

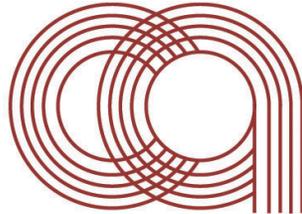
HIV SERVICES FOR WOMEN IN NEW YORK STATE PRISONS



A REPORT BY THE
Women in Prison Project of THE
Correctional Association of New York

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About the Correctional Association of New York

The Correctional Association of New York (CA) is an independent, non-profit criminal justice advocacy organization founded by concerned citizens in 1844. In 1846, the CA was granted unique authority by the New York State Legislature to inspect prisons and to report its findings and recommendations to the legislature and public. This monitoring authority has been granted to only one other organization in the country. For 170 years, the CA has worked to create a more fair and humane criminal justice system in New York and a more safe and just society for all.

Created in 1991, the CA's Women in Prison Project (WIPP) works to reduce the overuse of incarceration for women, ensure that prison conditions for women are as humane and just as possible, and create a criminal justice system that treats all people and their families with fairness, dignity and justice. The Project's work is guided by the principle that women most impacted by incarceration should be leaders in the effort to change the harmful criminal justice policies that directly affect their lives. The Project carries out an integrated and strategic program to achieve its mission, including monitoring prison conditions for women, leading policy advocacy campaigns and coordinating the Coalition for Women Prisoners, a statewide advocacy alliance. In 2003, WIPP launched ReConnect, a leadership and advocacy training program for women recently home from incarceration. WIPP also performs research, publishes reports, and conducts community organizing, coalition building, media work and public education.

For more information, please visit

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ACKNOWLEDGEMENTS

This report on HIV Services for Women in New York State Prisons is dedicated to the incarcerated women who bravely shared, and continue to share with us, their lived experiences and ideas for change. We hope that this report accurately represents their concerns and recommendations. This report is also dedicated to Donald Farole, who served as the expert data consultant for the reproductive justice initiative until he passed away in 2011. Don will be remembered and missed by all.

HIV Services for Women in New York State Prisons was co-authored by Tamar Kraft-Stolar, Director of the Women in Prison Project at the Correctional Association of New York (CA), Jaya Vasandani, Women in Prison Project Associate Director and Andrea B. Williams, Women in Prison Project ReConnect Program Director.

The information in this report is based on information and data from the CA's report entitled *Reproductive Injustice: the State of Reproductive Health Care for Women in New York State Prisons*, and is part of an ongoing initiative by the CA's Women in Prison Project to monitor and report on conditions for women in New York's prisons.

We are deeply indebted to our expert reviewers whose input helped inform the report's analyses and recommendations: Jack Beck, Tracie M. Gardner, Russelle Miller-Hill and Kenneth Siegel.

We thank Correctional Association Board Chair Peter v.Z. Cobb, former Board Chair William J. Dean, Executive Director Soffiyah Elijah, and former Executive Director Robert Gangi for their support of and assistance with our reproductive justice project.

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Finally, we express our deepest gratitude to the foundations and funders whose encouragement and generous support made our reproductive justice report possible (in alphabetical order): Jennifer and Jonathan Allan Soros Foundation, an anonymous donor to the Women in Prison Project, Daphne Foundation, Anne Delaney, William H. Donner Foundation, Elton John AIDS Foundation, MAC AIDS Fund, New York Women's Foundation, NoVo Foundation, NYC AIDS Fund, Shelley and Donald Rubin Foundation, and Katrina vanden Heuvel.

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EXECUTIVE SUMMARY

In February 2015, the Correctional Association of New York (CA)'s Women in Prison Project released a comprehensive study on health care for incarcerated women, *Reproductive Injustice: the State of Reproductive Health Care for Women in New York State Prisons*. The most extensive study of its kind to date, *Reproductive Injustice* features a chapter on reproductive health care and HIV, and includes findings on gynecological (GYN) care for HIV-positive women and HIV services for incarcerated pregnant women. This report on HIV services is based on data from *Reproductive Injustice*.

New York has the highest number of HIV-positive incarcerated people and the second-highest number of HIV-positive incarcerated women of all prison systems in the country. Women in New York's prisons are disproportionately affected by HIV, the result of a number of factors. The social conditions and experiences that often lead women to be criminalized and prosecuted—poverty, addiction, domestic violence, trauma, sex work, being prostituted—are experiences that also put women at risk for HIV. Because of the criminal justice system's targeting of low income communities of color, a vastly disproportionate number of women in New York's prisons are women of color and women from communities with high HIV seroprevalence rates. Ensuring that people in prison have access to HIV services is simply good public health.

The CA gathered the information in this report between 2009 and 2013. Our methodology included analyzing data from two surveys we sent to women in prisons run by the New York State Department of Corrections and Community Supervision (DOCCS): one on reproductive health generally and another on HIV specifically. The reproductive health survey included questions about women's experiences accessing GYN care; the quality of GYN care; experiences with GYN care in solitary confinement; vitamins, exercise, nutrition and weight; and experiences with reproductive health care for older women. Of the 1,699 reproductive health surveys we sent, we received 350 back, a return rate of 21%. We sent HIV surveys to 386 women who indicated they wanted to receive one. Living with HIV was not a requirement to receive the survey. The HIV survey included questions about women's experiences with HIV and hepatitis C in areas such as testing and counseling; prevention, education and support services; attitudes and stigma; and access to and quality of medical care for women living with these two illnesses. Of the 386 HIV surveys we sent, we received 112 back, a response rate of 29%.

KEY FINDINGS

Women have access to HIV services but stigma, discrimination and a lack of confidentiality remain serious barriers for incarcerated women in accessing these services

Even though women in DOCCS have opportunities to obtain HIV services, women's ongoing concerns about pervasive stigma keep many from accessing these services. Women reported that pervasive myths and negative attitudes related to HIV among both staff and incarcerated women fuel a climate of fear, harassment and discriminatory treatment. Women also reported that violations of privacy and medical confidentiality are common and contribute to women's reluctance to access services that might suggest they are HIV-positive.

More work is needed to confirm the number of HIV-positive women in DOCCS and create conditions where incarcerated women feel comfortable revealing their HIV status.

The most recent published data on HIV-positive women in New York's prisons is contained in a Bureau of Justice Statistics report published in 2012. This report states that 12% of women in DOCCS are living with HIV. This figure is based on data submitted by DOCCS, and it is unclear exactly how DOCCS calculated the data. Based on reports from each women's prison, as of spring 2013, DOCCS had identified 86 women living with HIV in its custody. Given DOCCS' estimate that 12% of women—about 280 women—in its custody are HIV-positive, the data DOCCS reported to the CA suggests that there are many HIV-positive women whose identity is unknown to DOCCS. This situation does not seem to be due to a lack of HIV testing but rather to the fact that many women who already know they are HIV-positive chose not to reveal their status. Indeed, the CA's data shows that a significant number of women enter DOCCS already having been tested for HIV, likely a reflection of enhanced community outreach and testing efforts in New York. Women reported that the reluctance to self-identify is driven by ongoing stigma and discrimination in prison against people with HIV, fear that prison staff will not keep information confidential, and general distrust of the medical care that DOCCS provides.

DOCCS does a solid job offering HIV testing to women but there is room for improvement.

Nearly all women reported having been tested for HIV at least once since entering DOCCS. Areas for improvement include providing better access to HIV testing for women who have recently been tested and women who request a test for sexual health reasons, and requiring medical staff to offer testing to women at opportune moments other than at reception, such as during annual GYN appointments and after transfers between prisons.

Women have access to valuable HIV peer education services but the quality of HIV information that women receive needs improvement.

Women spoke highly of the HIV program services available to them, particularly the HIV programs at Bedford Hills and Albion correctional facilities. However, many women reported dissatisfaction with the overall quality of the health information they received while incarcerated. Women reported that the main problem with the health information is that it is not up-to-date. Access to current information is particularly pressing for incarcerated women as they cannot use the internet and have very limited access to other forms of information. Many women noted a need for more videos and visual aids for women with lower literacy skills, and bilingual material for Spanish-speaking women. Women also felt that it was important to receive HIV information throughout their incarceration, and that key points of intervention are during reception at the beginning of a woman's sentence and near the end of a woman's sentence as she prepares to go home. In addition, women noted that HIV

information is most useful when provided in a group setting or during confidential, one-to-one conversations with HIV program staff or peer educators.

Peer education and a trauma-informed approach are critical parts of making HIV services for incarcerated women effective.

All of the HIV programs in Bedford Hills, Albion and Taconic have a peer education component where incarcerated women are trained to teach HIV education courses, facilitate support groups, and conduct outreach in the prison to encourage testing and lessen stigma. Peer education is proven to be enormously beneficial in HIV prevention work, as many people can hear and accept suggestions and information more readily when offered by peers. Peer education is particularly important in prison, where mistrust of medical staff, lack of privacy and stigma are common. This type of education also provides an important opportunity for the women hired as peers to engage in meaningful training and work within the prison.

Most incarcerated women are survivors of trauma and abuse, and the isolating and dehumanizing experience of incarceration is also itself a traumatizing experience. It is essential for DOCCS to provide specific services for trauma survivors and to ensure that all services are trauma-informed. Unfortunately, DOCCS does not employ this approach for most of its services, including those related to HIV.

