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A Condom Distribution Program in the Los Angeles Men's Central Jail: Sheriff Deputy's Attitudes and Opinions

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Abstract

The K6G unit of Los Angeles Men's Central Jail (MCJ) is comprised of males who have sex with males (MSM), whether gay, bisexual or transgender. Within this unit, condoms are distributed to inmates, one condom per week. The current study was conducted to better understand the experiences and opinions of jail staff as it pertains to the condom distribution program's effectiveness and impact on jail safety and management. A total of 10 staff interviews were conducted with the unit's line staff (n=8) and administrative personnel (n=2). Findings suggest that despite the contradictory "mixed message" that jail staff felt the program sent, it causes few operational or safety concerns and is perceived to be beneficial to public health.

Keywords

HIV Infections/prevention & control; Condoms; Attitude; Prisons

Introduction

The United States Department of Justice, Bureau of Justice Statistics reported that as of yearend 2011, there were over 2.2 million Americans incarcerated (Bureau of Justice Statistics, 2011). Compared to the general population, incarcerated individuals, in 2008, were up to 2.5 times more likely to have HIV/AIDS (Bureau of Justice Statistics, 2010). In addition, high levels of other sexually transmitted diseases (7.7% Chlamydia, 1.7% gonorrhea, 1.0% syphilis) are found within incarcerated populations compared to other US populations (Centers for Disease Control and Prevention, 2009).

High risk sexual activity, either consensual or through coercion, has been documented within jail and prison settings (Harawa, Sweat, George, & Sylla, 2010; Macher, Kibble, & Wheeler, 2006; Krebs & Simmons, 2002). Although actual in-custody transmission rates have been difficult to determine, a few studies have documented, the transmission of sexually transmitted diseases in the prisons (Diaz, Buehler, Castro, & Ward, 1993; Horsburgh, Jarvis, McArther, Ignacio, & Stock, 1990; Krebs & Simmons, 2002). For example, analyses of data from a mandatory HIV testing program by the Georgia Department of Corrections, conducted from 1992 to 2005, found 88 documented cases of HIV transmitted while the tested individuals were incarcerated (Centers for Disease Control and Prevention, 2006). Another study (Krebs & Simmons, 2002) found 33 cases in a large sample of state prison

inmates followed from 1978 to 2000, confirming the risk of transmission during incarceration. These studies have initiated calls for an increase in prevention efforts including HIV education and testing, needle exchange and condom distribution (Spaulding et al., 2002; McLemore, 2008).

Despite several countries (e.g., Canada, Australia, South Africa, Brazil...) outside the United States offering condoms to inmates and subsequent positive evaluations of these programs (Dolan, Lowe, & Shearer, 2004; Yap et al., 2007), very few prisons or jails in the US make available condoms to help prevent the transmission of HIV and other STDs among inmates. As one of just 5 jail systems to allow inmates access to condoms in the United States, the Los Angeles Sheriff's Department Men's Central Jail (MCJ) instituted a condom distribution program in 2001 in a segregated unit for men who have sex with men and male to female transgenders. This separate unit was instituted to protect gay male and transgender inmates, who are often targeted for abuse, violence, or harassment by the general population. Inmates within this unit have an even higher prevalence of HIV and other STDs (Sanchez et al., 2001), than the general population of the jail. As part of the condom distribution program within this unit, condoms are distributed, one condom per inmate, one time per week. Additional details regarding the program have been documented elsewhere (Harawa et al., 2010; Sylla, Harawa, & Grinstead Reznick, 2010).

The current study was conducted to better understand how acceptable the program is to staff and to describe their experiences and opinions, specifically in regard to the program's effectiveness and its impact on jail safety and management.

Methods

Between April and October 2009, 10 interviews were conducted with the unit's line staff (n=8) and administrative staff (n=2). Nine of the participants were male and 1 was female. The ages ranged from 25 years to 56 years. The average length of experience working in the Los Angeles Sheriff's Department was 14.8 years and 1.7 years working within the K6G unit. These lengths ranged from 2.5-28 years and 1 to 23 years, respectively.

Recruitment and consenting

Participants were recruited via presentations and flyers posted in the guard station of the K6G unit. Line staffs interested in being interviewed were able to call a designated phone number to register. In addition, a sign-up sheet was circulated so that study staff could contact guards individually. Two formal presentations were provided during regularly scheduled staff meetings to give additional information and provide an opportunity to have questions answered. One presentation was given to the morning shift and one to the afternoon/evening shift. No presentation was provided to the overnight shift. The recruiting goal was to conduct two interviews with staff from each of the 3 shifts, 2 supervising staff, and 2 higher level administrative personnel. This goal was achieved.

Once interested parties were identified by telephone or sign-up sheet and screened as eligible, an interview was scheduled. Each participant was directed to read the entire informed consent form and given an opportunity to ask questions prior to signing the form

and initiating the interview. All interested individuals provided written agreement to participate and to be audio recorded for the interview. Participant names were not connected to the interview recordings or transcripts and participants were encouraged to avoid using names during the interview to protect confidentiality.

