NCDBW
National
Clearinghouse for the
Defense of Battered Women
Working for Justice for Battered Women Charged with Crimes

WOMEN LIVING WITH HIV/AIDS AND HISTORIES OF CRIMINAL JUSTICE CONTACT

Internet Resources

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When Survivors Reenter their Communities after Jail or Prison
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Introduction

Because of the epidemic nature of HIV/AIDS in the United States and the disproportionate number of people living with HIV/AIDS involved with the criminal justice system, scholars and practitioners have begun to look more closely at this intersection. Much of the literature on this topic focuses on people while they are still in custody, though, like most of the population in jail or prison, people living with HIV/AIDS are also leaving jail or prison and returning to their communities. Reentering people living with HIV/AIDS face additional challenges related to their health because of the need for essential medical treatment and services to manage their condition. Additionally, many women who are reentering and are living with HIV/AIDS may also have histories of abuse and other trauma, although few resources specifically address the complex needs of this population.

Most of the materials in this listing focus on testing, access to treatment for HIV/AIDS within prison/jail, and the correlations between risk factors and criminal justice involvement. Included are resources that are women-specific and LGBTQ-specific, and address the intersections of the criminal justice system and HIV/AIDS populations. We located resources about reentry and HIV/AIDS for a general population, and included them when we thought it would be helpful to practitioners. This listing also incorporates resources that specifically address the challenges of maintaining continuity-of-care for reentering people who are living with HIV/AIDS and the need to create connections between treatment programs on the inside and resources for HIV-positive people once they return to their communities. Additionally, although not specific to justice involvement, we included background resources on the intersection of women, trauma, and HIV/AIDS for practitioners to get an overview of issues that arise when a woman with HIV/AIDS is also a survivor of domestic violence and/or sexual assault.

At the end of this listing, we identified national organizations that offer additional resources that could be relevant to a practitioner working with an incarcerated or reentering person living with HIV/AIDS.

AUDIENCE

Reentering women with HIV/AIDS and practitioners working with reentering people with HIV/AIDS.

A NOTE ON LANGUAGE

Labels can often stigmatize people and create barriers between those using the labels and those being labeled. Some of the resources included in this listing use the term "offender" for women returning home from jails and prisons. It is not a term we use at the National Clearinghouse. Many incarcerated and formerly incarcerated women have objected to that term. We believe it is critical that individuals not be defined by their crime/alleged crime. Instead, we use terms such as "reentering woman," "person returning from jail/prison," or "formerly incarcerated woman."

In this resource listing we changed words like "offender" or "inmate" when they did not appear in the title and when it did not affect the integrity of the document being described.

Not all of the articles included in this document are available for free online. Some require a subscription or fee to access.

If you know of additional online resources that should be added to this list, please contact the National Clearinghouse. Thanks.

This resource is part of a series of internet listings about When Survivors Reenter their Communities after Jail or Prison published by the National Clearinghouse for the Defense of Battered Women. Copies of these resources are available at www.ncdbw.org/reentry_resources.htm. Or email us at ncdbw@ncdbw.org and we will forward copies.

Intersections of Women, Trauma and HIV/AIDS Risk Factors: General Background

This section includes general background information about the intersections of women, trauma, and HIV/AIDS risk. These resources are not intended to be a complete primer on the topic, but we include them here as a starting point for those seeking a basic overview.

NOTE: *The materials in each section are listed by year from the most recently published to those published longest ago. Within each year, they are listed alphabetically by title.*

SUBSTANCE ABUSE, VIOLENCE, AND HIV IN WOMEN: A LITERATURE REVIEW OF THE SYNDEMIC

by Jaimie P. Meyer, Sandra A. Springer, and Frederick L. Altice (2011)

This resource reviews literature that addresses the impact of "risky" behavior, mental health, intimate partner violence (IPV), and HIV on women. It is included to give some background information to practitioners working with this population. Author's Abstract: "Women in the United States are increasingly affected by HIV/AIDS. The SAVA [Substance Abuse, Violence and AIDS] syndemic-synergistic epidemics of substance abuse, violence, and HIV/AIDS – is highly prevalent among impoverished urban women and potentially associated with poor HIV outcomes. A review of the existing literature found 45 articles that examine SAVA's impact on (1) HIV-associated risk-taking behaviors, (2) mental health, (3) healthcare utilization and medication adherence, and (4) the bidirectional relationship between violence and HIV status. Overall, results confirm the profound impact of violence and victimization and how it is intertwined with poor decision making, increased risk taking and negative health consequences, particularly in the context of substance abuse. Among current findings, there remain diverse and inconsistent definitions for substance abuse, violence, mental illness, adherence, and healthcare utilization that confound interpretation of data. Future studies require standardization and operationalization of definitions for these terms. Development and adaptation of evidence-based interventions that incorporate prevention of violence and management of victimization to target this vulnerable group of women and thereby promote better health outcomes are urgently needed."
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3130513/

HIV SEXUAL RISK BEHAVIOR AMONG LOW-INCOME WOMEN EXPERIENCING INTIMATE PARTNER VIOLENCE: THE ROLE OF POSTTRAUMATIC STRESS DISORDER

by Courtenay E. Cavanaugh, Nathan B. Hansen, and Tami P. Sullivan (2010)

