


# Staff Sexual Misconduct: Medical Implications

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# The Incarcerated Population in the United States

- 6.9 million men and women in 2003
- 1 in 32 adult residents incarcerated, on probation or on parole (Gondles, 2005)
- Disproportionately from minority groups – 1 in 4 African-American men, 1 in 6 Latino men will enter prison during their lifetimes (Treadwell and Braithwaite, 2005)
- Majority poor, undereducated
- High burden of acute and chronic disease (Gondles, 2005)
- Majority of women with history of sexual and physical abuse (Amnesty International USA, 2006)

# High-Risk Behavior for Spread of Infectious Disease Common in the Incarcerated Population

- Use/abuse of drugs and alcohol
- Sharing needles and works
- Unprotected sex
- Multiple partners
- Trading sex for drugs
- Tattoos

(Gondles, 2005)

# High Rates of Blood-Borne and Sexually Transmitted Infections in Prisons

- HIV infection rate 8-10 times higher than in the general US population (Fears, 2005)
- Hepatitis B infection rate is 3-10 times higher, depending on the region (up to 47%)
- Hepatitis C infection rate is 16–41% of incarcerated adults, with 12-35% with chronic infection (Neff, 2003)

# Correctional Institutions are Part of a Larger Community

- People cycle in and out of correctional institutions, with sexual contacts inside and outside (Fears, 2005)
- 25% of the HIV-infected population in the US is released from a prison or a jail each year (Stephenson, 2006)
- Sexual misconduct between staff and inmates brings corrections officers and their outside sexual partners into the community at high risk for infection.

# Patients I saw this week

- LW – 25 year old mother of 2, HIV+ for 4 years, in with her newborn. Infected by her first son's father, later incarcerated. Her second son's father does not know that she has HIV.
- SW – 46 year old mother of 4, who just left a second abusive relationship of 12 years, now engaged to a man recently released from a long prison term. She tested positive for trichomonas, and agreed to HIV testing with some reluctance, certain that she is not at risk. Her 17 yo son is in the court system.
- DC – a 26 year old father of a 7 mo girl, in with a hand fracture from hitting a wall (missed a person). History of incarceration. No PE in many years. Agreed to come back in for an exam.

# More patients this week

- DL – a 76 year old woman, in for refills of her blood pressure and anti-anxiety medication. She is currently stressed by having to care for a 6 year old great grandson because his father is locked up. She is looking forward to the release of her son who has been incarcerated for many years.
- SJ – a 38 year old mother of 2 who has a history of domestic violence, drug addiction, incarceration, now clean for 2 years. She was in to pick up a referral to the GYN oncologist for abnormal pap tests associated with Human Papilloma Virus.
- RL – a 29 year old mother of 3, sex worker, in recovery from abuse of alcohol and crack, incarcerated several times, in for sore throat after being forced to submit to unprotected oral sex. Tested for gonorrhea of the throat, as well as for strep.

# Informal focus group at a DC half-way house for women 3-14-06

- All were aware of corrections officers, male and female, exchanging privileges, pocket change, food, etc. for sex with inmates.
- Several had been punished for refusing to engage in sex with corrections officers.
- Several felt that jealousy and frustration among inmates about these staff-inmate relationships occasionally resulted in violence.
- Several women observed that these relationships held inmates back from accomplishing what they needed to do complete their sentences and successfully reenter the community.

## More from the focus group

- Of 10 participants, only half had had a complete exam when first incarcerated.
- Only half had been tested for HIV and hepatitis.
- Several knew of women who refused to have a pelvic exam.
- Several knew of women who had become pregnant while incarcerated.

# HIV/AIDS

- Spread through blood, semen, vaginal fluids, breast milk.
- Factors that increase transmission include high viral load at time of contact, and broken skin (due to concurrent infection or injury) in the previously uninfected partner.
- Infected persons can be asymptomatic for up to 10 years or longer.
- Infection rates among IV drug users range from 2-7% on the West Coast up to 12 – 40% on the East Coast. Rates among prisoners range from 1-15% (US Preventive Services task force, 1996).
- HIV infection rates are highest for women of color. In 2003, infection rate for black women was 20 times higher than for white women (Fears, 2005)

# HIV/AIDS, continued

- Intensive medical supervision and the use of medications have made HIV/AIDS a manageable chronic illness.
- Poor access to health care and chaotic life style results in poorer prognosis (Stephenson, 2005)
- Inconsistent medication or frequent changes in medication creates drug resistant virus, making treatment more difficult.

# Hepatitis B

- Viral infection of the liver.
- Spread through sexual contact, injection drug use, tattoos, bites, abrasions, and needle sticks. (Gondles, 2005)
- Evidence of current or previous infection in 13-47% of prisoners. (Neff, 2003)

# Chronic Hepatitis B

- Of those infected, 6-10% will develop chronic infection.
- Those with chronic infection have a 15% chance of developing cirrhosis or liver cancer.
- Infants infected at birth have an 85-90% chance of developing chronic infection, and a 25% lifetime risk of developing cirrhosis or cancer. Infection prevented if the mother is diagnosed during pregnancy. (US Preventive Services Task Force, 2003)
- Infants and children are now routinely vaccinated against Hepatitis B.

# Hepatitis C

- Viral infection of the liver.
- Spread through blood, primarily through injecting drugs. Sexual transmission is rare.
- Among incarcerated adults, 16-41% test positive for Hepatitis C, and 12-35% have chronic infection (Neff, 2003).
- 75% of Hepatitis C infections become chronic.
- Treatment is expensive, difficult to tolerate, and is not always effective.

# Gonorrhea

- 80 % of infected women have no symptoms.
- Complications include: Pelvic inflammatory disease, infertility, ectopic pregnancy, chronic pelvic pain, epididymitis, proctitis, joint infection, heart infection and meningitis.
- Likely cofactor in transmission of HIV.
- Can cause eye infections in newborns if the mother is infected at delivery, leading to blindness.
- Antibiotic resistance is becoming a problem in some areas (US Preventive Services Task Force, 1996)

# Chlamydia

- Most common bacterial STI.
- 25% of infected men and 70% of infected women have NO symptoms.
- Easily treated with antibiotics.
- Complications include: Pelvic inflammatory disease, infertility, ectopic pregnancy, chronic pelvic pain.
- Likely cofactor in transmission of HIV.
- If infected at delivery, 50% of newborns will be infected (US Preventive Services Task Force, 1996)

# Mental Health

- 48 – 88% of women inmates experienced sexual or physical abuse before coming to prison (Amnesty International USA, 2006)
- Many childhood trauma survivors utilize self-destructive behaviors to regulate their internal emotional states, including drug use, compulsive risk taking, compulsive sexual behavior, self-mutilation and eating disorders (Herman, 1992)
- Men with a history of childhood trauma are more likely to inflict on others what was done to them (Miller, 1994)

## Mental Health cont.

- Trauma Reenactment Syndrome
- Being at war with one's own body
- Inability to protect the self
- Relationships characterized by the struggle for control (Miller, 1994)
- Incarcerated trauma survivors vulnerable to abusive relationships and engaging in sexual misconduct with correctional officers.

# Solutions

- Improved health care, including screening, treatment, inside and outside of prisons
- Drug treatment, mental health services, inside and outside of prisons
- No tolerance for staff sexual misconduct
- No tolerance for inmate on inmate sexual violence
- Provision of condoms for consensual sex between inmates

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