Incarceration, HIV, and Hepatitis C: Recommendations for Caring for People at the Intersections
TRAINING GOALS

Expand clinicians’ knowledge of how incarceration and reentry present barriers to achieving good health.

Prepare clinicians to speak to patients about their potential history of incarceration and history of trauma.

Increase the number of people clinicians connect to HIV and HCV prevention, treatment, and care.
WHAT’S IN THIS GUIDE

- Incarceration Overview
- Reentry and Instability
- Incarceration and Health Disparities
- HIV and HCV Screening
- HIV and HCV Prevention
- Trauma Informed Care
- Words Matter
- Patient Resources
THE UNITED STATES HAS THE HIGHEST INCARCERATION RATE IN THE WORLD

From 1970 to 2005 the U.S. prison population rose by 700%, an increase that significantly outpaced the growth of the general population and crime rates. In New York State over 7 million adults, as much as 37% of the total population, have a criminal record.
INTERNATIONAL RATES OF INCARCERATION PER 100,000

United States: 698
Rwanda: 492
Russia: 446
Brazil: 301
Australia: 151
Spain: 139
China: 119
Canada: 106
France: 100
Austria: 96
Germany: 78
Denmark: 61
Sweden: 60
India: 33
There are more people incarcerated for a drug offense today than the number of people who were incarcerated for any sentence in 1980.

Mandatory minimum sentences and denial of parole release have contributed to keeping people in prison for longer.
LIFETIME LIKELIHOOD OF IMPRISONMENT FOR U.S. RESIDENTS BORN IN 2001

- All Women: 1 in 56
- White Women: 1 in 111
- Latina Women: 1 in 45
- Black Women: 1 in 18
- All Men: 1 in 9
- White Men: 1 in 17
- Latino Men: 1 in 6
- Black Men: 1 in 3
MARIJUANA USE BY RACE: NEVER USED MARIJUANA (2001-2010)

ARREST RATE FOR MARIJUANA POSSESSION BY RACE (2001-2010, ARREST RATES PER 10,000)
Gay, lesbian, and bisexual people are twice as likely to be incarcerated than non-GLB Americans.

Nearly half of Black transgender people have been incarcerated at some point.
CORRECTIONAL ENVIRONMENTS

- Inadequate Health Care
- Violence
- Isolation
PSYCHOLOGICAL EFFECTS OF INCARCERATION

- Emphasis on physical strength and not showing weakness
- Valuing of psychological strength or self-reliance
- Social withdrawal and isolation
- Mistrust and suspiciousness
- Guardedness and secrecy
- Hypervigilance – high levels of alertness
- Not expressing needs because of history of needs not being met
I think it’s important for health care providers to be aware that formerly incarcerated people may have good reason to approach medical care with caution. Inside, we were treated like prisoners, not patients. We were often met with distrust or abusive responses when we reported symptoms, especially pain. One Physician’s Assistant in a DC Jail told me that in his training to come into the jail, he was told, ‘these women will try to manipulate you. They lie and try to get over on you. Don’t believe what they say’.

– Laura Whitehorn, formerly incarcerated organizer
Approximately 95% of incarcerated people return to their communities. During this transition, individuals face numerous challenges, such as formal barriers to public housing and discrimination in the employment process. Efforts to establish stability often take precedence over engagement with medical care.
There are more than 44,000 local, state, and federal restrictions placed on people with convictions.
INCARCERATION AND HEALTH DISPARITIES

Over 70% of people transitioning out of a correctional facility return to under-resourced areas that are disproportionately affected by socioeconomic and health disparities. Correctional facilities and disadvantaged neighborhoods expose people to conditions that result in high levels of stress, which contribute to poor long-term health.
AN ESTIMATED 17% OF PEOPLE LIVING WITH HIV PASS THROUGH A CORRECTIONAL FACILITY EACH YEAR.
OF PEOPLE NEWLY REPORTED WITH HEPATITIS C IN NYC, APPROXIMATELY 1 IN 3 SPENT TIME IN PRISON OR JAIL.
SCREEN ALL FORMERLY INCARCERATED INDIVIDUALS FOR HIV AND HCV

