

SUPPORTING  
JUSTICE-INVOLVED  
WOMEN IN ACCESSING  
HIV PREVENTION,  
TREATMENT, AND CARE



The Fortune Society  
REENTRY EDUCATION PROJECT

HIV care **not** stigma

Learn more today at [www.fortunesociety.org](http://www.fortunesociety.org)



Dear Colleagues,

This is the second year of The Fortune Society's Reentry Education Project (REP). We appreciate the opportunity to collaborate with you. REP's goal is to help healthcare providers integrate culturally competent best practices into the HIV prevention, treatment and care, which they deliver to patients who are justice-involved and formerly incarcerated. Guided by input from public health experts, those affected by crime and incarceration, and evidence-based literature, we are pleased to offer information and resources to providers who serve justice-involved persons in New York City neighborhoods, including Harlem, the South Bronx, Brownsville and East New York.

REP uses an "academic detailing" model to share evidence-based information with a broad range of providers (e.g., doctors, nurses, social workers, and physician assistants) via one-on-one and small group meetings in hospitals and clinics. Last year, we focused on helping providers reduce HIV transmission among injecting drug users (IDUs) using harm reduction strategies. REP met with more than 100 providers in health care facilities in Manhattan, Queens, Brooklyn and the Bronx, in order to develop and share information and training materials including fact sheets, locations of needle exchange programs, drug user "friendly" posters and academic articles. We also published newsletters and used social media outlets to disseminate resources. Finally, we made print and electronic versions of all materials available to maximize their utility.

This year, REP is focusing on the HIV prevention, treatment and care needs of justice-involved women. There remains a dearth of evidence-based guidelines designed to address the public health needs that incarceration creates and exacerbates. Here are some key facts:

- HIV rates among NYC corrections entrants were 9.8% among females and 4.7% among males, and rates for NYS corrections entrants were 5% among females and 3% among men.<sup>2,3</sup>
- Over 66% of those in NYS prisons return to communities within seven Harlem, Brooklyn and Bronx zip codes.<sup>4</sup>
- High HIV rates among those incarcerated and under community supervision, underscore how many justice-involved individuals come from under-resourced communities with limited access to prevention, screening and treatment. Currently, prisons are New York State's largest provider of HIV health services.<sup>1</sup>
- Factors that contribute towards criminal justice involvement--such as poverty, violence, racial and gender inequity, discrimination, and stigma -- also hinder HIV prevention, treatment and care efforts, and overall health outcomes.

## HIV care **not** stigma

The Fortune Society's Reentry Education Project is Funded by the New York City Department of Health and Mental Hygiene

CONTACT Reentry Education Project, 29-76 Northern Boulevard, Long Island City, NY 11101 [www.fortunesociety.org](http://www.fortunesociety.org) 212.691.7554

This set of materials focuses on reducing HIV transmission and improving treatment and care for justice-involved women by drawing on strength-based, gender-responsive, and trauma-informed guidelines. We hope you will find this information helpful to your healthcare practice.

*This curricula kit supports healthcare providers in reducing HIV transmission, improving the health outcomes of justice-involved women they serve, through implementing these key practices:*

- 1. Providers can increase their knowledge of the unique needs, challenges, and strengths of justice-involved women.*
- 2. Providers can support patient-centered, strength-based, gender-responsive and trauma-informed care for formerly incarcerated female patients.*
- 3. Providers can take positive actions to communicate openly, facilitate access to necessary services and refer to culturally-relevant support.*

Justice-involved women bear disproportionate health burdens, largely attributed to the syndemic effects of substance use disorders, infectious illness, and violence, within the context of social determinants of health, including race, class, and gender inequalities and limited healthcare access. Women have different strengths, needs, risks, and pathways into the justice system. Conducting in-depth interviews with justice-involved women, who reside in the NYC neighborhoods most impacted by HIV, deepen our understanding of their experiences in regards to health care access, their interactions with and treatment by health care providers, and health outcomes—especially regarding HIV prevention, treatment and care. It is these women’s voices that are most important in guiding us towards better meeting their needs.

Ultimately, healthcare providers are uniquely positioned to reduce HIV transmission and improve the health of HIV+ high-risk justice-involved women via care that is: Patient-centered; culturally competent; and sensitive to the complex interplay of trauma, violence, substance use, mental illness and co-occurring health conditions. We are grateful for the opportunity to work with healthcare providers who seek to reduce barriers to care and deliver high quality treatment.

We hope this kit assists you in better understanding some of the factors associated with successful health care and reentry outcomes for HIV+/high risk justice-involved women. Moreover, we aim to support you in addressing these challenges, building on strengths, and alleviating barriers to accessing and sustaining health care, which includes HIV treatment, prevention and care through integrating these important strategies into your healthcare practice. Thank you for your partnership in providing care to formally incarcerated persons.

Sincerely,

Kathy Boudin, Project Advisor  
Cynthia Golembeski, Health Policy Researcher/Educator  
Sue Simon, Senior Director, Training and Technical Assistance

<sup>1</sup>Healthcare in New York Prisons, 2004-2007. The Correctional Association of New York, (2009).

<sup>2</sup>Begier EM, Bennani Y, Forgione L, Punsalang A, Hanna DB, Herrera J, Torian L, Gbur M, Sepkowitz KA, Parvez F. Undiagnosed HIV infection among NYC jail entrants, 2006: results of a blinded serosurvey. *J Acquir Immune Defic Syndr*. 2010 May 1;54(1):93-101.

