




Women & HIV/AIDS

IN PRISONS & JAILS

 NATIONAL MINORITY
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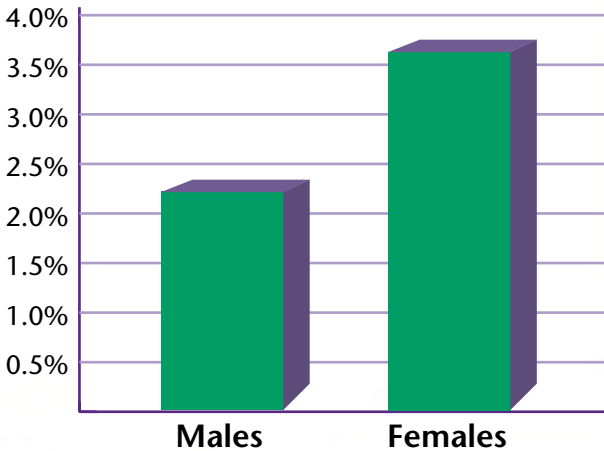
Women and HIV/AIDS in Prisons and Jails

Women prisoners are a minority of the United States prison population, but they are very highly affected by HIV/AIDS. Incarcerated women are 36 times as likely as non-incarcerated women to be living with HIV/AIDS.¹

The contrast between incarcerated women and incarcerated men is also stark. At the end of the year 2000, women state prisoners were more than 60% more likely than incarcerated men to be HIV-positive.

HIV Positive State Prisoners Year-End 2000

Source: Bureau of Justice Statistics, "HIV in Prisons 2000," 2002



Because there are so many more men in prison than women, programs for prisoners (and prisons themselves) are usually designed with adult men in mind.

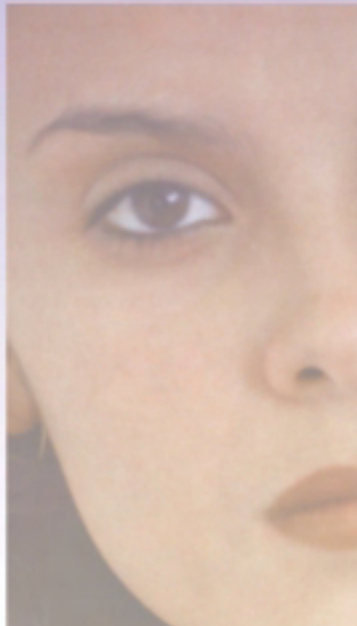
To provide effective HIV/AIDS services to incarcerated women, service providers need to

take time to understand the differences between men's and women's experiences of HIV/AIDS and the criminal justice system. The most effective programs for women are often those that are designed from the ground up with women in mind, rather than men's programs that are simply applied to women.

Advocates, CBOs, and prisoners themselves have developed quality services for addressing HIV/AIDS among women prisoners. This booklet summarizes the impact of HIV/AIDS on women prisoners, and describes programs specifically designed to meet their needs.

Issues for the Case Manager:

- ◆ Basic HIV/AIDS education
- ◆ HIV/AIDS confidentiality issues in the correctional facility
- ◆ Peer support, “buddy” programs in the correctional facility
- ◆ HIV/AIDS pre-test and post-test counseling resources
- ◆ Literacy, language and basic skills assessment



Felicia is 22 years old. She has been given an 18 month sentence on a drug-related charge, and has never before been incarcerated.

Felicia was advised at her medical intake that she should consider an HIV test. Felicia refused testing, but asked if she could get the test later if she changed her mind:

“I never thought about my risk for AIDS before, but I had sex with my boyfriend without protection. I know he doesn’t have HIV but I wonder if I should get tested just to be safe.

I don’t know if I want to get tested in jail because I don’t want everyone else here knowing my personal business.”

HIV/AIDS in Prisons

The “common wisdom” about HIV/AIDS in prisons is that prisons are a “breeding ground” for HIV. Because prisoners are eight to ten times as likely as non-prisoners to have HIV, it is often assumed that most HIV-positive prisoners became infected while they were incarcerated.

