



HIV Stigma in Prisons and Jails

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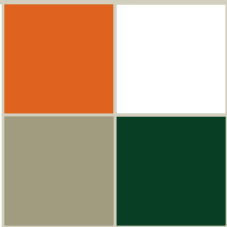


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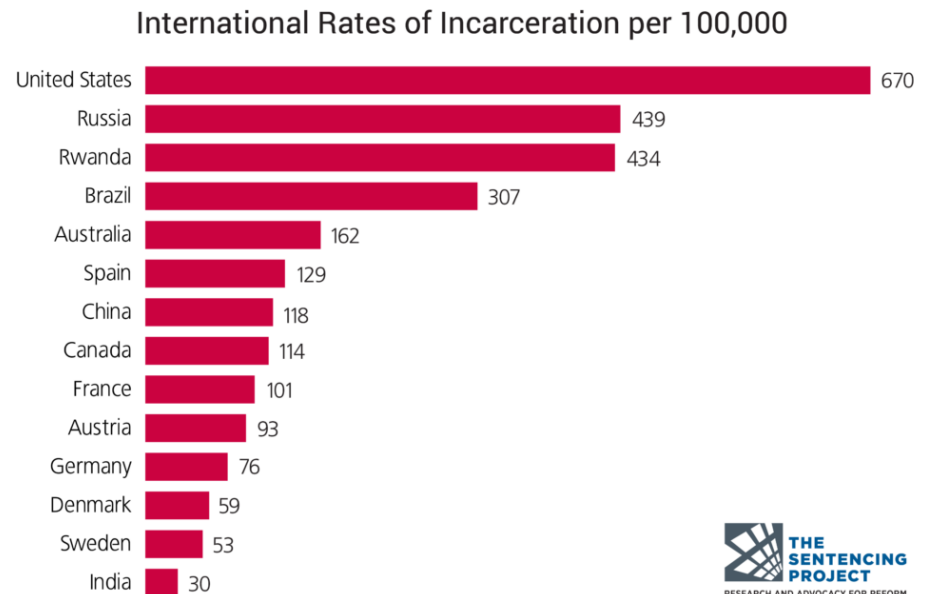


Objectives:

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.