Correctional facilities prohibit risk-reduction tools such as condoms. As a result, incarcerated people may be exposed to multiple bodily fluids of other individuals. This places incarcerated people at risk for HIV and HCV.
DISCUSS PREVENTION WITH FORMERLY INCARCERATED INDIVIDUALS

People leaving correctional facilities tend to return to communities disproportionately impacted by HIV and HCV. Lack of access to clean needles, condoms, PrEP, and PEP in correctional facilities may decrease the likelihood that a person is aware of and will employ prevention strategies when released.
While you were incarcerated no one spoke to you about Hepatitis C. Can I give you some information on Hepatitis C and why clean needles are important for your health?

You think I don’t know what I am doing because I just got out of jail, don’t you? Since I got home, I always use condoms because I don’t want to infect anyone else. I do share needles, but I am always the last to use to protect others. I don’t see the point in using clean needles because I already have HIV.

What kind of health care were you able to access while you were inside?

You are making a great effort to use condoms.

It sounds like you are frustrated with the judgments people might have about formerly incarcerated people. You have worked hard to use condoms to protect those you have sex with. You were screened for HCV during this appointment, and are considering using clean needles to protect yourself from HCV. After you leave my office, you are going to make an appointment at the front desk for three months from now. Are there any points I missed?
## PREVENTION STRATEGIES

### HIV
- Pre-exposure Prophylaxis (PrEP)
- Post-exposure Prophylaxis (PEP)
- Use condoms consistently and correctly
- Limit the number of sexual partners
- Avoid alcohol and drug use when having sex
- Use new sterile syringes and needles

### HCV
- Avoid sharing personal hygiene items such as razors, toothbrushes, and nail clippers
- Avoid sharing snorting equipment including straws and dollar bills
- Check that new sterile needles and new ink are used when getting a tattoo or piercing
- Avoid alcohol and drug use when having sex
- Use new sterile syringes and needles
- Limit the number of sexual partners
- Use condoms consistently and correctly
COMMUNICATING ABOUT TRAUMA AND INCARCERATION HISTORY

Talk with your patients about their history of trauma and incarceration. The perspective you gain in these conversations will help inform clinical decisions such as a patient’s risk for HIV and HCV, and potential insight into how to partner with patients to best meet their needs.
DEFINITION OF TRAUMA

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual wellbeing.

– SAMHSA, 2014

TRAUMA INFORMED CARE

Trauma Informed Care is a treatment framework that realizes the impact of trauma, recognizes the signs and symptoms of trauma, and responds by integrating knowledge about trauma into clinical practice. It is not a specific program, but an ongoing process and commitment.
COMMON SIGNS AND SYMPTOMS OF TRAUMA

PHYSICAL

- Stomach upset and trouble eating
- Trouble sleeping and feeling very tired
- Pounding heart, rapid breathing, feeling edgy
- Sweating
- Severe headache if thinking of the event
- Failure to engage in exercise, diet, safe sex, regular health care
- Excess smoking, alcohol, drugs, food

EMOTIONAL

- Feeling hopeless about the future
- Feeling detached or unconcerned about others
- Feeling nervous, helpless, fearful, sad
- Feeling on guard and constantly alert
- Avoiding people, places, and things related to event
- Being irritable or having outbursts of anger
- Becoming easily upset or agitated
- Blaming yourself or having negative views of oneself or the world
- Distrust of others, getting into conflicts, being over-controlling
- Being withdrawn, feeling rejected, or abandoned
- Loss of intimacy or feeling detached
Rates of current PTSD symptoms and a lifetime PTSD diagnosis are 10 times higher for incarcerated men than the general male population.

