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Sex and Condom Use in a Large Jail Unit for Men Who Have Sex with Men (MSM) and Male-to-Female Transgenders

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Abstract

Few data are available on factors contributing to sexual activity and condom use in custody settings, particularly among self-identified sexual minority prisoners. To address this gap, we undertook a study of sexual behavior and condom use of 101 randomly-selected men who have sex with men (MSM) and male-to-female transgender inmates in a segregated Los Angeles jail unit that has weekly condom access. Most survey participants (53%) reported anal sex during custody. Although 65% of these reported using condoms, 75% also reported having sex without condoms. Qualitative interviews (n=17) indicate a wide range of reasons for participating in protected and unprotected sex during custody, the use of cues within the custody environment to assess potential partners' HIV status, and support for increased condom availability. Findings also indicate that high-risk sex occurs frequently in this unit and that condom distribution likely prevents a substantial amount of related HIV/STD risk.

Keywords

Incarceration; HIV prevention; condom use; homosexuality; transgenderism; bisexuality

The high rates of incarceration in the U.S.,¹ combined with the high HIV prevalence observed in incarcerated men,² have led to calls for condom provision and for other harm reduction measures in incarcerated settings.³⁻⁶ However, in the U.S. just two state prison and five local jail systems (county correctional facilities that house inmates who have been sentenced to less than one year and those who are awaiting trial or transfer to prison) provide condoms to prisoners.^{3,7} The one published study of a U.S. custody-based condom distribution program surveyed very few men who reported sex with other men in custody or actually obtained condoms.⁸

Incarceration rates may be especially high among males who have sex with males (MSM)* because of their greater participation in certain types of illicit drug use,^{9,10} exchange sex,¹¹ and often-criminalized activities, such as cruising and sex in public spaces. Although comparative data for men who have sex with women are not available, we note that one in four MSM ages 23-29 years who were surveyed in six U.S. urban centers reported having been imprisoned or jailed for at least 24 hours in their lifetimes (T. Bingham, Young Men's Survey Phase 2 unpublished data). In some custody settings, biological males who may be easily identified as gay, or who are transgendered, are sometimes housed separately in order to protect them from harassment and abuse by fellow prisoners.^{12†} In addition, some prison facilities segregate HIV-infected prisoners, many of whom are MSM.^{13, 14} Compared with

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*Includes pre- and non-operative male-to-female transgenders who have sex with men.

†Data are not available on the number of facilities that segregate these inmates. We have been informed that this also occurs informally in some settings.

other prisoners, homosexual and bisexual men and male-to-female transgenders are more likely to engage in sex with other males and are at greater risk for HIV and other sexually transmitted disease (STD) transmission and acquisition.^{15–17} Hence, these segregated subpopulations may be an important priority for in-custody condom-distribution services and warrant further study.

Although numerous studies have examined sexual activity in prisons,^{18,19} few data are available on the frequency and dynamics of risky sexual activity in jails or condom use within custody settings. One recent mixed-methods study on in-custody sex and drug use involving post-incarcerated young men described lack of condom access and coercive and exchange sex as potential contributors to prisoners' risky sex and use of make-shift barriers for HIV/STI prevention. However, most respondents provided little or no information on in-custody sexual activity.²⁰ A study comparing prison inmates with and without a history of treatment for tuberculosis indicated willingness to use condoms for sex in custody.²¹ The sex-in-custody literature has focused on forced/coercive sex¹⁸ or voluntary sex in samples of predominately non-gay-identified men.¹⁹ Two exceptions involve a study comparing self-identified transsexuals to other inmates in a male prison²² and a study comparing self-identified bisexual and homosexual inmates in a protective study unit for MSM.¹² Neither study examined condom use.

Together with a criminal justice/AIDS service organization (Health Justice), the Los Angeles County Sheriff's Department (LASD) launched a condom distribution program in November 2001 in its Men's Central Jail. Distribution is limited to the three dormitories designated for self-identified homosexual and transgendered jail inmates.²³ Los Angeles remains the most recent U.S. jurisdiction to initiate an in-custody condom distribution program. Given the gaps in the research literature, we undertook a mixed-methods study in this unit in order to examine inmates' sexual activity and condom utilization and related contexts, attitudes, and meanings.