This study discusses the intersection between potentially risky sexual behavior and intimate partner violence (IPV) and the implications for HIV interventions which could provide helpful background information to practitioners working with this population. Author's Abstract: "Posttraumatic stress disorder resulting from intimate partner violence (IPV-related PTSD), drug problems, and alcohol problems were tested as correlates of women's sexual risk behavior. Participants were 136 low-income women experiencing physical violence by a male partner during the past 6 months. Sexual risk behavior was assessed by whether women had unprotected sex with a risky primary partner (i.e., HIV-positive, injection drug user, and/or nonmonogamous), unprotected sex with a risky nonprimary partner (i.e., HIV-positive or unknown status), or traded sex during the past 6 months. Nearly one in five women engaged in these recent sexual risk behaviors. Simultaneous logistic regression results revealed IPV-related PTSD, but not drug or

alcohol problems, was significantly associated with sexual risk behavior while controlling for childhood abuse and demographic covariates. Women with IPV-related PTSD had four times greater odds of recent sexual risk behavior compared to women without IPV-related PTSD. Implications for HIV prevention interventions are discussed."
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2866623/

TRANSGENDER FEMALE YOUTH AND SEX WORK: HIV RISK AND A COMPARISON OF LIFE FACTORS RELATED TO ENGAGEMENT IN SEX WORK

by Erin C. Wilson, et al. (2009)

This resource can give practitioners working with transgender female youth background about the intersection of sex work and HIV. Author's Abstract: "This study examined the HIV risk behaviors and life experiences of 151 transgender female youth, ages 15-24, in Los Angeles and Chicago. Descriptive analyses and logistic regression modeling were used to identify life factors associated with ever having engaged in sex work. Sixty-seven percent of participants had ever engaged in sex work and 19% self-reported being HIV positive. Many factors were significantly associated with sex work for this sample population. A final multivariate logistic regression model found that lower education status, homelessness, use of street drugs, and perceived social support remained significantly associated with sex work when controlling for other factors. Findings highlight the complex HIV risk environment and suggest a need for sex work initiation research for transgender female youth. HIV prevention efforts for this population need to include broad-based approaches that take into account individual, social, and community-level factors relevant to the lives of transgender female youth."
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2756328/

DOMESTIC VIOLENCE AND CHILDHOOD SEXUAL ABUSE IN HIV-INFECTED WOMEN AND WOMEN AT RISK FOR HIV

by Mardge Cohen, et al. (2000)

A study that looks at abuse, violence, women with HIV, and women at risk for HIV infection, this resource can give practitioners background information about victims of battering at risk for HIV. Author's Abstract: "*Objectives.* The purpose of this study was to determine the prevalence and effect of domestic violence and childhood sexual abuse in women with HIV or at risk for HIV infection. *Methods.* Participants with HIV or at risk for HIV infection enrolled in the Women's Interagency HIV Study. Childhood sexual abuse; all physical, sexual, and coercive violence by a partner; HIV serostatus; demographic data; and substance use and sexual habits were assessed. *Results.* The lifetime prevalence of domestic violence was 66% and 67%, respectively, in 1288 women with HIV and 357 uninfected women. One quarter of the women reported recent abuse, and 31% of the HIV-seropositive women and 27% of the HIV-seronegative women reported childhood sexual abuse. Childhood sexual abuse was strongly associated with a lifetime history of domestic violence and high-risk behaviors, including using drugs, having more than 10 male sexual partners and having male partners at risk for HIV infection, and exchanging sex for drugs, money, or shelter. *Conclusions.* Our data support the hypothesis of a continuum of risk, with early childhood abuse leading to later domestic violence, which may increase the risk of behaviors leading to HIV infection."
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446192/pdf/10754970.pdf

HIV/AIDS Risk Factors and Overlap with the Criminal Justice System

The resources below are focused on HIV/AIDS risk factors and the overlap with justice-involvement. You will find gender-specific resources that discuss unique issues to justice-involved women and strategies for how to address more effectively their needs for HIV/AIDS screening and interventions when in custody. We also included resources that are specific to LGBTQ individuals who are incarcerated, and more general resources that focus on the intersection of HIV/AIDS risk factors and involvement with the criminal justice system.

NOTE: The materials in each section are listed by year from the most recently published to those published longest ago. Within each year, they are listed alphabetically by title.

Women-Specific Resources

INCARCERATION, SEXUAL RISK-RELATED BEHAVIORS, AND HIV INFECTION AMONG WOMEN AT INCREASED RISK OF HIV INFECTION, 20 UNITED STATES CITIES

by Akilah Wise et al. (2017)

Abstract: "Background: Women involved in the criminal justice system experience multiple risk factors that increase the likelihood of acquiring HIV infection. We evaluated the prevalence of incarceration and compared behaviors among women with and without an incarceration history. Methods: We use the 2013 National HIV Behavioral Surveillance data, which uses respondent-driven sampling. We evaluate the association between incarceration and the following past 12 months outcomes: exchange sex, multiple casual sex partners (≥3), multiple condomless sex partners (≥3), HIV test, and sexually transmitted infection diagnoses. Log-linked Poisson regression models, adjusted for demographics and clustered on city, with generalized estimating equations were used to estimate adjusted prevalence ratios (aPRs) and 95% confidence intervals. Results: Of 5154 women, 11% were incarcerated within the previous year, 36% were ever incarcerated but not in the past 12 months, and 53% were never incarcerated. Prevalence of exchange sex (aPR 1.32, 1.20–1.46), multiple casual partners (aPR 1.59, 1.2–2.1), multiple casual condomless partners (aPR 1.47, 1.07–2.03), and sexually transmitted infection diagnosis (aPR 1.61, 1.34–1.93) were all higher among recently incarcerated women compared with those never incarcerated. We also found higher prevalence of recent HIV testing among women recently incarcerated (aPR 1.30, 1.18–1.43). Discussion: Nearly half of women in our study had been incarcerated. Recent incarceration was associated with several factors that increase the risk of HIV acquisition. HIV prevention, testing, and early treatment among women with a history of incarceration can maximize the effectiveness of the public health response to the HIV epidemic."

