

Understanding the Disproportionate Prevalence of HIV/AIDS among Incarcerated African-American Males

Gregory E. Perkins¹ & Mark R. Marquez²

Abstract

The human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) among incarcerated African American males is at epidemic portions and remains more prevalent than that of the general population. It has been widely reported that among US prison inmates these males disproportionately represent those who are severely affected by HIV/AIDS, largely based on cultural, their pre-incarceration high-risk behaviors, and socio-economic factors (Jarama, Belgrave, Bradford, Young & Honnold, 2007). A review of the literature and research data concerning the prevalence of HIV/AIDS among African American male inmates reveals that there are not sufficient resources to promote and educate this population on this issue. Findings suggest that a psycho-educational intervention strategy is essential when offering HIV prevention services in prison settings.

Keywords: African Americans, Males, HIV/AIDS, Incarceration, Sexual behavior, Prevention

According to the Centers for Disease Control and Prevention (2014), African American males that are either gay or bi-sexual and particularly those that are younger, represent the group that is most affected by HIV based on 2010 data. The spread of HIV is primary through unprotected by having unprotected anal or vaginal sex. Drug use paraphernalia, in particularly the sharing needles with infected individuals increases the likelihood that a person may become infected.

¹ Fayetteville State University

² Fayetteville State University

Disparities among the various races has been in some reports (Centers for Disease Control, 2014) based on population data that suggests risky behaviors by minority groups instinctively increases the probability that those persons will eventually become affected by HIV and are subsequently confirmed with an AIDS diagnoses. Sexualized and social mal-adaptive behaviors that are based on cultural influences are believed to have further significance influences predominantly among African Americans (Jarama et al, 2007).

This may serve as barriers to gaining information and reluctance towards adopting positive preventive attitudes towards HIV/AIDS education and treatment (Jarama et al). These factors combined with other social deviant behavior such as committing crimes that led to incarceration not only creates significant differences proportionately in comparison to the general population but to those that are among the prison population as well (Harawa & Adimora, 2008). While it is widely acknowledged that remains a lack of research and literature that supports HIV care and linkage specifically for incarcerated African American males, Stein et al (2013) suggest these racial disparities in treatment need consideration in earnest within jails.

Discussion

Background

In this country, African American males are not only at greater risk of becoming a prisoner in the criminal justice system but they also have a higher probability of contracting the Human Immunodeficiency Virus (HIV) and Acquired immune deficiency syndrome or acquired immunodeficiency syndrome (AIDS).

HIV/AIDS among African American communities has been described by many scholars as being at a crisis state (Aral, Adimora & Fenton, 2008; Bing, Bingham & Millett, 2008; Harawa & Adimora, 2008). While there is no one foci point that can adequately account for the widespread infection rate in these communities, what is widely known is that, many of the African American communities are at or near poverty levels. Sexual behaviors of African Americans are reflective of the influences by their culturally determined gender norms (Jarama et al). This accounts for what is appropriate behavior and ultimately determines the sexual attitudes for men and women alike in African American communities (Jarama et al).

HIV/AIDS among Inmates

Braithwaite & Arriola (2003) reports that there is a 52% confirmed HIV case rate for inmates as compared to 13% in the general US population. The rate of confirmed HIV cases by some estimates is four times greater than the national average (Braithwaite & Arriola, 2003). It is widely accepted that the majority of these positive HIV cases are the results of pre-incarceration risky behaviors such as drug and alcohol abuse, unprotected sexual intercourse, homelessness, unemployment and poverty (Braithwaite & Arriola, 2003).

Inmates entering the prison system typically undergo a medical screening. It is through this process that prison officials have opportunities to provide preventive and intervention strategies based on identified needs and on the positive or confirmed case of HIV/AIDS (Tartaro & Levy, 2013). Screening and testing upon entry is very important for African Americans males. Not only are inmates more likely to have exposure those high-risk activities associated with HIV transmission but, males and African Americans are two groups among the incarcerated population that are also disproportionately represented (Tartaro & Levy, 2013).