Incarcerated women are twice as likely to report a history of physical or sexual abuse than non-incarcerated women.
IMPLEMENTING TRAUMA INFORMED CARE IN YOUR PRACTICE

1. Ask your patients questions that will provide information on their overall history of trauma
   - Have you ever experienced an event that was extremely difficult or stressful?
   - When you were growing up, what was it like?

2. Follow up with specific questions
   - How has the criminal justice system impacted you and your family?
   - How have mental health disorders affected your family?
   - When you were young, did anyone make you feel uncomfortable physically or emotionally?

3. If an individual has been incarcerated ask the following questions
   - Incarceration can impact your physical and mental health, how was your health while you were inside?
   - Were you placed in solitary confinement?
   - How has it been since you have gotten home?
   - Were you locked up more than once?
   - How long were you incarcerated?
   - How long were you incarcerated?
   - Can you tell me about who you go to when you need help?
   - Who do you go to when you need help?
COMMUNICATION TIPS

1. EMPHASIZE CONFIDENTIALITY
   - Everything you tell me will be kept confidential.

2. LISTEN
   - Listen to your patient’s answers and avoid making any assumptions.

3. PRIORITIZE OPEN ENDED QUESTIONS
   - How do you feel about coming home after being incarcerated?
   - Tell me about some challenges you faced while you were incarcerated?
   - What were some things you did to cope while you were incarcerated?
   - How did you take care of your health while you were incarcerated?

4. AFFIRM THE POSITIVE EFFORTS A PATIENT IS CURRENTLY MAKING AND STRENGTHS THEY HAVE
   - It sounds like you did a great job taking care of your health inside.

5. REPEAT OR PARAPHRASE WHAT A PATIENT HAS SAID SO THAT THE PATIENT CAN ELABORATE, CONFIRM OR CORRECT
   - It sounds like you feel frustrated that your symptoms have not improved.

6. SUMMARIZE THE KEY POINTS THAT WERE DISCUSSED AND WRAP UP THE SESSION BY INVITING THE CLIENT TO RESPOND
   - Was that a fair summary, are there other points I missed?
Like all of us, people with criminal justice involvement have a negative reaction to inappropriate or stigmatizing language. We need to be conscious of the words we use when discussing criminal justice involvement, health care coverage, substance use, mental health, HIV & AIDS, sexuality, and gender.
Approximately 4 in 10 formerly incarcerated men report discrimination by healthcare workers due to a history of criminal justice involvement.

42%
## WORDS MATTER

<table>
<thead>
<tr>
<th>AVOID</th>
<th>SAY</th>
</tr>
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<tbody>
<tr>
<td>Ex-offender, Thug, Criminal, Ex-felon, Ex-con</td>
<td>Person who was incarcerated, Justice-involved individual, Formerly incarcerated person</td>
</tr>
<tr>
<td>Convict, Inmate, Offender, Felon, Prisoner</td>
<td>Person who is/was incarcerated</td>
</tr>
<tr>
<td>Parolee, Probationer</td>
<td>Person on parole, Person on probation</td>
</tr>
<tr>
<td>Drug abuser, Addict, Junkie</td>
<td>Person who injects drugs, Person with an addiction</td>
</tr>
<tr>
<td>Alcohol abuse, Drug abuse, Substance abuse</td>
<td>Substance use disorder (SUD)</td>
</tr>
<tr>
<td>Noncompliant, Unmotivated, Resistant</td>
<td>Not adherent to medication, Opted not to, Has not begun, Experiencing ambivalence and change</td>
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<tr>
<td>Schizophrenic, Depressive</td>
<td>Person who has been diagnosed with schizophrenia or depression</td>
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<tr>
<td>AIDS or HIV patient, Suffering from HIV, AIDS victim</td>
<td>Person living with HIV, Person living with AIDS</td>
</tr>
<tr>
<td>To catch HIV or AIDS</td>
<td>To contract HIV, To acquire HIV</td>
</tr>
<tr>
<td>To pass on HIV</td>
<td>Transmit HIV</td>
</tr>
<tr>
<td>Risky sex, Unprotected sex</td>
<td>Condomless sex, Sex without a condom</td>
</tr>
<tr>
<td>Promiscuous</td>
<td>Having multiple partners</td>
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<tr>
<td>Prostitute, Hooker, Street walker</td>
<td>Sex worker, A person who is involved in transactional or survival sex</td>
</tr>
<tr>
<td>Rape victim</td>
<td>Sexual assault survivor, Rape survivor</td>
</tr>
<tr>
<td>High(er) risk group</td>
<td>Highly affected communities, Key populations at higher risk, Persons at risk</td>
</tr>
</tbody>
</table>
TRANSGENDER AND GENDER NONCONFORMING PATIENTS

