

## Evaluation of the Condom Distribution Program in New South Wales Prison in 1996

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### Introduction

In 1994, 52 prisoners in New South Wales (NSW) challenged Departmental policy which prohibited condom provision. Before the court action reached conclusion, a pilot distribution of condoms was introduced. Following the successful distribution of condoms in three NSW prison, a state-wide distribution began and its evaluation. We report on the evaluation of the first 12 months of the condom distribution program in NSW prison.

### METHODS

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The condom distribution program was implemented in November 1997 with the installation of 150 condom vending machines in 23 male correctional centres housing approximately 6200 male inmates. The vending machines were modified so that payment was not needed to obtain condoms. Condoms were dispensed in boxes containing one condom, one sachet of lubricant, one sealable disposal bag and an information card. The information card stated that condoms were only be used for consensual sexual activity, outlined the proper disposal methods of condoms and the penalties for breaches of these conditions. The number of condoms dispensed by each machine was recorded. In March 1998 all 6220 male inmates received a reply paid postal survey about their sexual behaviour, their use of condoms, how they disposed of used condoms and their awareness of other' sexual behaviour. A reply paid postal survey was selected as the survey could be distributed directly to all inmates, with confidentiality assured. The survey question appear in Appendix A in this part. Thirteen commissioned or senior prison officers and thirty-seven prison officers were interviewed regarding officers attitudes to condom distribution program.

### RESULTS

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From October 1997 to September 1998, 294 853 condoms were dispensed in NSW prison. The average number of condoms distributed each month was 24 571. These figures are the equivalent of each inmate obtaining one condom a week. The survey response rate was low, with 613 of 6220 survey returned, of which 556 (96%) contained usable data. Although the response rate was low, the sample was comparable



to the entire prison population in terms of age (median age group 30-39 years), most serious offence and length of sentence (median length of sentence 1 - 2 years). Of those inmates who responded to the survey, 84 percent supported condom provision. Sixty nine percent of inmates thought that the location of the condom vending machines were appropriate. Of the inmates who preferred an alternative location, 65 percent nominated a place that would provide improved access to condoms. Preferred alternative locations included shower blocks, within accommodation wings and laundries. Fourteen percent of inmates believed increased availability of condoms would increase the incidence of rape, while 72 percent believed it would not, mainly due to the opportunistic nature of prison rape.

Twenty eight percent of respondents had obtained condoms from the vending machines. Of the 28 percent who obtained condoms, 52 percent indicated that they did so every now and then. Twenty one percent of inmates used the vending machines once a week or more. Nine percent of respondents reported obtaining condoms every couple of weeks while 15 percent reported having used the vending machine only once. Inmates were asked about their use of the condoms and other contents of the box dispensed from the vending machines. Forty percent reported using condoms for sex, 19 percent reported using the sealable disposal bags for storage of substances such as tobacco and 25 percent used the contents of the box for self-masturbation.

Fourteen percent of respondents stated that they had participated in at least one type of sexual activity in prison. Of the 14 percent of respondents who were sexually active in prison, 59 percent indicated that they used condoms for anal sex every time or often. Thirty percent reported using condoms every time or often when engaging in oral sex. Approximately 35 percent of respondents who had been in prison for more than seven years reported being sexually active. Seventeen percent of respondents who were housed in single cell accommodation (254) reported being sexually active, compared to 23 percent of respondents who shared a cell with one other (130). No inmates who shared a cell with two others (3) reported being sexually active in prison. Fifteen percent of those who shared a cell with more than 2 others (11) reported being sexually active. Among respondents with prison sentences of less than one year (62) or between one and five years (141) sexual activity was reported by 13 percent and 15 percent respectively. Reported rates of sexual activity were higher (25 percent) for those with sentences greater than five years (143).



Forty three percent of respondents reported disposing of condoms in special disposal bins. Forty percent of respondents reported flushing condoms down the toilet and 23 percent reported putting used condoms in a rubbish bin. Sixty eight percent of inmates stated that they had not been harassed for obtaining condoms. Fifteen percent of inmates reported harassment by other inmates for obtaining condoms, but most indicated that they viewed the harassment as "joking". Seven percent of inmates reported having been harassed by officers.

Eleven of the 13 commissioned or senior officers interviewed agreed with the distribution of condoms, one disagreed and was undecided. Of the 37 prison officers interviewed, views were evenly divided with 43% agreement and 43% disagreement. Minor incident of misuse such as water balloons, water fights and littering were recorded but these did not compromise prison safety or security. The only serious incident during the period of this evaluation involved the throwing of an apparently used condom at an officer. The condom was found to contain hair shampoo, however, the incident was distressing to the officer involved. No incidents of drug concealment were recorded.

## CONCLUSION

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Our program found that was feasible to distribute condoms to prisoners in NSW. While there were reports of some wastage, through condoms and the other contents of the boxes being used for unintended purposes, this needs to be placed in the context of the public health benefits that are being achieved.