In fact, the evidence suggests a different perspective on HIV/AIDS prison statistics: the vast majority of HIV-positive prisoners acquire their infection in the community, before becoming incarcerated.

This fact should not downplay the risk of HIV infection behind bars. Unprotected sex, rape, drug use and tattooing are HIV risk behaviors that are illegal behind bars, but it is accepted that at least some of these take place in most correctional facilities. In prison HIV prevention programs are important for addressing these risks.

For prisoners who are not HIV-positive, their highest risk for HIV infection may be once they are back on the street, after being released. HIV/AIDS service providers working in prisons and jails have a precious opportunity to give women and men at higher risk the skills and knowledge they need to avoid HIV once they are back on the streets.

In general, incarcerated women are at even higher risk for HIV than incarcerated men. Learning about risk factors in women’s lives can help service providers target services to identify and lessen these risks.

For a variety of social and economic reasons, HIV-positive women prisoners may have little access to HIV/AIDS services in the community, their time in prison or jail may present an important opportunity to learn about their HIV infection, cope with their diagnosis, understand their medical options, and develop the skills to avoid passing on the virus to anyone else.



Discharge planning and transitional HIV/AIDS services can be a stabilizing force for HIV-positive women prisoners and ex-prisoners, ultimately easing the transition back to home communities after release.

Women and HIV/AIDS

Women make up a growing proportion of people living with HIV/AIDS in the United States. In 1992, women were accounted for 14% of all adult and adolescent HIV/AIDS cases—by 1999, they were accounted for 20%.² Younger women and women of color are particularly at risk.

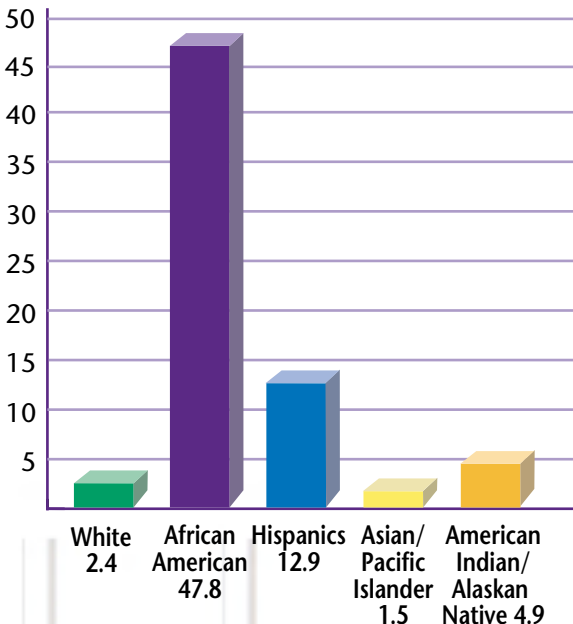
The proportion of women among people living with HIV/AIDS in the US United States is generally higher among younger people than among older people. Among reported cases of HIV among 13-19 year olds in 2001, 57% were among females. This is the highest proportion of female HIV cases among any age group.³

African-American and Hispanic women together account for less than a quarter of the US female population,⁴ but they accounted for 81% of reported female HIV cases in 2001.⁵ Compared with white women, African-American women are

20 times as likely to have AIDS; Hispanic women are more than 5 times as likely to have AIDS than white women, and Native American women are more than twice as likely to have AIDS than white women.⁶

Rates of AIDS among US Women by Race, 2001

Source: CDC HIV/AIDS Surveillance Report, 2001; 13(No. 2):28



Although everyone is potentially at risk for HIV/AIDS, these statistics show that the HIV/AIDS epidemic has not affected all population groups equally. The criminal justice system is an important site for reaching underserved HIV-positive women, and women who are at the highest risk for HIV/AIDS.