<sup>3</sup> Beck, J. Medical and behavioral health care for People in New York State Prisons. 2013. Available at: [http://www.lac.org/doc\\_library/lac/publications/LAC\\_2013\\_CL\\_Brooklyn\\_Medical\\_and\\_Behavioral\\_Health\\_Care\\_in\\_NY\\_Prisons.pdf](http://www.lac.org/doc_library/lac/publications/LAC_2013_CL_Brooklyn_Medical_and_Behavioral_Health_Care_in_NY_Prisons.pdf).

<sup>4</sup> Comprehensive Strategic Plan for HIV/AIDS Services in the New York Eligible Metropolitan Area for 2012-2015. *HIV Health & Human Services Planning Council of New York; NYC Department of Health and Mental Hygiene*. Apr 2012. Available at: <http://www.nyhiv.org/pdfs/Comprehensive%20Plan%20Final%2005-21-12.pdf>.



## THE FORTUNE SOCIETY'S REENTRY EDUCATION PROJECT (REP) INFORMATION SHEET

**Challenges:** HIV rates in NYC jails are three to four times higher than in NYC's general population. Upon release, the majority of formerly incarcerated men and women return to under-resourced neighborhoods in which poverty, violence, substance use, and involvement with the criminal justice system are prevalent and access to health care is challenging. Common barriers to accessing health care include a lack of access to correctional health records, poor treatment, discrimination, stigma, difficulties navigating complex health care systems, and treatment interruptions due to justice involvement.

**Vision:** The Fortune Society, one of NYC's largest providers of reentry services, was awarded a NYC Department of Health and Mental Hygiene grant (2013-2016) to support healthcare providers in integrating culturally competent best practices into the HIV prevention, treatment, and care they deliver to Harlem, South Bronx, and East New York residents, who are justice-involved or formerly incarcerated. This year's focus is on increasing awareness and understanding of the HIV prevention, treatment, and care needs of justice-involved women.

### Objectives:

- 1) Reduce the barriers that formerly incarcerated men and women face in accessing HIV prevention, treatment, and care;
- 2) Increase the number of formerly incarcerated people who know their HIV status; and
- 3) Increase retention in care and viral suppression, thereby reducing new transmissions.

**Activities:** REP uses a public health detailing model to share evidence-based information with various healthcare providers (i.e., doctors, nurses, social workers) via face-to-face meetings in healthcare clinics. All REP activities are guided by input from public health experts, those affected by crime and incarceration, and evidence-based literature.

**Resource Materials:** In addition to meeting with providers, REP employs an integrated communications strategy, including newsletters and print material, to reinforce its training sessions.

**Evaluation:** REP will evaluate effectiveness using evidence-based metrics, pre and post-test surveys, and qualitative interviews with providers and patients.

### Key Facts:

- HIV rates among NYC corrections entrants were 9.8% among females and 4.7% among males, and rates for NYS corrections entrants were 5% among females and 3% among males;<sup>1,2</sup>
- Over 66% of those in NYS prisons return to communities within seven NYC zip codes;<sup>3</sup>
- High HIV rates among those incarcerated and under community supervision reflect how many justice-involved individuals come from under-resourced communities with limited access to prevention, screening, and treatment. Currently, prisons are the state of New York's largest provider of HIV health services;<sup>4</sup>
- Factors that contribute towards justice-involvement—such as poverty, violence, racial and gender inequity, discrimination, and stigma—also hinder HIV prevention, treatment, and care efforts.

**For more information or technical assistance, please contact Cynthia Golembeski ([cgolembeski@fortunesociety.org](mailto:cgolembeski@fortunesociety.org)) at 347-510-3642.**

1. Healthcare in New York Prisons, 2004-2007. The Correctional Association of New York, (2009).
2. Begier EM, Bennani Y, Forgione L, Punsalang A, Hanna DB, Herrera J, Torian L, Gbur M, Sepkowitz KA, Parvez F. Undiagnosed HIV infection among NYC jail entrants, 2006: results of a blinded serosurvey. *J Acquir Immune Defic Syndr.* 2010 May 1;54(1):93-101.
3. Beck, J. Medical and behavioral health care for People in New York State Prisons. 2013. Available at: [http://www.lac.org/doc\\_library/lac/publications/LAC\\_2013\\_CL\\_Brooklyn\\_Medical\\_and\\_Behavioral\\_Health\\_Care\\_in\\_NY\\_Prison.pdf](http://www.lac.org/doc_library/lac/publications/LAC_2013_CL_Brooklyn_Medical_and_Behavioral_Health_Care_in_NY_Prison.pdf).
4. Comprehensive Strategic Plan for HIV/AIDS Services in the New York Eligible Metropolitan Area for 2012-2015. *HIV Health & Human Services Planning Council of New York; NYC Department of Health and Mental Hygiene.* Apr 2012. Available at: <http://www.nyhiv.org/pdfs/Comprehensive%20Plan%20Final%2005-21-12.pdf>.

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## OVERVIEW:

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- > Factors that contribute towards incarceration—such as poverty, violence, racial, and gender inequity, discrimination, and stigma—also hinder HIV prevention, treatment, and care efforts, and overall health outcomes.
- > Women have different strengths, needs, risks, and pathways into the justice system, which are best addressed via strength-based, gender-responsive, trauma-informed care incorporating empowerment, reintegration, and recovery.
- > Health care providers are uniquely positioned to reduce HIV transmission and improve the health of HIV+/high-risk, justice-involved women via care that is: patient-centered; culturally competent; and sensitive to the complex interplay of trauma, violence, substance use, mental illness, and co-occurring health conditions.

