

SHORT REPORT

Condoms for prisoners: no evidence that they increase sex in prison, but they increase safe sex

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ABSTRACT

Objectives To determine if the provision of condoms to prisoners in two Australian state prison systems with different policies affects sexual behaviour. In New South Wales' (NSW) prisons, condoms are freely distributed, while in Queensland prisons none are distributed. **Methods** We used a computer-assisted telephone interview to survey randomly selected prisoners in both states about their sexual behaviour in prison. **Results** Two thousand and eighteen male prisoners

participated. The proportion of prisoners reporting anal sex in prison was equally low in NSW (3.3%) and Queensland (3.6%; p=0.8). A much higher proportion of prisoners who engaged in anal sex in NSW (56.8%) than Queensland (3.1%; p<0.0001) reported they had used a condom if they had had anal sex in prison.

Sexual coercion was equally rare in both prison systems.

Conclusions We found no evidence that condom provision to prisoners increased consensual or non-consensual sexual activity in prison. If available, condoms were much more likely to be used during anal sex. Condoms should be made available to prisoners as a basic human right.

INTRODUCTION

Earlier, we reported that the introduction of condoms into New South Wales (NSW, Australia) prisons in 1996 did not lead to many of the adverse events that had been predicted. Condoms were introduced into NSW prisons following a class action by prison inmates. Despite this evidence, the provision of condoms to prisoners remains contentious and is uncommon globally, even though condoms are known to be effective in reducing the spread of HIV and other sexually transmissible infections.

Opponents (including some prisoners) argued that condoms might: (a) encourage prisoners to have sex, (b) increase rape in prison by providing sexual predators with protection against infection or leaving DNA evidence, (c) be used as weapons against custodial staff, (d) give the perception that most prisoners were homosexual, and (e) lead to prisons being seen to condone promiscuity and homosexuality. Following an exhaustive search by the NSW Department of Corrective Services over a 10-year period, only three official incidents could be found of a condom being inappropriately used.1 However, prisoners in NSW do report using condom kits (containing a condom, lubricant, instructions on usage-all inside a plastic bag) for myriad non-sexual purposes, such as storing tobacco, contraband and other items, and hair ties.4 The lubricant was used as a shaving aid, as hair gel,

and—when flavoured lubricant was available—to make milk-shakes and to spread on bread. Most male prisoners report negative attitudes toward male homosexuality. 6

In this paper, we compare levels of consensual and non-consensual sexual activity as reported in the Sexual Health and Attitudes of Australian Prisoners (SHAAP) survey,⁵ and the use of condoms in two state prison systems, one that freely provides condoms to prisoners (NSW) and one that does not (Queensland).

METHODS

We surveyed representative samples of prisoners in NSW and Queensland about their sexual behaviour, attitudes to sex and knowledge of sexually transmissible infections. ⁵⁻⁷ We chose these states because NSW freely distributes around 30 000 condoms per month to its prisoners, while Queensland distributes none. These two states combined, house around 60% of Australia's prisoners.

The methods for the survey have been published elsewhere in detail.⁵ Priefly, potential participants were randomly selected from a list of all inmates at a particular prison provided by the two Departments of Corrective Services. Those selected were provided with a verbal explanation of the study by a recruiter and given a printed information sheet and consent form to sign. Participants were reassured that the phone call would not be recorded or electronically eavesdropped upon by prison authorities, and that they could withdraw at any time without consequence. Each participant received \$A10 as compensation for time lost while engaged in paid work in the prison.

Computer-assisted telephone interviews were conducted by a private social market research company, and took place in a private space; for instance, a legal visits room or consulting room in the health clinic. Interviews lasted, on average, about 30 minutes. χ^2 Statistics were used to compare proportions.

RESULTS

A total of 2018 prisoners responded for a response rate of 76.8% (range 60% to 100%). At the time of the survey, 9500 men were in full-time custody in NSW prisons, and 5100 men were in Queensland prisons. We found that condom provision was not associated with higher levels of sexual activity. Indeed, slightly more prisoners in Queensland (8.8%) than NSW (5.8%; p=0.01) reported sexual activity in prison (see table 1). Overwhelmingly, the reported sexual activity in both states was consensual

