HIV, gender-based violence, and drug use among women affected by the criminal justice system: Social determinants and HIV prevention strategies

Nabila El-Bassel
Columbia University

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Women & HIV: Science, Policy & Practice
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This Presentation Covers:

Burden of:

- Incarceration
- HIV/AIDS
- Partner and gender–based violence
- Drug use

Social determinants of HIV among women affected by the criminal justice system

HIV Prevention

Evidence-based HIV prevention studies on overlapping problems for women involved in the criminal justice system
Globally (UNODC, 2012):

• 10 million people are imprisoned at any time

• 30 million are incarcerated every year

• In the past 15 years, imprisonment increased 30% while the world population increased 20%
International Rates of Incarceration, 2012/2013

- U.S.: 716
- Rwanda: 492
- Russia: 475
- Brazil: 274
- Spain: 147
- Australia: 130
- China: 121
- Canada: 118
- Austria: 98
- France: 98
- Germany: 79
- Denmark: 73
- Sweden: 67
- India: 30

Imprisonment rate per 100,000 population


The Sentencing Project • 1705 DeSales Street NW, 8th Floor • Washington, D.C. 20036 • sentencingproject.org
Female prisoners account for between 15-22% of the total prison population. The rate of incarceration for women is increasing faster than the rate of incarceration for men. 40%-60% of female prisoners are incarcerated for drug-related offences.
Women in the U.S. Criminal Justice System

World female population

World female incarcerated population

US 5%

US 33%
Number of Women in State and Federal Prisons, 1980-2012

Women in the Criminal Justice System

No Country Incarcerates More Women Than The U.S.
Top 10 countries with the largest number of female prisoners in 2013

- **Female Prison Population**
- **% of Total Prison Population**

**USA** 201,200 (7.8%)
**Mexico** 10,072 (4.5%)
**Brazil** 35,596 (6.9%)
**Ukraine** 9,697 (6.1%)
**Russia** 59,002 (7.8%)
**India** 15,406 (4.1%)
**Thailand** 29,175 (14.6%)
**China** 84,600 (5.1%)
**Philippines** 7,826 (8.1%)
**Vietnam** 12,591 (11.6%)

Source: International Centre for Prison Studies

Forbes, Statista
Incarceration rate of inmates incarcerated under state and federal jurisdiction per 100,000 population 1925-2008

Source: Bureau of Justice Statistics
Women in the U.S. Criminal Justice System

• Overall rates of female incarceration have risen 2.6 % each year, faster than the increase for men (1.8%) (West and Sabol, 2009)

• Approximately 1 million women are currently under some form of community supervision (Glaze, 2014)

• Black women comprise only 13% of the female population in the U.S., yet they make up more than 50% of the incarcerated female population (Glaze, 2014)
Incarceration Rate* Under State and Federal Jurisdiction, by Race/Ethnicity and Sex, 2010

*Based on prisoners with a sentence of more than 1 year; includes persons under the age of 18 years.
**Includes American Indians/Alaska Natives, Asians, Native Hawaiian/Other Pacific Islanders, and persons identifying two or more races.

Men Admitted to Prison
New York City

These Districts are home to 17% of the City’s adult male residents, but account for over 50% of men sent to prison from the City.

Spatial Design Lab. Columbia University
They are from Baltimore’s 5 “higher” Incarceration Communities. These five “higher” incarcerated communities experience even more unemployment, high school absence, higher rates of vacant or abandoned housing. Have a life expectancy that is 13 years shorter than the five communities with the fewest number of people in prison.

Data Source: Original data analysis for The Right Investment? Corrections Spending in Baltimore City, see the methodology section for details. (Map: JPI and PPI, 2015)
Ashanti Galloway said a male police officer recently fumbled through her bag, pulling out her bra and some pink underwear. By WENDY RUDERMAN Published: August 6, 2012

A total of 46,784 women were stopped in NY (2011) (7% of all stop and frisk cases in NY city). Women were violated and reported sexual harassment.

“A male officer should not have a right to touch me in any sort of manner, even if it’s on the outside of my clothing,” Ms. Galloway said. “We’re girls. They are men. And they are cops. It feels like a way for them to exert power over you.”