Interviews

Semi-structured interviews were completed one-on-one by a male ethnographer in a private area of Men's Central Jail and were recorded and transcribed for coding. The interview guide questions focus on the following areas: 1) history of work and position within LASD, 2) familiarity with K6G unit and population, 3) knowledge of Condom Distribution Program (CDP), 4) beliefs about sexual activity within the unit, 5) attitudes toward the condom distribution program within the K6G unit and general population, 6) management of the program and safety issues and concerns, 7) suggestions to close, continue, or improve the program. Each interview took approximately 35 minutes to conduct.

Analysis

All audio recordings of the interviews were transcribed by a professional transcription service. An initial set of codes was developed based on the interview guide and through conversations between the principal investigator and male ethnographer. All coding was completed by the male ethnographer. Once the initial coding was completed, the principal investigator reviewed and either confirmed or rejected each code applied to a particular segment of the transcripts. The rejected codes were discussed until an agreement was obtained on how to properly code the segment.

A direct approach was used to analyze the data, where transcripts were reviewed to answer specific questions set by the study objectives. In this regard, a spreadsheet was constructed listing each of the study questions (e.g., description of program, safety of program, in favor of program, etc.), while each participant's response was entered accordingly. A simple tally of like responses was used to gauge the range of opinions, relevant themes and consensus among the participants. Atlas.ti 5.2 was used for data management during the coding and analysis.

Results

A number of general themes emerged during and after analyzing the transcripts.

Condom Distribution Program

The program was generally accepted by K6G unit line staff and administration that were interviewed. All but one of the interviewees felt the program should continue even if it conflicted with their personal moral beliefs. The most common reason given for supporting the program was reducing the spread of HIV and other STDs.

Interviewee: Well, my heart says that we need to slow the spread of these diseases that are going around. However, as a law enforcement officer, it is illegal to have sex in jail, but if they're going to do it, we need to do what we can to stop the disease because many times the innocent people are affected by that.

Another interviewee noted that prior to the program inmates used latex gloves and food wrappers to protect them during sex.

K6G Unit population

Staff described the K6G unit as a “Special Needs” population and the overall experience of working inside this unit that was specifically for gay and male-to-female transgender inmates as shocking at first – one they had to get used to. Although responses ranged widely when asked about the amount of sexual activity that occurs within the K6G unit, all staff acknowledged that sexual activity has occurred and would continue to occur there. Three respondents estimated that over 80% of inmates are sexual active within the unit, while 3 others’ estimates were between 50 and 60%, 2 did not want to guess at an exact percentage, and 2 others estimated 10% or below. These estimates can be weighed against another quantitative analysis conducted with 101 of the K6G unit inmates in 2007, where 67% reported having either anal or oral sex within the last 30 days (Harawa et al., 2010). All participants felt that sexual activity would occur with or without the condom distribution program and that the program did not cause an increase in sexual behavior.

Mixed Message

One emerging theme prevalent in the data is that there is a *mixed message* sent to inmates by the condom program's implementation. It is illegal for inmates to engage in sexual intercourse while incarcerated; however, condoms are being distributed to inmates within this unit weekly. One interviewee reflected many participants’ perception of the unit and the program when he stated:

They're a special needs population, and I think that they're going to be doing it anyway, so why not provide them with - it's kind of funny because there's a big sign in there that says, “Sex in custody is a felony,” or something like that, and then at the same time, underneath that sign, we're handing out condoms. It's a little mixed message there, but it's reality.

Jail Management and Safety

All ten participants felt the condom distribution program did not affect the operations of the unit or managing the inmates, and that the program, which involved distribution in each dormitory by staff of a local CBO, was conducted in a very orderly manner. There were very few safety hazards recalled. Commonly reported condom-related incidents included them being used as balloons, pillows or hair ties – no mention of malicious or dangerous uses were made. An additional problem reported is that condoms are sometimes found on other units, which is against program rules. The most common concern related to program safety centered on improper disposal. Condoms that had not been disposed of properly presented a health concern for staff who might find used condoms during regular searches of inmates and their property.

Encouraging Rape or Sexual Assault

Participants were asked if they believed the condom distribution program encouraged rape or sexual assaults within the unit. Six of the 10 did not feel the program increased incidences of

rape or sexual assaults, 3 felt the program does and 1 felt it may a little but not so much as to make a difference.

Expanding Program to the General Population

Staff generally agreed that the program should continue to occur in the K6G unit; nevertheless, none of the interviewees felt it should be expanded to the general inmate population.

Interviewer: And what about providing condoms to the general population? Are you in favor or against that?

Interviewee: I don't think so. I don't think we should give them any... Because they don't have no business having sex. They're supposed to be straight men. That just gives them, maybe the ones that are perverts, rapists, or whatever, it just gives them more of a, "Go ahead and do it; here's a condom." You know, that one time.

