Feature

Unmet Mental Health and Social Service Needs of Formerly Incarcerated Women Living with HIV in the Deep South

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Due to the disproportionate burden of HIV among incarcerated women in the United States, jails and prisons have been identified as key sites for health service delivery. Recidivism remains high, potentially reflecting unmet mental health and social service needs of incarcerated women, especially during the postrelease adjustment period. However, little published research has investigated this possibility directly. We conducted semi-structured, in-depth interviews with previously incarcerated women living with HIV, and other key informants, and completed service-availability mapping in two Alabama cities. Key findings were: (a) discharge planning and postrelease support services to manage risky environments were absent, (b) postrelease services were concentrated in a few community-based organizations, (c) mental health and substance abuse treatment during reentry was essential to prevent relapse, and (d) social support was crucial for postrelease adjustment. We propose a novel conceptual model with key steps to establish continuous care for previously incarcerated women living with HIV.

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Although women comprise a minority of offenders in U.S. jails and prisons (approximately 7%), the number of incarcerated women increased by more than 700% from 1980 to 2014, a rate 50% higher than that for men (The Sentencing Project, 2015). Women entering correctional facilities are more

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likely to be people of color, of low socioeconomic status, and have higher levels of substance use and mental health problems, especially trauma, compared to women without incarceration histories (e.g., Carson, 2015).

Upon release, a main concern for previously incarcerated women relates to financial considerations, particularly the challenge of finding employment (Mancini et al., 2016). Other priorities include obtaining housing and reunification with families and children (Ramaswamy, Upadhyayula, Chan, Rhodes, & Leonardo, 2015). Women who are mothers also face the challenge of re-assuming parental roles and responsibilities upon release (Brown & Bloom, 2009). The existence of a strong social support system for women, whether through family, romantic partners, peers, or social service providers, is important (Heidemann, Cederbaum, & Martinez, 2014).

Women involved in the U.S. criminal justice system (hereafter, justice-involved) are more likely to be living with HIV, and to face additional barriers to accessing HIV treatment and other services due to factors such as HIV-related stigma (Centers for Disease Control and Prevention [CDC], 2012; Joint United Nations Programme on HIV/AIDS, 2014). Women in the 17 states of the U.S. South, particularly Black and Latina women, are at higher risk of incarceration and HIV acquisition than women residing in other regions (Bose, 2018; Breskin, Adimora, & Westreich, 2017). The most up-to-date figures available from the Bureau of Justice Statistics (data from 2015) indicated that women incarcerated in state and federal prisons had an HIV prevalence of 1.3%, which was more than six times higher than the prevalence of 0.2% observed for women in the general population (Maruschak & Bronson, 2017). Rates of HIV infection may be even higher in jail settings; a study of jail health records in New York City from 2009 to 2010 found that 9% of women were infected with HIV (Parvez, Katyal, Alper, Leibowitz, & Venters, 2013).

Due to the disproportionate burden of HIV among U.S. incarcerated women, jails and prisons have been identified as key sites for health care delivery (Rubin, 2016). Crucial services include HIV testing and treatment, as well as behavioral health services to address common psychosocial challenges faced by incarcerated women living with HIV (WLWH), such as substance abuse and mental health problems (Braithwaite, Treadwell, & Arriola, 2008).

Although jails and prisons can be important sites for HIV health care delivery, WLWH lose access to such services when released. This situation has contributed to the unique challenges WLWH face when released, even though they may also face the same challenges as women living without HIV. A study of women released from jail in New York found that most of the women considered their health a low priority upon release (Ramaswamy et al., 2015). However, WLWH may have specific treatment needs and thus may give greater priority to health post release, especially for the continuation of the HIV treatment they received while incarcerated.

The vast majority of justice-involved women released from jail and prison re-enter their home communities, highlighting the essential nature of discharge planning to connect these women to needed health and social services post release. However, it appears that fewer than 20% of U.S. jails and prisons adhere to CDC guidelines for linking people living with HIV to community care or for assisting with enrollment into service and support programs (Solomon et al., 2014). Lack of services at critical junctures post release could cause significant barriers to optimal health for formerly incarcerated WLWH.

Additionally, many women reoffend and, thus, are re-incarcerated, leading to cyclical interactions between corrections and community settings. In one study, authors found that 58% of women released from state prisons across 15 states were re-arrested within 3 years (Deschenes, Owen, & Crow, 2007). The high rate of recidivism may reflect unmet needs for health and social care that female offenders face in re-entry and postrelease adjustment. Re-entry refers to programs focused on individual transitions from corrections to community settings, particularly for those who have initiated treatment or services in prison that are linked to community-based resources, and designed to continue upon release (James, 2015). Postrelease adjustment refers to the success of formerly incarcerated individuals to rejoin community life, which may be measured by material indicators, such as employment and housing; social indicators, such as strengthening relationships with family members or other support networks; provision