KEY RECOMMENDATIONS

- ❖ Provide security and civilian staff with comprehensive training on HIV and working with people living with HIV. Take proactive steps to prevent mistreatment of HIV-positive women by staff.
- ❖ Offer HIV testing to all women entering DOCCS custody. Offer women testing during every annual GYN exam, and after women transfer from one DOCCS prison to another. Provide HIV tests for all women who request them, regardless of whether they recently had an HIV test or are requesting a test for sexual health reasons.
- ❖ Take steps to encourage more women to disclose their HIV status by enhancing the quality of medical services in DOCCS, building trust between women and medical providers, improving the enforcement of HIV-related confidentiality protocols, and taking disciplinary action against staff who break confidentiality protocols.
- ❖ Provide more funding to expand the role of trained peer educators in HIV programs, and all other programs in DOCCS. Make HIV services, and all other services in DOCCS, trauma-informed.
- ❖ Improve the quality of HIV information available to women, and ensure that information is up-to-date and in formats accessible for women with low literacy skills and women who are not fluent in English. Invite more HIV-positive women from the community to speak with women in DOCCS.
- ❖ Create a women's general health education program with educational sessions, peer health support groups, and one-to-one counseling that covers a wide range of health issues affecting women and that integrates HIV information and support services in a broader and less stigmatizing setting. Provide HIV information in each of the three phases of DOCCS' transitional services program.

INTRODUCTION

This report presents information gathered from the Correctional Association of New York's (CA) prison monitoring work between 2009 to 2013 about HIV testing, prevention education and support services in New York's women's prisons.

HIV is a serious public health issue and prison is one of the epicenters of HIV disease. The New York State prison system has the highest number of HIV-positive incarcerated people and the second-highest number of HIV-positive incarcerated women of all prison systems in the country.¹ A 2012 Bureau of Justice Statistics report, which contains the most recent published data on HIV-positive women in New York's prisons, indicates that 12% of women in DOCCS were living with HIV in 2010.² This figure is more than double the rate for men (5%) and nearly 42 times the rate in the general public (.29%).³ The Bureau's report states that 3,080 people in DOCCS custody were living with HIV in 2010, 260 of whom were women.⁴

Women in New York's prisons are disproportionately affected by HIV. This situation is the result of a number of factors, including that the vast majority of women are from communities in New York with high HIV seroprevalence rates, and that the social conditions and experiences that often lead women to the criminal system – poverty, drugs, addiction, violence, trauma, sex work, being prostituted – are also experiences that put women at risk for HIV.⁵ In addition, because of the criminal system's targeting of low income communities of color, there are vastly disproportionate numbers of women of color in prison: 62% of women in New York's prisons are women of color, even though women of color make up only 35% of New York's female population.⁶ Rates of HIV are disproportionately high among African-American and Latina women.⁷

METHODOLOGY

This report is based on information gathered as part of the CA's study of reproductive healthcare in state prisons that house women and is part of an ongoing effort by the CA to evaluate conditions of confinement for women overall. Information related to reproductive health, including information about reproductive health care for incarcerated women living with HIV, can be found in the CA's report, *Reproductive Injustice: the State of Reproductive Health Care for Women in the New York State Prisons*.

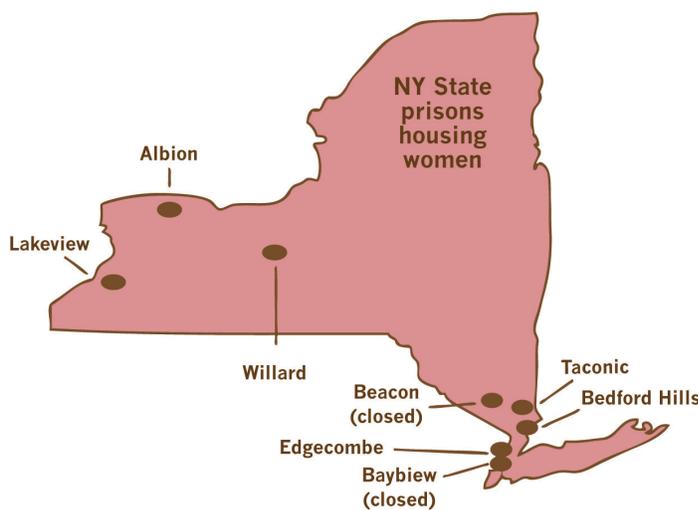
To gather information for the reproductive health study, the CA conducted 19 visits between 2009 and 2013 to the five all-women's prisons:

- Bedford Hills Correctional Facility in Westchester County, the state's only maximum security prison for women which holds about 800 women.
- Taconic Correctional Facility also in Westchester County (and across the road from Bedford), a medium security prison which holds about 380 women.
- Albion Correctional Facility near Rochester, a medium security prison and the state's largest prison for women which holds about 1,000 women; and

- Bayview Correctional Facility in Manhattan, a medium security prison which housed about 180 women; and
- Beacon Correctional Facility in Dutchess County, the only female minimum security prison in the state which housed about 200 women.⁸ Both Bayview and Beacon were closed by Governor Andrew Cuomo in 2013.

In early 2014, the CA also visited Edgecombe Correctional Facility, a men's prison which began housing women in spring 2013 after Bayview and Beacon were closed.⁹

Throughout the course of our study, we interviewed 950 women and analyzed data from over 1,500 surveys. This report includes information from two of the four surveys we sent to incarcerated women on the issues of reproductive health and HIV, respectively.



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- The HIV survey included questions about women's experiences with HIV and hepatitis C testing and counseling; prevention, education and support services; attitudes and stigma; and access to and quality of medical care for women living with these two illnesses. In winter 2010, we sent HIV surveys to the 386 women who indicated in a general survey that they wanted to receive an HIV survey. Living with HIV or hepatitis C was not a requirement to receive the HIV survey. Of the 386 HIV surveys we sent, we received 112 back, a response rate of 29%.

- The reproductive health survey includes questions about women's experiences accessing gynecological (GYN) care; the quality of GYN care; experiences with GYN care in solitary confinement; vitamins, exercise, nutrition and weight; and experiences with reproductive health care for women who are aging. Of the 1,699 reproductive health surveys we sent, we received 350 back, a return rate of 21%.

We developed each survey with input from a professional statistician, formerly incarcerated women, and other individuals with expertise in the various areas the surveys address. Formerly incarcerated women reviewed each survey and we incorporated their feedback before finalizing the instruments.

With each survey we mailed, we included an explanation of the CA and the purpose of the survey. We made clear that women would not be penalized if they did or did not return the survey and explained that the CA has privileged mail status, which means that correction officers are not permitted to read mail sent between the CA and incarcerated individuals, the practice for non-privileged correspondence.¹⁰ We informed women that we would not use their names in our report and asked them to indicate whether we could use their words in the document. We also included a self-addressed, stamped, return envelope with each survey.

We worked with a statistician to analyze the survey data using the statistical analysis software SPSS. We use the term “survey respondents” in this report to refer to the pool of people who responded to a particular survey and answered the specific question being referenced.

Because women self-selected to take the survey, there is a possibility that a disproportionate number of women with negative experiences returned the surveys, which would create bias in the data toward more negative responses. In addition, because the surveys were self-administered, a disproportionate number of women with higher literacy skills may have returned the surveys.

Given these possibilities, we present survey data directly rather than using survey data alone to make statistical inferences about the overall population of women in DOCCS. We also analyzed survey data in the context of our other findings and observations in a given area of investigation and we drew conclusions based on our analysis of all this information. Where we draw conclusions, we explain the context and various contributing factors.

Following is a chart detailing the demographics of the reproductive health survey and the HIV survey participants in comparison to the demographics of women in DOCCS overall at the time we collected the survey data. The general, reproductive health and HIV survey demographic data generally mirrors DOCCS data for the women’s prison population in terms of parental status (where collected), time served in current prison, and whether women are serving time for their first felony conviction. The age of respondents also generally mirrors that of the overall population, although general survey respondents were slightly older (median age: 39) and HIV survey respondents were slightly younger (median age: 35) than the total women’s population (median age: 37).

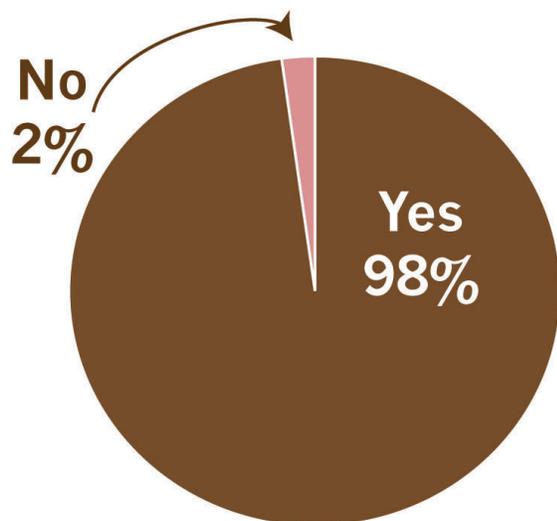
One characteristic where we found a difference in some of the surveys is race. For the reproductive health and the HIV surveys, there was a difference between the racial profile of women who answered the surveys and the racial profile of women in DOCCS overall at the time: 43% of reproductive health survey and 41% of HIV survey respondents identified as white, compared to 35% of the total women’s prison population as reported by DOCCS at the time.