## KEY MESSAGE 1:

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**Providers can increase their knowledge of the unique needs, challenges, and strengths of justice-involved women.**

### A. Reentry Experiences and Related Vulnerabilities:

- Post-release is an especially vulnerable time for HIV+/high-risk justice-involved women who may experience: Treatment interruptions; poor virological and immunological outcomes; and risk behaviors, which may increase HIV transmission.
- Release from prison or jail can be extremely stressful for women struggling to restore relationships, health care, housing, and financial security. Stressors can trigger certain survival strategies, which are often criminalized.
- Worsening of chronic health conditions and increased substance use, hospitalization, and death are disproportionately experienced.

### B. HIV and Related Health Care Needs:

- Among justice-involved women, there are disproportionately high rates of: Undiagnosed and untreated mental illnesses; substance use disorders; IPV; chronic diseases; and STIs, including HIV.
- Despite access to HIV testing, counseling, and information inside correctional facilities and after release, certain life challenges may limit service utilization.
- Overrepresented risk factors among justice-involved women include: Abuse and neglect across the life course; sex work involving violence or unprotected sex; injection drug use; limited health care; and high-risk social networks.
- Women show improved health outcomes when offered gender-responsive and trauma-informed care.

## Asking about justice involvement and support

- **Discussing incarceration history:** A lot of the people I see are dealing with the justice system. I know this is challenging and may affect how people take care of themselves. Have you or your loved ones been involved with the justice system?
- **Ask questions that identify potential support:** What people in your life help you? Who do you help?
- **Ask similar questions about health care:** What people in your life remind you of appointments and medicine, or help with situations that affect your health?
- **Ask other supportive questions to gain relevant information regarding the patient's social network:** Has anyone in your life had to deal with something similar? If so, who—and what helped them?

### KEY MESSAGE 2:

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#### Providers can support patient-centered, strength-based, gender-responsive, trauma-informed care for formerly incarcerated female patients.

- Include gender-responsive and trauma-informed approaches, which consider: poverty; race; gender; cultural backgrounds; and family dynamics.
- Provide non-judgmental, non-punitive, and non-coercive care incorporating the interrelationship of substance use, violence, mental illness, poverty, and family/relationship issues.
- Ask strength-based, family-focused questions.
- Partner with community-based service providers to facilitate holistic, coordinated, and integrated care.

### KEY MESSAGE 3:

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#### Providers can take positive actions to communicate openly, facilitate access to necessary services, and refer to culturally relevant support.

- Integrate HIV services with screening and interventions for: Interpersonal violence; trauma; sexual and reproductive health services; and infectious diseases, particularly TB, HCV and HBV.
- Recommend screening for coexisting health conditions, which may be asymptomatic and remain undetected.
- Include HIV prevention and sexual health education addressing sexual, drug, and syringe-related risk.
- Identify protective factors, including assets that mitigate risk and support recovery and resilience, as part of strength-based treatment that avoids revictimization and retraumatization.
- Develop targeted, integrated strategies for improved HIV outcomes through a trauma-informed lens to address physical health, mental health, and substance use concerns.

## HEALTH CHALLENGES FACING JUSTICE-INVOLVED WOMEN

> **RATES OF HIV AND JUSTICE-INVOLVEMENT ARE MOST PREVALENT AMONG WOMEN OF COLOR**, who are at the intersection of both the HIV/AIDS epidemic and the unprecedented growth in incarceration.

HIV rates among NYC corrections entrants were 9.8% among females and 4.7% among males, and rates for NYS corrections entrants were 5% among females and 3% among men.

Rates of STIs are 10 to 20 times higher among incarcerated women as compared to non-justice involved women and at least twice those of incarcerated males. Untreated STIs, particularly pose great health consequences and increase HIV transmission.

> **HIGHER BURDENS OF CHRONIC AND INFECTIOUS HEALTH CONDITIONS** affect justice-involved women, such as hypertension, diabetes, asthma, and cancer, and often go undetected and untreated.

Women in prison (59%) are more likely than men (43%) to have chronic or infectious health conditions. An urban community health clinic survey found 88% of formerly incarcerated patients had a chronic condition.

Estimated rates of HCV, often co-occurring with HIV, have been as high as 31-49% among justice-involved populations. In 2009, 14.6% of women and 11% of men in NYS prisons tested positive for HCV.

Justice-involved females are at higher risk of cervical cancer: 25-40% have abnormal pap smears compared with 7% of women in the general population.

In one study 92% of justice-involved women reported at least one physical health, mental health, or substance use challenge, and 62% had multiple conditions.

> **MENTAL HEALTH AND SUBSTANCE USE DISORDERS OFTEN CO-OCCUR** among justice-involved women, with rates as high as 75%, accompanied by inadequate treatment and care.

Twelve percent of females in the general population have symptoms of mental illness, compared to 73% of females in state prison, 61% in federal prison, and 75% in jails.

men in need of substance use/drug treatment, while rates in jail have exceeded 80%.

Screening in NYS prisons found 88% of incarcerated women and 82% of incarcerated

Justice-involved individuals are unlikely to access adequate, comprehensive substance use treatment while incarcerated, and risk relapse and recidivism after release.



## **AN EXTREMELY HIGH PREVALENCE OF TRAUMA AND VIOLENCE EXISTS**

among justice-involved women, including childhood sexual abuse, sexual assault, and intimate partner violence. Reported trauma history rates of 96% far exceed general population rates.

