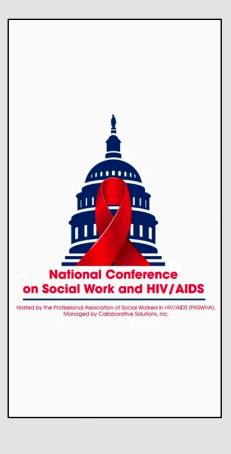
New Beginnings: Peer Support & HIV Education with Incarcerated Women *Conversations on Best Practices*

Carol Jones, Director of Harm Reduction, Alliance for Living Inez Richards, House Manager, Recovery 12 Solutions Amy Smoyer, MSW, PhD, Associate Professor, Southern CT State University **Wednesday, May 26, 2021: 3:15 pm – 4:30 pm CST/4:15 pm – 5:30 pm EST**



Agenda

- Introductions
 - Please use Zoom Chat feature to introduce yourself
- Overview & Reflection: Carol Jones
- Fighting Stigma Inside and Out: An overview of the literature
- New Beginnings: A case study
 - Support Group
 - HIV Awareness & Education Fair
 - Opportunities
 - Challenges
- Break Out Rooms
 - Describe your practice with incarcerated people.
 - Ask questions about developing programs and collaboration with incarcerated people.

Furthering NCSWH 2021 Dialogue



WELCOME TO THE 33RD NATIONAL CONFERENCE ON SOCIAL WORK AND HIV/AIDS MAY 26-28, 2021

Dr. Ingram & Dr. Miller: The Intersection of HIV, COVID-19 and Racism

Be courageous. Be intentional.

How do we create and hold space together?

- Zoom Fatigue
- Psychology of Change

We have to do together. Social workers do not have to do it all.

- Where does knowledge exist?
- When, where, and how do Social Workers engage with community expertise?
- How do we build a tiered (horizontal) practice?
- How do we co-create space?
- We are all well-trained.





Introductions

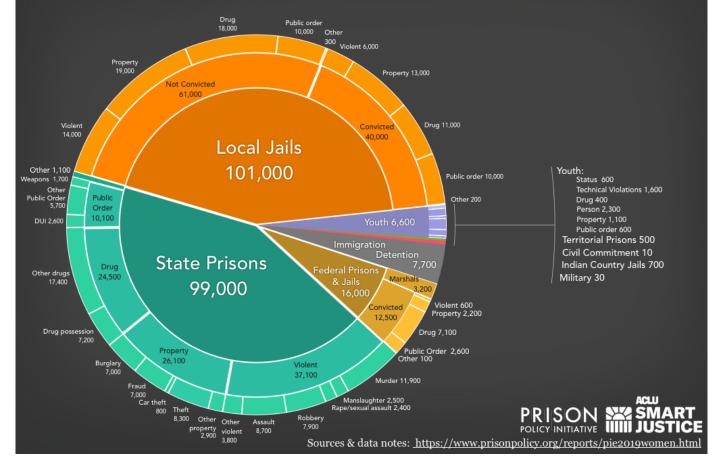


Incarcerated Women in the US

0.4% of US population is living with HIV; 1.3% of people in US prisons are living with HIV

How many women are locked up in the United States?

The United States is one of the top incarcerators of women in the world. Changing that will require knowing where 231,000 incarcerated women fall within our decentralized and overlapping systems of mass incarceration.