Self-reported characteristics	Reproductive Health Survey	HIV Survey	Women in DOCCS prisons in 2010 ¹¹
Age			
Median age ¹²	38	35	37
16-20	2%	2%	4%
21-39	52%	61%	54%
40-59	41%	35%	39%
60 and over	5%	2%	3%
Race¹³			
White women	43%	41%	35%
Women of color (total)	57%	59%	65%
African-American/Black	35%	33%	44%
Hispanic/Latina	9%	10%	19%
Black-Hispanic	3%	4%	<i>DOCCS does not track</i>
White-Hispanic	1%	3%	<i>DOCCS does not track</i>
Black-White	2%	1%	<i>DOCCS does not track</i>
Asian	0.3%	0%	0.8%
Native American	3%	1%	0.3%
Other	3%	7%	1.3%
Parent			
	76% (estimated)	<i>Data not collected</i>	71%

Median # of months in current prison facility¹⁴			
	13	76% at facility for at least 12 months	14
Median # of years in DOCCS			
	2	51% in DOCCS for at least 3 years	<i>No data available</i>
In prison for first felony conviction¹⁵			
	69%	73%	66%

IDENTIFYING WOMEN WITH HIV

The exact number of HIV-positive women in DOCCS is difficult to confirm. The most recent published data on HIV-positive women in New York's prisons is contained in a Bureau of Justice Statistics report published in 2012. This report states that 12% of women in DOCCS are living with HIV.¹⁶ This figure is based on data submitted by DOCCS, and it is unclear exactly how the Department calculated the data.



Have you been tested for HIV in DOCCS?

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Other data compiled by the New York State Department of Health (DOH) suggests that HIV rates for women in DOCCS may be lower. This data is based on studies of blood samples drawn every two years from women when they first enter DOCCS custody. The blood samples in these studies, which are kept anonymous, are drawn for other purposes but DOH tests them for HIV.¹⁷ DOH found that the HIV rate among the women studied was 11% in 2007 and 5% in 2009. These studies have shortcomings, however, including that DOH sampled only a small portion of women entering DOCCS custody and that the samples included a higher percentage of white women than were represented in the women's population in DOCCS overall at the time.¹⁸

Based on reports from each women's prison, as of spring 2013, DOCCS had identified 86 women living with HIV in its custody.¹⁹ Given DOCCS' estimate that 12% of women – about 280 women – in its custody are HIV-positive,

the data DOCCS reported to the CA suggests that there are many HIV-positive women whose identity is unknown to the Department.²⁰

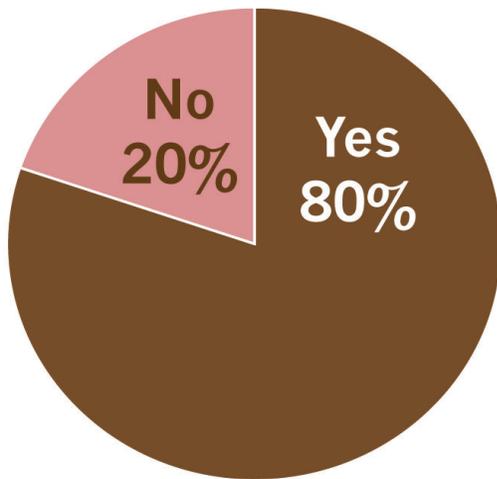
This situation does not seem to be due to a lack of testing but rather that women who already know they are HIV-positive choose not to reveal their status. Women the CA surveyed and interviewed reported that the reluctance to self-identify is driven by ongoing stigma and discrimination in prison against people with HIV, fear that prison staff will not keep information confidential, and general distrust of the medical care that DOCCS provides.

DOCCS recently took a positive step to address these problems by participating in a pilot initiative funded by the Centers for Disease Control and Prevention called Positive Pathways. Positive Pathways is a public health demonstration program carried out by DOCCS, five community-based organizations and the HIV Center at Columbia University. The program aims to reduce HIV stigma in prison, identify new and existing cases of HIV, and ensure access to care for HIV-positive people during and after incarceration. The pilot exists at 18 state prisons, including Albion, Bedford and Taconic.²¹

HIV TESTING

The CA's data shows that a significant number of women enter DOCCS already having been tested for HIV, likely a reflection of enhanced community outreach and testing efforts in New York. For example, three-quarters of HIV survey respondents (76%) reported having at least one HIV test in the year before they entered prison. Forty-one percent said they were tested at a local jail, 44% said they were tested in the community, and 15% said they were tested both in the community and at a local jail.

Nearly all HIV survey respondents (98%) said they had been tested for HIV at least once since entering DOCCS. An estimated 75 to 125 women at the three all-women's prisons get an HIV test each month. Albion estimated 40 to 60 women get tested per month; Bedford Hills estimated 20 to 40 women per month; and Taconic estimated 15 to 20 women per month. This is likely due to the work of the Criminal Justice Initiative (CJI), a joint initiative between DOCCS and the DOH that allows non-profits to provide HIV prevention education and support services to incarcerated people. The next section discusses the CJI programs in greater detail.



Did anyone in DOCCS speak to you about HIV and STDs?

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test, active tuberculosis or symptoms consistent with AIDS.²² DOCCS does not require its staff to offer testing at other opportune moments, such as when women are transferred within DOCCS prisons or during annual GYN exams. For example, only 22% of reproductive health survey respondents reported that the gynecologist spoke to them about getting tested for HIV, HCV and other STDs during their last check-up.

In addition, women report difficulty obtaining an HIV test when they recently had a test and when they request a test for sexual health reasons.

“I requested an HIV test while in Bedford Hills and was denied because I was ‘recently tested.’ I even explained my risk behavior!”

As a result of increased testing opportunities, it seems that most women in DOCCS know their HIV status. For example, only one of 107 HIV survey respondents did not know her HIV status before she entered state custody. In addition, of the women who do seek testing in DOCCS, very few find out they are HIV positive. For example, Albion estimated that less than 1% of women who take an HIV test each month receive positive results.

While DOCCS offers routine HIV testing opportunities, there is room for improvement. For example, the only time DOCCS requires staff to offer an HIV test proactively is during the medical exam conducted at reception, and only to people who fall into certain indicated categories, such as people who have a sexually transmitted disease (STD) and have not been tested for HIV in the last year; women who are pregnant; and people who have a positive PPD

“[T]he object of requesting tests is to make sure I’m healthy, and I’ve requested HIV testing, and have not received it...”

One woman who was denied an HIV test explained her reason for seeking a test this way, “[E]ven though sex is forbidden in prison, it does happen and we need protection.” Overall, 19% of HIV survey respondents said that, at some point during their incarceration, they requested an HIV test but did not receive it.

Pre- and post-test counseling is another important aspect of HIV testing. Counseling can breakdown myths about HIV and encourage women to seek treatment if they receive a positive result. This support can be particularly important for incarcerated women, as the prospect of adding more stress to the already stressful experience of being in prison may discourage women from wanting to know their status and getting treatment if they need it.

The CA’s study indicates that most women receive pre-test counseling but that many do not receive counseling after the test. About one-quarter (22%) of HIV survey respondents said they received no counseling after their HIV test. Among respondents who received counseling, 91% found it “helpful” or “very helpful.” Two-thirds (67%) of respondents said the counseling was done by CJI program staff.

HIV PREVENTION EDUCATION & SUPPORT SERVICES

DOCCS provides HIV prevention education and support services through contracting with community-based, non-profit organizations that participate in the Criminal Justice Initiative (CJI), an initiative jointly funded by DOCCS and the DOH.²³ Many CJI's also provide HIV testing, peer education, and transitional (discharge) planning.²⁴ This initiative helps fulfill DOH's larger public health goal of providing services "designed to diminish HIV/STI/HCV transmission and improve the health and well-being of individuals living with HIV and AIDS."²⁵

Not all New York prisons have a CJI organization providing services, and not all prisons that have a CJI provider have a program with the full range of services.²⁶ CJIs with the full range of services do exist at each of the three all-women's prisons. The Women's Prison Association (WPA), a New York City-based non-profit that serves currently and formerly incarcerated women, is the CJI provider at Bedford and Taconic.²⁷ PathStone, a non-profit that serves low-income communities, is the CJI provider at Albion.²⁸ Unfortunately, budget cuts over the years have reduced CJI programming and staffing for both WPA and PathStone.

Bedford's CJI program is called AIDS Counseling and Education (ACE). ACE was originally created by incarcerated women at Bedford in the late 1980s. ACE was the first formal HIV peer education program in DOCCS and served as a model for peer-led initiatives both in prison and the community. The book, *Breaking the Walls of Silence: AIDS and Women in a New York State Maximum Security Prison*, tells the story of ACE's creation and includes sample curricula.²⁹

Taconic's CJI program is called Counseling AIDS Resources and Education (CARE), and at Albion, the program is titled after the non-profit that provides the CJI services, PathStone. Each program provides HIV testing, education groups, individual counseling and other programming such as special AIDS awareness events. Each program also has a peer educator component where CJI staff use a DOH curriculum to train incarcerated women to help conduct outreach, counseling, education, and support services.

The CA's research shows that the CJI programs at Bedford, Taconic and Albion do a solid job providing HIV services, and all three CJI programs received high praise from women the CA interviewed and surveyed. On a good-fair-poor rating scale, 75% of HIV survey respondents rated the CJI program they participated in as "good." Women said that the top two improvements they wanted for the CJI programs were more speakers living with HIV from inside and outside the prisons, and more updated health information.