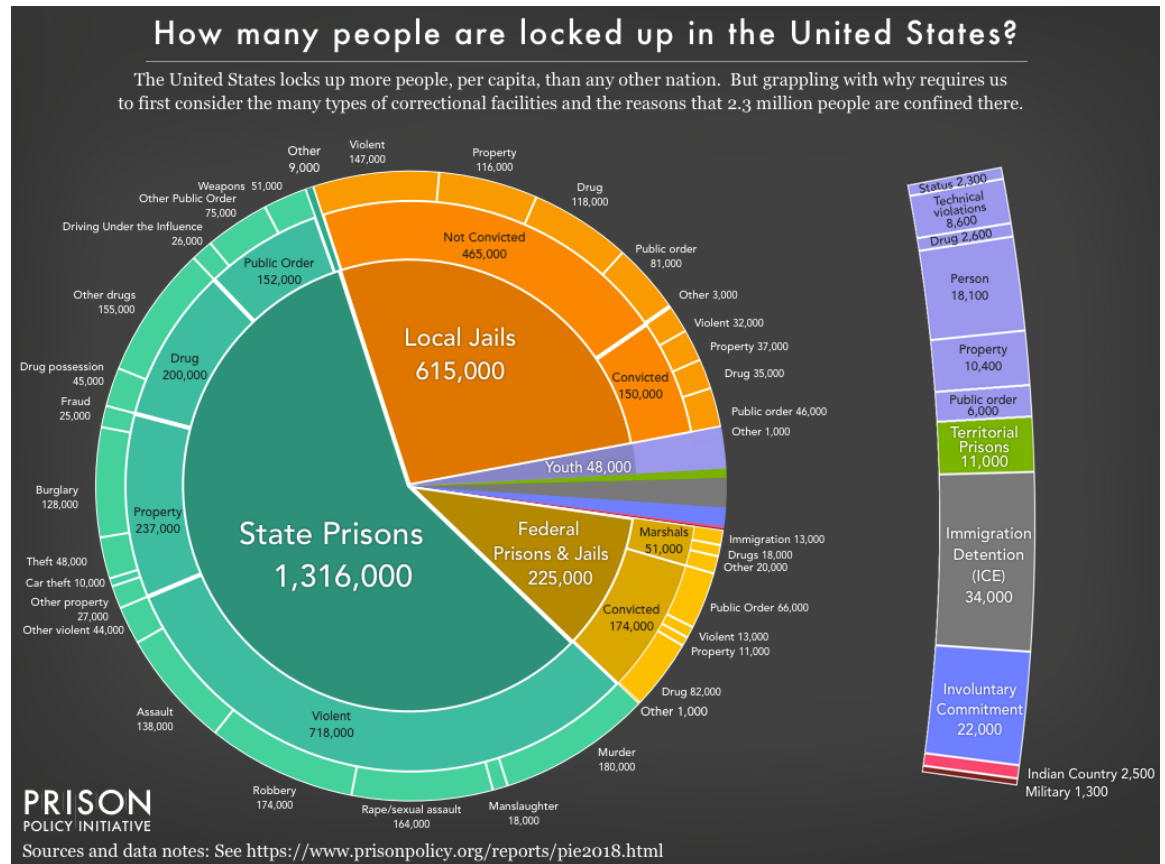


Wohl, David. (2016). HIV and Mass Incarceration: Where Infectious Diseases and Social Justice Meet. NCMJ vol. 77, no. 5. 0029-2559/2016/77514

Source: Walmsley, R. (2016). *World Prison Brief*. London: Institute for Criminal Policy Research. Available online: <http://www.prisonstudies.org/world-prison-brief>.



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



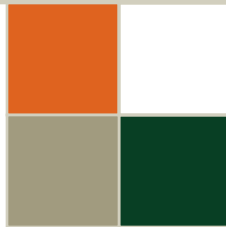
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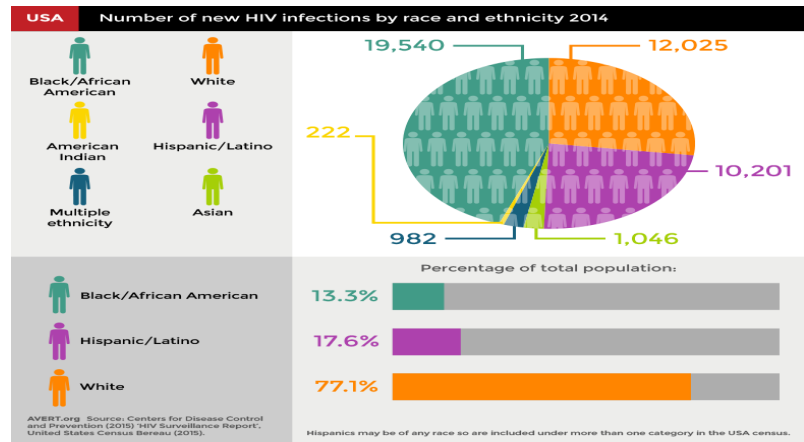
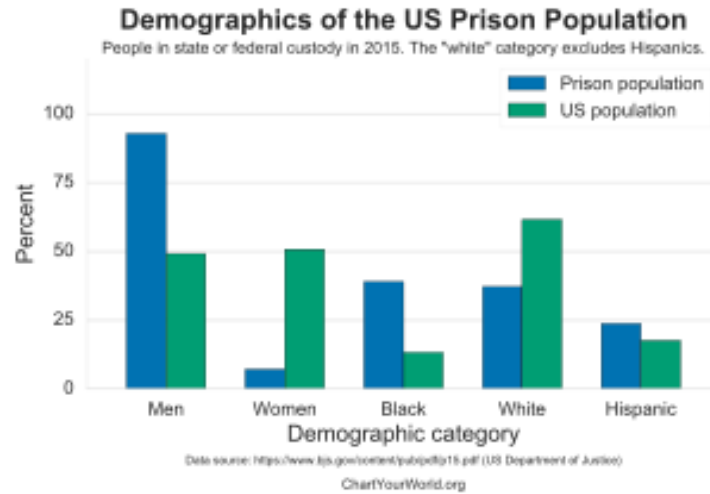
The HIV prevalence in the state prisons of Florida, Maryland and New York exceeds 3%, a rate higher than the national prevalence of any country outside of sub-Saharan Africa