Methods

Setting

At the time of this study, Men's Central Jail (MCJ), one of six Los Angeles (LA) jails, held approximately 6,000 inmates for reasons ranging from low-level misdemeanors to capital murder charges. The average length of jail stay is 42–45 days but ranges widely. Approximately 320 MCJ inmates are housed in a protective custody unit, called keep-away designation 6G or K6G, for adult MSM and male-to-female transgenders who have not had sexual reassignment surgery. In an attempt to confirm their sexual orientation, two deputies interview inmates who self-identify as homosexual during the inmate classification process for K6G clearance. K6G inmates are segregated from general population inmates in their housing and all other activities. The unit houses about 2% of the total male LASD inmate population in three equal-size dormitories. Each contains several rows of bunk beds in close proximity to one another and has a sign that reads "It is a felony to have sex while in jail." An elevated custody booth overlooks four dormitories (three K6G unit and one general population dormitory) and is staffed by two custody personnel who must walk its length, about 15 feet, to observe activity in the dormitories. Nevertheless, sections can remain obscured from view.

Inmates stay in the dormitories much of their stay, including at meal time and medication administration. They may attend classes, social service and medical appointments, go to court, chapel or visiting, or for weekly exercise outside of the dorms. Condom distribution is carried out once per week. Health Justice staff members enter each dormitory, provide a brief information on HIV prevention, describe the condom program-related rules, and ask

interested inmates to line up in order to receive one condom apiece – an LASD-imposed limit. Although the distributed condoms are lubricated, neither additional lubricant nor condoms designed for oral sex are provided.

Procedures

Between June and August 2007, inmates were randomly sampled using daily censuses of the K6G unit. Passes were generated to call potential participants to a brief information session about the study where they received a short study introduction and the option to learn more or return to their dormitory. Those remaining were given information on study procedures and eligibility by reviewing the consent form with the group, after each individual received a copy. Signed informed consent was then obtained after briefly reviewing the information discussed and answering questions with each potential participant individually. Institutional review boards at Charles Drew University and the LASD Correctional Services Unit approved the study. The former includes a prisoner advocate who is familiar with the K6G jail unit.

Quantitative surveys

Three male staff members—all gay-identified and one with an incarceration history—from Health Justice carried out the recruitment and survey processes. Inmates were eligible if they (1) had been incarcerated for at least seven days; (2) were able to speak and understand English or Spanish and provide informed consent and (3) did not have their movement restricted for disciplinary reasons. The surveys were self-administered on laptop computers equipped with headphones and an audio-computer-assisted self-interview (A-CASI) designed in QDS™.²⁴ No compensation was provided.

Of the 201 inmates randomly selected for participation from housing lists, 157 (78%) were available; 138 (88% of available) attended the information session and 131 (95% of attendees) stayed to learn more. One hundred eleven (85% of those staying) indicated eligibility, 109 (98%) of whom participated. Those who did and did not initially indicate eligibility and were similar in terms of age, race/ethnicity, and security level. Eight participants were later disqualified for failing to answer most questions (n=2), being incarcerated for less than seven days (n=4), or having lost survey files (n=2).

The survey instrument, developed by the primary investigator, included items adapted from the CDC-funded HIV Testing Survey and National Behavioral Surveillance instruments. After examining sociodemographic characteristics and incarceration history, the instrument assessed HIV/STD diagnoses, sexual behaviors occurring during and prior to the participants' current incarceration by type and number, condom program access, and condom use, as well as condom program-related attitudes, utilization barriers, and preferred distribution strategies.

Qualitative interviews

We also conducted in-depth follow-up interviews with 17 survey participants who reported anal or oral sex with another male in the prior six months, could speak and understand English, and had been incarcerated in the unit for at least two weeks.* We did this to provide context and develop a more comprehensive understanding of reported sexual activities. In accordance with Glaser and Strauss's²⁵ grounded theory, we used theoretical sampling to select interview participants. Our goal was not to gain a representative subsample for the purposes of generalizability, but rather to generate our analytical frame and concepts by

*One of these is excluded from the quantitative analyses because of incarceration for less than seven days at the time of survey. By the time of the interview, however, he had been incarcerated for over two weeks and is included in the qualitative analysis.

focusing on participants who likely represented the diverse backgrounds and sex-related custody experiences of K6G inmates. Race, gender identity, sexual orientation, and HIV status were the principal domains taken into account in selecting at least five interview participants from each dormitory. No available inmate who was offered participation in this substudy refused, although a number of potential interviewees had been released or were unavailable during interview recruitment. Interviewees provided separate informed consent and were compensated by having \$10 placed on their inmate accounts.