At the facility level, the CA's study data shows that the CJI program at Albion and Bedford are significantly more robust than the program at Taconic, in part because CJI peers at Taconic are not allowed sufficient access to the general population and the program does not have a private office space in the prison.

ACCESS TO CJI PROGRAMS

The CA found that women have the best access to the CJI program at Albion, good access at Bedford, and much more limited access at Taconic. The reasons for these discrepancies include:

- ❖ While Bedford and Albion give CJI peers time during orientation to facilitate a full class covering HIV testing and education opportunities, Taconic allows its peers only a short time to present about HIV program offerings at the facility.³⁰
- ❖ While Bedford and Albion allow women to write directly to CJI staff to request services, Taconic requires women to ask a correction officer if they want to speak with CJI staff. This process invades women's privacy and serves as a deterrent for women at the prison to seek CJI services.
- ❖ While the CJI programs at Albion and Bedford have designated offices that women can visit, the CJI at Taconic has no separate space.³¹ As a result, CJI staff at Taconic must provide counseling in public areas like the yard and housing units.
- ❖ While Bedford and Albion permit CJI peers to conduct outreach in general population housing areas, Taconic does not allow its peers this same access. Instead, outreach at Taconic is largely limited to weekly educational sessions for the prison's alcohol and drug treatment program. Women at Taconic commented that while these sessions are important, reaching women in general population is equally important, especially because women are often at Taconic for relatively short periods of time before they return home.
- ❖ Albion is the only CJI that operates full-time within the prison, which makes it easier for women to access their services and for the program to be a consistent source of information and support. For Bedford and Taconic, Women's Prison Association staff travels to the prison only on certain days to provide CJI services.

Having sufficient on-site staff time, a separate, confidential CJI space, and easy access to staff and quality HIV programming at each prison is essential to ensure that women can effectively use and trust HIV support services. Such programming also reinforces the message that HIV education and support is a priority. Having uniformly robust services across the system is especially important given that many women spend time in at least two prisons during their sentence.

“I believe the best encouragement [for testing] comes from our fellow peers.”

HIV PEER EDUCATION

Many CJI programs have a peer component where incarcerated people are trained to teach HIV prevention education courses, facilitate support groups, and conduct outreach in the prison to encourage testing and lessen stigma.³² The CJI programs at Albion, Bedford and Taconic all have a peer educator component.

Peer educators are selected by CJI staff; prison staff and incarcerated people can refer candidates they think are a good match. Peers must have a high school diploma or GED and a positive behavior record in prison. After they are selected, peers undergo two trainings: the four-week DOCCS Inmate Program Aide (IPA) training and the 12-week, 60-hour CJI training based on a curriculum developed by DOH's AIDS Institute. As of 2013, there were seven peer educators working in Albion's CJI, four peer educators at Bedford, and two at Taconic.

Peer education has proven to be an enormously beneficial method in HIV prevention and support work in the community and is especially important in the prison context where mistrust of medical staff, lack of privacy, and stigma are common.³³ Many people hear and accept suggestions and information more readily when offered by peers, and peers can be highly effective in building trust, breaking down stereotypes, and encouraging people to get tested and seek care.

“Peer education is a real gift. They give the message that we are a safe space [and] that we can go to get tested without fearing stigma or breach of confidentiality.”

“Letting women with the virus explain life with it. The good, bad and ugly issues they go through since they got the virus and all information on how to stay safe.”

“[T]hey don't feel they are better, and they actually understand us.”

“I believe the best encouragement [for testing] comes from our fellow peers.”

“I found it easiest to speak with another inmate living with HIV than in a classroom setting. She had more up-to-date information and could answer my questions more comfortably.”

Peer education also provides an opportunity for women hired as peers to engage in meaningful training, feel a sense of accomplishment and pride in their role, and bolster their chances for employment in the health field after their release. One peer expressed the general sentiment of the peer educators when she said, “I love my job.”

The peers at Bedford and Albion help run support groups for women in general population.³⁴ Women at these two prisons generally had positive feedback about the groups. Some women at Bedford expressed concerns about hearing that officers had asked peers to share the content of group discussions. During the course of our study, Taconic’s CJI did not run groups.

CJI staff and peers at Bedford, Albion and Taconic explained that there are no support groups exclusively for HIV-positive women because concerns about stigma and confidentiality keep women from participating in HIV-positive only activities that reveal their status.³⁵ This reality highlights the need for DOCCS to present groups and services within the larger frame of general health and healthy relationships which provides a less stigmatizing environment for participants.

SERVICES FOR SURVIVORS OF TRAUMA

Most incarcerated women are survivors of trauma and abuse, and the isolating and dehumanizing experience of incarceration is also itself a traumatizing experience.³⁶ It is essential for DOCCS to provide specific services for trauma survivors and to ensure that all services are “trauma-informed.”³⁷ Trauma-informed services are services provided by individuals trained to recognize and understand the impact of trauma and that are offered in a way that does not re-traumatize participants.³⁸

Most services in DOCCS are not trauma-informed. For example, the CA found in its reproductive health study that DOCCS medical care is not trauma-informed and, in fact, many women report being traumatized by their medical care experiences in DOCCS, particularly GYN care.

DOCCS does have some impressive programs for trauma survivors, including the Family Violence Program at Bedford and the Female Trauma Recovery Program, a six-month residential program, at Albion and Taconic.³⁹ These programs, however, serve only about 3% of the women's prison population when the vast majority of women would benefit from them.

PathStone is the only CJI that runs a trauma-specific support group that is open to all women regardless of HIV status. The group, Sisters Healing Old Wounds (SHOW), is aimed at providing a supportive space for trauma survivors and takes place once a week for 12 weeks.

SERVICES FOR SPANISH-SPEAKING WOMEN

DOCCS estimates that 2% of women in its custody are Spanish-speaking with no, limited or moderate English.⁴⁰ Women who do not speak or read fluently in English confront additional barriers to accessing health services and health information.

Only Albion's CJI employs a Spanish-speaking staff member (who works on discharge planning) and Spanish-speaking peer educators who could conduct programs in Spanish and use the AIDS Institute Spanish-language curriculum. In 2009, the Bedford's CJI offered an HIV group for Spanish-speaking women; about 25 women attended this group each month.

QUALITY OF HIV INFORMATION

While women spoke highly of the CJJ programs and staff, many were not satisfied with the overall quality of the health information they received during their incarceration. Half (50%) of reproductive health survey respondents rated the quality of the health information they received during their incarceration as “poor.” Forty-four percent said the information was “fair,” and only 16% rated the information as “good.”

Women reported that the main problem with health information is that the information is not up-to-date. Having access to current information is particularly pressing for incarcerated women as they cannot use the Internet and have very limited access to other forms of information. Many women noted a need for more videos and visual aids for women with lower literacy skills, and bilingual material for Spanish-speaking women. Literacy issues are pressing in DOCCS: 43% of women in custody do not have a high school diploma and 14% read below a 5th grade level.⁴¹

HIV survey respondents felt that it was important to receive HIV information throughout their incarceration. Many women said that two key important intervention points are during reception at the beginning of a woman’s sentence and near the end of a woman’s sentence as she prepares to go home. As one woman wrote, “You should have inmates take HIV education while in reception and then in the middle of DOCCS bid and before they go home. Give them more material to go over so that there’s more education.” HIV survey respondents also commented that they found HIV information to be most useful when it was provided in a group setting or during one-to-one conversations with either CJJ program staff or peer educators.

MYTHS

Women reported that, even with CJJ educational services, many myths about HIV persist in prison. Two of the most pervasive myths women identified are: 1) that a person can contract HIV by touching or sharing facilities with people who have HIV, and 2) that a person will only begin to show signs of HIV if she knows she has the disease. As one woman explained: “Once you know [your HIV status], you start getting sick.” This myth is particularly dangerous as people who delay testing may be sicker when they finally do seek medical help.⁴²

STIGMA, DISCRIMINATION AND CONFIDENTIALITY

Even though women in DOCCS have opportunities to obtain HIV testing and education inside prison, women’s concerns about stigma and the lack of confidentiality often keep them from accessing these opportunities. For many women, surviving the prison environment is the priority. For some, a prison sentence may be the first time they come to terms with their level of risk for having HIV. If women have a short sentence, they may be preoccupied with preparing for release.⁴³

“I keep my condition to myself. People here are very judgmental...”

Women surveyed for this study reported that there are significant problems with negative attitudes related to HIV among both staff and incarcerated women in DOCCS. Women explained that these attitudes fuel a climate of fear, stigma and discriminatory treatment.

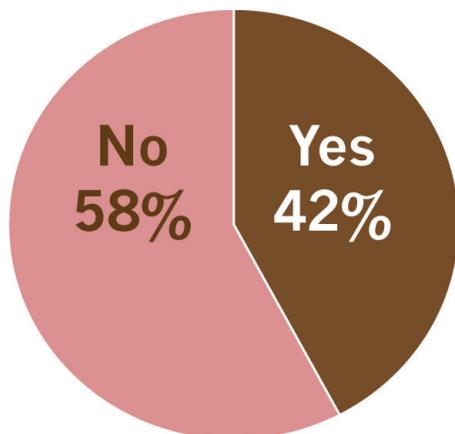
“A woman that was HIV positive got into a fight and an inmate screamed, ‘Don’t touch her she got AIDS.’ The officer started to wipe down the COs station with Windex and then put on rubber gloves...”