There were several indicators that the program was feasible. Firstly, the majority of the inmates supported the provision of condoms. Support increased from 70% during the pilot phase to 89% after full implementation. Secondly, most inmates were of the opinion that the condom vending machines were in accessible locations. Thirdly, the reported level of harassment of inmates using the machines was relatively low. Finally and most importantly, inmates were using condoms when having anal sex. The reported level of protected sex among inmates was above that of the general population (20-30%) but below that of homosexual men (70%), the population group that reported the highest level of condom use at the time (1998).



## The long-term effects of condoms in New South Wales prison

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### Introduction

Before we presented the one-year condom program was conducted between October 1997 to September 1998, using condom vending machines that dispensed a small cardboard box containing one condom, a sachet of lubricant, information on the correct use of condoms and a plastic zip-lock disposal bag.

Now we present another program in New South Wales prison. We examined the long-term effects of the [introduction](#) of condoms and dental dams into NSW prisons in 1996, focusing on particular concerns raised by politicians, prison officers, prison nurses, and prisoners. These groups were worried that:

1. condoms would encourage prisoners to have sex,
2. condoms would lead to an increase in sexual assaults in prisons,
3. prisoners would use condoms to hide and store drugs and other contraband,
4. (prisoners would use condoms as weapons.

Data sources included the NSW Inmate Health Surveys in 1996 and 2001 and official reports from the NSW Department of Corrective Services.

By 2005, the condom program was distributing approximately 30,000 condoms and dental dams per month to prisoners in NSW. Condoms are freely available from both dispensing machines and the prison clinics.

### METHODS

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We examine various sources of data, including the NSW Inmate Health Surveys (IHS) in 1996 and 2001 and official reports from the NSW Department of Corrective Services.

The methodology for the 1996 and 2001 Inmate Health Surveys has been described here: <http://www.justicehealth.nsw.gov.au/publications/inmate-health-survey-2001.pdf>

It involved 657 men and 132 women randomly selected from all prisons with a 90% response rate in 1996. The 2001 survey involved 747 men and 167 women inmates with an 85% response rate.

Several days prior to the survey, the NSW Department of Corrective Services provided a list of all detainees in the state's 29 correctional centres. Inmates were selected randomly from this list with stratification for age and Indigenous status. The sample size was selected to enable a range of physical health, mental health, and risk behaviours to



be described for men and women and for Aboriginal and non-Aboriginal prisoners. Potential participants received verbal and written information about the study; those agreeing to participate were required to provide written consent. Respondents in the 1996 and 2001 surveys were paid A\$10 each. Nurse interviewers collected the health information using a face-to-face interview. The screening instrument covered a broad range of physical health and mental health issues and risk behaviours. Blood and urine specimens were collected to screen for a range of infectious diseases and sexually transmitted infections.

Questions were also included on attitudes to the provision of condoms or dental dams in prison (1996), experiences of consensual and non-consensual sex in prison, drug injecting in prisons, awareness of sexual assaults by others (1996 and 2001), and personal use of condoms or dental dams for purposes other than sex (2001).

Indirect questioning about awareness of sexual assaults was judged to be less personally threatening for the prisoners to answer. Respondents were also asked to list up to three ways in which they were aware of condoms or dental dams being used in prison. Neither the 1996 nor the 2001 IHS survey enquired about prisoners' own use of condoms or dental dams for sexual purposes.

Sexual behavioural data were excluded from the three (of 29) prisons in 1996 that were involved in the condom pilot study, so as to prevent possible contamination of the results by those exposed to condoms at the pilot sites. Open responses were categorised and coded for tabulation and chi-square tests were used to test for differences across surveys.

Reports on sexual assaults among inmates and misdemeanours related to the unauthorised possession or misuse of condoms between 1996 and 2005 were obtained from the NSW Department of Corrective Services.<sup>19</sup> Under the 1996 prison policy, condoms and dental dams were not to be used for any purpose other than sexual activity with another consenting prisoner within a prison cell. Penalties apply for the unauthorised possession, use and disposal of condoms. The punishment provisions were regulated in the Crimes (Administration of Sentences) Regulation 2001 (NSW).



## RESULTS

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### **Prisoner attitudes to condoms and dental dams in prison (1996)**

According to the 1996 IHS, 32% of men opposed condoms and 5% of women opposed dental dams in prison. Around 10% of men feared that condoms and 1% of women believed that dental dams would lead to an increase in sexual assaults in prison, while 4% of men believed that condom provision was unacceptable on the grounds it would lead to an increase in sexual activity among prisoners. Six per cent of men believed that homosexual activity in prisons was unacceptable and 1% were concerned that condoms would give people the impression that prisoners were homosexuals. Nevertheless, 27% of men approved of condoms and 54% of women favoured dental dams in prison.

### **Prison sex (1996 and 2001)**

In 1996, most male prisoners reported that, in their lifetime, they had never had a male sexual partner (94.5% female partners only, 0.7% male only, 4.8% both; n = 603).

Female inmates were more likely to report same-sex partners (68.1% male partners only, 12.9% female only, 19.0% both; n = 116).