The 40-to-60 minute semi-structured interviews were conducted and audio recorded by a male research partner and trained ethnographer in semi-private locations. The interviewer used a semi-structured, open-ended script that began with general questions about the participant's placement in K6G and sexual orientation. The remaining questions covered the following broad themes: (1) sex life before and during periods of incarceration; (2) condom use in jail; and (3) participation in and attitudes towards the condom distribution program.

A semi-structured interview approach provided a contextualized description of the participants' experiences, perspectives, understandings and meaning-making processes. It allowed participants to express themselves with fewer constraints than the survey, develop rapport with the interviewer, and provide rich narratives. It also allowed the interviewer to receive feedback on his understanding of responses. This is a form of member checking and a crucial technique for establishing credibility.²⁶

Data analysis

Survey—We created univariate and bivariate cross-tabulations of categorical variables and used chi-squared or Fischer's exact t-tests to test for group differences. Means, medians, standard deviations, and ranges of continuous variables were also calculated. Data analyses were carried out in SAS 8.02.²⁷

In-depth interviews—We also used a grounded theory approach to analyze the qualitative data. Specifically, an inductive, data-driven process was used to discover common themes among participants' responses. This analysis was then used to understand further the survey data based on Denzin's²⁸ technique of triangulation, using multiple methods to approach a deeper and more complete understanding of a phenomenon than any single method could attain alone.

Grounded theory interview analysis involves the iterative development and refinement of categories and concepts based on the reading, coding, and recoding of interview data. The codes represent topics and concepts that are derived directly from the interview guide and transcripts. There is an on-going comparison within and across categories and interviews, where each item is checked against the rest of the data to establish and refine categories that reflect nuances of the data.^{29,30} The three academic research partners collaborated in the data analysis using verbatim interview transcripts that we coded and indexed using the qualitative analysis software, Atlas.ti.³¹ All transcripts were first read through to develop analytical categories and identify the range of themes covered, in accordance with standard grounded theory methods.^{29,30}

Two authors coded a portion of the transcripts independently with the purpose of reaching theoretical saturation, which occurred after one third of the transcripts were coded. We then refined the code book through subsequent coding of all the transcripts by one author and consensus-based group discussions of emerging themes. Initial data summaries were developed with illustrative quotes intended to represent the major themes. These examples were then discussed among the authors and compared with quantitative survey findings. In line with multi-method triangulation,²⁸ the authors discussed points of overlap and potential

discrepancies between the survey and interview data. In some instances, potential incongruities were checked by sharing non-identifying quotes or summaries with the jail and CBO staff for their interpretations.

Results

Survey sample

The survey sample ranged in age from 18–79 years (median = 37 years). Nearly 20% identified as transgendered or some variation of this term (*e.g.*, “transsexual”, “unique woman”), the rest as men. Fairly equal proportions were Black/African American (33%), Hispanic/Latino (36%), or White/other (32%). The race and age distributions were very similar to custody data for the K6G unit as a whole. Although 31% had not completed high school, 27% had finished a college-level degree or certificate, and 60% were employed at the time of their incarceration. The vast majority (83%) of participants had experienced prior incarcerations as adults, with most reporting multiple prior incarcerations. Sexually transmitted infections were very common, with 32% having been diagnosed with HIV infection during their lifetime and 24% reporting an STD diagnosis during their current incarceration. The sociodemographic characteristics of the qualitative interview subgroup differed little from that of the quantitative survey sample; except that just two interview participants (12%) was identified as White. In contrast, over 20% of those surveyed self-identified as White. Further, more interview participants than survey participants were in the 25–34 year-old age group, fewer were in the 35–44 year-old group, and more reported having been diagnosed with HIV. See Table 1.

Survey participants reported a range of sexual orientations, and 25% reported sex with at least one woman in the six months prior to their current incarceration. The self-identified sexual orientation distribution of the qualitative interview participants was similar to that of those surveyed. To describe participants’ sexual orientation further, we also examined the gender of their sexual partners prior to their current incarceration. Most participants (67%) reported sexual intercourse with at least one man in the 30 days prior to their current incarceration. Smaller percentages reported intercourse with transgendered (16%), female (19%), or no partners (26%). See Table 2.