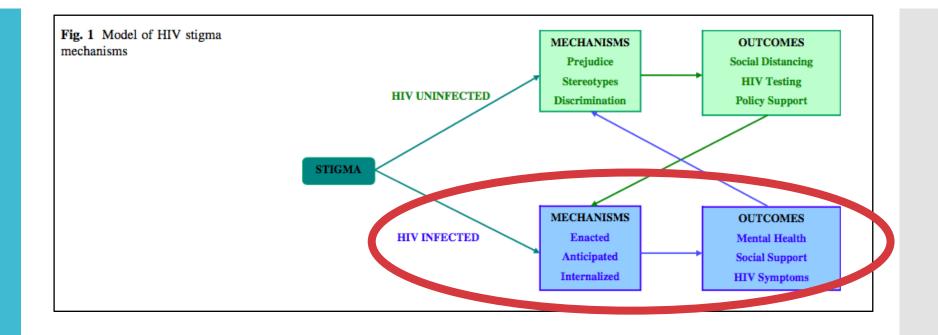


Overview & Reflection: *Carol Jones*



https://youtu.be/Ygu2oiomu9k

Fighting Stigma Inside & Out: *Amy Smoyer*



This framework asks: "who is affected by, how are they affected by, and what are the outcomes of HIV stigma?" (p. 1175)

Earnshaw, V.A. & Chaudoir, S. R. (2009). From conceptualizing to measure HIV stigma: A review of HIV stigma mechanism measures. *AIDS and Behavior*, 13(6), 1160 – 1177.





What is it like to be HIV positive in prison?

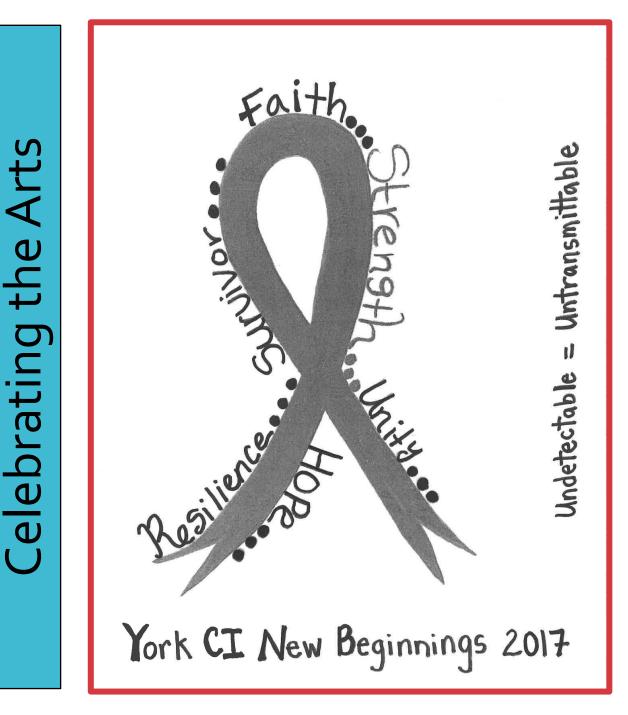
It's more difficult for people in prison living with HIV due to stigma and problems accessing healthcare. When I went to UConn, I had to wake up at 3:30 in the morning and travel – shackled – inside the prison van to the hospital. We sat all day in a room with bars, waiting for our appointments. It felt like a prison, not a hospital.

I do appreciate the HIV support group and the other women, such as myself. Peer support is extremely important to me. Give us respect and treat us like humans, not animals. More consideration for the needs of other. New Beginnings: A Case Study Inez Richards



HIV Awareness & Education Fair: *Opportunities*

- Fighting stigma by engaging with peers: Welcome testimonies
- Centering strengths and memory
 - Poetry book
 - Memory tree
- Answering questions
 - Information for women who have sex with women\
 - Parenting LGBTQIA+ children
- Building collaboration with community partners
 - Paper handouts
 - POZ magazine
- Building collaboration with security and medical staff
 - Providing HIV education to security staff
 - World AIDS Day & CDC posters



