the cohort was 23 years old. Ninety percent were female. Seventeen percent of the cohort members arrived by ambulance; 56% of them knew their assailant.

Of these, 494 were eligible for PEP because they had arrived in the ER within 72 hours after their assault and were considered to be at moderate to high risk of contracting HIV. In that group, 307 (62%) started PEP, for which an invidual takes a three-drug antiretroviral regimen for a month.

After adjusting the data to account for various differences between the cohort members, the study authors found that women were 56% less likely than men to accept use of PEP; those who arrived by ambulance were 44% less likely than walk-ins to accept a prescription; and those who knew their assailants were 44% less likely to accept a PEP prescription.

"Providers can use these findings to provide recommendations to sexual assault survivors most likely to decline [PEP], yet still in need of care," the study authors concluded.

To read the study abstract, click here.

© 2026 Smart + Strong All Rights Reserved.