“I think that though they will try to hide some of the prejudice, a lot still shows – in their actions, gestures, snide comments, [and] how they move things to ensure people don't touch it cause they will contaminate.”

“When you start asking for information here, regardless of your status (or) for any illness, the other women tend to look down on you and shun you as if you are contagious, and the rumors start, and it becomes very uncomfortable.”

“I keep my condition to myself. People here are very judgmental... People say things to someone and talk behind their backs. Officers tell inmates who is infected... People are very unkind and say very malicious things. That is why I keep it to myself. People are always nasty when they find out.”

The stigma surrounding HIV can translate into discrimination against HIV-positive women: 42% of HIV survey respondents reported observing an incarcerated woman with HIV being harassed or treated negatively because of her status.



Have you ever seen a woman treated negatively in DOCS because she is HIV-positive?

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“[A]bout a year ago a 19-year-old woman here at Bedford found out she was HIV positive. Somehow, the information came out. Officers and peers were saying she had the monster and is the living dead.”

“[In] 2010 at Albion people didn’t want to share a bathroom or shower...didn’t want to sit with...and were in general rude to [a woman] because she had HIV. They treated it like the plague.”

“[W]e were going on a court trip and the CO made [a woman with HIV] pull her socks up all the way to put her shackles on.”

Women also said that violations of privacy and medical confidentiality in DOCCS are common and that HIV status is sometimes shared among staff and women.

Staff tends to know who is sick and who is not. If they don’t like you because you are a trouble maker, the word would get around about your illness.”

“I've seen officers spread an inmate's positive HIV status while in the school basement in Bedford Hills ...”

“Movies [about HIV and] testing were offered. Not helpful enough due to lack of confidentiality.”

Some women commented that when they asked officers to sign them up for CJJ appointments, the officers asked for the reason, intruding on their privacy and making them reluctant to reach out for services again.

The stigmatizing environment in DOCCS is a serious barrier for women who want to access HIV services and care. Overall, only 60% of HIV survey respondents said they would feel comfortable asking for HIV information or services in prison.

HIV survey respondents suggested that enhanced HIV education and training could help counter stigma, poor treatment and breaches of confidentiality. DOCCS reported that correction officers' annual 40 hours of training includes information on HIV, but it is unclear whether this information goes beyond strategies to avoid contracting the illnesses to include personal bias and attitudes, addressing stigma and ensuring confidentiality. Many women said that inviting more women living with HIV to speak out and to educate other women and correctional staff would help.

“Giving a mandated class for COs so they know about it.”

“Having classes talking about not discriminating [against] other inmates about their health problems, or add this session to the groups the prison already has.”

“[Women should be] educated by a person who has been living with HIV for a while and has studied the disease.”

Women also suggested that HIV programs should be integrated into each of the three phases of DOCCS' transitional services program. This would help ensure a continuum of spaces where women can learn about HIV without requiring them to risk being labeled as HIV-positive because they sought HIV information.

REENTRY PLANNING FOR HIV POSITIVE WOMEN

CJI staff at Bedford, Albion and Taconic is responsible for discharge planning for women with HIV. This planning assistance includes connecting women to re-entry services and medical resources in their community. It also includes helping women complete the AIDS Drug Assistance Program (ADAP) application which covers HIV/AIDS medication, free primary care services, and home care and follow-up services.⁴⁴

The aforementioned Positive Pathways pilot program incentivizes disclosure of HIV-status by providing HIV-positive people who participate in the program with discharge planning assistance and six-months of post-release follow up.

DOCCS also now uses Medicaid enrollment clerks to enroll individuals who did not previously have Medicaid in the insurance program before their release. In addition, every month DOH supplies DOCCS with a list of individuals who were covered by Medicaid prior to their incarceration and whose coverage was suspended when they entered DOCCS custody.⁴⁵ Similarly, DOCCS sends DOH a list

“Among reproductive health survey respondents who were within three months of their release, less than half (46%) said they received information on how to access health services in their community.”

each day of individuals returning home, so that DOH can reactivate Medicaid coverage for individuals whose coverage was suspended.⁴⁶ This enrollment support and information exchange helps HIV-positive individuals returning to the community access community-based health services. DOCCS and DOH should build on these efforts and make sure that reentry services include current information about the range of health care options available to HIV-positive people and people from low-income communities.

While DOCCS appears to offer useful discharge planning services for HIV-positive women through its CJIs, the Department fails to provide important health information and referrals to help maintain continuity of medical care for women who are not HIV-positive. Among reproductive health survey respondents who were within three months of their release, less than half (46%) said they received information on how to access health services in their community. Providing these resources is critical given that many women are returning to communities with high HIV seroprevalence rates, and many women are actually living with HIV but have not disclosed their status. DOCCS also does not provide women with copies of their complete medical records upon their release

Women the CA heard from said they want more health-related counseling, education and groups for women preparing for release to reinforce the health information they receive earlier in their sentences. As one HIV survey respondent wrote, “I think they should also have REACH [Albion’s primary CJI program offering] at the end of our bid to refresh our minds.”

CONCLUSION

DOCCS does a solid job offering HIV testing to women in its custody. Areas for improvement include providing better access to HIV testing for women who have recently been tested and women who request a test for sexual health reasons, and requiring medical staff to offer testing to women at opportune moments other than reception, such as during annual GYN appointments and after transfers between prisons.

Negative attitudes about people living with HIV and misconceptions about how HIV is transmitted persist among staff and incarcerated women in DOCCS. Stigma and misinformation foster a climate of fear and shame for HIV-positive women and create barriers to women accessing HIV information, services and care. Women report that medical confidentiality related to HIV status is often breached and that women with HIV are often subjected to ridicule and harassment by staff and other incarcerated women. More work is needed to address these problems.

Stigma, poor treatment, lack of confidentiality and distrust of DOCCS medical care fuel the decisions by many HIV-positive women to refrain from disclosing their status in prison. As a result, DOCCS is unaware of the identity of many HIV-positive women in its custody. This is problematic as women who avoid or delay treatment are at risk of being sicker when they finally do seek help.

Women's concerns about stigma and confidentiality also prevent them from wanting to participate in HIV-only support services. This reality highlights the need for general health education and support groups in DOCCS that integrate HIV education into a broader curriculum and offer a less stigmatizing environment for women to access information.

CJI programs at Bedford, Albion and Taconic are well-regarded by the women who participate in the HIV testing, education and support services the programs offer. In particular, women appreciate the peer-led programs and the ability to hear from women living with HIV. Overall, the CJI's at Albion and Bedford are significantly more robust than the program at Taconic. Taconic has the fewest HIV services, the prison's CJI peers are not allowed sufficient access to the general population and the program does not have a private office space.

Most women in DOCCS do receive HIV information, but many feel that the information needs to be more current and more accessible to women with low literacy levels and women not proficient in English. Women also expressed the need for more opportunities to hear directly from HIV-positive women living in prison and in the community. Women recommended that HIV information be provided at multiple points, with an emphasis on education during the beginning of a sentence and the end of a bid when women are preparing to return home.

For women with HIV, there are services to help ensure a continuum of HIV care upon release. These services, however, do not exist for non-HIV positive women. The lack of effective discharge planning is a problem given that many women living with HIV have not disclosed their status to DOCCS, and many are returning to communities in New York where there are high HIV prevalence rates.

RECOMMENDATIONS

ON HIV TESTING AND DISCLOSING HIV STATUS

- ❖ Offer HIV testing to all women entering DOCCS custody. Offer women testing during every annual GYN exam and after women transfer from one DOCCS prison to another.
- ❖ Provide HIV tests for all women who request them, regardless of whether they recently had an HIV test or are requesting a test for sexual health reasons.
- ❖ Take steps to encourage more women to disclose their HIV status by enhancing the quality of medical services in DOCCS, building trust between women and medical providers, improving the enforcement of HIV-related confidentiality protocols, and taking disciplinary action against staff who break confidentiality protocols.
- ❖ Continue the Positive Pathways program beyond its pilot phase to allow more time to determine the efficacy of the program, especially the one-to-one services and the six months of post-release services.

ON CRIMINAL JUSTICE INITIATIVE (CJI) PROGRAMS AND PEER EDUCATION

- ❖ Enhance CJI programming at Taconic, including creating a designated CJI office space and allowing CJI peers to conduct outreach in areas throughout the facility.
- ❖ Increase CJI services for Spanish-speaking women.
- ❖ Provide more funding to expand the role of trained peer educators in all DOCCS programs, including HIV education programs.
- ❖ Expand the trauma-specific programming offered by CJI staff. Expand trauma programming in DOCCS overall, particularly the Female Trauma Recovery Program, and make all services in DOCCS trauma-informed.

ON HIV AND HEALTH PROGRAMMING AND ADDRESSING STIGMA

- ❖ Improve the quality of HIV information available to women, ensure that information is up-to-date and in formats accessible for women with low literacy skills and women who are not proficient in English. Invite more HIV-positive women from the community to speak with women in DOCCS.
- ❖ Create a women's general health education program with educational sessions, peer health support groups, and one-to-one counseling that covers a wide range of health issues affecting women and that integrates HIV information and support services in a broader and less stigmatizing setting. Provide HIV information in each of the three phases of DOCCS transitional services program.
- ❖ Provide security and civilian staff with comprehensive training on HIV and how to work effectively with people living with HIV. Take proactive steps to prevent mistreatment of HIV-positive women by staff.