Among justice-involved women with HIV in community settings, the estimated lifetime prevalence of physical abuse is over 70%, and 40-65% for lifetime sexual abuse.

Women in prison are more likely to experience staff sexual misconduct. Over 75% of all

reported staff sexual misconduct involves women victimized by male correctional staff.

Incarceration further compounds trauma. Body searches, handcuffing, shackles and restraints, and seclusion or solitary confinement can retraumatize women with histories of abuse.



## **NEARLY 95% OF THOSE INCARCERATED WILL RETURN TO THEIR COMMUNITIES AND FACE REENTRY CHALLENGES AND STRESSORS**

as part of restoring relationships, health care, housing, and financial security.

Optimal prevention efforts, which best address increased HIV risk factors prevalent after release, include education, promotion of safer sex and needle practices, treatment, and safe, sober housing.

Numerous studies confirm the immediate aftermath of release is a particularly risky period—a worsening of chronic medical

conditions and substance use, plus a high risk of hospitalization and death.

Formerly incarcerated people in NYC were eight times more likely to die from drug-related causes and five times more likely to die from homicide within 14 days of release than were non-incarcerated NYC residents during the same time period.



## **MANY HEALTH CARE AND ACCESS CHALLENGES OCCUR DURING REENTRY, including high rates of co-occurring conditions along with a lack of: continuity of care, medication, coordination between institutions, insurance, and health education.**

Many justice-involved women have a history of experiencing violence and trauma, mental health challenges, and substance use disorders, which can complicate screening and care for other conditions.

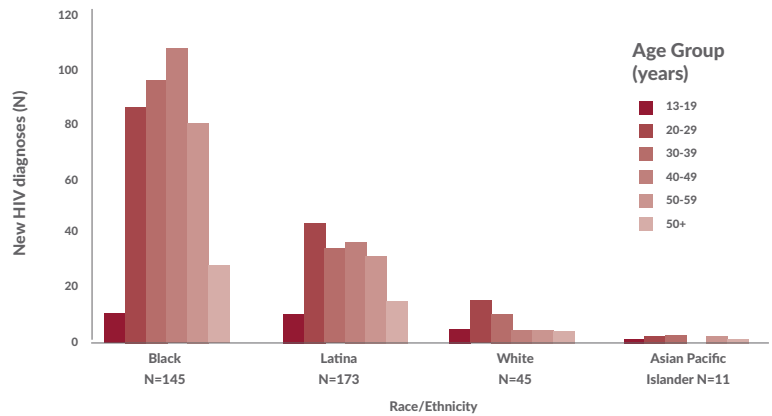
A national study found that both male and female jail inmates had remarkably poor health, given their age, with women faring much worse than men.





In 2012, the HIV diagnosis rate among Black females was over three times higher than the rate among Latina females and over 12 times higher than the rate among White females.

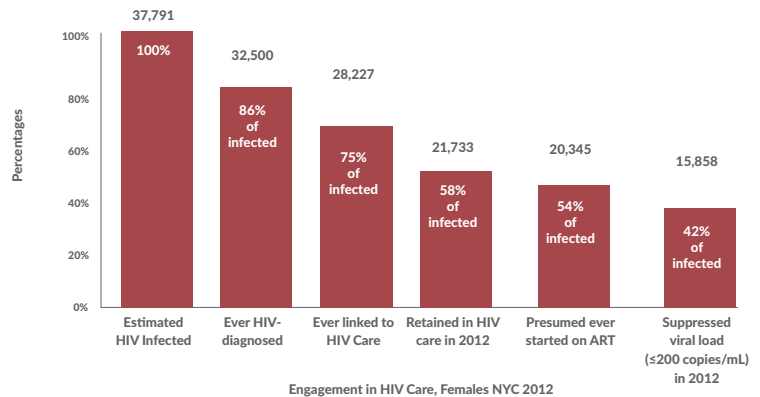
Number of New HIV Diagnoses in Females by Race/Ethnicity and Age in NYC, 2012



Poor retention in care along the HIV continuum of care reduces the likelihood of achieving viral suppression and increases risk of HIV transmission.<sup>1</sup>

Sustained engagement in care is central to the treatment as prevention paradigm.

Number and Proportion of Females Diagnosed with HIV in NYC Engaged in Selected Stages of the Continuum of Care at the End of 2012



The HIV Care Continuum or the HIV treatment cascade is a model that is used to identify issues and opportunities related to improving HIV prevention, treatment and care:

- 1) Diagnosis;
- 2) Getting linked to care;
- 3) Staying in care;
- 4) Receiving antiretroviral therapy (ART); and
- 5) Achieving viral suppression.