Issues for the Case Manager:

- ◆ Medical help in prison on the issue of side effects and medication adherence
- ◆ Continuity of medical care after release
- ◆ Peer support programs inside: support around the issue of HIV disclosure
- ◆ Peer support programs for Tamara after release
- ◆ Family support programs after release
- ◆ Literacy, language and basic skills assessment
- ◆ Substance abuse, harm reduction, food, transportation, clothing, mental health, housing, employment, benefits, as needed

Tamara has just been given a release date after serving 6 years for a violent crime. She tested positive for HIV while incarcerated, and has taken part in a peer support group for HIV+ prisoners. She is taking HIV medications that are keeping her viral load undetectable, but she has a difficult time with some of the side effects.

At her first meeting with her HIV discharge planning case manager, Tamara says she is excited and scared to be released. She hasn't told her teenage daughter, who has been living with Tamara's mother, that she is HIV-positive:

"I want to be a good mother to my child, and to show her that she shouldn't be ashamed of me. But I don't want her to be discriminated against or teased because her mother has HIV. I don't know how I can take all those pills

Women in the Criminal Justice System

In the year 2000, women made up about 6.6% of all US prisoners, and their numbers are rising fast. From 1990 to 2000, the number of women in prisons and jails doubled.⁷ The chance of a US woman ever going to prison in her lifetime was 6 times higher in 2001 than in 1974.⁸

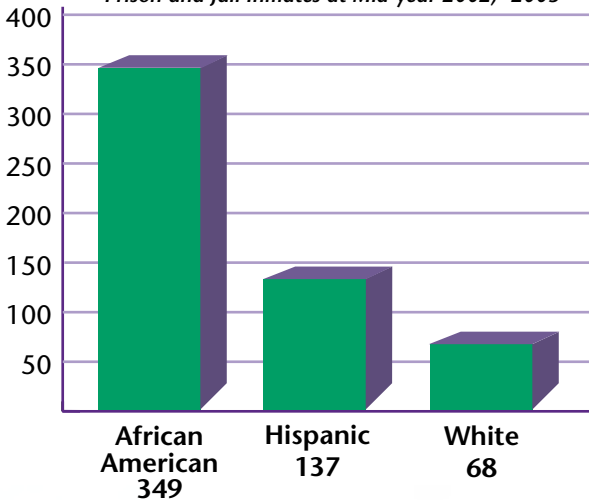
Women of color are much more likely to be incarcerated than white women: Table 3 shows the different rates at which white women, African-American women, and Hispanic women face incarceration in the United States.

Women offenders are disproportionately low-income, undereducated, and unskilled, with sporadic employment histories. Compared with men, women are less likely to be incarcerated for a violent crime, and more likely to be

incarcerated for a drug or property crime. Women's property offenses are often driven by poverty and substance abuse.⁹

Rate of Incarceration per 100,000 Population, Mid-year 2001

Source: Bureau of Justice Statistics, "Prison and Jail Inmates at Mid-year 2002," 2003



In addition to understanding the different reasons for which women are incarcerated, it is important for HIV/AIDS service providers to understand the "paths to crime", women's life circumstances that may contribute to their involvement in the criminal justice system. Compared with men, women are more likely to have faced sexual abuse, sexual assault,

and domestic violence, and they have a high rate of Post-Traumatic Stress Disorder.¹⁰ Women are more likely than men to be the primary caregiver for children.¹¹

Gender-specific life history issues prevalent among women prisoners

- ◆ Physical abuse
- ◆ Sexual abuse
- ◆ Sexual assault
- ◆ Domestic violence
- ◆ Commercial sex work
- ◆ Post-Traumatic Stress Disorder
- ◆ Primary responsibility for children
- ◆ Sexual health issues and STDs

Incarcerated women tend to have high rates of STDs, vaginal infections, and abnormal Pap smears. In one study, more than three-quarters of newly incarcerated women had abnormal Pap smears; more than half had vaginal infections or STDs.¹² High rates of STDs are associated with high risk for HIV for three main reasons:

First, unprotected sex that results in the transmission of an STD could also result in HIV transmission.