Improving the CDP Program

A number of participants made suggestions on how to improve the current program. The most prevalent, expressed by 6 of the 10, was to increase the amount of condoms available to inmates per week. One interviewee noted:

I think it reduces the likelihood of spreading the disease. I don't think it prevents it. Because again, one condom per week per inmate I don't think is - especially if some of these guys have a higher sex drive than other inmates, one won't be enough. And it ain't going to stop them, especially if they weren't using that [condoms] on the street.

Other suggestions were to provide more sex education together with the program, two interviewees mentioned making it possible for inmates to order condoms through the canteen and 1 suggested making them available through the unit's nurse. Three participants did not have suggestions for improving the program. Currently, the CBO that distributes the condoms also conducts regularly HIV prevention classes for unit inmates, and testing for HIV and other STDs is provided by the Department of Public Health.

Progressive Upper Level Management

The two administrative personnel were asked an additional question: "Given that there a very few such programs in the United States, what are your thoughts about its having been implemented in the Los Angeles Men's Central Jail." Both staff pointed to the forward thinking of their upper-level administration, that once the public health need was identified and brought to their attention, they were progressive enough to take action. One interviewee expressed:

I think we have a very progressive leadership here at the Sheriff's Department. Sheriff Baca is very progressive and he recognized the need for it. The administration here, we also recognized the fact that we're not necessarily responsible for public health issues, but we do have a responsibility to stem the [tide] on the spread of disease, if we can do that, and that's our way of doing that.

So that's probably the best way we can provide some community service by doing that. We only distribute the condoms to K6G dorms. We don't do it around the entire jail. We just do it to a specific population.

Discussion

Although data are sparse regarding the safety, inmate management issues, and perceptions of jail staff regarding in-custody condom distribution programs, these summary findings are consistent with the few evaluations that are available (May & Williams, 2002; Sylla et al., 2010). They suggest that condom distribution to inmates causes few operational and safety concerns (Yap et al., 2007) and that jail staff feel it is worthwhile for those inmates that do engage in sexual activity. Furthermore, the staff we interviewed generally agreed that the program should continue to occur in the K6G unit; nevertheless, they did not feel the program should be expanded to the general population. However, other research suggests that these attitudes might change following the implementation of such a program.

Study findings suggest jail staff members are ambivalent about custody-based condom distribution programs. Because sexual activity is illegal in prisons and jails, guards may view distributing condoms as contradictory to their psychosocial, affective, or moral beliefs (Godin, Gagnon, Alary, Noel, & Morissette, 2001). LASD Staff that highlighted this “mixed message” or “Catch -22” (May & Williams, 2002; Sylla et al., 2010) appeared to feel torn between upholding the law and disease prevention. Nevertheless, because jail staff members consider the spread of HIV and other STDs a major public health issue, most are able to internally resolve the conflicting message. Acknowledging the higher rate of sexual activity in the K6G unit than in the general population, staff members consider the condom distribution program as a needed prevention tool. An evaluation study by Sylla (2010) also found that post program staff qualitative interviews indicated a clear approval and acceptance of a condom distribution program in San Francisco jail, while pre interviews were signified with much apprehension. Further, the set-up of the current LASD and San Francisco condom distribution programs (Sylla et al., 2010) may have facilitated this resolution because they did not require staff to directly distribute or dispose of the condoms.

Expansion of condom programs to other US jails is likely to be met with initial opposition from custody staff, in part because few jails have similar protective custody units for MSM. The interviewees in our study estimated much lower rates of sexual activity in the general population than inside the K6G unit. Here, the existence of a dedicated unit for MSM/TG seems to have fostered acceptance of the program by staff. Staff, however, may be influenced by data indicating that consensual sex is more common than they expect in the general population of inmates. Although initial opposition may be likely, guards and staff will most likely become accustomed to condom distribution programs, and many will even favor its potential disease prevention benefits.

Limitations

There are a number of limitations to the current findings. To begin with, a limited number of interviews were conducted in this evaluation, a total of 10 interviews with current personnel. The focus on current personnel may have excluded individuals who requested a transfer or

left the position because they disagreed with the condom program. Another limitation is that interviews were conducted on a completely volunteer basis. It may be that those who signed up for the evaluation interview could have been biased toward the program or at minimum did not have many negative issues to rise. One way that we address this limitation was to also ask about any unsafe experiences they've simply heard of regarding the unit's condom distribution program. Finally, these results are not easily generalizable to other custody settings, such as prisons or other jails. The Los Angeles Men's Central Jail is one of the largest jails in the United States and the culture of the Los Angeles community is one of the most progressive. Staff, administration, or inmates in smaller or more rural custody settings may not be as amenable to a condom distribution program.

Conclusion

Los Angeles Men's Central Jail condom distribution program appears to be fairly safe and orderly. The interviewees in this study cited very few incidences of unsafe behavior. These data are consistent with a recent report from the California Correctional Health Care Services (Lucas et al., 2011) that found no significant safety or health concerns related to the first pilot condom distribution program within a California State Prison. Moreover, the use of condom dispensing machines in the State pilot may be an option for addressing the concern identified by jail staff regarding the number of condoms distributed. It was the general opinion of the staff that condoms distributed in the jail as well as increased sexual education contributes to reduced risk for HIV and other STDs.

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