



Summary Report: South Los Angeles Women's Sexual Health Listening Session – June 30, 2025

Total Participants = 4

The South LA Women's Sexual Health Listening Session offered a comprehensive view into the experiences, concerns, and unmet needs of women living with HIV as they navigate sexual health services in Los Angeles County. The testimonies from participants illuminated several recurring themes and underscored the importance of more tailored, consistent, and compassionate care for this community.

Access to Sexual Health Services

When asked about accessing sexual health services, some participants commented that they do not have trouble accessing and receiving comprehensive services, including Pap smears, mammograms, STI testing, and PrEP counseling, where appropriate. Others noted having difficulty accessing these services or did not know what services they were eligible for. Participants also commented that the quality of care received was inconsistent with some providers offering complete care while others neglected important screenings (e.g., Pap smears). Several women noted confusion around what services HIV care providers offer. Participants stressed the importance of finding the right provider noting numerous changes until finding a provider that they felt comfortable with. One participant noted experiencing frequent doctor changes at her local clinic, making it difficult to build rapport with her provider or receive consistent care.

Barriers to Care

Participants reported several barriers to accessing necessary healthcare services. Long wait times for appointments, sometimes extending over a month, led to delays in receiving timely care. Many expressed frustrations with inadequate communication and follow-up, noting a lack of proactive outreach from their providers regarding screenings, vaccinations, and other essential services. As a result, individuals often felt they had to self-advocate or seek out information on their own. Another significant concern was provider sensitivity and communication. Participants frequently emphasized the importance of being heard and respected by their healthcare providers. Women shared that dismissive or judgmental attitudes from providers created barriers to open communication, which discouraged them from fully disclosing their concerns. There was a general preference for female healthcare professionals, particularly for gynecological services and mental health therapy, where emotional and physical vulnerability is common. Some participants felt that male providers, or providers who projected personal beliefs into their care, failed to create a safe space for honest discussion. Furthermore, participants emphasized the need for accessible low or no-cost sexual health supplies such as condoms (including female condoms), Plan B emergency contraception, and tampons/feminine pads.



Mental Health and Trauma Support

Participants expressed significant concerns the lack of mental health integration within sexual and reproductive health services, emphasizing that existing services often lacked a trauma-informed approach and failed to address the unique experiences of women. As mentioned, a strong preference for female providers was evident, particularly in mental health and OB/GYN care, as many women found it difficult to open up to male providers due to past trauma, discomfort and lack of empathy. The group expressed a desire for mental health care that is empathetic, woman-focused, and connected to their broader healthcare needs. Participants emphasized the importance of self-love, self-care, and spirituality in helping manage their mental health and highlighted the value of peer-oriented therapy and group support as vital outlets for healing and empowerment.

Knowledge and Use of PrEP and PEP

There was a broad consensus about the lack of education and outreach regarding PrEP and sexual health among heterosexual women. Many participants had never considered PrEP to be relevant to them due to its marketing being predominantly focused on the LGBTQ+ community. Participants noted a lack of targeted education toward heterosexual women around HIV and PrEP and called for more inclusive education campaigns that center the voices and needs of heterosexual women. Use of social media platforms to normalize conversations about PrEP and HIV utilizing women with lived experience were recommended to help spread awareness and reduce stigma.

Stigma and Disclosure

Stigma remained a powerful barrier for many. Stigma around HIV remains deeply entrenched in families and communities. Women expressed fears of being judged or ostracized by friends, family, or even providers. Most women noted that they have avoided disclosing their status to most people except for a select few trusted individuals due to fear of confidentiality breaches. They recounted hearing insensitive or ignorant comments from others, which reinforced their reluctance to disclose their experiences or educate others. As a result, many women living with HIV chose to remain silent about their HIV status and HIV care needs.

Gaps in Supportive Services Supportive Services and Resources

Several logistical and structural recommendations were identified and discussed due to gaps in supportive services and resources. These included the need for wraparound services such as assistance with government paperwork (such as assistance with obtaining a handicap placard), reliable transportation, and reminders for screenings like mammograms and Pap smears. Additionally, participants suggested integrated services for housing, transportation, mental health, and domestic violence support into one location to ease stress and burden with finding and accessing these services. Participants also wanted healthcare systems to be more proactive in managing their care by scheduling preventive services and providing firm guidance rather than relying on patients to navigate complex systems alone. They also advocated for expanded access to free or low-cost supplies such as condoms (including female condoms), Plan B emergency contraception, menstrual products, and even vending



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machines with emergency sexual health supplies. Finally, women noted the need to provide accessible information about available supportive services and resources such as Metro Micro, an Uber-like service offered by Metro in select areas of LA County that provides transportation for the price of a standard Metro ride.

A recurring recommendation was the need for women-centered spaces and services. Participants expressed a desire for clinics and programs specifically designed for women living with HIV, separate from broader HIV or LGBTQ+ spaces. While they acknowledged the value of shared experiences within the larger community, they believed that women face distinct social, medical, and psychological challenges that warrant dedicated attention. Women-only support groups and retreats were cited as particularly healing and empowering environments.

In summary, this listening session revealed a pressing need for more inclusive, accessible, and empathetic healthcare for women living with HIV. Recommendations include establishing dedicated women's clinics, training providers in trauma-informed and culturally sensitive care, improving access to consistent providers, expanding sexual health education, integrating mental health services, and addressing stigma through peer-led initiatives and public awareness on HIV. These improvements could help ensure that women feel supported, empowered, and respected as they manage their health and well-being.