The transmission can occur not only through sexual activity but also through drug related activities, utilizing unsterile needles for tattooing, and contact with blood through violent acts (Harawa & Adimora, 2008). Other contributing factors potentially include history of prior sexual abuse or assault, mental illness and substance abuse (Brewer et al, 2014).

Prison inmates have been widely viewed as having their own distinct cultural. However, this environment does not come without risk. Some of these inmates committed serious and violent offenses. It would appear that the natural progression would be for them to assimilate within the confines of prisons walls to continue to some degree the same criminal acts. Additionally, sexually risky and aggressive behaviors may show an increase in frequency. Research by Richardson, Brown Brakle and Godette (2010) in conjunction with the CDC, highlights the HIV risk behaviors among African American youth that were violent offenders. Not surprisingly, these youth between the ages of 13 and 24 represent 15% of the US Youth Populations but account for 55% of all new cases HIV cases between 2006 and 2007 (Richardson, Brown Brakle and Godette, 2010).

Ironically, the research does not account for youth offenders deferred to the adult system and confined with older and more aggressive perpetrators within the same risk category. This leads to another very important concern: Prison rape and sexual assault. The National Prison Rape Elimination Commission (NPREC) defines rape towards victims of the incarcerated populations as being violent, destructive and as being a crime (2009). "Congress affirmed the duty to protect incarcerated individuals from sexual abuse by unanimously enacting the Prison Rape Elimination Act of 2003" (NPREC, 2009, p.1). The NPREC is one outcome of the enactment of the Prison Rape Elimination Act of 2003 (PREA).

It has the powers to assess, evaluate and to recommend to Congress courses of action through legislation to improve conditions and reverse the course of sexual abuse as an inevitable feature of incarceration (NPREC, 2009). Not until the passage of this federal legislation has there been a call to research and develop intervention strategies that will reduce prison and jail rape as well of other forms of sexual abuse and sexual exploitation (Gaes & Goldberg, 2004).

Coincidentally, researchers with the NPREC not only faced stiff opposition from the corrections community, they also faced the prospects that there is insufficient empirical evidence that sufficiently points to rape in prisons as being a problem (Gaes & Goldberg, 2004). Through the limited available information and emerging studies at select facilities across the United States and other countries, the NPREC was able to discern that certain individuals present with a greater risk of being a victim of sexual abuse and that the abuse can result in very harmful psychological and physical health affects (NPREC, 2009).

Findings of the NPREC to Congress “assert that prison staff are unprepared by their training to prevent, report, or treat sexual assaults” (Gaes & Goldberg, 2004, p3). Evidentiary findings of the commission also brings about heightened awareness that prison rape is less often reported and the resulting consequences of prison rape is a contributor in the transmission of infectious diseases (Geas & Goldberg, 2004). In a report to the commission, Gaes & Goldberg (2004) specially identifies examples of these infectious diseases as HIV, tuberculosis, hepatitis B and C. “Rape victims pose a public safety problem because they are more likely to commit crime...the internal nature of sexual assault causes racial tensions both in prison and in the community; that rape exacerbates violence within prison...victims of prison rape are less likely to successfully reintegrate into their communities upon release from prison” (Gaes & Goldberg, 2004)

Treatment and Intervention

While much of the literature reviewed acknowledges the need to make prisons and jails safer. It has been previously noted that reducing rape, sexual assault and the insuring violate conditions is one-step in the right direction. Doing so can reduce or deter behaviors that contribute to the transmission of HIV and other diseases which are at epic portions. However, there is little evidence of cultural competent treatment or interventions strategies for incarcerated African American males known to be positive with HIV/AIDS. Neal and Clements (2010) restate the need for effective interventions that focus on the psychological impact of victimization. "Given the physical and psychological trauma many victims experience, it is particularly important to sharply reduce sexual assault in prisons" (Neal & Clements, 2010, p 284).