http://journals.lww.com/jaids/Abstract/2017/07013/Incarceration,_Sexual_Risk_Related_Behaviors,_and.3.aspx

A SYSTEMATIC REVIEW OF HIV PREVENTION INTERVENTIONS TARGETING WOMEN WITH CRIMINAL JUSTICE INVOLVEMENT

by Sameena V. Azhar, Kathryn R. Berringer and Matthew W. Epperson (2014)

This resource gives an overview of interventions for justice-involved women in the correctional setting and as they move into the community setting. It can give community- and corrections-based

practitioners some background on what has been effective in reducing risk for this population. Author's Abstract: "We conducted a systematic review of HIV prevention interventions targeting women with criminal justice involvement. Thirteen studies published between 1980 and 2014 met our inclusion criteria with a cumulative sample size of 3,165. Studies were coded by intervention approach, theoretical orientation, setting of delivery, study design, outcomes, and effect sizes. Many evidence-based theoretical orientations in the HIV/AIDS prevention field were not represented in the study, reflecting the nascent status of prevention research on criminal justice-involved women. Meta-regression analyses found that collectively interventions are minimally effective at reducing sexual risk (standardized mean difference = −0.225, $p < 0.001$) and reducing drug use (standardized mean difference = −0.213, $p < 0.001$). Interventions demonstrated moderate effects on increasing HIV/AIDS knowledge and improving psychosocial outcomes. As compared with interventions without an explicit theoretical orientation, interventions using a social cognitive theory or motivational interviewing orientation were more efficacious. Interventions delivered fully or partially in the community setting were also more efficacious than those delivered only within a correctional facility. We conclude that extant behavioral interventions do not adequately consider contextual and social factors that influence women's sexual behavior, but rather focus on individual deficits in knowledge and skills. Findings underscore the need for continued development of theoretically based HIV prevention interventions that follow women with criminal justice involvement from correctional settings to the community, explicitly acknowledging the role of social and contextual determinants of HIV risk."
http://www.jstor.org/stable/10.1086/677394

REDUCING HIV AND PARTNER VIOLENCE RISK AMONG WOMEN WITH CRIMINAL JUSTICE SYSTEM INVOLVEMENT: A RANDOMIZED CONTROLLED TRIAL OF TWO MOTIVATIONAL INTERVIEWING-BASED INTERVENTIONS

by Brian W. Weir, et al. (2009)

This study could be helpful to corrections staff looking to implement interventions and techniques to decrease risk of HIV and/or IPV. Author's Abstract: "Women with histories of incarceration show high levels of risk for HIV and intimate partner violence (IPV). This randomized controlled trial with women at risk for HIV who had recent criminal justice system involvement (n = 530) evaluated two interventions based on Motivational Interviewing to reduce either HIV risk or HIV and IPV risk. Baseline and 3, 6, and 9-month follow-up assessments measured unprotected intercourse, needle sharing, and IPV. Generalized estimating equations revealed that the intervention groups had significant decreases in unprotected intercourse and needle sharing, and significantly greater reductions in the odds and incidence rates of unprotected intercourse compared to the control group. No significant differences were found in changes in IPV over time between the HIV and IPV group and the control group. Motivational Interviewing-based HIV prevention interventions delivered by county health department staff appear helpful in reducing HIV risk behavior for this population."
http://www.ncbi.nlm.nih.gov/pubmed/18636325

THE ASSOCIATION BETWEEN HISTORY OF VIOLENCE AND HIV RISK: A CROSS-SECTIONAL STUDY OF HIV-NEGATIVE INCARCERATED WOMEN IN CONNECTICUT

by Anita Ravi, Kim M. Blankenship, and Frederick L. Altice (2007)

Author's Abstract: "Purpose: We examine the association between history of violence and risk for HIV infection among incarcerated women. Specifically, we consider physical violence and rape as they relate to unprotected sex with male primary and nonprimary (male or female) sexual partners among a sample of HIV negative [incarcerated females](n = 1,588) housed in Connecticut's sole correctional facility for women between November 1994 and October 1996. Methods: A

supplement to the mandatory Connecticut Department of Correction Inmate Medical Screening/Health History was used to collect information on each woman's background, history of violence, and unprotected sex practices. Multivariate logistic regression was used to determine the associations between violence and unprotected sex by partner type. Results: Experiencing any violence was significantly associated with increased odds of unprotected sex with one's primary partner, even after controlling for race, history of sex work, drug use, employment status, and having other nonprimary partners. Of particular importance was having a history of physical violence. History of violence was not significantly associated with unprotected sex with nonprimary partners. Conclusions: These findings demonstrate the considerable vulnerability of incarcerated women to violence and suggest that this history is associated with increased unprotected sex practices, especially with male primary partners. HIV prevention interventions among women should take experiences of violence into account. Conversely, violence prevention and interventions aimed at coping with violence can be a part of the HIV prevention agenda for incarcerated women. Future longitudinal research can confirm the relationships of violence to HIV risk in women."
http://www.ncbi.nlm.nih.gov/pubmed/17570681