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Table 1 Sexual activity reported by male prisoners in New South Wales and Oueensland.	Australia
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Characteristic	Condoms available to prisoners New South Wales (n=1118)	No condoms available to prisoners Queensland (n=900)	p Value
Yes (%)	65 (5.8)	79 (8.8)	0.01
No (%)	1045 (93.5)	820 (91.1)	
Refused to answer (%)	1 (0.1)	-	
No sexual experience at all (in prison or the community) (%)	7 (0.6)	1 (0.1)	
Sexual partners in prison (if had sex in prison)			
Median number (range)	2 (1–50)	2 (1–2500)	0.9
Sexually coerced in prison†,‡			
Yes (%)	27 (2.4)	26 (2.9)	0.5
No (%)	1084 (97.0)	873 (97.0)	
Missing (%)	7 (0.6)	1 (0.1)	
Ever threatened with sexual assault in prison†			
Yes (%)	64 (5.7)	75 (8.3)	0.05
No (%)	1053 (94.2)	823 (91.4)	
Not sure (%)	1 (0.1)	2 (0.2)	
Ever had anal sex in prisont			
Yes (%)	37 (3.3)	32 (3.6)	0.8
No (%)	1081 (96.7)	868 (96.4)	
Ever used condom for anal sex with another prison inmate (if had s	ex in prison)		
Yes (%)	21 (56.8)	1 (3.1)	< 0.0001
No (%)	7 (18.9)	25 (78.1)	
Missing (%)	9 (24.3)	6 (18.8)	
Consented to first sexual contact in prison (if had sex in prison)			
Yes (%)	54 (83.1)	70 (88.6)	0.5
No (%)	10 (15.4)	7 (8.9)	
Equivocal (%)	1 (1.5)	2 (2.5)	

^{*}Sexual contact refers to any sexual contact including intercourse, kissing and touching.

and consisted mostly of manual or oral sex.^{7 9} The proportion of prisoners reporting anal sex in prison was equally low in NSW (3.3%) and Queensland (3.6%; p=0.8). A much higher proportion of prisoners who engaged in anal sex in NSW (56.8% v 3.1%; p<0.0001) reported they had used a condom if they had had anal sex in prison (see table 1). Sexual coercion was equally rare in both prison systems (see table 1).

DISCUSSION

These findings demonstrate that providing prisoners with condoms is not associated with an increase in consensual or non-consensual sexual activity, or even threats of sexual assault. Hardly surprisingly, we have demonstrated that condoms are much more likely to be used for anal sex if they are available, but the likelihood of anal sex is not increased. Despite the widespread acceptance of condoms in the community, their

Key messages

- ► We found no evidence that providing condoms to prisoners increases consensual or non-consensual sexual activity in prison.
- ► If available, condoms were much more likely to be used by prisoners during anal sex.
- ► Condoms should be made freely available to all prisoners as a basic human right.

introduction into prisons remains controversial and uncommon, ² even though the arguments used to oppose condoms in prison have no empirical evidence to support them, as others and we have found. ¹ Ocivilised societies owe their prisoners a duty-of-care, including the right to protect themselves during sexual activity.

Limitations of the SHAAP survey include: the use of self-report and the possibility that some respondents may have under-reported both consensual sex and sexual assaults. We used a broad definition of sexual assault ranging from unwanted touching or kissing, to rape, which have inflated the numbers of prisoners reporting sexual assault. Similarly, we had no information on structural issues which may have influenced sexual activity, such as housing in single cells and prison officer supervision levels.

As advocated by WHO, the United Nations, the American Public Health Association and the Public Health Association of Australia, we believe that condoms should be made freely available in prisons.¹¹

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[†]Denominator is all prisoners surveyed (ie, 1118 men in New South Wales and 900 men in Queensland).

[‡]Forced or frightened into doing something sexually that you did not want to do.

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Competing interests None.

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REFERENCES

- 1 Yap L, Butler T, Richters J, et al. Do condoms cause rape and mayhem? The long-term effects of condoms in New South Wales prisons. Sex Transm Infect 2007;83:219–22.
- 2 Spaulding A, Lubelczyk RB, Flannigan T. Can unsafe sex behind bars be banned? Am J Public Health 2001;91:1176–7.

- 3 Holmes KK, Levine R, Weaver M. Effectiveness of condoms in preventing sexually transmitted infections. Bull World Health Organ 2004;82:454–61.
- 4 Butler T, Milner L. The 2001 Inmate Health Survey. Sydney: NSW Corrections Health Service, 2003. ISBN: 0 7347 3560 X.
- 5 Butler T, Richters J, Yap L, et al. Sexual health and behaviour of Queensland prisoners with Queensland and New South Wales comparisons. Perth: National Drug Research Institute and School of Public Health and Community Medicine (University of New South Wales), 2010. ISBN: 978-0-9807054-0-9.
- 6 Malacova E, Butler T, Richters J, et al. Attitudes towards sex: a comparison of prisoners and the general community. Sex Health 2011;8:355–62.
- Butler T, Malacova E, Richters J, et al. Sexual behaviour and sexual health of Australian prisoners. Sex Health Published Online First: 21 December 2012. doi:10.1071/SH12104.
- 8 Prisoners in Australia. Catalogue No. 4517.0. Canberra: Australian Bureau of Statistics, 2007.
- 9 Richters J, Butler T, Schneider K, et al. Consensual sex between men and sexual violence in Australian prisons. Arch Sex Behav 2012;41:517–24.
- 10 Sylla M, Harawa N, Resnick O. The first condom machine in a US Jail: the challenge of harm reduction in a law and order environment. Am J Public Health 2010:100:982–5.
- 11 Evidence for action on HIV/AIDS and injecting drug use. Policy Brief: Reduction of HIV Transmission in Prisons. World Health Organization. UNAIDS. United National Office on Drugs and Crime. 2004.



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