Goals of Public Health in HIV Prevention and Care



Helping Medical Providers Integrate Best Practices:

Meeting HIV Prevention, Treatment and Care Needs of Justice-Involved Persons in NYC

# WOMEN AND CRIMINAL JUSTICE INVOLVEMENT

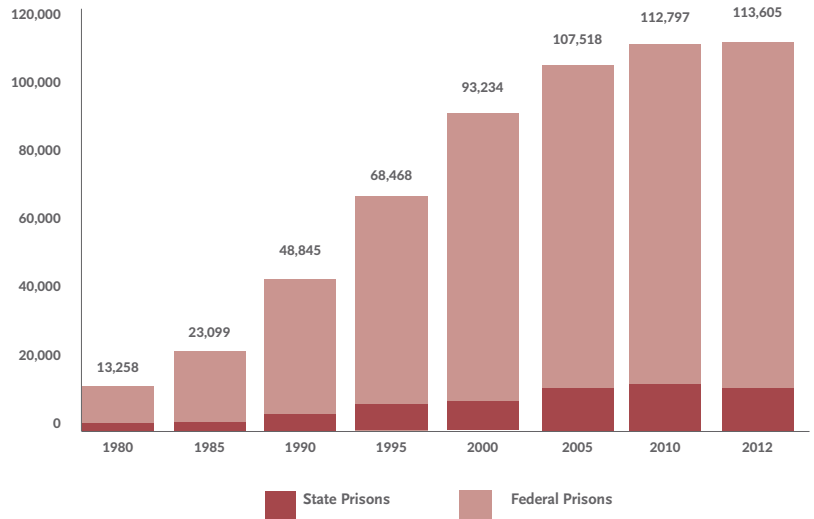


The number of women in prison increased by over 700% between 1980 and 2012.<sup>2</sup>

Women (85%) are more likely than men (66%) to be on probation or parole than in prison or jail. More than 1,000,000 women are currently under criminal justice supervision:<sup>3,5</sup>

- Prison 112,7973
- Jail 93,3004
- Probation 712,0845
- Parole 103,3746

Number of Women in State and Federal Prisons, 1980-2012

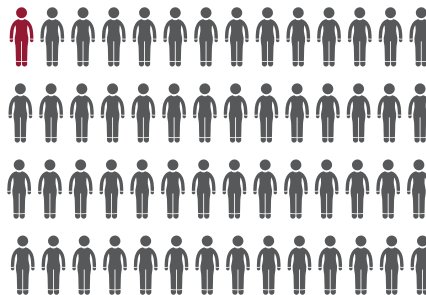


In 2011, Black women were incarcerated at 2.5 times the rate of White women (129 versus 51 per 100,000). Latina women were incarcerated at 1.4 times the rate of white women (71 versus 51 per 100,000).

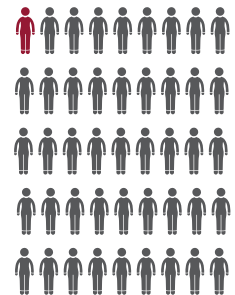
At year-end 2012, more than 58% of women in federal prison were incarcerated for drug offenses.<sup>4</sup>

An estimated 61% of women in state prison and 56% of women in federal prison are mothers of minor children.

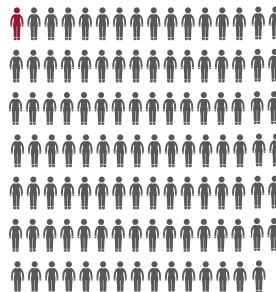
All Women | 1 in 56



Latina Women | 1 in 45



White Women | 1 in 111



Black women | 1 in 18



1. Meyer JP, Wickersham JA, Fu JJ, et al. Partner violence and health among HIV-infected jail detainees. *Int J Prison Health*. 2013;9(3):124-141.  
 2. The Sentencing Project. Trends in US corrections factsheet. Washington DC: The Sentencing Project. 2014.  
 3. The Sentencing Project. Incarcerated women factsheet. Washington DC: The Sentencing Project. 2012.  
 4. Carson EA, Golinelli D. Prisoners in 2012: Trends in admissions and releases, 1991-2012. Washington DC: Department of Justice. 2013.  
 5. The Drug Policy Alliance. Women, prison and the drug war factsheet. New York: The Drug Policy Alliance. 2014.

*Words matter. They shape perceptions and understanding, both of past and present events and of future possibilities and, therefore, future events. Semantic and public acceptance of terms like “formerly incarcerated” or “returning citizens” (rather than ex-felon, ex-offender, or ex-inmate) are of fundamental importance to the process of public opinion formulation, positive media images, effective social service delivery and, most importantly, progressive policy change. — Eddie Ellis*

## Language that is helpful in supporting health and well-being:

- “People-first language” respects the worth and dignity of all persons;
  - Person living with HIV;
  - Person living with depression;
  - Person who is formerly incarcerated;
- Focuses on the medical nature of substance use and mental health disorders and treatment;
- Promotes the recovery process and shifts the emphasis from pathology and suffering to resilience and healing;
- Avoids perpetuating negative stereotype biases through the use of slang and idioms;
- Supports the client in choosing her comfortable level of self-disclosure;
- Helps in recognizing strengths;
- Is non-judgmental and phrases questions in ways that are more acceptable, and normalizing but less stigmatizing;
- Discusses responses or adaptations instead of disorders or pathologies;
- Is sensitive to stigma and discrimination;



- Reflects an understanding of the realities of the lives of individuals and incorporates their strengths and challenges.

## Language that is less helpful in supporting health and well-being:

- Defines people by the crime for which they were convicted (i.e., murderer, robber, drug dealer );
- Defines people by their legal status (i.e., drug offender, drunk driver, or felon);
- Uses potentially moralistic language regarding drug and substance use disorders (i.e., alcohol or drug abuse, addict).

