MSM and Corrections

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Cermak Health Services
of
Cook County Jail
Reducing HIV/STI Risk Among Incarcerated Males

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Difference Between Jails and Prisons

✓ Jails are short-term: pretrial.
✓ Detainees are guaranteed the right to health care.
✓ One-third are “in and out,” about one-third are in for a couple of weeks to a month, and the rest are in from one month to a year or more.
✓ Prisons are where one “does the time.”
Because the jail involves a higher turn-over, the priority for HIV prevention efforts is all the more urgent.

Some men identify as heterosexual while in society, but may engage in “situational sex,” while incarcerated.

HIV isn’t transmitted based on “identity,” but by the HIV risk “behavior.”
Existing CDC Intervention for Corrections--Project START

- Piloted in prisons, not jails
- 2 sessions pre-release and 4 sessions post-release.
- Open to young men (18-29 years old) MSM and non-MSM, HIV negative or HIV positive.
- Showed great efficacy for those who received the Enhanced Intervention.
- Illinois is hoping to bring Project START as a DEBI to Illinois correctional institutions.
Key Problems Affecting High-Risk Incarcerated Men

- Homelessness
- Substance abuse
- Mental health issues
- Lack of essential life services targeting HIV-negative MSM
- There are more available resources for HIV positive returning citizens than for HIV negative men.
General Demographic Profile

✔ In general, our population falls into the general categories:
✔ Being detained for possession of a controlled substance/robbery/theft, domestic violence/DUI, probation offenses.
✔ Caucasian, crystal meth users.
✔ Transgender sex workers.
✔ Youth who use marijuana and alcohol.
Middle age men who use crack or heroin.
Many have depression, or other mental health issues.
Many are at a low educational level, do not have steady income, and lack a stable social support system.
Needs Assessment Data

- Participants Subgroups
  - 43 High-Risk Negative (HRN) MSM (24.6%)
  - 132 HIV+ (75.4%)
    - 74 HIV Positive MSM (42.3%)
    - 58 HIV Positive Non-MSM (33.1%)
Overall Demographics
N=175

Tragically, there is a disproportionate number of African Americans (79.5%)
- Nearly 1/3 have less than a high school education
- Over 2/3 have a high school education or less
  - Age range from 18-65,
  - Average age=38
- Primarily Single 78%
Overall Demographics

- 19.4% (34) were homeless 30 days before incarceration
- Repeat offenders: 87.4% (153)
  - Have been in Prison: 62.3% (109)
- Only 10% (18) have children in their custody
84.7% (153) have used alcohol or illegal drugs

45.4% (74) have received outpatient substance abuse treatment

20.6% (36) have received inpatient substance abuse treatment

Cocaine (38%), Marijuana (30%), and Heroin (25%) were the most frequent drugs of choice
Mental Health History

✓ 38% (65) have received outpatient mental health treatment

✓ 32% (56) have received inpatient mental health treatment

✓ 33% report unmet mental health treatment needs
# Sexual Orientation/Identification

<table>
<thead>
<tr>
<th>Sexual Orientation</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heterosexual</td>
<td>68</td>
<td>38.9%</td>
</tr>
<tr>
<td>Gay</td>
<td>49</td>
<td>28.0%</td>
</tr>
<tr>
<td>MSM</td>
<td>9</td>
<td>5.1%</td>
</tr>
<tr>
<td>Bisexual</td>
<td>36</td>
<td>20.6%</td>
</tr>
<tr>
<td>Transgender</td>
<td>10</td>
<td>5.7%</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>1.7%</td>
</tr>
</tbody>
</table>
## Sexual Behaviors

<table>
<thead>
<tr>
<th>Behavior Description</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have sex only with men</td>
<td>62</td>
<td>35.4%</td>
</tr>
<tr>
<td>I have sex with mostly men, but also women</td>
<td>18</td>
<td>10.3%</td>
</tr>
<tr>
<td>I have sex with an equal number of men and women</td>
<td>13</td>
<td>7.4%</td>
</tr>
<tr>
<td>I have sex with mostly women, but also men</td>
<td>16</td>
<td>9.1%</td>
</tr>
<tr>
<td>I have sex with only women</td>
<td>66</td>
<td>37.7%</td>
</tr>
</tbody>
</table>
The Sexual BEHAVIORS and Sexual IDENTITIES of participants do not add up.