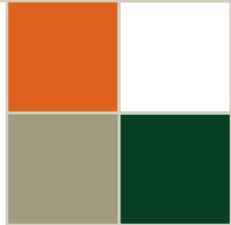
Westergaard, R. P., Spaulding, A. C., & Flanigan, T. P. (2013). HIV among persons incarcerated in the USA: a review of evolving concepts in testing, treatment, and linkage to community care. *Current opinion in infectious diseases*, 26(1), 10–16. doi:10.1097/QCO.0b013e32835c1dd0



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.

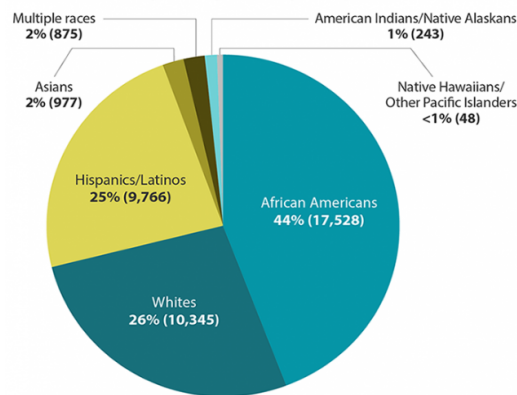


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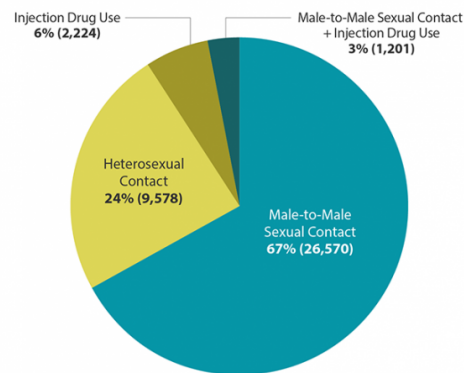


At present, the national prevalence of HIV infection in state and federal prisons is estimated at 1.5%—approximately 5-fold greater than the rate in the general US population

New HIV Diagnoses by Race/Ethnicity (2016, n=39,782)



New HIV Diagnoses by Transmission Category (2016, n=39,782)



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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.”

Fatoki B (2016) Understanding the Causes and Effects of Stigma and Discrimination in the Lives of HIV People Living with HIV/AIDS: Qualitative Study. J AIDS Clin Res 7:635. doi:10.4172/2155-6113.1000635.

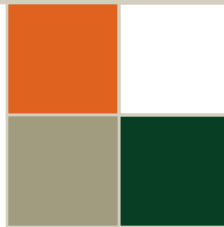


Stigmatizing attitudes among correctional staff may undermine HIV services for inmates at risk of or infected with HIV.



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

Belenko, Steven & Dembo, Richard & Copenhaver, Michael & Hiller, Matthew & Swan, Holly & albizu-garcia, Carmen & O'Connell, Daniel & Oser, Carrie & Pearson, Frank & Pankow, Jennifer. (2015). HIV Stigma in Prisons and Jails: Results from a Staff Survey. AIDS and behavior. 20. 10.1007/s10461-015-1098-7.