## WORDS TO USE WHEN DISCUSSING CRIMINAL JUSTICE INVOLVEMENT

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### **Avoid:**

### **Say:**

Ex-offender; Thug; Criminal; Ex-inmate; Ex-felon; Ex-con

Justice-involved individual, person, man or woman;  
Formerly incarcerated individual or person; Returning Citizen

Convict; Inmate; Offender; Felon

Person who is/was incarcerated

Parolee; Probationer

Person on parole; Person on probation

Illegal immigrant

Residents without legal permission

## WORDS TO USE WHEN DISCUSSING SUBSTANCE USE & MENTAL HEALTH

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### **Avoid:**

### **Say:**

Drug abuser; Addict; Junkie

Injecting drug user; Person affected by drug use; Drug users;  
Active drug users; Person with an addiction

Alcohol abuse; Drug abuse; Substance abuse

Substance use disorder (SUD)

Noncompliant; Unmotivated; Resistant

Opted not to; Has not begun; Experiencing ambivalence and change

Schizophrenic; Depressive

Person who has been diagnosed with schizophrenia  
or depression

## WORDS TO USE WHEN DISCUSSING HIV/AIDS

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### **Avoid:**

### **Say:**

AIDS when referring to HIV

HIV when referring to HIV

AIDS; HIV virus

HIV; Human immunodeficiency virus; The virus that causes AIDS

AIDS or HIV patient; Suffering from HIV; AIDS victim

Person living with HIV

To catch or contract HIV or AIDS; To contract AIDS

To contract HIV; To become infected with HIV

To pass on HIV

Transmit HIV

## WORDS TO USE WHEN DISCUSSING SEXUALITY AND REPRODUCTIVE HEALTH

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### **Avoid:**

### **Say:**

Sexually transmitted disease (STD)

Sexually transmitted infection (STI)

Risky sex

Unprotected sex

Promiscuous

Having multiple partners

Prostitute; Hooker; Street walker

Sex worker; A person who is involved in transactional sex

Rape victim

Sexual assault survivor

High(er) risk group; Groups with high-risk behavior

High-risk behavior, Highly affected communities, Key populations at  
higher risk



# PROVIDING PATIENT-CENTERED, GENDER-RESPONSIVE, AND TRAUMA-INFORMED CARE

Justice-involved women benefit from receiving patient-centered care that is gender-responsive and trauma-informed. This resource offers providers suggestions for how to provide effective treatment to their clients who have been involved with the criminal justice system.

## Best Practices for Gender-Responsive and Trauma-Informed Care

- Provide opportunities for her input regarding treatment and care;
- Let her choose the level of self-disclosure with which she is comfortable;
- Let her specify the type of privacy she needs;
- Help her stay well-informed about all aspects of her treatment;
- Let her choose service providers;
- Empower her as the expert of her own life;
- Support her in setting her own goals and making her own decisions;
- Help her recognize her strengths;
- Emphasize skill-building;
- Engage her in problem-solving and support related skill development;
- Include safety plans, crisis plans, and trauma-specific services;
- Encourage asking “What happened to you?” as opposed to “What is wrong with you?”;
- View each individual as a whole person—not simply a label or diagnosis—in relation to families, social networks, and the community;
- Refer to community resources for relevant social services and peer support.

## What is gender-responsiveness?

- Gender-responsiveness involves creating an environment that responds to the realities of women’s lives and addresses individual women’s concerns. These multidimensional approaches address social and cultural factors (i.e., poverty, race, class, and gender) and therapeutic interventions involving abuse, violence, family relationships, substance use disorders, and co-occurring disorders.
- Gender differences are significant, as are race and ethnicity, but recognizing the influence of other factors (i.e., age, sexuality, religion, community, education, and socioeconomic status) is key.
- Understanding the context of a justice-involved female patient’s life can inform the provision of appropriate treatment and support with the greatest potential for achieving positive health outcomes.
- Gender-responsive language acknowledges the role of gender stereotypes, socially constructed beliefs about men and women’s behaviors and roles, and ensures full respect for equal rights and the use of non-derogatory language. Often, simply using the term “survivor” rather than “victim” can make a difference in the way people think and feel about what happened to them and how they envision the future. On the other hand, sometimes a woman may prefer the term “victim,” which may serve to emphasize that she was both powerless and blameless.

Helping Medical Providers Integrate Best Practices:

Meeting HIV Prevention, Treatment and Care Needs of Justice-Involved Persons in NYC

The Fortune Society Reentry Education Project 29-76 Northern Boulevard, Long Island City, NY 11105 212.691.7554 [www.fortunesociety.org](http://www.fortunesociety.org)



### Gender-Responsive Engagement

- Acknowledge and accommodate differences between men and women.
- Assess women's risk levels, needs, and strengths, and refer or treat accordingly.
- Consider the different pathways through which women may enter the justice system.
- Emphasize self-efficacy and empowerment in treatment and skills building.
- Recognize the likelihood that justice-involved women may have a significant history of interpersonal violence and trauma.
- Build on women's strengths and values, including recognizing that interpersonal relationships are important.
- Acknowledge and accommodate the likelihood that women are primary caregivers to others.

### What is trauma-informed care?

- Trauma-informed care includes a basic understanding of how trauma affects the life of an individual seeking care and the vulnerabilities or triggers of trauma survivors, so as to be more supportive and avoid retraumatization.
- Justice-involved women have much higher rates of childhood and adult trauma exposure than women in the general population.

- Trauma history is associated with alcohol and drug dependence, high-risk behaviors, sex work, and physical and mental health challenges among justice-involved women.
- Experiences in prison and jail may also be retraumatizing.
- Trauma survivors undergo fewer preventive healthcare interventions in part due to potential secondary revictimization.
- Knowledge of violence and the impact of trauma aids providers in avoiding both triggering reactions to trauma and retraumatization.
- Such information also enables women to better manage their trauma symptoms so that they are able to benefit from these services.