CORRELATES OF HIV INFECTION AMONG INCARCERATED WOMEN: IMPLICATIONS FOR IMPROVING DETECTION OF HIV INFECTION

by Frederick L. Altice, et al. (2005)

As it discusses various approaches to HIV detection and their effectiveness, this resource can be helpful to corrections practitioners who are considering implementing voluntary testing and counseling in correctional facilities. Author's Abstract: "The prevalence of HIV infection in correctional settings is several-fold higher than found in community settings. New approaches to identifying HIV infection among prisoners are urgently needed. In order to determine the HIV seroprevalence and to identify the correlates of HIV infection among female prisoners, an anonymous, but linked HIV serosurvey was conducted at Connecticut's sole correctional facility for women (census=1,100). After removing all individual identifiers for [an incarcerated person's] standardized clinical and risk behavior information, data are linked by a third source to blinded HIV-testing information by a third party. This three-step sequential process allows for anonymous HIV testing that can still be linked with deidentified clinical and behavioral data. Of the 3,315 subjects with complete information, 250 (7.5%) were HIV+. Of these, 157 (63%) self-reported being HIV+. Using multiple logistic regression analysis, having sex with a known HIV+ person [adjusted odds ratio (AOR)=9.1] and injection drug use (AOR=6.1) were the most highly correlated risk factors for HIV, whereas leukopenia (AOR=9.4) and hypoalbuminemia (AOR=7.2) were the most significant laboratory markers. Other independent correlates of HIV included self-report of syphilis (AOR=1.9) or genital herpes infection (AOR=2.7) and being Black (AOR=2.1) or Hispanic (AOR=2.2). The prevalence of HIV and HIV-risk behaviors is high among incarcerated women. Existing voluntary HIV counseling and testing programs do not completely target high-risk groups who remain part of the evolving epidemic. Defined demographic, behavioral, and clinical assessments may provide useful information for encouraging targeted counseling and testing. Newer targeted approaches merit further study to determine the effectiveness of this approach. Alternative methods of facilitating more widespread HIV testing, such as saliva tests, rapid serologic tests, and more routine testing in high HIV-prevalence areas should be considered both for clinical and for public health benefits."
http://www.ncbi.nlm.nih.gov/pubmed/15872190

HIV INFECTION AMONG INCARCERATED WOMEN: EPIDEMIC BEHIND BARS

by Anne S. De Groot (2000)

Excerpt: "Besides drug use, an additional determinant of HIV infection among incarcerated women may be prior exposure to physical and sexual abuse. Linkages among histories of childhood sexual abuse, physical abuse, drug use, and sex work are believed to explain the disproportionately high prevalence of HIV infection among incarcerated women. Historically, HIV services have had to compete with other demands on correctional budgets for funding and personnel time, even though the correctional health care unit is a unique and highly cost-effective access point for providing HIV prevention and care for high-risk populations of women. Coalition building between correctional staff and medical staff (and, in some cases, departments of public health) has enabled some correctional institutions for women to establish outstanding programs for HIV-infected women. By diagnosing HIV and instituting a plan for treatment, correctional facilities for women can play a critically important role in the reduction of morbidity and mortality among HIV-infected women in high-risk populations."

https://www.ncbi.nlm.nih.gov/pubmed/10851720

LGBTQ-Specific Resources

A ROADMAP FOR CHANGE: FEDERAL POLICY RECOMMENDATIONS FOR ADDRESSING THE CRIMINALIZATION OF LGBT PEOPLE AND PEOPLE LIVING WITH HIV

by Catherine Hanssens, Aisha C. Moodie-Mills, Andrea J. Ritchie, Dean Spade, and Urvashi Vaid (2014)

This resource is written for policymakers and practitioners working with LGBT people to share strategies on how to reduce risk and abusive practices for LGBT persons involved with the criminal legal system. Excerpt: "This document outlines a range of policy solutions that would go a long way towards addressing discriminatory and abusive policing practices, improving conditions for LGBT prisoners and immigrants in detention, de-criminalizing HIV, and preventing LGBT youth from coming in contact with the system in the first place. Additionally, we identify many areas of opportunity for the federal government to support improved outcomes for LGBT people and eliminate some of the systemic drivers of incarceration through federal programs relating to housing, employment, health care, education, immigration, out of home youth, violence response and prevention, and social services. Above all, the goal of this brief is to set forth a roadmap of policy actions that the federal government can take to reduce the criminalization of LGBT people and PLWH, particularly people of color who are LGBT and/or living with HIV, and address significant safety concerns faced by these populations when they come in contact with the criminal justice system."

https://web.law.columbia.edu/sites/default/files/microsites/gender-sexuality/files/roadmap_for_change_full_report.pdf

INFOGRAPHIC: WHY ARE SO MANY LGBT PEOPLE AND PEOPLE LIVING WITH HIV BEHIND BARS?

by Aisha C. Moodie-Mills for the Center for American Progress (2014)

Written for a general population, this resource gives a basic overview of some statistics of LGBT and the criminal legal system. Excerpt: "The pervasive profiling, arrest, and incarceration of lesbian, gay, bisexual, and transgender, or LGBT, people and people living with HIV, or PLWH – especially those who are people of color – are not simply a response to higher rates of illicit behavior within those communities. The range of unequal laws and policies that dehumanize, victimize, and criminalize people because of their sexual orientation, gender identity, or HIV status perpetuates

these high rates of contact with the criminal system. In fact, one study found that a startling 73 percent of LGBT people and PLWH have had run-ins with police in the past five years." http://www.americanprogress.org/issues/lgbt/news/2014/05/07/88950/infographic-why-are-so-many-lgbt-people-and-people-living-with-hiv-behind-bars/