ON DISCHARGE PLANNING AND TRANSITIONAL SERVICES

- ❖ Improve discharge planning services for all women.
- ❖ Include a refresher course on HIV during the last phase of transitional services; information on other pressing health issues for women; and, information about how to maintain continuity of medical care after release.
- ❖ DOCCS and DOH should review CJI service contract requirements to ensure that CJI services are reflective of the latest and best health options available in the community. A review is especially important in light of the opportunities that the federal Affordable Care Act⁴⁷ and New York's efforts to redesign Medicaid present to improve reentry health services in DOCCS.⁴⁸
- ❖ Ensure that all women leaving prison are either enrolled in Medicaid or have their Medicaid coverage reinstated from suspended status to facilitate seamless access to the community health care services. Provide each woman a copy of her complete medical records upon her release.

NOTES

¹ The CA estimates that DOCCS housed 2,700-3,000 HIV-positive people in 2013. This represents 17% of all HIV-positive incarcerated people in the country. See p. 14 Correctional Association of New York. (2013). *Correctional Association of New York 2013 Comments Concerning DOH Oversight of HIV/HCV Care in New York State Prisons* (hereinafter *Correctional Association 2013 Comments*).

Florida's prison system houses more HIV-positive incarcerated women than New York, 284 women versus 260 women, respectively. The Texas prison system is third, housing 241 women living with HIV. See table 2, p. 6. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics (2012) *HIV in Prisons, 2001-2010. Bulletin* (NCJ 238877). Washington, DC: Maruschak, Laura. Retrieved on September 1, 2014 from www.bjs.gov/content/pub/pdf/hivp10.pdf.

² According to data submitted by DOCCS to the Bureau of Justice Statistics in 2010, 5.2% of men in custody and 11.7% of women in custody were living with HIV. See Table 2 in: Maruschak, L. (2012). *HIV in Prisons, 2001-2010. Bureau of Justice Statistics Bulletin, NCJ 238877*. Bureau of Justice Statistics, U.S. Department of Justice. Retrieved on July 15, 2014 from www.bjs.gov/content/pub/pdf/hivp10.pdf

³ Beck, J., Paltrowitz, S. & Elijah, S. (2013). Infectious Diseases in State Prisons. In E. Waltermaurer & T.A. Akers (Eds), *Epidemiological Criminology: Theory to practice* (pp. 162-175). New York, NY: Routledge. Centers for Disease Control and Prevention. (2012). HIV/AIDS data through December 2008 provided for the Ryan White HIV/AIDS Treatment Extension Act of 2009, for fiscal year 2010. *HIV Surveillance Supplemental Report, 17*(1). Retrieved on July 15, 2014 from www.cdc.gov/hiv/surveillance/resources/reports/2009supp_vol17no1/index.htm

⁴ See note 2. The 2010 figures are lower than those from 2008. See Appendix Table 1 in: Maruschak, L. (2009, Rev 2010). *HIV in Prisons, 2007-08. Bureau of Justice Statistics Bulletin, NCJ 228307*. Bureau of Justice Statistics, U.S. Department of Justice. Retrieved on July 15, 2014 from <http://bjs.ojp.usdoj.gov/content/pub/pdf/hivp08.pdf>

⁵ See "At the Intersection between Poverty Race and HIV Infection: HIV-related Services for Incarcerated Women," *Infectious Diseases in Corrections Report*, Brown Medical School, Office of Continuing Medical Education, Vol. 9, Issues 6 & 7 (June/July 2006). See Michelle Onorato, MD, *HIV Infection Among Incarcerated Women*, HIV & Hepatitis Education Prison Project (HEPP), Vol. 4, Issue 5 (May 2001). See Anne S. DeGroot, MD, *HIV Infection Among Incarcerated Women, An Epidemic Behind The Walls*, HIV & Hepatitis Education Prison Project (HEPP), Vol. 3, Issue 4 (April 2000). See Hilary Beard, *Getting Real: Black Women Taking Charge in the Fight Against AIDS*, Black AIDS Institute (December 2005), at 17. See Beck, J., Paltrowitz, S. & Elijah, S. (2013). Infectious Diseases in State Prisons. In E. Waltermaurer & T.A. Akers (Eds), *Epidemiological Criminology: Theory to practice* (pp. 162-175). New York, NY: Routledge.

⁶ NYS DOCCS. (2013). *Under Custody Report: Profile of Inmate Population Under Custody on January 1, 2013*. Albany, NY. Retrieved on June 17, 2014 from http://www.prisonpolicy.org/scans/nydocs/UnderCustody_Report2010.pdf

Based on the U.S. Census Bureau's 2012 American Community Survey, 64.7% of women in New York State identified as white alone. See: U.S. Census Bureau. (2012). *Sex by Age (White Alone), New York. 2012 American Community Survey 1-Year Estimates*. Retrieved on August 11, 2014 from

http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_12_1YR_B01001A&prodType=table, U.S. Census Bureau. (2012). *Sex by Age, New York. 2012 American Community Survey 1-Year Estimates*. Retrieved on August 11, 2014 from

http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_12_1YR_B01001&prodType=table

⁷ "The concentration of the HIV epidemic among women of color is striking. African American and Hispanic women together represent 86 percent of the 53,500 women who have been diagnosed with HIV and AIDS in New York. The rate of HIV infection among African American women in New York is more than 27 times higher than that of white women; the rate for Hispanic women is 13 times higher than white women." (p. 7). New York State AIDS Advisory Council. (2005). *Women in Peril: HIV & AIDS: The Rising Toll on Women of Color*. Albany, NY: New York State Department of Health. Retrieved on July 15, 2014 from <http://www.hivlawandpolicy.org/sites/www.hivlawandpolicy.org/files/womeninperil-NYS%20AIDS%20Advisory%20Council-Dec2005.pdf>.

⁸ There are also three prisons that house both men and women: Willard Drug Treatment Campus in Seneca County a minimum-security prison focused on a substance abuse treatment for people convicted of violating parole, which houses about 60 women and 750 men; Lakeview Shock Incarceration Facility in Chautauqua County, a minimum-security prison with a boot camp model, which houses about 110 women and 530 men; and Edgcombe Correctional Facility in upper Manhattan, a minimum-security prison, which houses 50 women on work release and 112 number of men who were convicted of violating parole. We did not survey the women in these facilities.

⁹ While the Correctional Association of New York supports prison closures, the Association urged Governor Andrew Cuomo to halt the closures of Bayview and Beacon until a plan was put in place to replicate the important opportunities those

prisons provided for incarcerated women to stay connected with their families and prepare for a successful return home. See: Correctional Association of New York. (2013). Testimony of the Correctional Association of New York, Public Protection Committee Budget Hearing – February 6, 2013. Retrieved on July 15, 2014 from <http://www.correctionalassociation.org/wp-content/uploads/2013/02/cany-testimony-nys-budget-bayview-beacon-closures-feb-6-2013.pdf>

Kraft-Stolar, T. (2014). Women inmates deserve better. *Times Union*, Commentary, February 14. Retrieved on July 15, 2014 from <http://www.timesunion.com/opinion/article/Women-inmates-deserve-better-4280527.php>

See also the Correctional Association of New York's April 1, 2013 press release, available at <http://www.correctionalassociation.org/press/critical-opportunities-for-women-will-be-lost-as-governor-continues-trend-of-closing-minimum-security-and-downstate-prisons>

¹⁰ "Privileged Correspondence is defined as correspondence addressed by an inmate to any of the following persons or entities...Governmental/Public Officials: Any American Federal, State, or local government official, department or agency; any official of a Nation, State, or tribe of which an inmate is a citizen; or the Correctional Association of New York State...." NYS DOCCS. (1/13/14). *Directive 4421: Privileged Correspondence*. (On file at the Correctional Association of New York).

¹¹ NYS DOCCS. (2010). *Under Custody Report: Profile of Inmate Population Under Custody on January 1, 2010*. Albany, NY. Retrieved on July 15, 2014 from http://www.prisonpolicy.org/scans/nydocs/UnderCustody_Report2010.pdf

¹² Letter from NYS DOCCS Commissioner Brian Fischer to Correctional Association of New York (6/1/2010) provides median age data for women housed in DOCCS facilities as of April 1, 2010. (On file at the Correctional Association of New York).

¹³ DOCCS uses the following seven categories for race/ethnicity: White, African-American, Hispanic, Native American, Asian, Other and Unknown. See: NYS DOCCS. (2010). *Under Custody Report: Profile of Inmate Population Under Custody on January 1, 2010*. Albany, NY. Retrieved on July 15, 2014 from http://www.prisonpolicy.org/scans/nydocs/UnderCustody_Report2010.pdf

¹⁴ NYS DOCCS. (2010). *Table 14. Inmates Under DOCCS Custody on April 1, 2010: Median Time Served at Facility (in Months) by Gender*. (On file at the Correctional Association of New York).

¹⁵ NYS DOCCS. (2010). *Table 3B. Crime by Predicate Felony Status by Gender, Under Custody at NYSDOCS as of April 1, 2010*. (On file at the Correctional Association of New York).

¹⁶ See note 2.

¹⁷ See: New York State Department of Health. (2009). *Surveys of HIV Seroprevalence Among Inmates Entering New York State Correctional System: 1998-2007*. (On file at the Correctional Association of New York).