A 21-year-old hairdresser said the number of people out on the street made the encounter worse that night. “There were a lot of guys from the neighborhood outside,” she said, “and here is this officer squeezing one of my sanitary pads in front of everyone.”
Stop, Frisk and Search of Women in NYC, 2012

Stop and Frisk in New York City, 2012

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>7.14%</td>
<td>38,062</td>
</tr>
<tr>
<td>Men</td>
<td>91.40%</td>
<td>487,065</td>
</tr>
<tr>
<td>Unknown</td>
<td>1.46%</td>
<td>7,784</td>
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Among Women

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<thead>
<tr>
<th>Race/Culture</th>
<th>Percentage</th>
<th>Count</th>
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<tbody>
<tr>
<td>Black</td>
<td>52.20%</td>
<td>19,869</td>
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<tr>
<td>Black-Hispanic</td>
<td>5.29%</td>
<td>2,014</td>
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<tr>
<td>Hispanic</td>
<td>23.52%</td>
<td>8,954</td>
</tr>
<tr>
<td>White</td>
<td>13.43%</td>
<td>5,110</td>
</tr>
<tr>
<td>Other</td>
<td>5.56%</td>
<td>2,115</td>
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### Global summary of the AIDS epidemic | 2013

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of people</td>
<td>35.0 million</td>
<td>[33.1 million – 37.2 million]</td>
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<tr>
<td>living with HIV in 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults</td>
<td>31.8 million</td>
<td>[30.1 million – 33.7 million]</td>
</tr>
<tr>
<td>Women</td>
<td>16.0 million</td>
<td>[15.2 million – 16.9 million]</td>
</tr>
<tr>
<td>Children (&lt;15 years)</td>
<td>3.2 million</td>
<td>[2.9 million – 3.5 million]</td>
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<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
<th>Range</th>
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</thead>
<tbody>
<tr>
<td>People newly infected</td>
<td>2.1 million</td>
<td>[1.9 million – 2.4 million]</td>
</tr>
<tr>
<td>with HIV in 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults</td>
<td>1.9 million</td>
<td>[1.7 million – 2.1 million]</td>
</tr>
<tr>
<td>Children (&lt;15 years)</td>
<td>240 000</td>
<td>[210 000 – 280 000]</td>
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<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS deaths in 2013</td>
<td>1.5 million</td>
<td>[1.4 million – 1.7 million]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults</td>
<td>1.3 million</td>
<td>[1.2 million – 1.5 million]</td>
</tr>
<tr>
<td>Children (&lt;15 years)</td>
<td>190 000</td>
<td>[170 000 – 220 000]</td>
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</tbody>
</table>
Women as Percent of People Living with HIV by Region, 2013

NOTE: Among adults, aged 15 and older

- Global: 50%
- Sub-Saharan Africa: 59%
- Caribbean: 50%
- Middle East and North Africa: 39%
- Asia and the Pacific: 37%
- Eastern Europe and Central Asia: 36%
- Latin America: 30%
- Western and Central Europe and North America: 22%

Source: Kaiser Family Foundation, Based on UNAIDS, Gap Report; 2014.
Estimated New HIV Infections in the United States for the Most-Affected Subpopulations, 2010

- White MSM: 11,200
- Black MSM: 10,600
- Hispanic/Latino MSM: 6,700
- Black Heterosexual Women: 5,300
- Black Heterosexual Men: 2,700
- White Heterosexual Women: 1,300
- Hispanic/Latino Heterosexual Women: 1,200
- Black Male IDUs: 1,100


Diagnoses of HIV Infection  
N=9,278

- 17% American Indian/Alaska Native
- 15% Asian
- 1% Black/African American
- <1% Multiple races

Female Population  
N = 134,687,181

- 65% White
- 13% Hispanic/Latino\(^a\)
- 15% Native Hawaiian/other Pacific Islander
- 2% Asian
- 1% Black/African American
- <1% Multiple races

Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. All displayed data have been statistically adjusted to account for reporting delays, but not for incomplete reporting.

\(^a\) Hispanics/Latinos can be of any race.
HIV Prevalence in Prisons

- 1.7%
- 3-20%
- 4-10%
- 27%
- 41.4%
- 6.5%
- 2%
- 19.4%
- 8.4%
- 1.7%
- 6%
- 0.2%
HIV in the U.S. Criminal Justice System

• In 2012, HIV prevalence for imprisoned women was estimated to be 2.0% (Maruschack, 2012)

• In 2004, HIV prevalence among women under community supervision was estimated to be 17% (Belenko, 2004)

• Our 2014 study with 306 women under community supervision in NYC found an HIV prevalence of 13% and a 30% prevalence of sexually transmitted infections (El-Bassel, 2014)

New York City Department of Health
Intimate Partner Violence (IPV) and the Criminal Justice System in the U.S.