### Trauma-Informed Engagement

- Acknowledge the trauma; avoid triggering trauma reactions or retraumatization; support coping capacities; aid in effectively managing symptoms; and address issues associated with trauma and violence.
- Emphasize voice, choice, safety, trustworthiness, collaboration, and empowerment.
- Adopt trauma-informed language, communication, and tools. Adjust: 1) how you communicate with one another and patients; and 2) the choice of words and phrases.
- Avoid words and phrases that convey control and power; replace them with terms that promote safety and respect.
- Try to minimize the power imbalance and set mutual and collaborative goals.
- Provide or refer to HIV prevention and sexual health education that incorporates violence and sexual, drug, and syringe-related risk factors.

### REENTRY RESOURCE GUIDES

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**Bronx Reentry Working Group (2012)**

*The Bronx Reentry and Resource Directory*  
Contact: [info@bronxreentry.org](mailto:info@bronxreentry.org)

**Coalition for Women Prisoners (2014)**

*A Place to Call My Own, Women and the Search for Housing After Incarceration*  
Contact: 212-254-5700 ext. 336 or [jvelez@correctionalassociation.org](mailto:jvelez@correctionalassociation.org)

**Coalition for Women Prisoners (2008)**

*My Sister's Keeper. A Book for Women Returning Home from Prison or Jail*  
Contact: 212-254-5700 ext. 336 or [jvelez@correctionalassociation.org](mailto:jvelez@correctionalassociation.org)

**Crown Heights Mediation Center (2010)**

*Reentry Resource Directory*  
Contact: 718-773-6886 or [chcmcblog@gmail.com](mailto:chcmcblog@gmail.com)

**NY Public Library Correctional Services (2014)**

*Connections: A Guide for Formerly Incarcerated People in NYC*  
Contact: 212-592-7553 or [sarahball@nypl.org](mailto:sarahball@nypl.org)

**New York State Department of Health (2005)**

*Transition Guide: How to Get a Good Start on the Outside*  
Contact: 800-541-2437

**NYS Department of Labor (2014)**

*The Road to Reentry*  
Contact: 518 485 2151 or [SpecialPopulations@labor.ny.gov](mailto:SpecialPopulations@labor.ny.gov).

**Reentry Resource Center: NY (2014)**

*NYS-based online support network and information clearinghouse*  
Contact: 718-838-7869 or [kater@bronxdefenders.org](mailto:kater@bronxdefenders.org)

**Upper Manhattan Reentry Force (2010)**

*Coming Home: A Guide for Reentrants and their Families*  
Contact: 212-360-4131 or [dboar@courts.state.ny.us](mailto:dboar@courts.state.ny.us)

### HEALTH CLINICS FOR FORMERLY INCARCERATED INDIVIDUALS

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**The Coming Home Program at the Spencer Cox Center for Health at St. Luke's-Roosevelt Hospital**

390 West 114th St,  
New York, NY 10025  
212-523-6500

**The Montefiore Transitions Clinic**

305 East 164th St,  
Bronx, NY 10456  
917-853-7683

**Women's Initiative Supporting Health - Transitions Clinic (WISH-TC)**

2613 West Henrietta Road,  
Rochester, NY 14623  
585-275-6671

Helping Medical Providers Integrate Best Practices:

Meeting HIV Prevention, Treatment and Care Needs of Justice-Involved Persons in NYC

## SELECT CBOS AND SERVICES FOR WOMEN:

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**Ali Forney Center**  
321 West 125th St  
NY, NY 10027  
646-358-1755

**Bailey House**  
1751 Park Ave  
NY, NY 10035  
212-633-2500

**The Bowery Residents' Committee**  
313 Bowery St  
NY, NY 10003  
212-533-5151

**CAMBA**  
1720 Church Ave  
Brooklyn, NY 11226  
718-287-2600

**The Center for Alternative Sentencing & Employment Services**  
346 Broadway  
NY, NY 10013  
212-732-0076

**Center for Anti-Violence Education**  
Brooklyn Women's Martial Arts  
327 7th St #2  
Brooklyn, NY 11215  
718-788-1775

**Center for Community Alternatives**  
25 Chapel St  
Brooklyn, NY 11201  
718-858-9658

**Center for Employment Opportunities (CEO)**  
50 Broadway  
NY, NY 10004  
212-422-4430

**Correctional Association NY Women in Prison Project & ReConnect**  
2900 Adam Clayton Powell Blvd  
NY, NY 10027  
212-254-5700