Neal & Clements (2010) state in their research concerns with the prison environment and with the lack of correctional staff with the appropriate training and skills to intervene. We cannot overstate that estimates reflect that more than half of these sexual assaults among prison populations result in physical injury (Neal & Clements, 2010). A consequence is the potentiality of contracting a sexually transmitted infection and whereas upwards of 95% of the prisoners are released, those affected with HIV/AIDS return to the community without advance treatment of intervention.

Prior research by Gordon Knowles (1999) suggests providing inmates with condoms as an intervention strategy to reduce the transmission of HIV. A challenge to this effort is the culture within male prisons and the inmates' pursuit of power and control (Knowles, 1999). Engaging prisoners with the mindset that, "a man cannot be forced to do anything that he does not want to – a real man cannot be exploited" makes it extremely difficult to distribute condoms whether out of fear, stigma, or shame (Knowles, 1999, p 273).

“One viable solution that seems to be rational is the inmate classification system” (Knowles, 1999, p279). This system hinges on the premise of placing inmates at security levels beginning with the lowest practical level (Knowles, 1999). Knowles (1999) describes the varying requirements for supervision is present at each level:

Level I – lowest security level with non-secure housing in the form of individual cells/rooms or dormitories surrounded by indirectly supervised perimeter.

Level II – slightly more restrictive with secure perimeter.

Level III – single-person-cell housing with armed perimeter security and controlled movement by inmate.

Level IV – highest level of security with armed security and single person cells.

The major impotence for this system was not treatment forced but was driven by race and sexual orientation. “Separation by race is crucial, since most black inmates feel that they are justified to rape whites since they perceive whites as contributing to their oppression. Further, separation by sexual category of homosexual, bisexual, heterosexual, and transsexual is also needed to protect the weaker and feminine inmates from attack” (Knowles, 1999, p280).

Guidelines from the World Health Organization (WHO) on HIV Infection and AIDS in Prisons as reviewed by Jürgen, Nowak, & Day, (2011) suggest educational programs on HIV prevention measures in prison. The guidelines further suggest that prison staff and inmates take part in developing the educational material that should take in account the individual inmates’ level of comprehension (Jürgen, Nowak, & Day, 2011).

The review by Jürgen, Nowak, & Day, (2011) also follows previous suggestions that inmates have access to condoms as a part of their educational and prevention program strategies. Throughout the many suggestions offered based on WHO Guidelines to address the alarming HIV/AIDS rate among prison, there are cultural sensitive or specific recommendation. In a legal review of the Eight Amendment to the US Constitution, Charles (2012) questions whether the US prison system and the US Bureau of Justice as the policy-making arm violate the constitutional rights of inmates through defaulting on making treatment for HIV/AIDS reasonable available.

Historically, seropositive individuals once incarcerated frequently may have been denied adequate and ongoing HIV/AIDS treatment services (Charles, 2012). Based on a various complex issues and the technicalities of the law, it is conceivably possible that a system of incarceration exist that is non-responsive to the treatment needs of prisoners due to a lack of substantial investment in this area (Charles, 2012). This remains consistent with the WHO Guidelines and previous discussed by Jürgen, Nowak, & Day (2011). Despite the data, that with certain stipulates to the need for HIV/AIDS care for prisoners particularly African American males, they often still suffer for inadequate, consistent treatment (Charles, 2012).

Conclusion

While Charles (2012) argues the legalities of treatment for all prisoners, other legal strategist question a focus strictly on the needs of African American males. "Black male exceptionalism is the premise that African American men fare more poorly than any other group in the United States. The discourse of Black male exceptionalism presents African American men as an endangered species" (Butler, 2013, p485).

Butler (2013) argues with the connotation that denotes Black men as being "Species" (p 491) or on the verge of extinction. These, according to Butler (2013) are metaphoric. However flawed contextually, a litany of legislation and programs across the country has purported to save the Black men (Butler, 2013). The overarching argument by Butler appears to be that he takes exception that the focus does include a race but a gender. For this reason, he refers to the needs of the African American male to be rhetoric and a function of White supremacy that by Butler's account, seeks to dismantle Black masculinity (2013).