In 1996, 30% of men and 17% of women reported being aware of a sexual assault taking place in their prison in the past 12 months or since they came into prison within the last year. Fewer male inmates reported awareness of sexual assaults in 2001 (13%) than in 1996 ( $p < 0.001$ ), but there was no significant change among female inmates. About half the respondents said the most recent assault that they were aware of had occurred within the last six months.

Official records of sexual assaults in NSW prisons revealed that the incidence of notifications did not change significantly between 1996 (0.3/100 inmates) and 2001 (0.2/100 inmates).

### **Condoms and dams used for purposes other than sex (2001)**

The 2001 IHS asked prisoners whether they were aware of the use of condoms or dental dam kits for purposes other than sex. The prisoners (38% of the men and 46% of the women) offered at least one purpose. The most common use of condoms and the condom disposal bags was for the storage of contraband items and tobacco (prisoners generally smoked 'roll-your-owns' rather than manufactured cigarettes). Lubricant was



used as hair gel. Flavoured lubricant enjoyed a brief fashion as flavouring (banana and strawberry) for milk prior to being withdrawn. Condoms were also used as water bombs for throwing. The main non-sexual use of dental dams by women prisoners was for hair ties and sometimes as placemats or doilies.

While the contents of condom kits were used to store drugs, there was no difference in the proportion of prisoners that reported injecting drugs while in prison in 1996 and 2001 (21.5% versus 24.2% in men, 31.8% versus 33.5% in women).

Statistical data from the NSW Department of Corrective Services showed that condom misdemeanours were rare and that incidents involving the unauthorised possession or misuse of condoms in 1996 and 2001 amounted to 0.0/100 inmates and 0.1/100 inmates respectively. These incidents may have included three reports of condoms being used as weapons against prison officers recorded on prison charges sheets between 1996 and 2005. One incident involved a prisoner throwing a condom filled with shampoo at a prison officer and the other two incidents were similar, using liquids resembling ejaculate.

## CONCLUSION

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We found evidence of a decrease in both male-to-male consensual sex and sexual assaults between 1996 and 2001.

The decline in both consensual and non-consensual sex among men may be due to other factors. From 1996, the NSW Department of Corrective Services and Justice Health introduced health education programs focusing on inmate education about HIV/AIDS and hepatitis, and established HIV/AIDS committees that included inmates.<sup>20</sup> However, the presence of condoms and dispensing machines in NSW prisons may have also raised awareness and continued to reinforce HIV/AIDS prevention messages for prisoners. Prison officers' concerns that condoms would be used for concealing contraband were justified. However, this did not appear to have led to an increase in the use of drugs in prison. Prisoners would undoubtedly find any means of storing contraband even if condoms were unavailable. In a controlled and resource-poor setting, inmates display great inventiveness in employing any new resources for a variety of purposes, and safe sex kits are no exception. A limitation of our study design is that we were unable to determine the proportions of the 30,000 condoms and dental dams issued per month that are used for various purposes.



There were three reports of minor incidents of condoms being used against prison officers. Such incidents were rare compared with the number of more serious assault charges recorded against prisoners each year, and mainly of a mischievous nature. Although the condom program included the provision of dental dams for women's prisons, this was presumably for political reasons rather than genuine concern about the spread of sexually transmissible infections that might be prevented by use of dental dams. There was little controversy about dental dams before their [introduction](#). While these data are based on self-report and subject to the insensitivity of official reporting, they highlight the benefit to correctional services of undertaking periodic surveys of prisoners' health and behaviour to assess the outcomes of policy initiatives. Although there was initially strong opposition to condoms in prison, this soon dissipated as most of the anticipated adverse consequences did not eventuate. At least in NSW, condoms did not cause rape and mayhem.

## INTRODUCTION

Earlier, we reported that the [introduction](#) of condoms into NSW 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:

1. encourage prisoners to have sex,
2. increase rape in prison by providing sexual predators with protection against infection or leaving DNA evidence,
3. be used as weapons against custodial staff,
4. give the perception that most prisoners were homosexual, and
5. 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. 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. The lubricant was used as a shaving aid, as hair gel and—when flavoured lubricant was available—to make milkshakes and to spread on bread. Most male prisoners report negative attitudes toward male homosexuality.

We compare levels of consensual and non-consensual sexual activity as reported in the Sexual Health and Attitudes of Australian Prisoners (SHAAP survey you see in this publication:

<http://www.justicehealth.nsw.gov.au/about-us/publications/2009-ihs-report.pdf>), 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

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We surveyed representative samples of prisoners in NSW and Queensland about their sexual behaviour, attitudes to sex and knowledge of sexually transmissible infections. 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.

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. Chi-square statistics were used to compare proportions.



## RESULTS

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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.<sup>8</sup> 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. Overwhelmingly, the reported sexual activity in both states was consensual and consisted mostly of manual or oral sex (Butler T., Malacova E., Richters J., 2011; Richters J., Butler T., Schneider K., 2012). 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. Sexual coercion was equally rare in both prison systems.

## CONCLUSION

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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 [introduction](#) into prisons remains controversial and uncommon, even though the arguments used to oppose condoms in prison have no empirical evidence to support them, as others and we have found (Sylla M., Harawa N. T., Resnick O., 2010). Civilised 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 selfreport 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.