**DOE Fund**  
232 East 84th St  
NY, NY 10028  
212-628-5207

**Dress for Success**  
In Queens, Brooklyn, the Bronx & Manhattan  
212-684-3611

**Exodus Transitional Community**  
2271 Third Ave  
NY, NY 10035  
917-492-0990

**Family Justice Center**  
In Queens, Brooklyn, the Bronx & Manhattan  
311

**FEGS**  
Health & Human Services  
315 Hudson St  
NY, NY 10013  
212-366-8400

**The Fortune Society**  
29-76 Northern Blvd  
NY, NY 11101  
212-691-7554

**Girls' Educational and Mentoring Services (GEMS)**  
212-926-8089

**Greenhope Services for Women**  
448 East 199th St  
NY, NY 10035  
212-360-4002

**Hour Children**  
36-11 12th St  
NY, NY 11106  
718-433-4724

**Housing Plus Solutions**  
284 Sumpter St  
Brooklyn, NY 11233  
347-295-1377

**Housing Works**  
57 Willoughby St  
Brooklyn, NY 11201  
347-473-7400

**Legal Action Center**  
225 Varick St  
NY, NY 10014  
800-223-4044

**Margaret Sanger Center for Planned Parenthood**  
26 Bleecker St  
NY, NY 10012  
212-965-7000

**Michael Callen Audre Lorde Health Center**  
356 West 18th St  
NY, NY 10011  
212-271-7200

**NY Center for Addiction Treatment Services**  
598 Broadway  
NY, NY 10012  
212-966-9537

**NYC Anti-Violence Project**  
240 West 35th St #200  
NY, NY 10001  
212-714-1141

**NYC Commission on Human Rights**  
In Queens, Brooklyn, the Bronx & Manhattan  
212-306-7450

**NY LGBT Community Center**  
208 West 13th St  
NY, NY 10011  
212-620-7310

**Non-traditional Employment for Women**  
243 West 20th St  
NY, NY 10011  
212-627-6252

**Osborne Association**  
175 Remsen St #8  
Brooklyn, NY 11201  
718-637-6560

**Providence House**  
703 Lexington Ave  
Brooklyn, NY 11221  
718-455-0197

**Safe Horizon**  
Domestic Violence:  
800-621-4673

**Crime Victims; Rape, Sexual Assault & Incest:**  
866-689-4357

**SMART Sisterhood Mobilized for AIDS/HIV Research & Treatment**  
307 East 116th St  
NY, NY 10029  
212-289-3900

**STEPS to End Family Violence Reentry Program**  
In Brooklyn, the Bronx & Manhattan  
212-437-3500

**Sylvia Rivera Law Project**  
147 West 24th St  
NY, NY 10011  
212-337-8550

**Voices of Women Organizing Project, Battered Women's Resource Center**  
212-696-1481

**Women and Work Program**  
25 West 43rd St  
NY, NY 10036  
212-642-2057

**Women In Need (WIN)**  
115 West 31st St  
NY, NY 10001  
212-695-4758

**Women, Infants and Children (WIC) Program Growing Up Healthy Hotline**  
800-522-5006

**Women on the Rise Telling HerStory**  
809 Westchester Ave  
Bronx, NY 10455  
917-626-8168

**Women's Prison Association**  
110 2nd Ave  
NY, NY 10003  
646-292-7751

Helping Medical Providers Integrate Best Practices:

Meeting HIV Prevention, Treatment and Care Needs of Justice-Involved Persons in NYC

The Fortune Society Reentry Education Project 29-76 Northern Boulevard, Long Island City, NY 11105 212.691.7554 [www.fortunesociety.org](http://www.fortunesociety.org)



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*The Invisible Women: Gender, Crime, and Justice.*  
Belmont, CA: Wadsworth Publishing Company; 2001.

### Bloom, B, Owen B, Covington S

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WASH DC: NIC; 2002.

### Clear T, Frost N

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New York: NYU Press; 2013.

### Drucker E A

*Plague of Prisons: The Epidemiology of Mass Incarceration in America.*  
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### Leverentz A

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New Brunswick: Rutgers University Press; 2014.

### Petersilia J

*When Prisoners Come Home: Parole and Prisoner Reentry.*  
New York: Oxford University Press; 2003.

### Travis J and Waul M, ed.

*Prisoners Once Removed: The Impact of Incarceration and Reentry on Children, Families and Communities.*  
New York: Urban Inst Pr; 2004.

### Thompson A

*Releasing Prisoners, Redeeming Communities: Reentry, Race and Politics.*  
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(2012)

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(2011)

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(2009)

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*Gender disparities in hiv treatment  
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# The Reentry Education Project (REP) helps medical providers deliver better HIV prevention, treatment, and care to formerly incarcerated men and women.

**THE PROBLEM:** HIV rates in NYC jails are three to four times higher than in NYC's general population. Upon release, the majority of formerly incarcerated men and women return to under-resourced neighborhoods in which poverty, violence, substance use, and involvement with the criminal justice system are prevalent and access to health care is challenging. When seeking medical services, they often encounter barriers, including a lack of access to correctional health records, poor treatment, discrimination, stigma, difficulties navigating complex health care systems, and treatment interruptions due to justice involvement.

**OUR FOCUS:** The Fortune Society, one of NYC's largest providers of reentry services, was awarded a grant by the NYC Department of Health and Mental Hygiene to educate and support health care providers who serve formerly incarcerated men and women from neighborhoods including, Harlem, the South Bronx, Brownsville, Bedford-Stuyvesant, East New York.

**OUR OBJECTIVES:** 1) Reduce the barriers that formerly incarcerated men and women face while accessing HIV prevention, treatment, and care; 2) Increase the number of formerly incarcerated people who know their HIV status; and 3) Increase retention in care and viral suppression of formerly incarcerated people living with HIV, thereby reducing new transmissions.



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The Fortune Society Reentry Education Project is funded in part by the New York City Department of Health and Mental Hygiene. The Fortune Society's mission is to support successful reentry from prison and jail and promote alternatives to incarceration, thus strengthening the fabric of our communities. We do this by believing in the power of individuals to change; building lives through service programs shaped by the needs and experiences of our clients; and changing lives through education and advocacy to promote the creation of a fair, humane and truly rehabilitative correctional system. Learn more today by visiting [www.fortunesociety.org](http://www.fortunesociety.org)

[www.fortunesociety.org](http://www.fortunesociety.org)