Notwithstanding Butler's assertions, there continues to be a growing body of empirical evidence that suggest that the rate of HIV/AIDS is greater among African American males. The disproportionate representation of African American in need of HIV/AIDS intervention and treatment is well document as previous discussed in this paper and in research by Williams et al (2013), Bowleg & Raj (2012), Henry et al (2012),Fisher et al (2011) and the CDC.

Williams et al (2013) restates prior research findings that suggest that a more comprehensive approach towards intervening with African American men with HIV is needed.

The authors, based on a medical model approach, canvass the correlation between sexual abuse histories in childhood with the traumatic experiences encountered into adulthood (Williams et al, 2013). "Acute traumatic and chronic stress is also known to disrupt neurobiological mechanisms essential for survival" (Williams et al., 2013, p1476). This supports their assertion that an enhanced sexual health intervention strategy for African American men may be appropriate in targeting disturbances of cognition thus formulating a cognitive-behavioral approach from an ecological framework (Williams et al., 2013).

Within this framework, addressing individual experiences: interpersonal, social and cultural factors correctly targets previous research noted in this paper for a more culturally driven approach to assisting inmates with education and treatment to reduce the transmission of HIV, changing of the behaviors that places African American men at a higher risk, and recognition that trauma histories have a significant impact on presenting behaviors. The overall intervention strategy presented in this research by Williams et al (2013) includes a holistic view of human needs.

Health promotion intervention as described by Williams et al (2013) addresses health issues that include certain cancers, hypertension, and diabetes and health disease. Each of these health concern areas is suggested to be common among African American men. Each of the components surveyed in the study “exhibited reductions in unprotected anal receptive and vaginal sex and in numbers of male and female sexual partners, in addition they showed decreased post-traumatic stress disorder” (Williams et al., 2013, p 1482). While there appears to be strong empirical evidence of this model, it does not specifically address inmates.

References

- Aral, S. O., Adimora, A. A., & Fenton, K. A. (2008). Understanding and responding to disparities in HIV and other sexually transmitted infections in African Americans. *The Lancet*, 372(9635), 337-40.
- Bauserman, R. L., Richardson, D., Ward, M., Shea, M., & al, et. (2003). HIV prevention with jail and prison inmates: Maryland's prevention case management program. *AIDS Education and Prevention*, 15(5), 465-80.
- Bing, E., Bingham, T., & Millett, G. (2008). Research needed to more effectively combat HIV among African-American men who have sex with men. *Journal of the National Medical Association*, 100(1), 52-6.
- Bowleg, L. & Raj, A. (2012). Shared communities, structural contexts and HIV risk: Prioritizing the HIV risk and prevention needs of Black heterosexual men. *American Journal of Public Health*, 102(S2), S173-S177).

- Braithwaite, R. L., & Arriola, K. R. J. (2003). Male prisoners and HIV prevention: A call for action ignored. *American Journal of Public Health, 93*(5), 759-63.
- Brewer, R., Magnus, M., Kuo, I., Wang, L., Liu, T., and Mayer, K. (2014). The high prevalence of incarceration history among black men who have sex with men in the United States: Associations and implications. *American Journal of Public Health, 104*(3), 448-454.
- Charles, A. M. (2012). Indifference, interruption and immunodeficiency: The impact and implications of inadequate HIV/AIDS care in U.S. prisons. *Boston University Law Review, 92*(6), 1979-2022.
- Centers for Disease Control. (2014). HIV among African American gay and bisexual men. *Fast Facts* (February).
- Centers for Disease Control. (2014) HIV prevention among Black/African American gay, bisexual, and other men who have sex with men: Highlights of activities of the Centers for Disease Control and Prevention.
- Comfort, M., Grinstead, O., McCartney, K., Bourgois, P., & Knight, K. (2005). "You can't do nothing in this damn place": Sex and intimacy among couples with an incarcerated male partner. *The Journal of Sex Research, 42*(1), 3-12.
- Courtenay-quirk, C., Pals, S. L., Kidder, D. P., Henny, K., & Emshoff, J. G. (2008). Factors associated with incarceration history among HIV-positive persons experiencing homelessness or imminent risk of homelessness. *Journal of Community Health, 33*(6), 434-43. doi:10.1007/s10900-008-9115-7.
- Fisher et al. (2011). Evaluation of an HIV prevention intervention for African Americans and Hispanics: Findings from the VOICES/VOCES community-based organization behavior outcomes project. *AIDS Behavior 15*, 1691-1706. doi: 10.1007/s10461-011-9961-7
- Gaes, G. & Goldberg, A. (2004). Prison rape: A critical review of the literature. Working Paper, National Institute of Justice, Washington DC
- Harawa, N. & Adimora, A. (2008). Incarceration, African Americans and HIV: Advancing a research agenda. *Journal of the National Medical Association, 100*(1), 57-62.
- Henry et al. (2012). Efficacy of HIV/STI behavioral interventions for heterosexual African American men in the United States: A meta-analysis. *AIDS Behavior, 16*, 1092-1114. doi:10.1007/s10461-011-0100-2.