¹⁸ *Id.*, note 17. New York State Department of Health. (2012). *BHAE 2009 Survey of Incoming Inmates in NYS Department of Corrections and Community Supervision (DOCCS): The Prison Study*. (On file at the Correctional Association of New York).

¹⁹ In April 2013, Albion reported that 39 women in its custody were living with HIV, 32 of those women were on treatment and 1 was identified as having AIDS. In February 2013, Bedford reported that 30 women in its custody were living with HIV, 30 of those women were on treatment and 1 was identified as having AIDS. In April 2013, Taconic reported that 17 women in its custody were living with HIV, 0 of those women were on treatment and 1 was identified as having AIDS. In May 2013, Beacon reported that no women in its custody were living with HIV.

²⁰ The Correctional Association estimated that DOCCS had identified only 40% of the women living with HIV in its custody as of spring 2012. See note 1, *Correctional Association 2013 Comments*.

²¹ New York State Department of Health. (2013). *Positive Pathways*. (On file at the Correctional Association of New York). See also note 1, *Correctional Association 2013 Comments*.

²² "The Department will provide early detection of HIV infection by encouraging voluntary antibody testing for asymptomatic inmates. New York State Department of Health guidelines for post-test counseling are followed. HIV antibody testing is available to the inmate population upon request and is encouraged for high risk individuals. The tests will be routinely offered to inmates with the following conditions: tuberculosis infection including positive PPD, pregnancy, or symptoms consistent with AIDS-defining illness." ("Division of Health Services Policy - HSPM 1.12b HIV Counseling Inmate and Testing" (New York State Department of Correctional Services, February 25, 1993). "HIV counseling and testing will be offered to all pregnant women in custody." ("Division of Health Services Policy - HSPM 1.12a Pre-Natal HIV Testing" (New York State Department of Correctional Services, October 9, 1991).

²³ "The AIDS Institute's Criminal Justice Initiative (CJI) was developed in response to the emerging prevention and service needs of HIV infected and at-risk detainees, inmates and ex-offenders in New York State. Its goal is to provide a comprehensive, seamless continuum of quality HIV prevention and supportive services to individuals in a correctional setting and ex-offenders returning to their home communities. These services are designed to diminish HIV transmission and improve the health and well-being of individuals living with HIV/AIDS. The CJI uses multiple strategies to ensure effective service delivery." Prevention and Support Services: Criminal Justice Initiative. New York State Department of Health. Retrieved on September 1, 2014 from <https://www.health.ny.gov/diseases/aids/general/about/prevsup.htm#cji>

²⁴ “The services provided in correctional settings may include HIV/STI/HCV prevention interventions, peer educator training, anonymous HIV testing and partner services (with the option to convert to confidential), HIV supportive services, and transitional planning. This initiative also funds community-based organizations to provide re-entry assistance for formerly incarcerated individuals living with HIV/AIDS. Services include transportation, supportive services, risk reduction counseling, coordination of health and human services, referral to community case management and Project START, which is an evidence based community re-entry intervention. For correctional settings where the AIDS Institute directly provides anonymous HIV testing and partner services and the inmate chooses to convert to confidential status, a direct link to CJI contractors is provided to assist inmates with appropriate HIV-related support services while incarcerated and to provide re-entry services upon release. CJI contractor services are a compliment to the long-standing HIV prevention and support collaboration between the NYS Department of Corrections and Community Supervision (DOCCS) and the DOH. This strong collaboration allows for the targeted distribution of Health Resource Portfolios and Work Release Packets containing HIV/STI/HCV prevention information and male and female condoms that are provided to inmates as they leave the facility. In state correctional facilities, the CJI also supports the Prison HIV Hotline. This hotline offers state inmates the opportunity to call collect for HIV/STI/HCV information and counseling. The hotline is also a clearinghouse for HIV/STI/HCV-related information and provides transitional planning and referral services for HIV positive inmates upon release.” *Id.*

²⁵ *Id.*

²⁶ “The 14 CJI contractors in 2011 provided five types of services in DOCCS facilities: HIV prevention education; HIV training of peer educators; HIV counseling and testing; support services for HIV-infected and affected individuals; and HIV/AIDS specific transitional planning. In 2011, most prisons received some or all of the five services offered by the CJI contractors, but not all prisons are included. The number and percent of DOCCS prisons not covered for each type of service were: HIV prevention-3 (5%); HIV Peer training-15 (26%); HIV counseling and testing-12 (21%); HIV support services-18 (31%); and transitional services-7 (12%). The number of prisons receiving CJI services increased from 2009 to 2011; specifically, HIV support services were added at 15 additional prisons between 2009 and 2011 and HIV counseling and testing services were added at five additional prisons. We commend AI for expanding coverage, but we remain concerned about the lack of system-wide coverage for peer training and HIV support services.” See note 1, *Correctional Association 2013 Comments*, p.48.

²⁷ WPA also runs community programs for women at probation offices and Rikers Island jail.

²⁸ PathStone’s additional catchment areas are Pennsylvania, New Jersey, Ohio, Indiana, Virginia, Vermont and Puerto Rico. The HIV/AIDS prevention education and services work at Albion is part of their Health and Safety Services initiative which also serves women inmates in the Genesee and Orleans County Jails. Pathstone has an additional program, the AIDS Drug Assistance Program Outreach and Enrollment in Health Care initiative, with locations in the New York counties of Dutchess, Orange, Sullivan and Ulster for farmworkers, migrants, immigrants, and rural minorities living with HIV/AIDS.

²⁹ *Breaking the Walls of Silence: AIDS and Women in a New York State Maximum Security Prison* by Members of the AIDS Counseling and Education Program at Bedford Hills Correctional Facility (Overlook Press 1998). ACE aimed to prevent the spread of HIV, create more humane conditions for HIV-positive incarcerated women, to provide HIV support and education, and to serve as an in-prison liaison with outside community groups aiding HIV-positive women returning home from incarceration.

³⁰ During their third week of being incarcerated, women at Albion participate in PathStone’s REACH program and women at Bedford participate in ACE’s Education and Prevention program. These programs are part of DOCCS’ mandatory Transitional Services Phase I program for women entering DOCCS custody.

³¹ At Bedford Hills, the support groups, and counseling and education sessions take place in the ACE program space, the Intermediate Care Program (ICP) and the Long-Termers unit. Staff and peers expressed a desire to expand these presentations to additional locations, including the nursery, the school buildings and the residential unit in the Regional Medical Unit (RMU).

³² “In 2009, 742 persons participated in the CJI peer training programs. Anecdotally, we have heard positive comments about the curriculum. These peers could have a significant impact on DOCCS’ ability to encourage more persons to come forward for HIV testing and care. Unfortunately, it is not clear that this valuable resource is being used by DOCCS. There is no consistent DOCCS policy of which we are aware that specifies how graduates of the CJI peer program will be incorporated into the prisons’ HIV education programs, nor is there system-wide funding to pay these trained individuals to perform education and support services for the prison population. Although many peers attempt informally to educate others inside, we believe DOCCS is not fully utilizing the knowledge and skill of these peers since most prisons do not assign these individuals to paying jobs and other programs in which they can consistently and regularly engage the prison population in formal and informal presentations on HIV education, prevention and risk reduction. Conduction health education programs that are only HIV-specific is not the best method in which to get this information widely disseminated in the prison population because non-infected individuals are often reluctant to attend such an event since their mere attendance can lead to an inference that they are HIV-positive. Therefore, HIV education must be regularly inserted into non-medical education and other support programs to reach a much wider audience. It is not feasible to do this throughout DOCCS with outside professionals or the prison medical staff. Peer educators could perform this function for limited

additional funding so that the entire DOCCS population will repeatedly learn about the important facts of HIV and the benefits of learning one's status and entering care." See note 1, *Correctional Association 2013 Comments*, p. 50

³³ See note 1, *Correctional Association 2013 Comments*, pp. 56-57.

³⁴ Bedford has two groups run by CJI peer educators and staff which are open to all women in the prison. Approximately 25 women participate in each group. There were no HIV peer support groups at Bayview or Beacon when those prisons were still open. PathStone at Albion has peer-led, staff-supervised support groups that provide women in general population with support and education on HIV/AIDS. Women newly admitted to the prison are mandated to participate in PathStone's REACH (Resources Education AIDS Counseling and Health) program, a two to three-hour HIV/AIDS prevention course that covers general HIV education and information on virus transmission, STDs, prevention and safer-sex, as well as opportunities to test. REACH staff also conducts a mandatory refresher course for women convicted of violating parole, and a volunteer course for women who complete Albion's drug program and for women on work release at the facility. PathStone used to run *Prevention Talk*, a six-week, tri-annual program where incarcerated HIV-positive women would talk with participants about prevention strategies. Between mid-2008 and mid-2009, approximately 100 women participated in *Prevention Talk*. However, due to budget cuts, only 40 women participated in the two sessions held between 2009 and 2010. *Prevention Talk* has now been folded into Albion's four-day orientation for women newly admitted to Albion. PathStone used to also have a program called *Sisters Informing Sisters on Topics about AIDS* (SISTA), a five-week, biannual Centers for Disease Control and Prevention (CDC) program that covers HIV information and prevention skills through role-plays and films. In 2009, about 10-15 women had completed the SISTA program. Presently, the program runs only one session per year with 5-6 participants.