• WHO has identified intimate partner violence (IPV) as a risk factor for HIV infection among women (WHO, 2006)

• 57% of incarcerated women have reported ever experiencing severe physical IPV (Bureau of Justice, 2009)

• 37% of incarcerated women have reported being raped at some point prior to incarceration (Bureau of Justice, 2009)

• 89% of women in prisons with any reported IPV have a history of drug use (Bureau of Justice, 2009)
Project WORTH in NYC Among Women who Use Drugs (N=306) (El-Bassel, 2014)

- 70% African American, 17% Hispanic or Latina
- 63% experienced severe sexual and physical IPV in lifetime and 25% in the past year

Sex trading in the past year: 40.8%

Severe IPV in the past year among women who traded sex

- Sexual IPV in the past year: 45.6%
- Severe sexual IPV in the past year: 30.4%
Women on probation in New York City (N=191) (Gilbert, El-Bassel, under review 2015)

–67% African American

–30% Hispanic or Latina

Prevalence of physical and sexual IPV in the past year

• Total sample: 47%
• Women with male sex partners: 42.7%
• Women engaged in sex work: 50%
• Women with female sex partners: 68.8%
Sexual Abuse by Law Enforcement

Sexual Victimization in Prisons:

• In a study among 564 female inmates, 24.5% report sexual victimization by prison staff or inmates (Wolf et al., 2007)

• Higher rates of sexual victimization (27.2%) was found among female inmates with mental illness (n=325) than without mental illness (24.5%) (Wolf et al., 2007)

• The majority were sexually victimized by other inmates (71.3%), staff (14.3%) and (14.7%) by both (Wolf et al., 2007)

• African American women reported higher rates of sexual victimization than non-Hispanic white women (Wolf et al., 2007)
Sexual Abuse by Law Enforcement

Police Sexual Misconduct

• In a study with 318 women in drug courts, 25% reported lifetime history of police sexual misconduct (among those 96% had sex with an officer on duty, and 31% were raped by an officer). Only 51% used condoms (Cottler, 2014)

• In WINGS Of Hope in Kyrgyzstan, which was conducted among 74 women with a history of incarceration, 60% reported sexual abuse by police (Gilbert et al., El-Bassel, under review)

• In Project START-UP (250 HIV positive women from Kazakhstan), 25% reported being sexually abused by the police (El-Bassel, et al. under review)
Social Determinants

Social and Structural Factors

- Policies on housing
- Criminal justice policies
- Gender inequalities

Discrimination
- Stigma
- Gender-based violence

HIV

IPV

Drug use
Partner’s Behavior
- Sexual Abuse with HIV+ (intimate and non-intimate partners)
- Rape HIV+
- Physical IPV (indirect)

Overlapping Contexts
Individual and micro levels:
- Lack of use & fear of condom negotiation & refusal of sex
- Fear of losing the relationship
- Meaning of condom use
- Disclosure of HIV or STIs
- Mental health problems

Macro & Structural:
- Incarceration (woman & partner)
- Having children
- Lack of employment
- Drug use & financial dependencies
- Homelessness
- Stigma, gender equality, gender norms, gender & race disparities
- No gender-specific services
- Policies to protect women

Risks
- Unprotected sex
- Vaginal lacerations from forced sex

Outcomes
- HIV & STIs

Increase risks of HIV/STIs

(El-Bassel et al., 2011)
HIV, IPV, Injection & Non-Injection Drugs

<table>
<thead>
<tr>
<th>Risks</th>
<th>Contexts</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sharing syringes</td>
<td>• 1st injection by partner; 2nd to inject after partner</td>
<td>HIV and STIs, HCV</td>
</tr>
<tr>
<td>2. Sharing drug equipment</td>
<td>• Inject in social settings</td>
<td></td>
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<tr>
<td>3. Non-injection drug use (e.g., crack cocaine)</td>
<td>• Overlap in sex &amp; drug use networks</td>
<td></td>
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<tr>
<td></td>
<td>• Fear of IPV</td>
<td></td>
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<tr>
<td></td>
<td>• Refusal perceived as lack of trust and commitment to relationship</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Fear of losing the relationship</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Lack access to harm reduction</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Pharmacological impact</td>
<td></td>
</tr>
</tbody>
</table>