In-custody sexual activity

Sex during incarceration (for up to the prior 30 days of their current jail stay) was reported by most participants, including oral sex by two-thirds and anal sex by slightly over half (53%). These activities overlapped, with just two inmates reporting anal and not oral sex. When we compared in-custody activities to those occurring in the 30 days prior to the current incarceration, a larger percentage reported no sexual intercourse (47% vs. 26%), a smaller percentage reported intercourse with men (47% vs. 67%), and a similar percentage reported sex with transgenders (18% vs. 16%) in custody. Participants were not asked about sex with females (for example, female guards) during incarceration.

Interview participants explained why some inmates engage in sex and others abstain, as well as specifically when and where sex occurs in jail and how the jail context influences sexual decision making. Respondents indicated that both potential partners and opportunities for sexual intercourse abound because of the dormitories’ physical layout, the small number of custody staff relative to inmates, and the reportedly frequent lapses in monitoring by custody staff. As one inmate stated, “They lock you up with a goon, but the goon don’t see every part of the dormitory. Lot of stuff going on in that dormitory that they don’t know ‘bout. They say they know about it, but they don’t know about it.” Although a few other

respondents also indicated that the custody staff were not aware of their sexual activities, most felt that the custody staff were well aware, but chose to ignore them.

Time and place of sexual activity—The majority of sexual acts occur at night when dormitory lights are out and deputy walk-throughs are infrequent. Sheets are often used to create makeshift tents, 'so it's like – you put a sheet up over your bed [to form a tent] and can't nobody see what's going on in the booth, so it's like, yeah. It's very easy to do it.' Inmates described a tacit understanding with the deputies that each will not disturb the other during certain periods:

Yeah, the deputies, they come by. They'll look out there and tell us to take the tents down, but they can't keep – they're not gonna keep an eye on us all night long, ... Their motto is, "As long as we don't bother them they don't bother us."

According to some respondents, custody staff members avoid entering the dormitories at night partly because it would be dangerous: "They don't check. They just do walkthroughs during the day... At nighttime, lights go out, they don't fucking dare go in our dormitories. It's crazy."

In contrast, several other interview participants reported *not* limiting their sexual encounters to the dormitories. For example, one reported having sex in a holding area while waiting for a court appearance, while another described observing sex on the stairs, in the elevators, and on the rooftop where inmates engage in supervised outdoor recreation. Others reported sex with new inmates in the cell where potential K6G inmates are held prior to being housed in the dormitories. One respondent even reported that he witnessed oral sex in the back of the large chapel where an HIV risk-reduction class was being conducted. While it is impossible to verify these reports, they reflect the general consensus that in-custody sex is commonplace.

Reasons for engaging in sex—The most common reason people gave for having sex was pleasure or recreation, but some also mentioned exchange sex. Thirteen percent of survey participants reported receiving money, protection, food or other goods in exchange for sex, with transgenders more likely to report this practice than men (28% vs. 10%, $p=.04$). For example, this transgendered participant discussed regretting having sex in exchange for items from the jail commissary (Canteen):

If you're not attracted to the guy, you might as well not even go through with it, because it's certainly not worth what they'd – ..., that to degrade yourself in that way for the little bitty Canteen that they give you here. But sometimes, you might – I did it for cosmetics. When I first got here, I didn't have deodorant, lotion, soap, and that means a lot.

For some, sex is a way to make the time spent in jail pass more quickly: "I have sex all the time. I mean there's nothing else to do in there." For others, sex provides a substitute for the personal connections lost during incarceration: "I think some people may miss people too and look for comfort in some way." The quantitative data did not, however, indicate a strong trend toward a greater likelihood of sex with increased length of jail stay. The mean length of stay for those reporting oral or anal sex in custody, was 65 days; for those abstaining it was 58 days ($p=.57$).

