HIV Stigma in Prisons and Jails

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Objectives:

1. Become aware of the rates of mass incarceration in the perpetuation of the HIV epidemic

2. Recognize of the role of the concomitant occurrence of incarceration and HIV among high-risk populations

3. Understand the impact of HIV-Related stigma on health behaviors and psychological adjustment among HIV-positive incarcerated individuals
The United States is home to 5% of the global population but accounts for 25% of the world’s prisoners.


More than 1% of all adults in the United States are currently in a jail or prison.

The HIV prevalence in the state prisons of Florida, Maryland and New York exceeds 3%, a rate higher than the national prevalence of any country outside of sub-Saharan Africa

According to one study, an estimated 14% of all persons living with HIV infection in the United States, and 20% of African American HIV-infected individuals, pass through a jail or prison each year.

At present, the national prevalence of HIV infection in state and federal prisons is estimated at 1.5%—approximately 5-fold greater than the rate in the general US population.

TYPES OF STIGMA

“enacted” “anticipated” “public” “courtesy” “double/intersecting” “structural” “self”

“HIV related stigma among people living with HIV/AIDS (PLWHA) has been classified into three different types of domain namely perceived, experienced and internalized.”

Stigmatizing attitudes among correctional staff may undermine HIV services for inmates at risk of or infected with HIV.

Overall, correctional and medical staff expressed non stigmatizing attitudes toward people living with HIV/AIDS, but perceived that stigma and discrimination exist in others.

STIGMATIZED ATTITUDES OF HEALTHCARE PROVIDERS CAUSE BARRIERS

“Fear of contamination and social stigmatized attitude are the main impediments to dealing with patients and providing services to them.”

Stigma from HIV contracted before incarceration:

- A national survey of prison and jail systems suggested 39% of prisons do mandatory or routine HIV testing and only 36% of jails offer any HIV testing.
- A study of individual jail detainees found that fewer than 1 in 4 had been tested for HIV at any time during their current detention.

Stigma from HIV contracted before incarceration:

- Stigma within criminal justice settings is often a significant barrier to self-identification of risk behaviors as well as to disclosure of known HIV status.
- National data suggest that as many as 30–40% of incarcerated individuals who test positive for HIV infection report no traditional HIV risk factors.

Stigma from HIV contracted during incarceration:
“Sexual transmission of HIV during incarceration is a concern given the potential “perfect storm” in many correctional systems of a relatively high prevalence of HIV infection coupled with policies that ban condoms and clean injecting equipment.”

Stigma from HIV contracted during incarceration:
“Most experts in this field believe that HIV acquisition in prison and jails is rare and that public perceptions of this phenomenon are disproportionate to its frequency.”

Stigma from HIV contracted during incarceration: Among those with HIV in corrections, co-morbid mental health, and substance abuse disorders are common.

Impact of HIV-Related Stigma upon release/discharge from incarceration:

“… the failure to maintain effective management of HIV infection following incarceration threatens not only individual health but also public health as released individuals return to their communities and establish or re-establish sexual partnerships.”

Impact of HIV-Related Stigma upon release/discharge from incarceration: “Psychological research shows that [such] responses to stigma can interfere with functioning, and lead to maladaptive behaviors, poor mental health, and difficulty participating in the community.”

“The most effective responses to the HIV/AIDS epidemic are those that work to prevent the stigma and discrimination associated with HIV, and to protect the human rights of people living with HIV and those at risk of infection.”
Q & A
Resources


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The AIDS Education and Training Center (AETC) Program is the training arm of the Ryan White HIV/AIDS Program. The AETC Program is a national network of leading HIV experts who provide locally based, tailored education, clinical consultation and technical assistance to healthcare professionals and healthcare organizations to integrate high quality, comprehensive care for those living with or affected by HIV.
The U.S. Department of Health and Human Services (DHHS) has released updated versions of its antiretroviral treatment guidelines for adults and adolescents, and for children with HIV. The new adult guidelines include revised recommendations for first-line antiretroviral therapy (ART) as well as management of treatment-experienced patients. The revised pediatric guidelines include a discussion of very early treatment for HIV-infected infants.

References
HHS Panel on Antiretroviral Guidelines for Adults and Adolescents. *Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents*. Updated April 8, 2015.
TRAINING OPPORTUNITIES

Preceptorships
An intensive clinical training program offered to healthcare providers in Florida who have an interest in learning more about the diagnosis and management of HIV/AIDS, opportunistic infections, and co-morbid conditions. Each preceptorship is structured to meet the unique needs of the individual participant based on his or her previous experience, geographic location, and time available. Experience 4 to 240 hours of clinical training at adult, pediatric, obstetric, and/or family practice clinics where care is provided to HIV-infected patients. All training provided is consistent with current guidelines from the Department of Health and Human Services or other nationally recognized guidelines when available.

Clinical Consultation
Individual and group clinical consultations are offered. Individual clinical case consultation is provided on the diagnosis, prevention, and treatment of HIV/AIDS and related conditions. These consultations take place by telephone, email or face-to-face meetings. Group clinical consultation with case-based discussions include information on pharmacology, clinical antiretroviral therapy updates, drug-drug interactions, and antiretroviral resistance.
FOR MORE INFORMATION, PLEASE VISIT:
http://hivaidsinstitute.med.miami.edu/partners/se-aetc
Warmline
National HIV/AIDS Telephone Consultation Service
Consultation on all aspects of HIV testing and clinical care
Monday - Friday
9 am – 8 pm EST
Voicemail 24 hours a day, 7 days a week

PEPline
National Clinicians’ Post-Exposure Prophylaxis Hotline
Recommendations on managing occupational exposures to HIV and hepatitis B & C
9 am - 2 am EST, 7 days a week

Perinatal HIV Hotline
National Perinatal HIV Consultation & Referral Service
Advice on testing and care of HIV-infected pregnant women and their infants
Referral to HIV specialists and regional resources
24 hours a day, 7 days a week

HRSA AIDS ETC Program & Community Based Programs, HIV/AIDS Bureau & Centers for Disease Control and Prevention (CDC)
www.nccc.ucsf.edu
Need Additional Information?

Contact the South FL SE AIDS Education and Training Center

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Thank you!