Second, STDs can cause genital lesions that can increase a man's or a woman's susceptibility to HIV infection. In addition, STDs increase the number of CD4 cells in a woman's cervical secretions. CD4 cells are target cells for HIV, and increased CD4s in vaginal secretions can increase a woman's susceptibility to HIV infection.

Third, if a person is coinfecting with HIV and an STD, that can result in more "shedding" of HIV, which means that the coinfecting person is more likely to infect another person if he or she engages in high risk behavior, such as unprotected sex or sharing needles.¹³

Why are high STD rates in women prisoners relevant to HIV/AIDS?

- (1)** Unsafe/unprotected sex that results in the transmission of STDs could also result in HIV transmission.
- (2)** Having an STD makes a person physically more susceptible to HIV infection.
- (3)** Having both HIV and an STD makes a person more likely to infect another person with HIV.

In addition to sexual behavior and sexual health issues that put women prisoners at high risk for HIV/AIDS, incarcerated women also have a high rate of involvement with drugs and alcohol. Female prisoners are 5-8 times more likely to abuse alcohol than women outside of prison, ten times more likely to abuse drugs, and 27 times more likely to use cocaine.¹⁴

More women prisoners than male prisoners report that they were under the influence of drugs when they committed the offense for which they were incarcerated, and more women prisoners than male prisoners report regular drug use (though men report more alcohol use).¹⁵

These sex and drug-related risk behaviors, coupled with the shared racial disparities among HIV-positive and incarcerated women, help explain the high rates of HIV/AIDS among women prisoners. They also help define the gender-specific aspects of quality HIV/AIDS services for incarcerated women.

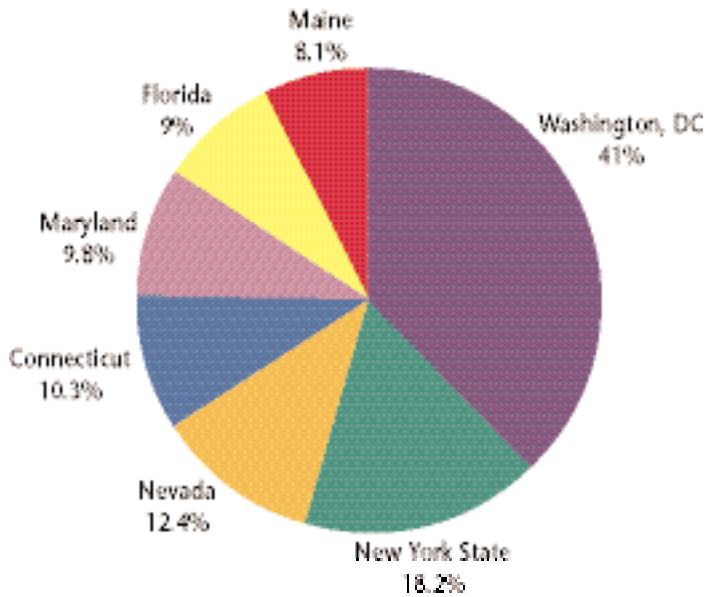
Culturally-Appropriate HIV/AIDS Services for Women in the Criminal Justice System

At the end of the year 2000, more than 10% of women prisoners were HIV-positive in at least three state prison systems, and in the District of Columbia. Nationally, the average rate of HIV-infection among women prisoners was 3.6%, compared with 2.2% for men.¹⁶

To identify women's risk factors for HIV/AIDS and other infectious diseases, medical evaluations in prisons or jails (and intake procedures with social service workers) should include questions about a number of "social" factors. A woman's history of physical abuse, sexual abuse, sexual assault, domestic violence, commercial sex work, and drug use all may have a direct impact on her risk for HIV/AIDS, as well as the appropriate course of HIV/AIDS counseling, education, testing, treatment, and case management.