- Jarama, S. L., Belgrave, F. Z., Bradford, J. J., Young, M. M., & Honnold, J. A. (2007). Family, cultural and gender role aspects in the context of HIV risk among African American women of unidentified HIV status: An exploratory qualitative study. *AIDS Care, 19*(3), 307-317. doi:10.1080/09540120600790285.
- Jürgen, R, Nowak, M., & Day, M. (2011). HIV and incarceration: Prisons and detention. *Journal of the International AIDS Society 14*(26).doi: 10.1186/1758-2652-14-26.
- Khan, M., Behrend, L., Adimora, A., Weir, S., White, B., & Wohl, D. (2011). Dissolution of primary intimate relationships during incarceration and implications for post-release HIV transmission. *Journal of Urban Health, 88*(2), 365-75.doi:10.1007/s11524-010-9538-1.
- Knowles, G. (1999). Male prison rape: A search for causation and prevention. *The Howard Journal 38*(3), 267-282.
- Lim, J., Sullivan, P., Salazar, L., Spaulding, A., & Dinunno, E. (2011). History of arrest and associated factors among men who have sex with men. *Journal of Urban Health, 88*(4), 677-89.doi: 10.1007/s11524-011-9566-5.
- Maruschak, L. (2007). HIV in prisons. *Bureau of Justice Statistics, NCR 218915*. US Department of Justice, Office of Justice Programs.
- National Prison Rape Elimination Commission (2009).
- Neal, T. & Clements, C. (2010). Prison rape and the psychological sequelae: A call for research. *Psychology, Public Policy and Law 16*(3), 284-299. doi:10.1037/a0019448
- Okie, S. (2011). Sex, drugs, prison and HIV. *New England of Medicine 356*:2, p105-108.
- Peterson, J. & Jones, K. (2009). HIV prevention for black men who have sex with men in the United States. *American Journal of Public Health, 99*(6), 976-80.
- Richardson, J., Brown, J., Brakle, M., and Godette, D. (2010). HIV risk behaviors among African American male violent youth offenders. *Journal of Offender Rehabilitation 49*:520-535. doi: 10.1080/10509674.2010.519647.
- Stein, M., et al (2003). HIV-Positive and in jail: Race, risk factors and prior access to care. *AIDS and Behavior 17*, 108-117. doi: 10.1007/s10461-012-0340-9
- Tartaro, C. and Levy, M. (2013). HIV testing in jail. *American Jails 32-36* The Sentencing Project. (2013). Race in the criminal justice system in the U.S. Report of the Sentencing Project to the United Nations Committee on Human Rights.
- Williams, J., Glover, D., Wyatt, G., Kisler, K., Liu, H., & Zhang, M. (2013). A sexual risk and stress reduction intervention designed for HIV-Positive bisexual African American men with childhood sexual abuse histories. *American Journal of Public Health 103*(8), 1476-1484.