- 62.3% reported engaging in MSM behavior
- Only 28% identified as Gay, 21% identified as Bisexual 6% transgender and 5% as MSM.
Sexual Behaviors by Subgroup

- Condom Usage is lowest in the High-Risk Negative sub-sample in 2 categories.
- Over 50% of the HIV positive sub-sample do not always use condoms → HIV Transmission.

<table>
<thead>
<tr>
<th></th>
<th>Negative MSM</th>
<th>Positive MSM</th>
<th>Positive Non-MSM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Always</strong></td>
<td>6 (14.0%)</td>
<td>32 (42.2%)</td>
<td>31 (55.4%)</td>
</tr>
<tr>
<td><strong>Sometimes</strong></td>
<td>30 (69.8%)</td>
<td>27 (36.5%)</td>
<td>24 (41.4%)</td>
</tr>
<tr>
<td><strong>Never</strong></td>
<td>7 (16.3%)</td>
<td>11 (14.9%)</td>
<td>1 (1.7%)</td>
</tr>
</tbody>
</table>
**Sexual Risk Behaviors**

**Lifetime Number of Sexual Partners**

<table>
<thead>
<tr>
<th>Over 50 Partners</th>
<th>Negative MSM</th>
<th>Positive MSM</th>
<th>Positive non-MSM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>39.5%</td>
<td>52.7%</td>
<td>23.7%</td>
</tr>
</tbody>
</table>
### Sexual Risk Behaviors

#### Consensual Sex in Jail

<table>
<thead>
<tr>
<th></th>
<th>Negative MSM</th>
<th>Positive MSM</th>
<th>Positive non-MSM</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 (41%)</td>
<td>18 (24.3%)</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

- The sex that “doesn’t happen in jail” is happening in a total of 21% of our sample
Conclusions

✓ Very few individuals in either subgroup identify as MSM (heterosexual identified but engage in sex with men).

✓ Men may tend to compartmentalize behaviors inside vs. outside of jail.

✓ Men who identify as heterosexual also report MSM behaviors inside and/or outside of jail.
Our Intervention Goals

- To prevent the transmission of HIV/STIs while in jail and outside.
- To reduce the recidivism of our participants.
- To better understand MSM needs while incarcerated.
- To understand how incarceration and MSM behaviors affect HIV risk.
Recruitment

- Informed Consent
- HIV positive men (both MSM and non-MSM) as well as HIV negative MSM.
- Recruitment of HIV negative participants is conducted through HIV testing/counseling. Participants specify risk factors on pre-test counseling form.
Intervention Description

✓ Session 1:
✓ Assess the specific, individual needs of participants (substance abuse treatment, mental health, housing).
✓ Identify level of knowledge about risk factors/reduction strategies.
Session 2

- Provide a client-centered, cognitive risk-reduction counseling session.
- Administrator summarizes participant issues disclosed in Session 1.
- Administrator chooses a “scenario” based on Session 1 findings.
- Recommendations are developed on how to avoid future risky behaviors.
- Information is gathered about appropriate community referrals.
Session 2 (cont.)

- Discussion about life-goals, medical adherence, HIV knowledge, scenarios and role-playing as alternatives to existing behaviors.
- Assessment of situational confidence for readiness to successfully complete substance abuse treatment.
- Facilitated referrals to community-based agencies for services.
Session 3

✓ One to two-month follow-up in the community.
✓ Conducted in the community or over the phone, whichever is most convenient for the participant.
✓ $20 incentive stipend.
✓ Designed to ascertain if the participant followed up with client services.
✓ Intent to evaluate the effectiveness of the intervention.
✓ Findings: to be continued in about 15 months…
Challenges/Barriers

- Stigma about MSM behaviors: no one wants to disclose in a correctional environment, and why would they?
- HIV test counseling forms list gay/bisexual as risk factors, but many MSM do not identify as such.
- There is a lack of services that serve HIV negative MSM, especially youth. Sometimes clients are in a “grey zone”: too old for youth services but they don’t “have it together” yet.
Challenges/Barriers

✓ Security (for project staff and participants).
✓ Working in a jail is a treacherous environment. We do not want to put participants’ safety in jeopardy because of their involvement with our work.
✓ We do not work with the most dangerous detainees as a protection to ourselves.
✓ It is important to build rapport and trust with your population and the correctional staff.
Privacy/Confidentiality