General Resources

PRISONERS WITH HIV/AIDS [PARTS 1 AND 2]

by Americans for Effective Law Enforcement (AELE) (2014)

Excerpt: "Prisoners with HIV/AIDS are ubiquitous in today's lockups, detention centers, jails, and prisons. Courts have addressed a variety of issues over the years about the treatment and handling of such prisoners. This two-part article takes a brief look at five specific areas that have come up fairly frequently: whether to segregate out or quarantine such prisoners, providing them with adequate medical care, privacy concerning an individual prisoner's HIV/AIDS status, protecting HIV/AIDS prisoners from assault, and assertions that a facility or one or more of its programs engages in discrimination against or provides substandard services for prisoners with HIV/AIDS. A short section addresses claims by other prisoners who are not HIV positive about HIV/AIDS related issues. There is a medical difference between prisoners who test positive for the HIV virus but are asymptomatic and those with full blown AIDS. Additionally, there have been many advances in the treatment of the disease which has led to longer life spans and a variety of treatment regimens. This, however, is a legal article, not a medical one, and those who are merely HIV positive and those who have full blown AIDS will be discussed together here. At the end of the article, there is a section of useful resources and reference."

Part I

http://www.aele.org/law/2014all02/2014-02MLJ301.pdf

Part II

http://www.aele.org/law/2014all03/2014-03MLJ301.pdf

HIV TREATMENT IN THE CRIMINAL JUSTICE SYSTEM: CRITICAL KNOWLEDGE AND INTERVENTION GAPS

Jaimie P. Meyer, Nadine E. Chen, and Sandra A. Springer (2011)

Author's Abstract: "The criminal justice setting provides vast opportunities for early diagnosis, prevention, and treatment of HIV. One in seven people living with HIV in the United States passes through the criminal justice system (CJS) each year, and incarceration is considered an independent risk factor for HIV infection. For those living with HIV, history of incarceration is a strong predictor of nonadherence to HIV treatment and care. Correctional facilities thus bear a disproportionate burden of the HIV epidemic in the USA with a prevalence rate of HIV 3-5 times higher than surrounding communities. Though substantial need exists for management of HIV during incarceration, it is complicated by equally prevalent comorbid medical and psychiatric diseases, potential lack of privacy around HIV testing and treatment, [incarcerated individuals'] frequent mistrust of the healthcare system, and issues of control related to the prison environment itself. Perhaps as a result, only an estimated one-third of HIV-infected [incarcerated individuals] with a clinical indication for therapy receive combination antiretroviral therapy (HAART) during incarceration. Despite these obstacles, management of HIV in correctional settings has been shown to be feasible, acceptable, and highly successful. . . . There is a paucity of data evaluating barriers to sustained antiretroviral therapy for HIV-infected persons transitioning from the CJS to the community. In this review, we outline major obstacles to continuous HIV care among populations who interface with the CJS, both during incarceration and after release. Major challenges include relapse to substance use, housing instability, comorbid mental illness, and coverage gaps in medical

and social benefits. We briefly describe the significance of each of these issues in general CJS or in HIV-infected nonincarcerated populations and then explore potential areas for future empirical and interventional research. Rigorous scientific evaluation of these "knowledge gaps" is critical for progress in the field. Furthermore, success of programs designed to facilitate transition between prisons and communities hinges on bringing evidence-based solutions into the criminal justice setting."
http://www.hindawi.com/journals/art/2011/680617/

HIV/AIDS AMONG INMATES OF AND RELEASEES FROM US CORRECTIONAL FACILITIES, 2006: DECLINING SHARE OF EPIDEMIC BUT PERSISTENT PUBLIC HEALTH OPPORTUNITY

by Anne C. Spaulding, et al. (2009)

This study gives some background to decision makers in correctional facilities to encourage health interventions as the numbers of prisoners leaving facilities have remained steady since the 90's. Author's Abstract: "Because certain groups at high risk for HIV/AIDS (human immunodeficiency virus/acquired immunodeficiency syndrome) come together in correctional facilities, seroprevalence was high early in the epidemic. The share of the HIV/AIDS epidemic borne by [incarcerated individuals] of and persons released from jails and prisons in the United States (US) in 1997 was estimated in a previous paper. While the number of [incarcerated individuals] and releasees has risen, their HIV seroprevalence rates have fallen. We sought to determine if the share of HIV/AIDS borne by [incarcerated individuals] and releasees in the US decreased between 1997 and 2006. We created a new model of population flow in and out of correctional facilities to estimate the number of persons released in 1997 and 2006. In 1997, approximately one in five of all HIV-infected Americans was among the 7.3 million who left a correctional facility that year. Nine years later, only one in seven (14%) of infected Americans was among the 9.1 million leaving, a 29.3% decline in the share. For black and Hispanic males, two demographic groups with heightened incarceration rates, recently released [incarcerated individuals] comprise roughly one in five of those groups' total HIV-infected persons, a figure similar to the proportion borne by the correctional population as a whole in 1997. Decreasing HIV seroprevalence among those admitted to jails and prisons, prolonged survival and aging of the US population with HIV/AIDS beyond the crime-prone years, and success with discharge planning programs targeting HIV-infected prisoners could explain the declining concentration of the epidemic among correctional populations. Meanwhile, the number of persons with HIV/AIDS leaving correctional facilities remains virtually identical. Jails and prisons continue to be potent targets for public health interventions. The fluid nature of incarcerated populations ensures that effective interventions will be felt not only in correctional facilities but also in communities to which releasees return."
http://www.plosone.org/article/info:doi/10.1371/journal.pone.0007558

HIV/AIDS and Reentry

The resources below are focused on HIV/AIDS risk factors and reentry. Included is mix of resources focused on the issues of returning individuals living with HIV/AIDS including: policy recommendations and research; interventions and programs; and a sample of a discharge plan focused on addressing the needs of individuals with HIV/AIDS going back into the community.