Highest HIV Prevalence among HIV-Positive Incarcerated Women, Year-end 2000

Source: Bureau of Justice Statistics, "HIV in Prisons, 2000," 2002



Because incarcerated women may have multiple sources of HIV risk in their lives, and because they may have limited access to HIV testing and counseling services outside of prison or jail, there should be multiple opportunities for women to say “yes” to HIV counseling and education while they are incarcerated.¹⁷ In particular, education and testing services should be offered on multiple occasions to women who:

- ◆ Are pregnant
- ◆ Have a current or prior STD diagnosis
- ◆ Have abnormal pap smear test results
- ◆ Have hepatitis B or C
- ◆ Have a history of sex work
- ◆ Have a history of sexual abuse
- ◆ Have a history of drug use

In many US prisons and jails, this list of HIV risk markers will include almost all incarcerated and formerly incarcerated women. This shows why effective HIV/AIDS services for women prisoners are often designed from the ground up with women in mind. Because women are a minority in prisons and jails, their HIV/AIDS risks may not be recognized as “classic” HIV/AIDS risks for prisoners, just as gynecological or menstrual problems caused by HIV may not be recognized as “classic” HIV/AIDS symptoms.

Including so-called “social” issues in intake questionnaires, taking socioeconomic variables into account when determining infectious disease risk, and offering multiple entry points to testing and services, can all help make HIV/AIDS services in prisons more responsive to women’s needs.

Issues for the Case Manager:

- ◆ Family planning and prenatal care services
- ◆ Substance abuse treatment
- ◆ HIV/AIDS education: perinatal transmission, treatment
- ◆ Medical care
- ◆ Coinfection: hepatitis A and B vaccination, hepatitis C testing and consultation
- ◆ Literacy, language and basic skills assessment
- ◆ Mental health, housing, food, transportation, clothing, employment, benefits, as needed



Liz is 32 years old and was released from jail three weeks ago, after serving three months. She tested HIV-positive when she was 28 years old, and she has never been on treatment. Liz has a history of heroin use, and says she has had trouble staying clean since she was released. Her case manager sees a home pregnancy test in Liz's purse when they meet. She asks Liz about it, and Liz becomes upset. She says she thinks she may be pregnant, and she wants to talk about getting clean and learning about what else she can do to not hurt the baby. She has a fourteen year old son and 6 year old daughter who are in foster care.

The National Institute of Corrections,¹⁸ the National Institute of Justice,¹⁹ and other researchers²⁰ and model programs²¹ have studied prison-based programs for women, and described the characteristics of quality services designed specifically for women:

- ◆ Programs provided in a physically and psychologically-safe space
- ◆ Women-only programs
- ◆ Skilled staff who are able to respond to expressions of emotion, and are willing and able to communicate openly with prisoners
- ◆ Female staff and peers who provide strong female role models and mentors for program participants, including ex-offenders and ex-addicts
- ◆ Programs that address self-sufficiency, self-esteem, and empowerment
- ◆ Programs that use a non-aggressive management style that is less authoritarian than traditional male-oriented prison programs
- ◆ Programs that affirm supportive relationships among program participants

Here are some other factors to consider in designing HIV/AIDS services for women prisoners:

Language barriers

Non-English speaking women, and women for whom English is not a first language, can face significant barriers in obtaining medical care and social services. Written materials in languages other than English, “Buddy” programs with bilingual peers, and bilingual medical and social service programs can help.²²

Literacy and basic skills

A basic skills and literacy assessment may help determine if a woman’s difficulty with reading and writing may reduce her ability to take advantage of medical and social services. Low literacy and picture-based written materials can be useful in this setting. HIV/AIDS programs in prisons can also offer an opportunity to develop literacy and basic skills.^{23, 24}

Mental health

Depression and other psychiatric issues are prevalent among people living with HIV/AIDS and among prisoners.²⁵ Mental health issues may be one of the most important variables affecting the success of HIV/AIDS-related medical and social services.

Family services

Most women prisoners are mothers, and family responsibilities are often the top priority for parents being released from prison. HIV/AIDS services for women prisoners and ex-prisoners should address family issues such as foster care, family reunification, parenting education, child care, guardianship planning, domestic violence prevention, and victim services.

