

WOMEN IN PRISON PROJECT

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Women, Incarceration, Reentry and HIV¹

Overview

Planning for a woman's return home from incarceration should begin the day a woman starts serving her sentence. This planning should include preparing to (1) obtain housing, employment, identification documentation, and physical and mental health coverage; (2) reunify with children and other family members; (3) secure needed support services such as drug treatment and domestic violence counseling; and (4) gather necessary documentation and information to facilitate compliance with parole mandates.² Many formerly incarcerated women report that even though they have opportunities (both mandatory and voluntary) to obtain HIV testing, counseling and information inside prisons and jails, certain factors keep them from taking advantage of these services, including:

- Being in a state of denial about their HIV status or level of risk for having HIV;
- Feeling too overwhelmed in the prison/jail environment to handle HIV status information;
- Harboring concerns about maintaining confidentiality and the stigma associated with being HIV positive; and,
- Being preoccupied with preparing for release from prison or jail.

These realities attest to the fact that many women spend their time in prison and jail without accessing HIV information or care in a meaningful way.

Key Facts

- New York State has the largest number of inmates living with HIV—approximately 5,000 persons in 2003.
- New York State also has the largest number of HIV-positive women inmates of all prison systems in the United States—approximately 430 in 2003.³

- Of female inmates in New York State prisons, 14.6% are HIV positive compared to 7.3% of male inmates.⁴
- HIV disproportionately impacts women inmates of color: rates of AIDS cases are disproportionately higher among African-American and Latina women.⁵
- A 1999 New York City Department of Health sero-prevalence study found that 18% of women entering New York City jails were living with HIV compared to 7.6% of men.⁶
- Approximately 30% of all people living with HIV are co-infected with Hepatitis C (HCV),⁷ a viral disease that attacks the liver and is a common HIV co-infection. HCV is especially prevalent among women incarcerated for crimes related to the sex trade and/or drugs.⁸ Health officials and advocates recognize that effective HIV prevention must also include a focus on HCV.
- Of the 5,000 inmates estimated to be HIV positive in New York State correctional facilities, 759 are known to be co-infected with HCV.⁹ People who are co-infected with HIV and HCV sometimes experience an accelerated progression of HCV disease.¹⁰
- For women in prison, the HCV rate is even higher than among incarcerated men.¹¹ According to New York State Department of Health and Mental Hygiene epidemiological data of 6,194 New York State inmates, 23.6% of female inmates and 13.4% of male inmates were infected with HCV.¹²
- There are eight neighborhoods in New York City with the highest HIV prevalence rates.¹³ Two-thirds of women incarcerated in New York State come from New York City and will likely return to New York City or its suburbs.¹⁴ These neighborhoods are the likely place that women early in their release will begin to connect with HIV prevention, care and services.¹⁵

Why should HIV services and care include a particular focus on currently and formerly incarcerated women?

An important indicator of HIV risk for people with criminal justice histories is past trauma associated with poverty and sexual abuse.¹⁶ The vast majority of women in prison have experienced physical and sexual abuse¹⁷ and most are from low-income communities.¹⁸ Many of the

circumstances that lead to women's incarceration—poverty, physical, emotional, and sexual victimization, involvement in the sex trade, and drug use—are behaviors that also put them at risk for HIV infection.¹⁹

An overwhelming majority of incarcerated women living with HIV and HCV or who are at high risk for HIV and HCV eventually return home and resume their various roles in society. Such women will remain at high risk unless they receive appropriate interventions and services inside correctional facilities and during the reentry process. To lower infection rates among incarcerated women and women in reentry, correctional administrators, elected officials, service providers and community advocates must create targeted strategies and services for HIV prevention among this population of women.

¹This briefing paper is a work in progress and will be expanded to a full briefing paper with policy recommendations for improving HIV prevention and care for women in reentry. Special thanks to Tracie M. Gardner, Director of State Policy and Coordinator of the Women's Initiative to Stop HIV/AIDS at the Legal Action Center and participants in the Spring 2006 cycle of the Women in Prison Project's ReConnect program, a leadership and advocacy training program for women returning home from prison or jail for their substantive contributions to this handout.

²See Women's Prison Association, *Thinking About Reentry Needs and Discharge Planning: A Model for Successful Community Reintegration*, www.wpaonline.org. According to the Women's Prison Association reentry matrix, reentry consists of at least five dimensions of basic life areas and at least three stages—survival, stabilization and self-sufficiency. Women in reentry require an appropriate plan that addresses these inter-dependent needs. See also Re-Entry Policy Council, Council of State Governments, *Charting the Safe and Successful Return of Prisoners to the Community* (2003).

³Laura M. Manuschak, Bureau of Justice Statistics, *HIV in Prisons and Jails, 2003* (September 2005).

⁴*Ibid.*

⁵Michelle Onorato, MD, *HIV Infection Among Incarcerated Women*, HIV & Hepatitis Education Prison Project (HEPP), Vol. 4, Issue 5 (May 2001).

⁶New York City Department of Health, Bureau of Disease Intervention Services, *HIV Seroprevalence Update 1999* (June 2001).

⁷Courtney E. Colton, *Hepatitis C Virus (HCV) and HIV Co-Infection in Corrections: Where Do We Stand?*, Infectious Diseases in Corrections Report (ICDR), Vol. 8, Issue 10 (October 2005).

⁸Jules Levin, Joseph Bick, MD and Elizabeth Stubblefield, *Recommendations For Those On The Frontline Against Hepatitis C*, HIV & Hepatitis Education Prison Project (HEPP), Vol. 5, Issue 8 & 9 (Aug./Sept. 2002).

⁹New York State Department of Correctional Services Response to Document Request of the Assembly Committee on Correction and Committee Health (December 30, 2003).

¹⁰*Ibid.*

¹¹*Ibid.*

¹²New York State Department of Health and Mental Hygiene, *Epidemiology of HIV/HCV Coinfection in Incoming Inmates in New York State: 2000 and 2003*.

¹³ New York State AIDS Advisory Council, *Women in Peril/HIV & AIDS: The Rising Toll on Women of Color*, p. 19, (December 2005).

¹⁴ See Women in Prison Project, *Why Focus on Incarcerated Women?* (fact sheet), endnote 3 (March 2006).

¹⁵ *Ibid.*

¹⁶ See Hilary Beard, *Getting Real: Black Women Taking Charge in the Fight Against AIDS*, Black AIDS Institute, p. 17, (December 2005). See also, Anne S. DeGroot, MD, *HIV Infection Among Incarcerated Women: An Epidemic Behind The Walls*, HIV & Hepatitis Education Prison Project (HEPP), Vol. 3, Issue 4 (April 2000).

¹⁷ A study conducted in 1999 found that 82% of women incarcerated at New York's Bedford Hills Correctional Facility had a childhood history of severe physical and/or sexual abuse and that more than 90% had endured physical or sexual violence in their lifetimes. Browne, Miller and Maguin, "Prevalence and Severity of Lifetime Physical and Sexual Victimization Among Incarcerated Women," *International Journal of Law & Psychiatry* 22(3-4) (1999). Authors also state that lifetime prevalence rates of the types of violence studies may be underreported for a number of reasons.

¹⁸ About 40% of women prisoners were employed full-time prior to their arrest, compared with 60% of men. Nearly 30% of women inmates were receiving public assistance before arrest, compared to 8% of men. About 37% of women inmates had incomes of less than \$600 per month prior to arrest. Lawrence A. Greenfield and Tracy L. Snell, *Women Offenders*, Bureau of Justice Statistics, U.S. Department of Justice (December 1999, rev. 10/3/00).

¹⁹ See note 5.