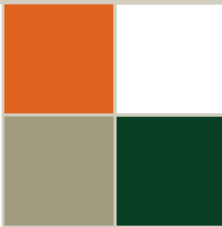


STIGMATIZED ATTITUDES OF HEALTHCARE PROVIDERS CAUSE BARRIERS

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



Zarei, N., Joulaei, H., Darabi, E., & Fararouei, M. (2015). Stigmatized Attitude of Healthcare Providers: A Barrier for Delivering Health Services to HIV Positive Patients. *International Journal of Community Based Nursing and Midwifery*, 3(4), 292–300.



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.



Westergaard, R. P., Spaulding, A. C., & Flanigan, T. P. (2013). HIV among persons incarcerated in the USA: a review of evolving concepts in testing, treatment, and linkage to community care. *Current opinion in infectious diseases*, 26(1), 10–16. doi:10.1097/QCO.0b013e32835c1dd0

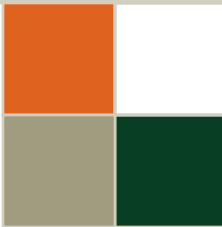


Stigma from HIV contracted before incarceration:

- 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.



Westergaard, R. P., Spaulding, A. C., & Flanigan, T. P. (2013). HIV among persons incarcerated in the USA: a review of evolving concepts in testing, treatment, and linkage to community care. *Current opinion in infectious diseases*, 26(1), 10–16. doi:10.1097/QCO.0b013e32835c1dd0



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.”



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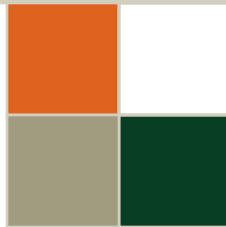


Stigma from HIV contracted during incarceration:

“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.”



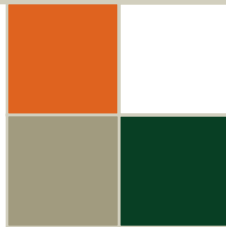
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Stigma from HIV contracted during incarceration:
Among those with HIV in corrections, co-morbid mental health, and substance abuse disorders are common.



Montague, B. T., Rosen, D. L., Sammartino, C., Costa, M., Gutman, R., Solomon, L., & Rich, J. (2016). Systematic Assessment of Linkage to Care for Persons with HIV Released from Corrections Facilities Using Existing Datasets. *AIDS patient care and STDs*, 30(2), 84–91. doi:10.1089/apc.2015.0258

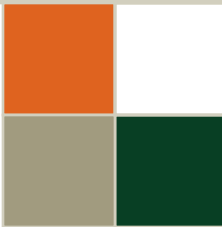


Impact of HIV-Related Stigma upon release/discharge from incarceration:

“... 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.”



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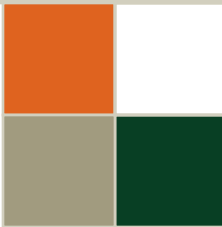
Impact of HIV-Related Stigma upon release/discharge from incarceration:

“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.”

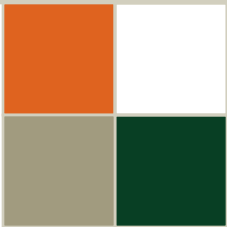
Inzlicht, M., Tullett, A., Legault, L., and Kang, S. (2011) Lingering Effects: Stereotype Threat Hurts More than You Think. *Social Issues and Policy Review*, Vol. 5, No. 1, 2011, pp. 227—256

WHO secretariat (2012). RISKS TO MENTAL HEALTH: AN OVERVIEW OF VULNERABILITIES AND RISK FACTORS.

http://www.who.int/mental_health/mhgap/risks_to_mental_health_EN_27_08_12.pdf



“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

Beckwith, C., Bazerman, L., Gillani, F., Tran, L., Larson, B., Rivard, S., ... Rich, J. (2014). The feasibility of implementing the HIV seek, test, and treat strategy in jails. *AIDS patient care and STDs*, 28(4), 183–187. doi:10.1089/apc.2013.0357

Belenko, Steven & Dembo, Richard & Copenhaver, Michael & Hiller, Matthew & Swan, Holly & albizu-garcia, Carmen & O'Connell, Daniel & Oser, Carrie & Pearson, Frank & Pankow, Jennifer. (2015). HIV Stigma in Prisons and Jails: Results from a Staff Survey. *AIDS and behavior*. 20. 10.1007/s10461-015-1098-7.