NOTE: *The materials in each section are listed by year from the most recently published to those published longest ago. Within each year, they are listed alphabetically by title.*

Policy and Research Resources

MASS INCARCERATION, HOUSING INSTABILITY AND HIV/AIDS: RESEARCH FINDINGS AND POLICY RECOMMENDATIONS

by Ginny Shubert (2013)

Excerpt: "Formerly incarcerated persons with HIV/AIDS face unique barriers to housing that contribute to social instability long after return to the community. The resources currently available to support housing stability fall short of real need for all low-income American households living with HIV. The added stigma of criminal justice involvement further blocks access to work and to the private housing market, and punitive public policies restrict the eligibility of formerly incarcerated persons for public housing, income supports and other safety net programs. Stable, appropriate housing is consistently found to be the greatest unmet need of persons with HIV/ AIDS reentering the community from prison and jail, and a history of incarceration has been found to double the risk of subsequent homelessness among low-income persons living with HIV/AIDS. Recent incarceration and a lack of stable housing are both identified regularly in the research literature as potent risk factors for poor HIV health outcomes and ongoing HIV transmission. Homelessness and housing instability are consistently linked to greater HIV vulnerability, inadequate health care, poor HIV health status and early death. For persons with HIV leaving prison and jail, the period following release is often characterized by limited access to medical care, interruption of antiretroviral therapy, poor virological and immunological outcomes, and behaviors that can transmit HIV infection. These poor individual HIV health outcomes contribute to high community viral load that perpetuates ongoing HIV transmission. While experts agree that housing instability is a major challenge to successful management of HIV among persons involved with the criminal justice system, increasing evidence points to housing status as an independent predictor of HIV treatment effectiveness and risk behaviors that can be addressed through cost-effective interventions. Research findings show that housing assistance for homeless and unstably housed people with HIV improves physical and mental health, reduces HIV transmission, and sharply cuts the use of avoidable emergency and inpatient health care – generating savings in averted health care spending that offset the cost of the housing services. These findings suggest that targeted housing supports have the potential to significantly improve HIV health and criminal justice outcomes among formerly incarcerated persons living with HIV/ AIDS, particularly during the vulnerable period immediately following release from prison and jail, but also long-term. . . . This issue brief that synthesizes existing research findings on housing status, incarceration and HIV health. It examines the available evidence from housing-based HIV interventions; and offers

evidence-based recommendations for action to increase housing stability and improve post-release outcomes for persons living with HIV/AIDS in the U.S. and for their communities."
http://nmac.org/wp-content/uploads/2013/02/Incarceration-Report-FINAL_2-6-13_Two.pdf

HIV RISK BEHAVIORS OF MALE AND FEMALE JAIL INMATES PRIOR TO INCARCERATION AND ONE YEAR POST-RELEASE

by Leah M. Adams, et al. (2011)

This resource could be helpful to practitioners who are looking at gender-specific interventions to reduce risks of contracting HIV before an individual's incarceration or justice-involvement.
Author's Abstract: "Individuals cycling in and out of the criminal justice system are at high risk for contracting HIV/AIDS. Most infections are contracted in the community, not during incarceration, but little is known about the profile of risk behaviors responsible for this elevated infection rate. This study investigated pre-incarceration and post-release HIV risk behaviors in a longitudinal study of 542 male and females [prisoners] in a Northern Virginia jail. Although there was a significant decrease in risky behavior from pre-incarceration to post-incarceration, participants reported high levels of unprotected sexual activity and risky IV drug behaviors at both time points, emphasizing the need for prevention programming among this at-risk population. Gender differences in participants' pre-incarceration and post-release HIV risk behaviors suggest the need for gender-specific interventions to reduce overall HIV risk. Identifying specific HIV risk behaviors of [incarcerated individuals in jail] is vital to improve treatment and intervention efforts inside and outside of correctional settings."
http://www.ncbi.nlm.nih.gov/pubmed/21779954

Interventions and Programs

PROJECT POWER: ADAPTING AN EVIDENCE-BASED HIV/STI PREVENTION INTERVENTION FOR INCARCERATED WOMEN

by Amy M. Fasula et al. (2018)

Author's Abstract: "Incarcerated women are a critical population for targeted HIV/STI prevention programming; however, there is a dearth of evidence-based, gender-specific behavioral interventions for this population. Systematically adapting existing evidence-based interventions (EBIs) can help fill this gap. We illustrate the adaptation of the HIV/STI prevention EBI, Project Safe, for use among incarcerated women and delivery in prisons. Project POWER, the final adapted intervention, was developed using formative research with prison staff and administration, incarcerated and previously incarcerated women, and input of community advisory boards. Intervention delivery adaptations included: shorter, more frequent intervention sessions; booster sessions prior to and just after release; facilitator experience in prisons and counseling; and new videos. Intervention content adaptations addressed issues of empowerment, substance use, gender and power inequity in relationships, interpersonal violence, mental health, reentry, and social support. This illustration of the adaption process provides information to inform additional efforts to adapt EBIs for this underserved population."
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5989321/