³⁵ For example, in 2008, Bedford's ACE program offered a support group called *Life Support* for HIV-positive women. The group was closed because participation dwindled, largely a result of wariness among participants that their confidentiality would be maintained by correction officers and others who might overhear.

³⁶ A 1999 study of women in Bedford Hills found that 94% of the women interviewed had experienced physical or sexual violence in their lifetime, 82% had been severely physically or sexually abused as children, and 75% had suffered serious physical violence by an intimate partner during adulthood. See: Browne, A., Miller, B. & Maquin, E. (1999). Prevalence and Severity of Lifetime Physical and Sexual Victimization Among Incarcerated Women. *International Journal of Law & Psychiatry*, 22(3-4), 301-22.

A 1994 study of 557 incarcerated women in Oklahoma found that 80% of the women studied reported having been abused in the past. See: Marcus-Mendoza S., Sargent, E. & Yu, C.H. (1994). Changing Perceptions of the Etiology of Crime: The Relationship Between Abuse and Female Criminality. *Oklahoma Criminal Justice Research Consortium Journal*, 1, 13-25.

A 1999 report by the federal Bureau of Justice Statistics, the most recent study assessing abuse history among women in state prisons across the country, found that 57% of women in state facilities had experienced physical or sexual abuse before incarceration. The study also found that more than 37% of women in state prisons had been raped prior their incarceration. See: Wolf Harlow, C. (1999). *Selected Findings: Prior Abuse Reported by Inmates and Probationers*. Bureau of Justice Statistics, U.S. Department of Justice. Retrieved on May 15, 2014 from <http://bjs.ojp.usdoj.gov/content/pub/pdf/parip.pdf>

In 2002, the Bureau of Justice Statistics reported that 55% of female jail inmates indicated past abuse. See: James, D.J. (2004). *Special Report: Profile of Jail Inmates, 2002*. Bureau of Justice Statistics, U.S. Department of Justice. Retrieved on May 15, 2014 from <http://bjs.ojp.usdoj.gov/content/pub/pdf/pji02.pdf>.

It is likely that the Bureau's figures are underestimates given the findings of the Bedford Hills study cited above and the experience of numerous organizations that work with currently and formerly incarcerated women. See: Correctional Association of New York & Avon Global Center for Women and Justice at Cornell Law School. (2011). *From Protection to Punishment: Post-Conviction Barriers to Justice for Domestic Violence Survivor-Defendants in New York State*. New York, NY. Retrieved on June 17, 2014 from http://www.correctionalassociation.org/wp-content/uploads/2011/06/from_protection_to_punishment.pdf

³⁷ "Trauma-informed" services are not specifically designed to treat symptoms or syndromes related to sexual or physical abuse or other trauma, but they are informed about, and sensitive to, trauma-related issues present in survivors. A "trauma-informed" system is one in which all components of a given service system have been reconsidered and evaluated in the light of a basic understanding of the role that violence plays in the lives of people seeking mental health and addictions services (Harris & Fallot, 2001). A "trauma informed" system uses that understanding to design service systems that accommodate the vulnerabilities of trauma survivors and allows services to be delivered in a way that will avoid inadvertent re-traumatization and will facilitate consumer participation in treatment. It also requires, to the extent possible, closely knit collaborative relationships with other public sector service systems serving these clients and the local network of private practitioners with particular clinical expertise in "traumatology" (Harris & Fallot, 2001)." (Jennings, A. 2004. *Models for Developing Trauma-Informed Behavioral Health Systems and Trauma-Specific Services*. <http://www.theannainstitute.org/MDT.pdf>.) See also Havig, K. 2008. The health care experiences of adult survivors of child sexual abuse: a systematic review of evidence on sensitive practice. *Trauma, Violence and Abuse* 9, no. 1: 19-33; Plichta, Stacey B. 2007. Interactions Between Victims of Intimate Partner Violence Against Women and the Health Care

System: Policy and Practice Implications. *Trauma, Violence & Abuse* 8, no. 2 (April): 226-239; Leeners, Brigitte, Ruth Stiller, Emina Block, Gisela Görres, Bruno Imthurn, and Werner Rath. 2007. Effect of Childhood Sexual Abuse on Gynecologic Care as an Adult. *Psychosomatics* 48 (October): 385-393.

³⁸ Jennings, A. 2004. *Models for Developing Trauma-Informed Behavioral Health Systems and Trauma-Specific Services*. <http://www.theannainstitute.org/MDT.pdf>. See also Havig, K. 2008. The health care experiences of adult survivors of child sexual abuse: a systematic review of evidence on sensitive practice. *Trauma, Violence and Abuse* 9, no. 1: 19-33; Plichta, Stacey B. 2007. Interactions Between Victims of Intimate Partner Violence Against Women and the Health Care System: Policy and Practice Implications. *Trauma, Violence & Abuse* 8, no. 2 (April): 226-239; Leeners, Brigitte, Ruth Stiller, Emina Block, Gisela Görres, Bruno Imthurn, and Werner Rath. 2007. Effect of Childhood Sexual Abuse on Gynecologic Care as an Adult. *Psychosomatics* 48 (October): 385-393; Wood, Miranda. 2003. Victims of sex abuse refusing Pap tests. *The Sun-Herald*, November 16. <http://www.smh.com.au/articles/2003/11/15/1068674436780.html?from=storyrhs&oneclick=true>.

³⁹ Participants have groups twice per week and individual counseling sessions once per week with the Female Trauma Recovery Program (FTRP) instructor. DOCCS requires women who have substance abuse histories to complete a substance abuse program before joining the FTRP. DOCCS also requires women to have at least 6 months until their release date to be eligible for the program. For additional information on FTRP see: NYS DOCCS. (n.d.). *Female Trauma Recovery (FTR) Program*. Retrieved on July 15, 2014 from <http://www.doccs.ny.gov/ProgramServices/substanceabuse.html#ftr>

⁴⁰ In 2008, the most recent year DOCCS made this information public, the Department estimated that 55 of 2,750 women in its custody spoke Spanish only, Spanish and limited English, or Spanish and moderate English. See: NYS DOCCS. (2008). *Hub System: Profile of Inmate Population Under Custody on January 1, 2008*. Albany, NY. Retrieved on July 15, 2014 from http://www.doccs.ny.gov/Research/Reports/2008/Hub_Report_2008.pdf.

⁴¹ See: NYS DOCCS. (2013). *Under Custody Report: Profile of Inmate Population Under Custody on January 1, 2013*. Albany, NY. Retrieved on July 15, 2014 from http://www.doccs.ny.gov/Research/Reports/2013/UnderCustody_Report_2013.pdf.

⁴² See Centers for Disease Control and Prevention. *Testing Makes Us Stronger: HIV/AIDS Facts*. Retrieved on October 4, 2014 from <http://hivtest.cdc.gov/stronger/hiv/index.html> .

⁴² For DOCCS' description of its transitional services program, see: <http://www.doccs.ny.gov/ProgramServices/transitional.html#tsp>

⁴³ See Correctional Association of New York. (2009) *Women, Incarceration, Reentry and HIV*. Retrieved on September 1, 2014 from <http://www.correctionalassociation.org/resource/women-incarceration-reentry-and-hiv>.

⁴⁴ ADAP is an acronym for the AIDS Drug Assistance Program. The New York State Department of Health, AIDS Institute offers four programs making up what is referred to as the HIV Uninsured Care Programs to provide access to health care for New York State residents with HIV infection who are uninsured or underinsured. The four programs are: 1) AIDS Drug Assistance Program (ADAP) pays for medications for the treatment of HIV/AIDS and opportunistic infections. The drugs paid for by ADAP can help people with HIV/AIDS live longer and treat the symptoms of HIV infection. ADAP can help people with no insurance, partial insurance, Medicaid Spend-down / Surplus or Medicare Part D; 2) ADAP Plus (Primary Care) pays for primary care services at participating clinics, hospitals, laboratory providers and private doctor's offices. The services include ambulatory care for medical evaluation, early intervention and ongoing treatment; 3) HIV Home Care Program pays for home care services for chronically medically dependent individuals as ordered by their doctor. The program covers home health aide services, intravenous therapy administration, supplies and durable medical equipment provided through enrolled home health care agencies; and, 4) ADAP Plus Insurance Continuation (APIC) pays for cost effective health insurance premiums for eligible participants with health insurance including, COBRA, Medicare Part D and private or employer sponsored policies. ADAP, Primary Care, Home Care, and APIC all use the same application form and enrollment process, although additional forms are required for Home Care and APIC. See <http://www.health.ny.gov/diseases/aids/general/resources/adap/manuals/docs/pharmacy.pdf>.

⁴⁵ In 2007, New York State enacted a law requiring the State Department of Health to suspend, instead of terminate, Medicaid for people entering prison with prior Medicaid enrollment. See Legislative Victory: Healthcare Coverage for People Leaving Prison, Correctional Association of New York. Retrieved on September 1, 2014 from <http://www.correctionalassociation.org/news/legislative-victory-healthcare-coverage-for-people-leaving-prison>.

⁴⁶ Nigro, J., "New York State Department of Corrections and Community Supervision Medicaid Presentation." June 2014. PowerPoint presentation. On file at the Correctional Association of New York.

⁴⁷ See <http://www.vera.org/sites/default/files/resources/downloads/on-life-support-public-health-mass-incarceration-report.pdf>