✓ Protecting one’s privacy and confidentiality is of the utmost importance, especially in a correctional setting.
✓ We must be extra careful not to disclose someone’s HIV status, or the nature of their involvement with our project.
✓ Detainees are ALWAYS asking us for personal information about other detainees.
Scheduling

✓ We are obliged to work within the scheduling parameters of a correctional setting.
✓ This means that you must be patient, flexible and respectful.
✓ It is frequently very frustrating to not be able to gain access to your participants.
✓ Those in protective custody require special accommodations.
Homophobia

- The protection against discrimination, especially verbal, is denied to detainees based on sexual orientation.
- Homophobia is rampant and those who are open about being gay/bisexual make themselves vulnerable to physical/verbal abuse.
IRB Challenges

- Understandably, detainees are a vulnerable, protected population and require special approval to be accessed as research participants.
- One must be conscious of not offering coercive incentives with regards to medical or criminal treatment.
- Emphasis on voluntary, informed participation.
Challenges/Barriers

✓ Getting compassion/understanding/attention, battling misinformation, prejudices.
✓ Providers with prejudices against MSM behavior may not be able to separate their personal, moral objection to MSM populations, and therefore might find it difficult to serve their patient’s/client’s best interests.
Another barrier can be the behavioral issues that characterize MSM populations. There tends to be a lot of “drama” as detainees try to distinguish themselves, talk about each other, fight, and act out; that frequently puts them on lockdown and prevents us from being able to work with them.
Preliminary Findings

✓ Marijuana/alcohol use, while not substances that one goes to treatment for, are huge contributing factors to engaging in risky sexual behaviors.

✓ Transgender sex workers tend to be in and out of the jail quickly and are harder to reach. Shorter interventions might be more effective.
Preliminary Findings (cont.)

- Special Issues with transgenders:
- They are housed with men (if they are male to female). According to the DOC, “you are what your genitals are.” We try to respect their identities, but DOC staff refuse to call transgenders by their preferred gender identity.
Many MSM may feel more comfortable getting “involved” with transgenders while incarcerated.

I am in no way suggesting that transgenders are the vectors of HIV transmission in jails, but they may represent an important opportunity for prevention efforts in corrections.
Next Steps

✓ Lack of housing resources for HRN LGBT youth.
✓ We need to try to stabilize HIV negative youth earlier in the cycle, so that HIV prevention can truly be one of their priorities, and not what it often is, which is where they are going to sleep.
✓ As a member of the LGBT community, I think we need to do better to raise funds and offer safe social activities for our youth.
Recommendations

- Partners of those who have been incarcerated should get HIV tested when their partners return to the community, at least twice within a 3-6 month interval.
- We need to do a better job of educating people about what a positive diagnosis means; it’s not a death sentence.
Two of the biggest barriers to getting HIV tested, according to CPDH data, are lack of risk perception and fear of getting one’s results. If we focus on emphasizing risk for those who are high-risk and have low perception, and try to reduce the fear of getting a positive result, we may make progress.
Suggestions/Recommendations

- Make condoms available.
- SF condom machine in jail.
- Other jails that make condoms available: NYC, Washington DC, Philadelphia, L.A.
- Emerging data on whether or not condoms are used to harm others suggest that they are not.
Preliminary Findings of Condom Availability in Jails and Prisons

✓ Weapons? “There have been no reported events of condoms being used as any type of weapon.”

✓ Safety and security? “The 18% of staff who did report problems cited issues not related to safety and security. There were comments, that the inmates were "using too many of them [condoms]," Jürgens said. [...] the problems reported were often minor and in no way endangered either the staff or the inmates.”
It implies that sexual activity is permitted, when in fact, it is illegal?