Reasons for abstaining from sex

Despite the multiple opportunities, many interviewees had not engaged in sex. In fact, more mentioned abstaining from sex during their current incarceration in the interview ($n=6$) than did so on the survey ($n=3$). In some cases, this may have occurred because interviewees

excluded oral sex from their discussions. Reasons for avoiding sex in jail varied. Some were uninterested in sex with strangers or in situations that were unlikely to lead to a relationship:

I'm a relationship person. I like to be in a relationship with somebody. I'm not one of the ones that just lay up in the bed, have sex, and get off the bed, then when somebody else come in, I jump in the bed with them ... No, ... I'd rather know something about them or know their status or something like that before I have sex with them.

Setting: Aesthetics and privacy—Others found the jail setting unappealing: “It’s not that romantic. It’s not like outside. Outside, we can get a nice haircut, uh, cologne, clothing..., but not here.” This sentiment, that sexual encounters have their time and place, which is definitely not in jail, was shared by several interviewees and appeared to be more common among those with few prior incarcerations:

The reason [I don’t have sex in jail], well, this is not an attractive place for me. There’s other people that have been in and – in and out of jail so much that for them, it’s – it’s just like being outside or inside.

Although survey participants who reported sex inside had a much higher mean number of prior incarcerations than those who did not (9.6 vs. 5.0, $p=.02$), the median numbers did not differ, nor did the joint categorical distributions of prior incarcerations and the probability of sex during the current jail stay.

Finally, the relative lack of privacy also discouraged some interviewees from engaging in sex. For example, some pointed out that there are inmates who attempt to observe sexual encounters occurring in tents.

Doing one’s time/Avoiding problems—Finally, a few inmates cited respect for the system as a reason to avoid sex, such as the transgendered woman who claimed, “I don’t like to have sex in jail... because I come here to do my time.” These inmates adopted the attitude held by many jail personnel that time in custody should not be enjoyable, but rather a punishment for criminal acts. Others described avoiding in-custody sex as a break from potential problems and stressors: “[When people approach me] I just tell them ‘No, thank you.’ Just – I’d rather just stay friends than get caught up in all the drama downstairs [in the dormitories]....”

Perceptions regarding sex and HIV/STD risk—Most inmates also felt that sex is riskier in than outside of jail, leading some to avoid it altogether. While sex with condoms is known to be safer (for example, no surveyed inmates selected *I don’t think condoms work* as a reason for having unprotected sex), some qualitative interviewees pointed out that it is not completely effective against STDs: “I don’t want to catch any disease ... yes, it helps that they’re handing out latex condoms, but I know for sure that latex condoms does not 100% guarantee.” Another interviewee summed up his perceived likelihood of catching HIV, as follows:

If you just come up in here and just start having sex with whoever you want to – if you came here with nothing, you're gonna leave here with something. Most of these people aren't going to tell you they're HIV-positive.

Despite this assertion, there were HIV-positive interviewees who reported avoiding sex because they were worried about infecting someone else: “Because by me being given HIV, ... I never slept with anybody... I thought that if I touched somebody, they were gonna get it, and they were gonna die.”

The setting-related factors described above likely explain why fewer survey participants reported sex during than prior to the current incarceration and why 14% selected “I would never have sex here” in response to a survey item on future condom use intentions for sex in custody.

Condom use for anal sex during current incarceration

Although 65% of inmates who reported engaging in anal sex during custody reported using condoms, at least one act of unprotected anal sex was reported by 75%. Furthermore, 49% of all anal sex acts reported during the participants' current incarceration were unprotected. Psychosocial reasons selected for not always using condoms for anal sex included perceived HIV seroconcordance with one's partner (50%), a dislike for the way condoms feel (26%), and difficulty maintaining an erection with a condom (18%). Being under the influence of drugs or alcohol played little role (2.6%). Important condom-program-related reasons, such as running out of condoms (32%), not being able to obtain a condom from the program (13%), and not receiving lubricant with the distributed condoms (8%), were also endorsed. See Table 3.

The qualitative data indicate that additional considerations contributing to condom-related decisions include protecting oneself or others from infection, perceived convenience, relationship status, and emotional state. Protection from infection was, unsurprisingly, the main reason *for* using condoms. We now elaborate on reasons some inmates do *not* always use condoms.

Reasons for not using condoms

Effect on sexual experience—Some interviewees viewed condoms as diminishing either the pleasure or excitement of sex. Exacerbating this was the lack of additional lubricant, which was also believed to contributed to condom breakage.