- Be relaxed and courteous – speak to transgender and gender nonconforming patients as you would any other patient.

- Ask your patient: How would you like to be addressed? Do you have a pronoun preference? What name would you like to be called?

- Refer to transgender and gender nonconforming patients by the name and pronoun that they request. If you or a member of your staff makes a mistake, acknowledge the mistake and apologize.

- Ask your patient if they would like you to tell other clinic staff members their name and preferred pronoun.

- Do not make assumptions about identity or sexual orientation.

- Ensure that both you as a provider and your staff receive cultural competency training and make sure there is a system for addressing inappropriate conduct.

- Keep in mind that the presence of a transgender or gender nonconforming person in your treatment room is not always an appropriate “training opportunity”.

- It is inappropriate to ask transgender and gender nonconforming patients about their genital status if it is unrelated to their care.
CONNECT FORMERLY INCARCERATED INDIVIDUALS TO RESOURCES

Every step of the HIV care continuum is affected by stigma, racism, homophobia, poverty, risk of criminalization, high incarceration rates, difficulties during transitioning out of prison or jail, housing instability, employment instability, and co-existing health conditions.
ONLINE SERVICE DIRECTORIES

INCARCERATION AND REENTRY
http://j.mp/2iXma6T

EDUCATION
http://j.mp/2iXszPv

LEGAL SERVICES
http://j.mp/2iXxvnp

HOUSING
http://j.mp/2iXAj3R

LGBTQ, WOMEN, FAMILY, & YOUTH SERVICES
http://j.mp/2iXqnY5

PHYSICAL HEALTH, MENTAL HEALTH, AND SUBSTANCE USE TREATMENT
http://j.mp/2iXqov8

EMPLOYMENT SERVICES
http://j.mp/2iXpjTW

IMMIGRATION AND REFUGEE SERVICES
http://j.mp/2iXrvev
KEY TAKEAWAYS

- Incarceration can not only worsen medical conditions that were present prior to incarceration, but also lead to further health problems.

- Reentry can be extremely challenging and can make it more difficult for a person to engage in medical care.

- People with a history of incarceration are at a higher risk of HIV and HCV.

- People with a history of incarceration are disproportionately affected by trauma.

ACTIONS

1. Create a safe and supportive environment for people to talk about their potential history of trauma or incarceration.

2. Screen people with a history of incarceration for HIV and HCV and have ongoing conversations about prevention.

3. Connect formerly incarcerated people to relevant resources in their community.
RESOURCES

HIV AND HCV RESOURCES

HIV TESTING LAW
Offer HIV testing to all patients aged 13 to 64 receiving primary or emergency health care.
http://www.health.ny.gov/diseases/aids/providers/testing/law/faqs.htm

HIV PATIENT RESOURCES
https://www1.nyc.gov/site/doh/health/health-topics/aids-hiv.page
https://issuu.com/smartandstrong/docs/turn_it_up_2015?e=0/15196138

HIV SCREENING RECOMMENDATIONS

PREP AND PEP ACTION KIT

HCV TESTING LAW
Offer an HCV screening test to every person born between 1945 and 1965.

