



Women in Prison

How do we know that women in prison are at risk?

- At present there is little information to determine whether HIV infection among women in prison is occurring pre- or post-incarceration, but it appears clear that many of the same factors that put women at risk of being incarcerated also put them at risk of being exposed to higher HIV-risk activities.
- Studies carried out in Québec found a higher rate of HIV prevalence among women inmates compared with men inmates¹.
- Seropositivity among women inmates was associated with involvement in the sex trade or contact with an HIV-positive partner through either heterosexual intercourse or sharing equipment to inject drugs².
- Across Canada, 4.1% of incarcerated women and 1.7% of incarcerated men have been diagnosed with HIV³.

What puts women in prison at risk?

- Higher than average rates of HIV infection in prisons combined with a lack of access to HIV education, counseling, testing and harm reduction tools perpetuate the problem of HIV in the prison system.
- Needle sharing is a considerable problem in prison, due to extremely limited access to sterile injection equipment and methadone therapy⁴.
- Social issues such as violence, social and economic inequalities, as well as the biological vulnerability of women to HIV, increase a woman's individual risk.

Research

- A national study looking at women's HIV and hepatitis C prevention needs in prison conducted by the Prisoners' HIV/AIDS Support Action Network (PASAN) found that current programs and services were plagued by inconsistent implementation and accessibility. This was found within individual institutions and across the national system as a whole. The study also identified that confidentiality was a major concern of inmates seeking harm reduction or HIV-related services. New and innovative approaches to meet the HIV and hepatitis C prevention needs of women inmates across Canada are crucial⁵.

Recommendations

1. Ensure consistent access to HIV and hepatitis C prevention interventions, anonymous testing and counseling, and HIV educational resources. HIV and hepatitis C education materials should be discreet, comprehensive and language/literacy level appropriate.



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2. Harm reduction programs/tools, including the provision of clean needles and other injection drug use equipment, bleach, condoms, dental dams and lubricants must be consistently available and discreetly distributed.
3. Information should be made available on safer tattooing and piercing practices.
4. Access to appropriate general health care resources and mental health resources should be improved.
5. Program providers must respect that confidentiality and privacy are crucial to HIV prevention, treatment and support service in prison systems.

Prepared by Sue McWilliam, Lynne Leonard, and Emily Medd of the HIV Prevention Research Team at the University of Ottawa, and members of the Ontario Women and HIV Working Group - with particular thanks to Anne Marie DiCenso.

¹ Crown, M., Duncan, K., Hirrell, M. et al. (1993). *Making HIV prevention work in the north*. Canadian Journal of Public Health, 84(Suppl 1): 555-558.

² Hankins, C., Gendron, S., Tran, T. et al. (1995). *Prior risk factors for HIV infection and current risk behaviours among incarcerated men and women in medium-security correctional institutions in Montreal*. Canadian Journal of Infectious Disease, 6(Suppl B).

³ The Canadian HIV/AIDS Legal Network (2002). *Action on HIV/AIDS in Prisons: Too Little Too Late: A Report Card*.

⁴ Rehman, L., Gahagan, J., DiCenso, A.M. & Dias, G. (2004). *Harm reduction and women in the Canadian national prison system: policy or practice?* Women & Health, 40(4): 57-73.

⁵ Prisoners' HIV/AIDS Support Action Network (PASAN). (2003) *Unlocking Our Futures: A National Study on Women, Prisons, HIV and Hep C*. PASAN.