	IF YOU HAVE NOTHING NICE TO SAY JUST DON'T!.
	1 DONT TALK ABOUT YOUR WEIGHT NOG THE
	ACNE ON YOUR FACE, NOT YOUR RELIGION ETHNICITY OF PLACE.
	NEVER WILL I SPEAK UPON YOUR STRUGGLE, WEAKNESSES OR FLANG
5	PAST INDESCRATIONS NOR ANY BROKEN LAWS.
	BUT YET I HAVE TO DEAL WITH THE IGNORIANT EXPRESSIONS ON
	HOW YOU FEEL & HOW MUCH MY UNFORTUNENT STATUS TO YOU DOSN'T
	Appeal.
	SO ALONG WITH FACING MY DAILY FEARS COPE WITH
	WHATEVER NOV MAY SAY : ALL I'LL PROBABLY EVER HEAR
	WITH SYMPTOMS I WILL ALWAYS BARE THOUGH TO YOU HAVE NEVER
	APPEARED VOICED ODINIONS WITH NO FACTS THAT FROM YOU WILL
	BE SURELY SHARED.
	YOU'LL NEVER KNOW THE DEPTH OF WORRY & PAIN I CARRY
	HON SIMPLE UPDATED BLOOD NORK CAN BE GUITE SCARY
	HOW YOR UNEDUCATED JUDGEMENTS AT TIMES FLEEVES MY SOND
	BUT MY EGO WITH FORCED COURACCI-MOULD NEVER LET IT SHOW
	HIGH SPIRITED DAYS KNOCKED DOWN TO MY LOWEST LOW
	SO LET ME SPEAK FOR THE EXPOSED
	IF THERE'S A QUESTION LETS TALK ABOUT IT ENOUGH ASSUMPTION
	F THE "SUPPOSED"
	BECAUSE CUR HUMBLE ACCEPTANCE
	AND THE CONTINUERICE OF THIS
	SELF CONSCIOUS SILENCE, WE JUST WONT!
	SO IF YOU HAVE NOTHING NICE TO SAY
	WE REQUEST THAT YOU STOP : - JUST DON'T !!
	*
	Written by
	A.L., 2018

Pathways to Resettlement



A woman discusses getting ready to leave the prison in about 6 months:

When leaving here, it's gonna be scary. They don't encourage you in anything. I don't know about all the new stuff in the outside world. I have been here for over 15 years and have no support on the outside.

I am very much OK with my HIV status. I have become a strong person through the years. It took a long time but I succeeded to improve myself. I have also helped a few people and have made a difference.



HIV Awareness & Education Fair: Challenges



- No contact rules
- Background checks for all volunteers
- Timing & Lockdowns
- Logistics & Scheduling

Relationship:	Relationship:		
Pro Connection	or VIPs-Volunteers, Interns & fessional Partners cut Department of Correction	CN 100402 REV6/3/2010	
Are you an employee or ever been employed by t If yes, attach a separate sheet describing your role & d	N 6 – Employment Information he CT-DOC or any other Criminal Justice Agency? N uties, date(s) of service and your Supervisor's name and co OST RECENT employment please clearly describe th	ntact number.	
Job Title:	Company name:		
Type of business:	Department where assigned:	Department where assigned:	
Supervisor's name:	Telephone number:	Telephone number:	
Employed from (date):	Total time (yrs/mos): Hours per week:	FT PT	
Duties/responsibilities:			
SECTION 7 – Previous/Present Volunteer Experience			
Instructions: Beginning with your PRESENT or MOST RECENT volunteer experience please clearly describe the work (duties/responsibilities) you personally performed.			
Previous/Present volunteer service (title):			
Name of organization:			
Contact person:	Telephone number:	Telephone number:	
Duties/responsibilities:			
SECTION 8 – Conviction Information			
been CONVICTED of an offense against criminal	ion will be considered for volunteer services purposes I or military law, forfeited bond or collateral, or are the affic violations or any offense settled in Juvenile Cou nation	ere criminal charges	
SECTION 9 – Medical/Emergency Contact Information			
Medical Information:	Emergency Notification	on:	
Physician:	Name:	Name:	
Telephone number:	Telephone number:	Telephone number:	
Insurance company:	Relationship:	Relationship:	
SECTION 10 – Certification I certify that the statements made by me on this application are true and complete to the best of my knowledge, and are made in good faith. I understand that any mis-statement of fact may result in termination. All statements made on this application, including employment information are subject to verification as a condition for VIP service. By affixing my signature below, give the Dept. of Correction authorization to conduct a criminal history and contact personal references and employers as a condition of approval for service. I further understand that as a VIP I may be exposed to danger, including, hostage situations, injury or assault by inmates.			
Applicant signature:	Date:		