Inconvenience/spontaneity—Given that sex is against jail rules, interviewees report taking the opportunity when it arises, rather than having planned interludes. This sometimes lead to unprotected encounters, “One night, it all just happened like so fast that it was done, and that I should've thought about it [a condom] first, and I didn't.”

Relationship status and perceived HIV seroconcordance—On the other hand, some inmates do not rely on spontaneous sex, but instead form more committed relationships. In this context, perceived monogamy can also encourage unprotected sex, including this participant who attributed his HIV infection to such a situation:

There was me and him, and I thought since it was just me and him, it was—I was comfortable enough to have sex with him without a condom, and I really think that's where it came from.

For some, sex without a condom connotes a sense of trust and bonding: “By me mingling ... bodily fluids [with them], they, like, created a bond between us, you know. A pact, you know, some kind of like an oath?”

In the absence of a committed relationship, others search for signs of their potential sexual partner's HIV status:

I know about certain people's health problems, just by going to medical with them and what they—what pills they get. I've watched ... the special diets, you know? So, I take that all into consideration, and I take the—whoever this person's been with in the past, you know?

In other words, by carefully observing other inmates and listening to gossip, some interviewees believed they could discern who had HIV or was high-risk and make decisions regarding condom use accordingly.

Emotional state—Interviewees also mentioned several reasons that they felt others practiced unsafe sex, including ignorance, hopelessness, and bitterness. For example, some inmates are reportedly unaware of the risks involved in unprotected sex or have a youthful sense of invincibility. Others were described as being aware of the risk but not caring since they had become jaded from life's rejections and hardships:

So, I think of people in our society get thrown out you know, and they don't have like family there for them, and stuff like that... You know those are the type of people that are in our dorms? ..., with them being on Skid Row, a 'downtown crack head,' or a 'Hollywood ho,' you don't make no proper decisions.

Interviewees indicated that many inmates engage in risky behavior both inside and outside of custody and that, even if they have never been tested, some prefer to act as if they have HIV so they do not have to worry about contracting it.

For those who are already living with HIV, the resentment and bitterness they have about contracting the disease may lead them willingly to infect others, according to several interviewees. One inmate described this as follows and indicated that it led him to take on more self-protective behaviors while in custody:

One person could say like this, "Someone didn't tell me they had a disease, so I caught it from them. So now, I'm going to give it to everybody I can." You know? I've heard that frame of mind before come out of some people.

Another suggests that some HIV-positive incarcerated people are unwilling to take steps to protect others from infection: "They feel like their life is already gone ... You can tell how bitter they are about life..., they don't care about nobody else, ..." The percentage of sexually active survey respondents who engaged in unprotected anal sex in custody did not differ by HIV status (73% for HIV-negative, 76% for HIV-positive participants, $p=.813$), and 53% of those with HIV reported at least one incident of unprotected anal sex with an HIV-antibody negative or unknown status partner.

Condom availability—The interviewees also discussed inmates who are motivated to practice safer sex, but who sometimes have unprotected sex because of the one-condom-per-inmate per week limit:

Some people may get a condom, and just be like, you know, I'm not using it right now, and there is someone that does use them, they may just give it to the person that does use it, for a handful of chips... At the time, they don't even think about, "I may need that in a couple of days." Or, they already have been in once, they already did it [before] condom days on Thursday, and they didn't have one ..., so why not go back on Thursday and Friday and be [with] the same person and do it without one ...?

In other words, both the frequency and timing of the condom distribution may contribute to inconsistent condom use among some inmates, particularly given that no one discussed postponing sex until a condom was available.

Discussion

Given their high levels of HIV/STD morbidity and risky behaviors, inmates in this unit represent a very high-risk population for transmitting or acquiring HIV and other STDs

within and outside of custody. Consistent with other research,^{15, 17} study participants were somewhat less likely to report sex during their current incarceration than prior to it; nevertheless, a significant majority reported oral or anal sex during custody. That half of all in-custody anal sex acts *were* protected suggests that the condoms distributed in K6G are used and are likely already averting some HIV/STD transmission in the unit. The program-related reasons given for not using condoms present opportunities for further prevention efforts. These include more frequent condom provision, with fewer restrictions on the number acquired and the provision of lubricant, which might also reduce condom failure and encourage use among those who dislike condoms.