TIME SINCE RELEASE FROM INCARCERATION AND HIV RISK BEHAVIORS AMONG WOMEN: THE POTENTIAL PROTECTIVE ROLE OF COMMITTED PARTNERS DURING RE-ENTRY

by Lauren E. Hearn, Nicole E. Whitehead, Maria R. Khan, William W. Latimer (2014)

Author's Abstract: "After release from incarceration, former female inmates face considerable stressors, which may influence drug use and other risk behaviors that increase risk for HIV

infection. Involvement in a committed partnership may protect women against re-entry stressors that may lead to risky behaviors. This study measured the association between time since release from incarceration (1-6 months ago, and >6 months ago versus never incarcerated) and HIV risk behaviors and evaluated whether these associations differed by involvement in a committed partnership. Women released within the past 6 months were significantly more likely to have smoked crack cocaine, used injection drugs and engaged in transactional sex in the past month compared to never-incarcerated women and women released more distally. Stratified analyses indicated that incarceration within the past 6 months was associated with crack cocaine smoking, injection drug use and transactional sex among women without a committed partner yet unassociated with these risk behaviors among those with a committed partner."
http://link.springer.com/article/10.1007%2Fs10461-014-0886-9

THE ROLE OF JAILS IN ENGAGING PLWHA IN CARE: FROM JAIL TO COMMUNITY

by Richard C. Rapp, et al. (2013)

Author's Abstract: "HIV testing in jails has provided public health officials with the opportunity to not only identify new cases of HIV but to also reestablish contact with previously diagnosed individuals, many of whom never entered care following diagnosis or entered care but then dropped out. The presence of [incarcerated individuals] throughout the HIV/AIDS continuum of care suggests that jails can play a strategic role in engaging persons living with HIV and AIDS [PLWHA] in care. In order to be successful in structuring HIV/AIDS programs in jails, health care and correctional officials will be well-served to: (1) understand the HIV/AIDS continuum of care from the standpoint of engagement interventions that promote participation; (2) be aware of jail, community, and prison interventions that promote engagement in care; (3) anticipate and plan for the unique barriers jails provide in implementing engagement interventions; and, (4) be creative in designing engagement interventions suitable for both newly and previously diagnosed individuals."
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4085679/

STRATEGIES TO ENHANCE LINKAGES BETWEEN CARE FOR HIV/AIDS IN JAIL AND COMMUNITY SETTINGS

by Jeffrey Draine, et al. (2011)

Author's Abstract: "The policies of mass incarceration and the expansion of the criminal justice system in the USA over the last 40 years have weighed heavily on individuals and communities impacted by drug use and HIV disease. Though less than ideal, jails provide a unique opportunity to diagnose, treat and implement effective interventions. The role of jails in HIV detection, treatment, and continuity of care, however, has yet to be systematically examined. This paper reviews the service strategies and contexts for 10 demonstration sites funded to develop innovative methods for providing care and treatment to HIV-infected individuals in jail settings who are returning to their communities. The sites have implemented varied intervention strategies; each set in unique policy and service system contexts. Collaboration among agencies and between systems to implement these interventions is viewed as particularly challenging undertakings. We anticipate the sites will collectively serve 700-1000 individuals across the duration of the initiative. In this paper, we review the service contexts and strategies developed by the 10 sites. The individual and multi-site evaluations aim to provide new data on testing, treatment, and community linkages from jails that will further develop our knowledge base on effective intervention strategies in these settings."
http://www.ncbi.nlm.nih.gov/pubmed/21347900

HIV-INFECTED PRISON INMATES: DEPRESSION AND IMPLICATIONS FOR RELEASE BACK TO COMMUNITIES

Anna Scheyett, et al. (2010)

Author's Abstract: "High rates of both HIV and depression are seen in prison populations; depression has been linked to disease progression in HIV, risky behaviors, and medication non-adherence. Despite this, few studies have examined HIV-infected [incarcerated individuals] with depression. We therefore conducted an exploratory study of a sample of HIV-infected [incarcerated individuals] in North Carolina prisons (N=101) to determine what proportion of this sample screened positive for depression and whether depression was associated with different pre-incarceration characteristics or post-release needs. A high proportion of HIV infected [incarcerated individuals] (44.5%) screened positive for depression. Depressed [incarcerated individuals] were significantly more likely have low coping self-efficacy scores (180 vs. 214), to report having had resource needs (OR=2.91) prior to incarceration and to anticipate needing income (OR=2.81), housing (OR=4.07), transportation (OR=9.15), and assistance with adherence (OR=8.67) post-release. We conclude by discussion the implications of our findings for prison based care and effective prison release planning for HIV infected [incarcerated individuals]."