VIP Memorandum of Understanding

Connecticut Department of Correction



I, the undersigned, agree to abide by the following conditions of service with the Connecticut Department of Correction. Further, I, the undersigned, willingly provide the information below as part of my application to volunteer with the Connecticut Department of Correction.

- 1. Take nothing, including cell phones or other materials in or out of any correctional facility. Cameras, recording or electronic devices are prohibited.
- 2. Respect the integrity and confidentiality of records and other privileged information.
- 3. Communicate clearly and appropriately. Respect staff. Follow instructions carefully.
- 4. If you change address or phone numbers, report new contact information to the facility VIP Coordinator in a timely manner.
- 5. Agree to report to the Director of Volunteer Services any inappropriate behavior or act of a sexual nature directed towards an inmate by any employee, contractor or volunteer, intern or professional partner.
- 6. Park appropriately. Lock all personal items in vehicle or leave in lockers provided at facility entrance.
- 7. Refrain from giving anything to offenders, including personal information, telephone numbers or addresses. No gifts, books, candies, etc.
- Materials or supplies may be given to offenders <u>by staff only</u>. Any resources needed will be procured or authorized by a facility supervisor.
- 9. Refrain from personal relationships with offenders:
 - A. Are you related to anyone who is currently incarcerated?

Name of offender:

Offender number:

If yes, complete below

B. Are you on any offender's visiting list?

Offender number:

Yes No

- 10. Not act in the capacity of a sponsor for an offender for any type of community release (i.e., any parole, transitional supervision, transitional placement, halfway house and/or any furlough, including reentry furlough) unless the offender is an immediate family member as defined by Administrative Directive 9.8, Furloughs <u>AND</u> when authorized by the Commissioner of Correction or designee.
- 11. Have you been known by any other name in the past, including maiden name, or a different name prior to religious conversion?

Yes No If yes, name:

Name of offender:

- 12. If approved to transport offenders, only transport offenders to authorized destination.
- 13. If arrested or experiencing a significant personal hardship, | agree to report it to my facility supervisor.
- 14. If approved as a correctional volunteer, I agree to read the <u>VIP Handbook</u> and participate in required orientation or training. I further agree to act in good faith and within the scope of the duties and responsibilities as defined by Department of Correction staff.

Applicant name (print):

Applicant signature:

Date:

Optional: e-mail address:

Break Out Rooms

- Describe your practice with incarcerated people.
- What would be helpful to you in building/expanding your practice with incarcerated people?
- Ask questions about developing programs and collaboration with incarcerated people.



Group Share



Thank You!

- New Beginnings Leadership: Madelyn, Cha Cha, Stephanie, Sarah, Diane, AL, Kelly, Denise, Angela
- Women at York Correctional Institution
- **Community Partners:** Alliance for Living (New London), APNH (New Haven), NEAETC, Southern CT State University, UConn Social Work, Yale School of Medicine
- Social Workers! Liz Allen, MSW, PhD; Alberto Cifuentes, Jr., MSW; Johanna Elumn, MSW, PhD; Shannon Ferris, MSW; Jessica Loss, MSW; Joanne Montgomery, MSW; Jill Sandora, MSW
- Allied Professionals: Jean Breny, MPH, PhD; Vinneth Carvalho, PhD; Karina Danvers; Alma Martinez; Jaimie Meyer, MD; Jenny Sostre, RN; Brittany Trnka, MPH
- CT Department of Corrections Staff: Adrienne Kerwin; Trina Sexton; Cherril Smellie; Jeffrey Zegarzewski