Macro & Structural:
• Incarceration history, Partner incarceration
• Having children
• Lack of employment
• Homelessness
• Being female
• Stigma
• No gender-specific services
• Policies to protect women
• War on drugs

(El-Bassel, 2011)
Social Determinants of HIV and IPV among women involved in the criminal justice system

• In 2012, the prevalence of homelessness among inmates was 11 times higher than in the general population (National Correctional Health Care, 2012)

• Nationwide, persons convicted of felonies are barred from residing in public housing

• Under federal law, public housing providers may refuse to house people who have been convicted of certain offenses

- The median annual income before incarceration was $8,000
- 41% were unemployed prior to their arrest, 35% received public assistance
- 62% are women of color, even though women of color make up only 35% of New York’s female population
- 43% do not have a high school diploma
- 39% have been diagnosed with a serious mental illness
- 75% suffered serious physical violence by an intimate partner as adults
- 54% have a serious or chronic illness, 12% prevalence of HIV, and 17% HCV
- 70% are mothers
- About 63% were living with their children before arrest
- 43% were caring for their children on their own
Women reported lack of access to reproductive health care

Limited access to contraception for medical reasons other than pregnancy

Pregnant women

Negative experiences during childbirth separation of the women from newborn
HIV Prevention for Adults With Criminal Justice Involvement: A Systematic Review of HIV Risk-Reduction Interventions in Incarceration and Community Settings

We summarized and appraised evidence regarding HIV prevention interventions for adults with criminal justice involvement. We included randomized and quasi-randomized controlled trials that evaluated an HIV prevention intervention, enrolled participants with histories of criminal justice involvement, and reported biological or behavioral outcomes. We used Cochrane methods to screen 32,271 citations from 16 databases and gray literature. We included 37 trials enrolling n = 12,629 participants. Interventions were 27 psychosocial, 7 opioid substitution therapy, and 3 HIV testing programs. Eleven programs significantly reduced sexual risk taking, 4 reduced injection drug risks, and 4 increased testing.

Numerous interventions may reduce HIV-related risks among adults with criminal justice involvement. Future research should consider process evaluations, programs involving partners/families, and interventions integrating biomedical, psychosocial, and structural approaches. (Am J Public Health. 2014;104:e27–e53. doi:10.2105/AJPH.2014.302152)

Since the inception of the HIV epidemic, populations with criminal justice involvement have experienced an urgent need for HIV prevention and care services. Much of the research in this area to date has focused on HIV risk and prevention in incarceration settings, including both prisons and short-term jails. Incarcerated individuals face overlapping risks for HIV infection: infections are primarily attributed to pre- and postincarceration risk behaviors, but risks may also include behaviors in prison (e.g., injection drug use [IDU], sexual activity, tattooing, violence), elevated prevalence of other sexually transmitted infections (STIs), and sociodemographic risk factors such as poverty, racial discrimination, and living in underserved or socially marginalized communities. In the United States, approximately 1 in 7 HIV-infected individuals is released from an incarceration facility each year. A recent systematic review of HIV prevalence among prisoners in 152 low- and middle-income countries found prevalence estimates greater than 10% in 20 countries and a survey of global evidence found elevated HIV prevalence among prisoners worldwide. The population of incarcerated individuals is a large target for intervention; according to the United Nations Office on Drugs and Crime, approximately 10 million people worldwide are held in prison at any one time, and 30 million are incarcerated adults with a history of criminal justice involvement are also at elevated risk of HIV infection because of these same risk factors, and studies have documented high rates of HIV sexual risk taking, and substance use among probationers and parolees. Individuals returning from incarceration to community settings tend to report high rates of condomless sexual activity and drug use compounded by relationship disruptions and difficulty accessing medical services and fulfilling other basic needs. The postrelease period is especially characterized by elevated risk taking, return to preincarceration behaviors and high HIV incidence. The population of nonincarcerated adults involved with the criminal justice system is also sizeable; in the United States, for example, approximately 4.8 million individuals in the community were under supervision by adult correctional authorities in 2011 (approximately 2% of the population).