HCV PATIENT RESOURCES
http://hepfree.nyc/hepfree-educational-material/

HCV SCREENING RECOMMENDATIONS
http://www.hepatitisc.uw.edu/pdf/screening-diagnosis/diagnostic-testing/core-concept/all

HCV MEDICATION COVERAGE ASSISTANCE
http://hepfree.nyc/resources/health-care/medications/

HCV PREVENTION

ADDITIONAL READINGS

REPORTS
New York State’s Blueprint to End the AIDS Epidemic. New York State Department of Health. 2015.


BOOKS


Stevenson B. Just Mercy: A Story of Justice and Redemption. Spiegel & Grau; 2014

PEER REVIEWED ARTICLES


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RESOURCES


CREDITS

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From 1970 to 2005 the U.S. prison population rose by 700%, an increase that significantly outpaced the growth of the general population and crime rates. https://www.aclu.org/infographic-combating-mass-incarceration-facts

In New York State over 7 million adults, as much as 37% of the total population, have a criminal record. http://www.reentry.net/ny/library/item.76898-Consequences_of_Criminal_Proceedings_in_New_York_State_April_2015_The_Bronx

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Graph http://www.sentencingproject.org/criminal-justice-facts/

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Graph 1

There are more people incarcerated for a drug offense today than the number of people who were incarcerated for any sentence in 1980. http://www.sentencingproject.org/criminal-justice-facts/

Graph 2

Mandatory minimum sentences and denials in parole release have contributed to keeping people in prison for longer. http://www.sentencingproject.org/criminal-justice-facts/

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Infographic
http://www.sentencingproject.org/criminal-justice-facts/

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Graphs

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Gay, lesbian, and bisexual people are twice as likely to be incarcerated than non-GLB Americans. http://www.vox.com/2016/2/23/11095980/lgbtq-gay-transgender-prison

Nearly half of Black transgender people have been incarcerated at some point. http://www.transequality.org/sites/default/files/docs/resources/NCTE_Blueprint_2015_Prisons.pdf

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PAGE 12
Approximately 95% of incarcerated people return to their communities. https://fas.org/sgp/crs/misc/RL34287.pdf

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Infographic

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Over 70% of people transitioning out of a correctional facility return to under-resourced areas that are disproportionately affected by socioeconomic and health disparities. https://www.health.ny.gov/diseases/aids/ending_the_epidemic/docs/webinar_series/cjs/linkages_and_care.pdf

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Correctional facilities and disadvantaged neighborhoods expose people to conditions that result in high levels of stress, which contributes to poor long-term health.

http://hsb.sagepub.com/content/49/1/56.abstract

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An estimated 17% of people living with HIV pass through a correctional facility each year.

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2771281/

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Map


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Of people newly reported with Hepatitis C in NYC, approximately 1 in 3 spent time in prison or jail.

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3804094/

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People leaving correctional facilities tend to return to communities disproportionately impacted by HIV and HCV.

http://www.justiceatlas.org/

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Talk with your patients about their history of trauma and incarceration. The perspective you gain in these conversations will help inform clinical decisions such as a patient’s risk for HIV and HCV, and potential insight into how to partner with patients to best meet their needs.

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447133/
http://pediatrics.aappublications.org/content/111/3/564.short

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“Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual wellbeing.”


Trauma Informed Care is a treatment framework that realizes the impact of trauma, recognizes the signs and symptoms of trauma, and responds by integrating knowledge about trauma into clinical practice.

http://www.samhsa.gov/nctic/trauma-interventions

RESOURCES

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Rates of current PTSD symptoms and a lifetime PTSD diagnosis are 10 times higher for incarcerated men than the general male population.

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4134447/

Incarcerated women are twice as likely to report a history of physical or sexual abuse than non-incarcerated women.


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Approximately 4 in 10 formerly incarcerated men report discrimination by healthcare workers due to a history of criminal justice involvement.


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Service Maps include information from Connections 2016: A guide for Formerly Incarcerated People in New York City.

https://www.nypl.org/sites/default/files/Connections%202016.pdf

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