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What is This?
A Condom Distribution Program in the Los Angeles Men’s Central Jail: Sheriff Deputies’ Attitudes and Opinions

William J. McCuller, MA¹, and Nina T. Harawa, PhD, MPH¹

Abstract
The K6G unit of Los Angeles Men’s Central Jail 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 they pertain 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 infection, HIV prevention, condoms, jails, MSM

Introduction
The U.S. Department of Justice, Bureau of Justice Statistics reported that as of year-end 2011, more than 2.2 million Americans were incarcerated (Glaze, 2011). Compared to the general population, incarcerated individuals, in 2008, were up to 2.5 times more likely to have HIV/AIDS (Maruschak & Beavers, 2010). In addition, higher levels of other sexually transmitted diseases (STDs; 7.7% chlamydia, 1.7% gonorrhea, 1.0% syphilis) are found in incarcerated populations compared to other U.S. populations (Centers for Disease Control and Prevention [CDC], 2009).

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High-risk sexual activity, either consensual or through coercion, has been documented in jail and prison settings (Harawa, Sweat, George, & Sylla, 2010; Krebs & Simmons, 2002; Macher, Kibble, & Wheeler, 2006). Although actual in-custody transmission rates have been difficult to determine, a few studies have documented the transmission of STDs 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 (McLemore, 2008; Spaulding et al., 2002).

Despite several countries (e.g., Canada, Australia, South Africa, Brazil) 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 United States make available condoms to help prevent the transmission of HIV and other STDs among inmates. One of just five jail systems to allow inmates access to condoms in the United States, the Los Angeles Sheriff’s Department (LASD) Men’s Central Jail (MCJ) instituted a condom distribution program (CDP) in 2001 in a segregated unit for men who have sex with men and male-to-female transgender. 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 in this unit have an even higher prevalence of HIV and other STDs (Sanchez et al., 2001) than that of the general population of the jail. As part of the CDP in this unit, condoms are distributed once per week, one condom per inmate. 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 with 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 one was female. Their ages ranged from 25 years to 56 years. The average length of experience working in the LASD was 14.8 years and in the K6G unit was 1.7 years. These lengths ranged from 2.5 to 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 staff members 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 given during regularly scheduled staff meetings to provide additional information and an opportunity to have questions answered. One presentation was given to the morning shift and one to the afternoon/evening shift. No presentation was made to the overnight shift. The recruiting goal was to conduct two interviews with staff from each of the three shifts, two supervising staff, and two 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 informed consent form and given
an opportunity to ask questions before signing the form and starting 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**

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

**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 the ethnographer. All coding was completed by the 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.

The data were analyzed using a direct approach in which 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), 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 transcript analysis.

**CDP**

The program was generally accepted by K6G unit line staff and administrators who 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 in this unit 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 in the K6G unit, all staff acknowledged that sexual activity has occurred and would continue to occur there. Three respondents estimated that more than 80% of inmates are sexually active in the unit, while three others’ estimates were between 50% and 60%, two did not want to guess at an exact percentage, and two 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 CDP and that the program did not cause an increase in sexual behavior.

Mixed Message

One emerging theme prevalent in the data is that a mixed message is 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 in 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 10 participants felt the CDP 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 Community Based Organization (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, with no mention of malicious or dangerous uses. 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 CDP 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**

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.

Another suggestion was to provide more sex education along with the program. Two interviewees mentioned making it possible for inmates to order condoms through the canteen and one 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 regularly conducts 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 are 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 respondents pointed to the forward thinking of their upper-level administration and 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 published data are sparse regarding the safety, inmate management issues, and perceptions of jail staff regarding in-custody CDPs, 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 who do engage in sexual activity. Furthermore, the staff members we interviewed generally agreed that the program should continue in the K6G unit. They did not feel the program should be expanded to the general population, but other research suggests that this attitude might change following the implementation of such a program.
Study findings suggest jail staff members are ambivalent about custody-based CDPs. 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 who 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 CDP to be a needed prevention tool. An evaluation study by Sylla, Harawa, and Grinstead Reznick (2010) also found that postprogram staff qualitative interviews indicated clear approval and acceptance of a CDP in San Francisco County jail, while preprogram interviews were signified with much apprehension. Furthermore, the setup of the current LASD and San Francisco CDPs (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 U.S. jails is likely to be met with initial opposition from custody staff, in part because few jails have similar protective custody units for men who have sex with men. 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 men who have sex with men/transgender inmates seems to have fostered staff acceptance of the program. Staff, however, may be influenced by data indicating that consensual sex is more common than they believe in the general population of inmates. Although initial opposition may be likely, guards and staff will most likely become accustomed to CDPs, and many will even favor its potential disease prevention benefits.

Limitations

The current findings have a number of limitations. 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 voluntary basis. It may be that those who signed up for the evaluation interview were biased toward the program or at minimum did not have many negative issues to raise. One way that we addressed this limitation was to ask about any unsafe experiences they’ve simply heard of regarding the unit’s CDP. Finally, these results are not easily generalizable to other custody settings, such as prisons or other jails. The Los Angeles MCJ 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 CDP.

Conclusion

The Los Angeles MCJ CDP appears to be implemented in a manner that is 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 California Correctional Health Care Services (Lucas et al., 2011) that found no significant safety or health concerns related to the first pilot CDP in 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 limited number of condoms distributed in Los Angeles. It was the general opinion of the staff that condoms distributed in the jail as well as increased sexual education contribute to reduced risk for HIV and other STDs.
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Declaration of Conflicting Interests
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