Published research supports the need for HIV risk-reduction efforts for individuals with criminal justice involvement in both incarceration and community settings. Combining evidence from both settings in a single systematic review is valuable given the overlap between incarcerated and nonincarcerated individuals, the return of incarcerated individuals to the community, high rates of recidivism and reincarceration, and interventions that include both incarceration-based and postrelease services (e.g., case management, booster sessions). Although previous reviews have examined intervention effectiveness in this population, an up-to-date and rigorous review is needed. Limitations of previous reviews include the lack of systematic search methods, the inclusion of a wide range of study designs, or focus on only a subset of studies, such as opioid substitution therapies (OSTs), treatment of alcohol use disorders, needle-exchange programs, interventions for women in prison, or interventions in incarceration but not community settings.

We aimed to summarize and appraise the most methodologically rigorous evidence for the effectiveness of HIV prevention efforts among adults with criminal justice involvement, including both incarceration and community settings.

Methods

This systematic review followed Cochrane Collaboration procedures, which require at least 2 authors and specify guidelines for defining the review question, searching for studies, selecting studies, extracting data, appraising the risk of bias in included trials, and analyzing data. A subset of 26 studies in this review is the subject of a registered Cochrane review of HIV prevention for...
Total studies: N=37
HIV intervention studies in the criminal justice system delivered in three settings:
- Prisons (majority of studies)
- Returning to the community (post-release)
- Alternative to incarceration (work-release) and community supervision
- 12 studies were among women
- Psychoeducational, MI, Peer-led, HIV testing and linkage to care, Pharmacological (MM, Subnaxone and Buprenorphine—Drug treatment as HIV prevention)
- None included couple-based or structural HIV interventions to address social inequalities and social determinants

Outcomes:
- None of the studies focused on drug and sexual risk outcomes; most merely focused on sexual risks
- Rarely screen for brief intervention, or integrate substance abuse and violence issues
Advances in HIV Behavioral Prevention: Our “Toolbox”

Multilevel Combination

- Individual
- Couple-based
- Group
- Community
- Social Network
- Structural
Interventions

Brief screening for IPV Intervention

- IPV screening, safety planning, referrals, and linkage to care and services

Integrated Drug Use, IPV and HIV Behavioral Prevention Interventions

- Multisession skills-building and prevention strategies to reduce HIV, drug use and IPV

Partner and Couple-Based HIV Intervention addressing IPV and Drug Use

- Couple-based approaches to address dyadic drug use and violence

Pharmacological and Biobehavioral Prevention

- Test and Treat, HIV Treatment Adherence, HIV diagnosis, drug treatment as HIV prevention
Women on probation in New York City (N=191)
(Gilbert, El-Bassel under review 2015)

One session on IPV screening, safety planning, referrals, and linkage to services
Consort Chart

Screening 427

Eligible 245

Baseline and Randomized 191

Reasons for Exclusion:
- No permanent address: 4
- Live farther than 90 minutes: 5
- Plan on moving in next 3 months: 31
- Were in WORTH in the past 12 months: 17
- Not in probation or BCS in past 3 months: 11
- No drug use or binge drinking or drug treatment in the past 6 months: 134 (past 3 months: 156)
- No intimate relationship past year: 75

Reasons for Exclusion:
The remainder of cases did not return to participate in the study. One case refused to participate.

Caseworker Delivered WINGS Intervention 97

Follow up 3-month= 84 (89%)

Multimedia WINGS Intervention 94

Follow up 3-month= 87 (90%)

COLUMBIA School of SOCIAL WORK
Core Elements of WINGS

- Raising awareness of different types of IPV and how they intersect with drug use and HIV risks
- Screening for different types of IPV
- Safety planning
- Enhancing social support to address IPV
- Goal setting to reduce IPV
- Linkage to domestic violence and other services
Outcomes at 3 months

Disclosure Of IPV (Prevalence of IPV in the past month)

- Computerized self-paced: 47.9%
- Traditional (caseworker delivered): 47.2%

Access to services (3 months)

Computerized self-paced:

- Follow-up  (OR= 7.72*, CI, 95% (1.5-39.6)

Traditional (caseworker delivered):