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2888156/pdf/nihms203030.pdf

OPENING DOORS: THE HRSA-CDC CORRECTIONS DEMONSTRATION PROJECT FOR PEOPLE LIVING WITH HIV/AIDS

by the U. S. Department of Health and Human Services Health Resources and Services Administration HIV/AIDS Bureau (2007)

Excerpt: "From a policy perspective, [incarcerated individuals'] health care and reintegration back into the community began to take on new importance with the increasing number of HIV/AIDS cases identified in correctional settings. By the late 1990s, public health and corrections officials had begun to recognize that a comprehensive approach, including early detection and assessment, health education, prevention and treatment, and continuity of care, was critical to reducing the incidence and prevalence of disease in correctional facilities and communities. . . . Recognizing this need and opportunity, HRSA and the CDC developed a partnership in 1999 to provide funding 'to support demonstration projects within correctional facilities and communities that develop models of comprehensive surveillance, prevention, and health care activities for HIV, STIs, TB, substance abuse, and hepatitis.' This report describes the initiative; its intent, development, and implementation; and lessons learned."

https://nextlevel.targethiv.org/sites/default/files/file-upload/interventions/openingdoors.pdf

Discharge Planning Guides

2016 PHILADELPHIA DISCHARGE PLANNING MANUAL

by the Philadelphia FIGHT's AIDS Library and the Institute for Community Justice (2016)

Excerpt: "The 2016 Philadelphia Discharge Planning Manual is intended for people in prison or jail who are planning for their discharge, especially those who are coming back to Philadelphia. Over 60% of people in Pennsylvania prisons are released to Philadelphia. This guide is based on the organizations in the 2016 Greater Philadelphia AIDS Resource Guide, published by the AIDS Library at Philadelphia FIGHT. These resources are for everyone, regardless of HIV status. The 2016 Discharge Planning Manual includes a list of resources that may be useful to people in Philadelphia who have recently returned from prison or jail, as well as information about ways to take care of

your health once you are on the outside. This publication includes information about HIV, hepatitis A, B, and C, and diabetes."
http://www.aidslibrary.org/Editor/assets/Discharge%20Planning%20Manual%202012.pdf

National Organizations Relevant to HIV/AIDS and Incarceration Issues

The following websites are those of some national organizations that do policy work on or about HIV/AIDS. Many of these sites offer additional resources for practitioners about incarcerated people living with HIV/AIDS.

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THE CENTER FOR HIV LAW AND POLICY

From their *Prisons and Jail* page: "This HIV Policy Resource Bank category contains materials that address HIV in correctional settings as it relates to testing, treatment access, harm reduction, youth, immigrants, disability benefits, and other related human rights concerns."
http://www.hivlawandpolicy.org/issues/prisons-and-jails

CENTERS FOR DISEASE CONTROL AND PREVENTION

From their *HIV in Correctional Settings* page: ""CDC funds state and local health departments and community-based organizations to provide enhanced HIV testing and other HIV prevention services in a wide range of settings, including prisons and jails. In February 2009, CDC published HIV testing guidance for correctional facilities. CDC recently funded the evaluation of a program for which voluntary opt-out HIV rapid screening was integrated into the medical intake process at a large county jail in Atlanta, Georgia, with high HIV prevalence (>1%). The grantee and CDC are developing a best practices/model protocol for US jails to implement HIV screening and other medical services during the medical assessment at intake. Persons with HIV will be linked to care and treatment. . . . CDC supported Project START, an HIV, STI, and hepatitis prevention program for young men leaving prison. The intervention was successful in reducing HIV risk behaviors of young men after release from custody, at a cost comparable to other HIV prevention programs. CDC continues to support Project START by providing resources, training, and capacity building to providers through the Diffusion of Effective Behavioral Interventions project. . . . Through a CDC-funded demonstration project, researchers are trying to decrease risky sexual behaviors among incarcerated adolescent black youth and adult black men at the Atlanta City Detention Center before the [incarcerated individuals] return to their communities. Peer educators interview [incarcerated people] about sexual practices and barriers to adopting HIV risk-reduction behaviors."
http://www.cdc.gov/hiv/risk/other/correctional.html

HIV.GOV

An official U.S. Government website managed by the U.S. Department of Health & Human Services, this website offers additional educational resources, news and event information, and federal resources.
https://www.hiv.gov

AIDS INFONET

From their *HIV in Prison and Jails* page: "An [incarcerated individuals'] health is a critical factor in how well they make the transition to life back in their community. Getting a referral to an AIDS services agency is very important. Prisoners may need help finding housing, employment, and support services. If you are a prisoner who is getting ready to be released, consider visiting the

library or asking a friend or family member to send you the address of a local AIDS service organization. They may be able to help you get set up with some referrals before your release."
http://www.aidsinfonet.org/fact_sheets/view/615?lang=eng

NATIONAL MINORITY AIDS COUNCIL (NMAC)
Host Description: "NMAC will educate, advocate, collaborate and compel – with urgency – for health equity within communities of color in our tireless quest to end the HIV epidemic. America is a just, innovative and compassionate country for people living with and at-risk for HIV. Health equity by race has been achieved and the country is marking record-low new incidence rates in a waning epidemic. All people living with HIV have broad and affordable access to high-quality, culturally intelligent health care, and are not disparagingly defined by their HIV status. NMAC continues to be a respected partner in achieving these ambitious outcomes."
http://nmac.org/

AMERICAN FOUNDATION FOR AIDS RESEARCH (AMFAR)
Host Description: "With the freedom and flexibility to respond quickly to emerging areas of scientific promise, amfAR plays a catalytic role in accelerating the pace of HIV/AIDS research and achieving real breakthroughs. amfAR-funded research has increased our understanding of HIV and has helped lay the groundwork for major advances in the study and treatment of HIV/AIDS. Since 1985, amfAR has invested more than $388 million in its programs and has awarded more than 3,300 grants to research teams worldwide."
http://www.amfar.org/