Given that many participants gave perceived HIV seroconcordance as a reason for not using a condom and that interviewees discussed making assumptions about their partner's status based on unverifiable clues, further prevention measures may involve increased education on the potential risks of unprotected sex with unknown status partners and on the frequency of undiagnosed HIV/STDs among inmates. In addition, better protection of HIV-positive inmates' confidentiality might increase condom use. Unsafe sex based on assumptions about partners' HIV serostatus has been documented in other studies of MSM³² and in other populations.³³ However, our data indicate that the custody environment provides additional information, that may lead some inmates to feel increased confidence in these assumptions.

Two main behavioral models dominate research in incarcerated settings. The *importation model* argues that in-custody behaviors and attitudes are imported from outside prison walls, whereas the *deprivation model* argues that the social and sexual deprivations of prison lead to sexual behaviors unique to this setting.^{34,35} Given that this particular jail environment is limited to self-identified gay, bisexual, or transgender individuals and has some condom access, many observations diverge from those of other studies. Much of this research has focused on general population prison settings dominated by heterosexual norms and lacking any condom access.¹⁹ There, much work has supported the *deprivation model* wherein prisoners' sexual behaviors were seen to reflect restricted access to female partners and the need to establish power within or comply with status hierarchies unique to prison societies.³⁵ In contrast, K6G unit inmates are not deprived in that they have an abundance of opportunities for sex and sexual partners but do experience partial or total deprivation from things like privacy, personal cosmetics and clothing, sufficient condom supply, freedom of movement, stimulating non-sexual activities, and even easy access to drugs and alcohol. These deprivations affect whether and how inmates engage in sexual activity and use condoms. Nevertheless, many reported HIV-related attitudes and behaviors also support the *importation model*, as they are consistent with MSM's HIV risk perceptions and reasons for engaging in unprotected sex in non-custody settings.^{33, 36–38}

In our view, the distinctions between the *importation* and *deprivation models* may be less relevant for many jail populations that, like this one, have high rates of recidivism, more fluid social hierarchies, and relatively short incarceration periods compared to prisons. For these individuals, the experience of incarceration may also heavily influence life outside of custody. This may occur through its effects on individual norms and perceptions; on existing partnerships; on opportunities for employment, housing, services, and sexual partners; and on freedom of movement and association through conditions of parole and probation.^{39–41} An alternate way of understanding such populations may be to look at the behaviors contextually and develop a situational understanding based on the aggregation of these behaviors. For example, under what conditions do inmates and former inmates use condoms and have sex (or not) both when in custody and not?

Limitations

Study limitations include the fact that some survey items may have been unclear to respondents and the involvement of one condom distribution staff in survey administration. Although it was not possible to pretest the survey instrument with inmates, it was vetted by individuals who are familiar with the setting and few problems with question clarity were reported during implementation. Nevertheless, a concern emerged that some participants reported information relevant both to their current and prior custody stays or grouped transgender and male partners. For example, the self-reported frequency of a new STD diagnosis during incarceration is higher than one might expect given STD testing results published by the Public Health Dept. for the unit.^{42–44} The use of self-administered computer surveys reduced the likelihood of biased responses but may have masked problems with comprehension. Finally, the findings are likely not generalizable to other populations of incarcerated men where sex between men is taboo and frequently serves to as a means of establishing or asserting dominance among inmates.³⁴

Despite its limitations, our study provides important information on a high-risk and under-researched sub-group, particularly given the findings' potential policy relevance. The high participation rate and the similarity of the survey participants' demographic distribution to that of the K6G population indicate that our sample is likely representative of the unit. An early 2002 survey of 153 K6G unit inmates, conducted four months after the CDP was first implemented, indicated that 68% of inmates who engaged in anal sex had at least some unprotected sex (Knox and Lane, CorrectHELP Condom Survey, Uncorrected Summary Report, Unpublished data). This estimate is consistent with our finding of 75% and further supports validity.