- Follow-up  (OR= 3.94*, CI, 95% (1.02-15.38)

Conclusion: Two effective modalities for screening for IPV can be used in probation
Efficacy of a Group-Based Multimedia HIV Prevention Intervention for Drug-Involved Women under Community Supervision: Project WORTH

Nabila El-Bassel1, Louisa Gilbert1, Dawn Goddard-Eckrich1, Mingway Chang1, Elwin Wu1, Tim Hunt1, Matt Epperson2, Stacey A. Shaw1, Jessica Rowe3, Maria Almonte4, Susan Witte1

1 Social Intervention Group, Columbia University, New York, New York, United States of America, 2 School of Social Service Administration, University of Chicago, Chicago, Illinois, United States of America, 3 Columbia Center for New Media Teaching and Learning, New York, New York, United States of America, 4 Bronx Community Solutions, Center for Court Innovation, New York, New York, United States of America

Abstract

Importance: This study is designed to address the need for evidence-based HIV/STI prevention approaches for drug-involved women under criminal justice community supervision.

Objective: We tested the efficacy of a group-based traditional and multimedia HIV/STI prevention intervention (Project WORTH: Women on the Road to Health) among drug-involved women under community supervision.

Design, Setting, Participants, and Intervention: We randomized 306 women recruited from community supervision settings to receive either: (1) a four-session traditional group-based HIV/STI prevention intervention (traditional WORTH); (2) a four-session multimedia group-based HIV/STI prevention intervention that covered the same content as traditional WORTH but was delivered in a computerized format; or (3) a four-session group-based Wellness Promotion intervention that served as an attention control condition. The study examined whether the traditional or multimedia WORTH intervention was more efficacious in reducing risks when compared to Wellness Promotion; and whether multimedia WORTH was more efficacious in reducing risks when compared to traditional WORTH.

Main Outcomes and Measures: Primary outcomes were assessed over the 12-month post-intervention period and included the number of unprotected sex acts, the proportion of protected sex acts, and consistent condom use. At baseline, 77% of participants reported unprotected vaginal or anal sex (n = 237) and 63% (n = 194) had multiple sex partners.

Results: Women assigned to traditional or multimedia WORTH were significantly more likely than women assigned to the
WORTH Intervention

- Group modality
- Four sessions
- Triple risks: sexual, drug, and IPV
- Two modalities of delivery:
  - Group computerized-self-paced vs. a Group traditional
Project WORTH

Randomization

Computerized self-paced WORTH

Vs.

Traditional WORTH

Vs.

Wellness Promotion
Project WORTH (Core Components)

• Skills-building, problem solving, negotiation of safer sex practices and drug risk reduction, alternative ways of negotiation to avoid physical and sexual IPV

• Reproductive health and sexual and drug risk reduction

• Safety planning and referrals to services for IPV

• HIV testing and linkages to HIV care and drug treatment

• Identifying unmet service needs

• Referrals to meet those needs and support to stay in treatment

• Personal goal setting for HIV and IPV risk reduction and staying in care
Consort Chart (N=306)

**Multimedia WORTH**
103 Participants

**Intervention Attendance**
Mean of sessions attended = 3.8 sessions (SD=0.6)
96 participants completed all 4 sessions (93%)

**Follow-up**
3-Month = 91 (88%)
6-Month = 94 (91%)
12-Month = 91 (88%)

**Traditional WORTH**
101 Participants

**Intervention Attendance**
Mean of sessions attended = 3.8 sessions (SD=0.5)
94 participants completed all 4 sessions (93%)

**Follow-up**
3-Month = 88 (87%)
6-Month = 90 (89%)
12-Month = 93 (92%)

**Wellness Promotion**
102 Participants

**Intervention Attendance**
Mean of sessions attended = 3.7 sessions (SD=0.7)
88 participants completed all 4 sessions (86%)

**Follow-up**
3-Month = 88 (86%)
6-Month = 93 (91%)
12-Month = 94 (92%)
Computerized Self-Paced WORTH

Computerized mechanisms improve active learning:

• Interactive games with high-speed graphics to increase attention

• Four role models are used throughout the sessions to increase emotional engagement and facilitate positive peer norms

• Use of storytelling by the four role models

• Modeling of core skills by the characters is followed by role play to increase intention and motivation to use the new skills

• Individual activities are recorded in an electronic journal that participant may or may not share with the group, which ensures confidentiality