Hepatitis

It has been estimated that up to 80% of HIV-positive male prisoners are coinfecting with hepatitis C.²⁶ Data from several states indicates that female prisoners have even higher rates of chronic hepatitis C than male prisoners, so the HIV/HCV coinfection rate may also be very high among women.^{27, 28} Even if women prisoners are not able to obtain testing and treatment for hepatitis B and C within prison or jail, case managers should be aware of this important health issue, and should be able to link clients with hepatitis resources in the community after release.²⁹

A Note about Peer-Based Programming

It should be noted that since the beginning of the HIV/AIDS epidemic, peer-based HIV/AIDS programs have been a particularly effective service delivery strategy for incarcerated women. Some model programs were designed and founded by women prisoners themselves, with eventual support from prison staff and administrators.³⁰ Peer-based programs by design have many of the important program characteristics found to be effective for women, particularly building self-esteem, building supportive relationships among participants, providing role models to whom participants can relate, and using a non-aggressive program style.

The fact that women prisoners living with HIV/AIDS and their allied fellow women prisoners designed peer-based programs for themselves speaks volumes how such programs can help women cope with the impact of the virus behind prison walls.



Conclusion

Prisons and jails are home to the highest concentrations of HIV-positive women in the United States. As noted in the introduction to this booklet, incarcerated women are 36 times as likely as non-incarcerated women to be living with HIV/AIDS.³¹

Because women are a minority of those living with HIV/AIDS, and a minority among the US prison and jail population, it is often too easy to overlook their needs, or to simply try to fit them in to interventions designed for men. But women require different services than men, services that recognize the life circumstances that brought them in contact with the criminal justice system, and that put them at risk for HIV/AIDS.

Model programs and research have shown that effective programs for women are not overly complicated or expensive, but they do tend to take a more “holistic” approach to HIV/AIDS than traditional programs designed for men. NMAC encourages you to take advantage of the excellent written resources that have been developed in this field and to develop HIV/AIDS services for incarcerated women based on the groundbreaking programs that have provided a clear map of “what works.”

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Glossary

CBO: Community-Based Organization. A non-profit agency that serves a specific geographic or social community. For this booklet, CBO refers to any AIDS service organization, non-profit agency, health clinic, hospital or other organization providing assistance to people living with HIV/AIDS.

HCV: Hepatitis C Virus

HIV/AIDS: HIV = Human Immunodeficiency Virus, AIDS = Acquired Immune Deficiency Syndrome

Jail: Local detention facility for those awaiting trial, on trial, awaiting sentencing or for those serving shorter sentences—usually misdemeanors. Counties, many larger cities, the District of Columbia, US Territories, Native American tribes and the federal government all operate jails.

Pap smear: Papanicolaou smear test—a swab taken in a woman's cervical region (through the vagina) that looks for warning signs for cervical cancer and other gynecological health issues.

Prison: Facility for sentenced felony offenders, usually those serving sentences longer than one year. Prisons are maintained by states, US Territories, and the federal government.

Prisoners (vs. Inmates or Convicts): In this booklet, the term “prisoners” is used to describe anyone in the custody of a jail or prison.

STD: Sexually transmitted disease.