Bronson, J. and Maruschak, L., (2017). HIV In Prisons, 2015 - Statistical Tables. <http://www.bjs.gov/index.cfm?ty=pbdetail&iid=6026>
NCJ 250641

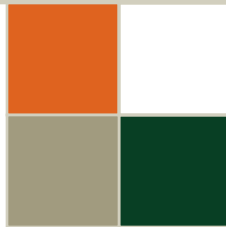
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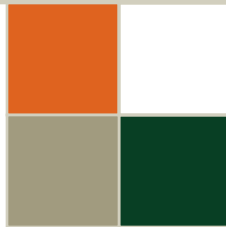
WHO secretariat (2012). RISKS TO MENTAL HEALTH: AN OVERVIEW OF VULNERABILITIES AND RISK FACTORS. http://www.who.int/mental_health/mhgap/risks_to_mental_health_EN_27_08_12.pdf



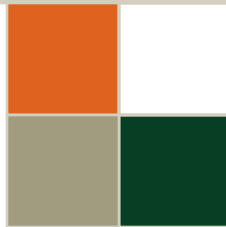
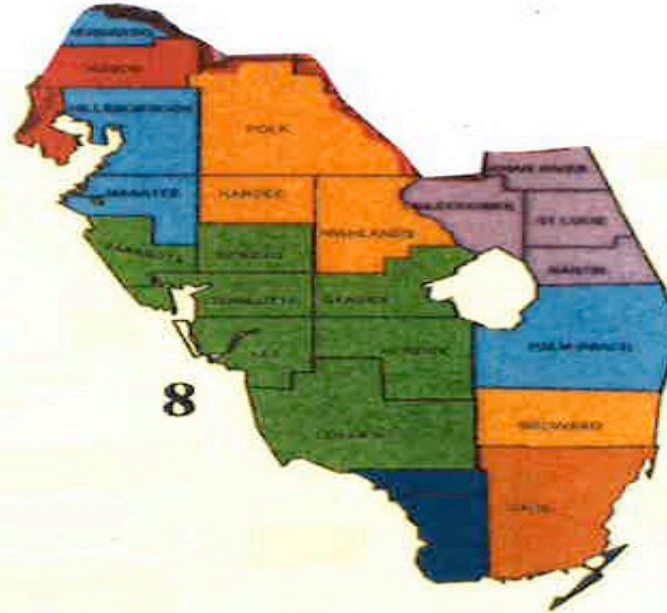
This Presentation and resources are made possible by AETC grant award U1OHA29295 from the HIV/AIDS Bureau of the Health Resources Services Administration (HRSA), U. S. Department of Health and Human Services (HHS).

The information presented is the consensus of HIV/AIDS specialists within the SEAETC and does not necessarily represent the official views of HRSA/HAB

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.



Florida Counties



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.

DHHS Panel on Antiretroviral Therapy and Medical Management of HIV-Infected Children. [*Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection*](#). Updated March 5, 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>



National HIV/AIDS Clinicians' Consultation Center UCSF – San Francisco General Hospital

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

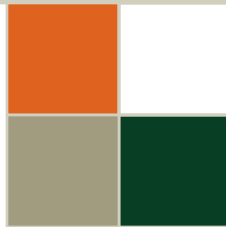
PEPline

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?

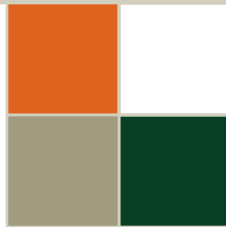
Contact the South FL SE AIDS Education and Training Center

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Thank you!