“[...] fighting the spread of HIV is more important than upholding so-called morality when the activity is occurring [even in the absence of condoms].” The analogy was made that while drug use is illegal on the outside as well as on the inside, many countries around the world have needle exchange programs, responding to a public health problem.”
Jürgens described the availability of condoms in corrections as "a pragmatic public health response to something that happens -- it does not condone the activity [in itself]." Thus, in the Canadian experience, the issues most often discussed regarding condoms in corrections have turned out not to be issues. Cited from *The Body* website, Jan. 2002
“Awareness of condom availability and uptake increased overall following machine installation; sexual activity did not. Post-intervention awareness increased among all groups. Respondents at increased risk for HIV infection or transmission—transgender people, those who self-reported as HIV-positive, those self-identified as anything other than heterosexual (gay, bisexual, or other)—reported higher program utilization than those who self-identified as heterosexual or HIV-negative.”
In the qualitative interviews (n = 9), many prisoners reported that sex in jail occurs mostly among the transgender and openly gay prisoners, and most respondents supported condom access. Some, however, said they believed that prisoners were more likely to have sex if condoms were available, because then “[sex] can be safe.”
Interviewees reported little or no embarrassment associated with accessing the machine themselves and few or no negative thoughts about prisoners who did. One prisoner said, “If people see me [take a condom] I don’t care. . . . Everybody takes them.” Another said, “That person is being protected and don’t want to catch nothing and don’t want to give nothing.”
3 staffers expressed reservations about providing prisoners condoms. Those with regular prisoner contact were primarily concerned about discipline and operational issues, and higher-level administrators were concerned that condom access would send a “mixed message,” because sex is illegal in jail. At post-intervention, all said they approved of increased prisoner access to condoms.
Condoms in Illinois Prisons?

“The Illinois House Human Services Committee on Thursday voted 4-3 to approve a bill (H.B. 0419) that would allow prison inmates to purchase condoms to prevent the spread of HIV, the Chicago Tribune reports. According to the bill's sponsor, Rep. Monique Davis (D), condoms should be made available in prisons for those inmates who do not follow bans on sexual activity. "Safe sex is talked about every place except inside the prison," she said. --March 9, 2009
According to the *Tribune*, the bill "faces long odds to become Illinois law." In addition, some lawmakers are concerned that condoms could be used as weapons, the *Tribune* reports. Sergio Molina, of the Illinois Department of Corrections, said that the state provides inmates with resources and education about HIV, adding that making condoms available would "send the wrong signal" because sex is banned in prisons (*Chicago Tribune*, 3/5 2009).
Other Considerations

✓ We are doing so well at taking care of our HIV positive population, that it has become an incentive for some to become HIV positive.

✓ By making more housing opportunities available for LGBT youth, they can focus on other individual pursuits and a healthier lifestyle.
Components of a Good Intervention

- Target both HIV positives and negatives, so one’s HIV status isn’t “outed” by involvement with staff. Both are good opportunities for prevention.
- Importance of medical adherence
- Educating those in relationships
✓ The work needs to start on the inside, so that returning citizens are not left to fend for themselves when they are released. It is difficult to make appointments because one never knows the release date in advance. There is an AFC hotline for recently released detainees to access services.
AFC Hotline

Call 1-877-638-4546 or 312 208-3494 anytime day or night to link yourself to care and services:

- HIV Intensive Case Management
- Primary Care
- Housing
- HIV Prevention
- Support Services including Family Support Services
- Employment Services
- ID & Documentation
✓ It all starts with mental health. Whether it be self-destructive behavior, substance abuse, sex work, PTSD, surviving abuse, depression, bi-polar disorder, mental health is the key to restoring stability to the client.

✓ Men, in particular African American, are less likely to seek help for mental health issues.

✓ AFC correctional case managers do an amazing job of connecting their clients to available resources.
✓ Being conflicted about one’s sexuality and being rejected, feeling worthless leads one to engage in risky behaviors, have low self-esteem, and a general lack of caring or taking care of one’s self, and may explain why some choose to not protect themselves or to not engage in care.
As providers, we need to not judge the behavior, and practice acceptance and tolerance with regards to MSM populations, if we are going to truly help them and impact their lives. We must put our personal prejudices aside to the best of our abilities.
• Important to establish social networks, including reconnecting with family, support groups, and healthy social activities.
• We need to treat returning citizens with respect.
• What’s wrong with us as a society when some of our participants feel more comfortable in jail than on the outside?
Cook County Jail will soon be implementing opt-out HIV and STI testing as part of the “Seek, Test, Treat” model. The idea is to find HIV positive detainees, get them on treatment and into care, so that the “community viral load” will hopefully be reduced.
Questions or Comments?

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