• Electronic journals allow participants to systematically track and document progress
Video Characters: Telling their Stories
Social Support

Drag icons to represent people in your life:

Step 1: Behavior Change Support Level
- Very Helpful
- Somewhat Helpful
- Not So Helpful

Step 2: Types of Support
- S Social
- A Advice
- E Empathy
- P Practical

Save changes before moving to the next activity!
No difference between computerized self-paced or traditional

Two interventions arms compared to Wellness Promotion:

- 28% reduction in the number of unprotected sex acts with their primary partners in (IRR = 0.72; 95% CI = 0.57-0.90)

- 3 times more likely to have consistent condom use during sex with their primary partners in (OR = 2.36; 95% CI = 1.28-4.37)

- 67% lower odds of experiencing severe sexual IPV (OR = 0.33, 95% CI = 0.123, 0.88)
• HIV prevention strategies rarely bring a couple or partners together for HIV prevention
Project Connect Two (Competed 2011)

- 282 drug-involved couples
- Majority had a history of Incarceration

Intervention:

- Sexual, drug risk, IPV and reproductive health, gender roles & expectations, communication & negotiation skills, safety planning, drug risk reduction
- Increase safety planning
- Access to HIV treatment & other services

To examine the efficacy of seven sessions of a couple-based HIV/STI prevention intervention compared to seven sessions of individual risk reduction comparison condition.
Findings: Connect Two

- 41% reduction in incidence rate of unprotected sex at 12 months in the couple modality, compared to the individual modality

- Significant reduction in injection drug use, and in sharing needles/syringes with each other and other IDUs

Project Protect And ConnecT (PACT) (underway)

- Couple-based HIV intervention with men in community supervision programs and their sex partners
- Men are recruited and enrolled with their partner

**Randomized couples to two arms:**

- Four HIV prevention sessions integrate substance use, IPV, HIV and STI testing and linking to care
- One session of HIV testing and linkage to care
- 160 couples (March, 2015)
Advantages of a Couple-Based Approach

- Provides an opportunity to assess and integrate HIV, IPV, and reproductive health content
- Gives men an opportunity to be included in HIV prevention and learn *in vivo* with a third party to reduce risks for HIV, IPV and address reproductive health issues
- Responsibility for HIV risk reduction is placed on both members of the dyad


**Prison-Based Bio-behavioral Prevention Strategies Must Pay Attention to IPV, HIV and Community Supervision**

<table>
<thead>
<tr>
<th>Test and Treat</th>
<th>HIV Adherence</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Only 40% of U.S. jails and prisons offer HIV testing</td>
<td>• Rates of adherence are as low as 32% to as high as 84% (Wohl, 2003, 2011, Altice, 2001)</td>
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<tr>
<td>• PrEP has, not been evaluated (Milloy, 2014)</td>
<td>• Directly observed therapy effective compared to self administered therapy (Wohl 2003, Altice, 2001)</td>
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<tr>
<td>• Diagnoses and treatment of STIs has not been integrated (Flanigan, 2010)</td>
<td>• Linkage to HIV care (case management) nearing release) is effective</td>
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</tbody>
</table>
Evidence-Based Pharmacological Treatment of Substance Use in Prison

• Opioid dependence
  – Methadone (pure opioid agonist)
  – Buprenorphine (partial opioid agonist)
  – Naltrexone (pure opioid antagonist)

• 55% of prisons offer methadone in 50 states. Mainly for pregnant women, for chronic management, and acute opiate withdrawal

• However in CT and Rhode Island prisons provide to all women (in the past 3 years)

Conclusion

• Structural HIV Interventions to address the following social determinants that affect HIV and incarceration remain absent for women:
  • Protection of legal and human rights
  • Gender based violence and stigma
  • Economic and employment Interventions
  • Access to housing
  • Combination HIV Prevention
Conclusion

• More attention should be paid to women who engage in sex trading, women who have sex with women and transgenders

• Male partners should be included in HIV and IPV prevention in the Criminal Justice System, but only when it can be done in a manner that protects the woman’s safety

• More funding is required for implementation of HIV evidence-based interventions in real world settings and training for delivering brief, integrated and multi-level substance abuse, IPV, and HIV prevention

• More attention is needed to implementing community supervision programs
Thank You

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