Resources

- ¹ "HIV Infection Among Incarcerated Women" *HEPP News*. 4, no. 5 (May 2001).
- ² Centers for Disease Control and Prevention (CDC). "HIV/AIDS Among US Women: Minority and Young Women at Continuing Risk" (2002).
- ³ CDC. "HIV/AIDS Surveillance Report." 13, no. 2 (2001):17.
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- ⁵ CDC. "HIV/AIDS Surveillance Report." 13, no. 2 (2001): 20-21.
- ⁶ CDC. "HIV/AIDS Surveillance Report." 2001;13. no. 2 (2001):28.
- ⁷ National Institute of Corrections. "Gender Responsive Strategies: Research, Practice, and Guiding Principles for Women Offenders." (2003).
- ⁸ Bureau of Justice Statistics. "Prevalence of Imprisonment in the US Population, 1974-2001." (2003).
- ⁹ National Institute of Corrections. "Gender Responsive Strategies: Research, Practice, and Guiding Principles for Women Offenders." (2003): 2.
- ¹⁰ C. Zlotnick. "Treatment of Incarcerated Women with Substance Abuse and Posttraumatic Stress Disorder." Available online at www.ncjrs.org.
- ¹¹ National Institute of Corrections. "Gender Responsive Strategies: Research, Practice, and Guiding Principles for Women Offenders." (2003): 2.
- ¹² CDC. "Prevention and Control of Infections with Hepatitis Viruses in Correctional Settings" *MMWR*. 52, no. RR-1 (January 24, 2003): 3.
- ¹³ CDC. "Prevention and Treatment of Sexually Transmitted Diseases as an HIV Prevention Strategy." (June 1998).
- ¹⁴ C. Zlotnick. "Treatment of Incarcerated Women with Substance Abuse and Posttraumatic Stress Disorder." Available online at www.ncjrs.org.
- ¹⁵ National Institute of Corrections. "Gender Responsive Strategies: Research, Practice, and Guiding Principles for Women Offenders." (2003): 6.
- ¹⁶ Bureau of Justice Statistics. "HIV in Prisons, 2000." (2002).
- ¹⁷ "HIV Infection Among Incarcerated Women" *HEPP News*. 4, no. 5 (May 2001). HEPP News "HIV Infection Among Incarcerated Women" May 2001, Vol.4(No.5).
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- ²⁰ AIDS Alliance for Children, Youth, and Families. "Serving Women in the Corrections System through Ryan White CARE Act Programs." (2003).
- ²¹ K.. Boudin, *et al.* "ACE: A Peer Education and Counseling Program Meets the Needs of Incarcerated Women with HIV/AIDS Issues" *Journal of the Association of Nurses in AIDS Care*. 10, no.6 (1999).
- ²² Boudin K *et al.*, "ACE: A Peer Education and Counseling Program Meets the Needs of Incarcerated Women With HIV/AIDS Issues" *Journal of the Association of Nurses in AIDS Care* 10(6) 1999.Ibid.
- ²³ Ibid. "Participatory Literacy behind Bars: AIDS Opens the Door" *Harvard Educational Review* 63, no 2 (1993).
- ²⁴ CDC "Prevention and Control of Infections with Hepatitis Viruses in Correctional Settings" *ibid.* p.25.CDC. "Prevention and Control of Infections with Hepatitis Viruses in Correctional Settings" *MMWR*. 52, no. RR-1 (January 24, 2003): 25.
- ²⁵ National Commission on Correctional Health Care. "The Health Status of Soon-to-be-Released Inmates" 1 (2002): 22-27. National Institute of Mental Health. "Depression and HIV" (2000). See also: National Minority AIDS Council "Mental Health and Substance Abuse among Prisoners living with HIV/AIDS" (2002).
- ²⁶ J.D. Rich, *et al.* "Hepatitis C and HIV in Male Prisoners" *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology*. 16 (1997):408-409.
- ²⁷ J. Baillargeon, *et al.* "Hepatitis C Seroprevalence among Newly Incarcerated Inmates in the Texas Correctional System" *Public Health*. 117: (2003) 43-48.
- ²⁸ Maryland Department of Health and Mental Hygiene and Maryland Division of Correction. "Examination of HIV, Syphilis, Hepatitis B and Hepatitis C in Maryland Correctional Facilities" (2003).
- ²⁹ National Minority AIDS Council. "Questions and Answers about Hepatitis C and HIV in Corrections" (2003).
- ³⁰ Members of the ACE Program of the Bedford Hills Correctional Facility. *Breaking the Walls of Silence: AIDS and Women in a New York State Maximum-Security Prison*. (Woodstock, New York: Overlook Press. 1998).
- ³¹ HEPP News "HIV Infection Among Incarcerated Women" May 2001, Vol.4(No.5)."HIV Infection Among Incarcerated Women" *HEPP News*. 4, no. 5 (May 2001).

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