Policy implications

These data provide concrete evidence that unprotected high-risk sex occurs frequently among at least one segment of the incarcerated population and may lead to HIV/STD transmission. Furthermore, it indicates that a substantial portion of this risk is likely preventable through condom distribution. Additionally, a recent cost-effectiveness analysis of condom distribution in this setting indicates potential cost savings.⁴⁵ Given the ongoing reluctance by U.S. correctional authorities to implement or expand such measures, a multifaceted approach may be most successful at reducing unprotected sex in custody settings while balancing custody concerns. This approach may include expanding the size and number of successful condom distribution programs, implementing proven HIV/STD education and risk-reduction programs, and enacting measures that will lower the frequency of sex between inmates or the potential misuse of condoms. The latter may include the reconfiguration of housing units and the installation of mirrors and improved lighting for greater visibility⁴⁶ and the increased training and engagement of custody staff in inmate supervision. The primary challenge of enacting such measures is one of not punishing inmates who engage in sex so severely that they forgo condoms in order to reduce their chances of being caught. In addition, the allowance of prison conjugal visits for inmates regardless of sexual orientation¹⁹ and the development of improved HIV prevention interventions for incarcerated gay, bisexual, and transgendered inmates may reduce sex between inmates and foster risk reduction in these populations.

Jails and prisons concentrate groups at high-risk for HIV and other infectious diseases.⁴¹ Although these settings have frequently been raised as important HIV-prevention intervention points for heterosexually identified men, our study indicates that this may be true especially for self-identified homosexual and bisexual men and for male-to-female transgenders.

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Table 1

Demographics, incarceration history, and HIV/STD status

	<i>Quantitative Sample % (n=101)</i>	<i>Qualitative Sub-sample % (n=17)</i>
Age group		
18–24 years	14	12
25–34 years	28	35
35–44 years	38	29
45+ years	21	24
Gender identity		
Man	81	76
Transgender/Woman	19	24
Race/ethnicity		
Black/African American	33	41
Hispanic/Latino	36	35
White	22	12
Other	10	12
Highest educational level		
Less than high school	31	35
High school/General equivalency degree	27	29
Some college, no degree	16	12
College certificate, degree or higher	27	24
Working for pay prior to incarceration		
Yes	60	53
Prior incarcerations as an adult		
any prior incarcerations	83	88
Median number; range of prior incarcerations	7; 0–80	5; 0–50
Length of time in K6G unit at survey administration		
Median days; range of number days	45; 7–297	47; 1–297
HIV-antibody status at last test		
HIV positive	32	41
HIV negative	59	53
Indeterminate	2	0
Never tested	7	6
Diagnosed with an STD during current incarceration *	24	24

* Inmates in the unit are regularly tested for syphilis and for genital Chlamydia and gonorrhea at K6G admission and can obtain testing at other times based on symptoms or potential exposure.

Table 2

Sexual orientation and recent sexual activity

	<i>Quantitative Sample %</i>	<i>Qualitative Sub-Sample %</i>
Sexual orientation	(n=101)	(n=17)
Homosexual/Gay	54	47
Bisexual	29	29
Heterosexual	4	12
Other *	14	12
Gender of sexual intercourse partners in 30 days <u>prior to</u> current incarceration		
Men	67	81
Women	19	25
Transgender	16	19
N/A, No sexual intercourse partners	26	0
Type of sexual activity <u>during</u> current incarceration for up to the past 30 days		
Any oral sex	66	82
Any anal sex	53	76
No anal or oral sex	33	18
Gender of anal sex partners <u>during</u> current incarceration for up to the past 30		
Any men	47	71
Any transgender	18	29
N/A, No anal sex partners	47	24

* Other includes transgender, transsexual, down low, same gender loving, alternative life.

Table 3

Safer sex behaviors and attitudes among survey participants reporting in-custody anal sex

Condom use (n=52)	%
Any protected anal sex (n=49)	65
Any <i>un</i> protected anal sex (n=52)	75
Frequency of all anal sex acts that were <i>un</i> protected * (n=46)	49
Any <i>un</i> protected anal sex with HIV-negative/unknown status partners among self-reported HIV-positive participants (n=17)	53
Reasons for not always using condoms for anal sex (n=38) *	
<i>Non-condom-program related</i>	
My partner and I are both HIV negative	34
I don't like the way condoms feel	26
I find it difficult to stay hard/erect with a condom	18
My partner and I are both HIV positive	16
My partner refused to use one	2.6
I was drunk or high	2.6
I don't think condoms work	0
Other	13
<i>Condom-program related</i>	
I ran out of condoms	32
I couldn't get a condom from the program	13
We did not have lubricant	7.9

* Participants could select more than one reason.