



Incarceration, Sexual Victimization, Reintegration, and the HIV Care Continuum

Sean Cahill, PhD

Director, Health Policy Research, Fenway Institute
Director, Curriculum and Policy, National Center for Innovation in HIV Care



Disclosures

Presenter(s) has no financial interest to disclose.

This continuing education activity is managed and accredited by Professional Education Services Group in cooperation with HSRA and LRG. PESG, HSRA, LRG and all accrediting organization do not support or endorse any product or service mentioned in this activity.

PESG, HRSA, and LRG staff has no financial interest to disclose.





Learning Objectives

At the conclusion of this activity, the participant will be able to:

- 1. Explain different prevention and testing models currently be implemented in prisons and jails
- 2. Understand efforts to reduce sexual victimization and trauma in prisons and jails through implementation of Prison Rape Elimination Act standards.
- 3. Learn about specific, evidence-based corrections-related continuity-of-care models.



Prisons: LGBT issues, including sexual victimization

- High rates of rape in prisons, especially among gay and bisexual men, transgender women in men's prisons
- Homophobia prevents some officials from taking seriously; "don't drop the soap"
- Risk factors: race/ethnicity, complexion, being young, being gay or perceived to be gay, being slight of build, gender variant



Gay, bi men 10-11 times as likely to be raped in state prison

- Gay or homosexual men 11 times as likely as heterosexual men to report being sexually victimized by another inmate in state prison (39% versus 3.5%)
- Bisexual males 10 times as likely (34% versus 3.5%).

Beck AJ, Johnson C. (2012, May). *Sexual victimization reported by former state prisoners, 2008*. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.



Transgender people in prison

- Racial and gender disparities in NGLTF/NCTE survey (2011, n=6,450)
- 32% of Black, 21% of Latino, 13% of all transgender prisoners reported sexual assault by another prisoner
- 9% of Black, 7% Latino, 6% all trans prisoners report assault by guard or staff
- 17% of MTF, 2% of FTM prisoners report experiencing sexual assault



Prison rape, trauma, HIV/STIs

- From Cahill, "Black sexual citizenship," chapter in Barnes & Battle, *Black Sexualities* (Rutgers 2010)
- Effects: extreme psychological stress, "rape trauma syndrome," shame, depression, nightmares, selfhatred, uncontrollable violence, suicidality
- Prisoners have AIDS at 5x rate of US pop, HIV at 4x rate (2.5-3%)
- Syphillis 2.5-4.5%, Hep C 17-18.5% of prisoners



Issue Brief



Solution: Prison Rape Elimination Act, 2003

- LGBT groups commented on implementing regulations to DOJ in 2010:
- "Heightened protection for vulnerable detainees": "LGB sexual orientation, trans or intersex status" added to list of other vulnerabilities, like youth, disability, slight build
- Accommodations re housing, searches, showers for trans, intersex prisoners
- Consensual sexual conduct not punished in prisons



Key PREA regs re: LGBT prisoners

- On intake inmates who could be perceived to be LGBTI or who identify as LGBTI are flagged as more vulnerable to sexual and physical abuse
- PREA Standard 115.41: gather info on "whether inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming"
- Info shared only on a need to know basis



Key provisions of PREA

- End "protective custody" by putting people in segregated housing unit (SHU)—usually solitary as this violates 8th Amendment
- No separate units for gay men and transgender women unless as result of court order
- Los Angeles County Sheriff's Department
- 2009: Obama Admin. ends blanket ban on inmate use of hormones in federal prisons



Developing best practices for managing LGBT prisoners, youth

- Funded by National Institute of Corrections at Bureau of Prisons 2013-2015
- Center for Prisoner Health and Human Rights, Brown University & the Fenway Institute
- Convened key experts: corrections professionals, researchers, advocates, former prisoners



Best practices re: LGBT adults in prison

- <u>Placement, housing</u>: Place trans women in women's facility, not in segregated unit (solitary); no clear rule re: trans men
- <u>Searches:</u> Allow transgender person to specify whether a male or female corrections officer should search him or her
- Respectful communication: Preferred pronoun, name; way around this—"inmate," last name
- Showers, bathrooms: Individually for trans inmates



Complicated issues

Sex in prison

- Is consent possible in a prison setting?
- Protective coupling—not really consensual
- How to address public health concerns (condoms, lube) without condoning exploitative sexual abuse

Gender pronouns

- In general trend toward using preferred pronouns/names
- This is complicated by how homophobia plays out in protective couplings—feminized young men, masculinized young women—not really voluntary, so does using pronouns legitimate this?



LGBT youth more "justice-involved"

- Family rejection, harassment, "survival" crimes such as shop-lifting, sex work make LGBT youth more likely to become involved in juvenile justice
- LGB youth punished more severely by school authorities, police, courts (Himmelstein, Pediatrics, 2010)
- Recs of Mass LGBT Youth Comm to DYS 2014:
 - Data collection
 - LGBT cultural competency training
 - Gender appropriate housing, health care
 - DYS LGBT working group



Sexual victimization of youth in juvenile corrections (BJS, 2012 data)

- 3.5% of youth report staff sexual misconduct involving force/coercion, 4.7% sex w/o force
- State-owned facilities worse than local or privately run (8.2% v. 4.5%)
- 2-3 times the rate of abuse in large facilities vs. small (25 or fewer youth)
- Males report staff sexual misconduct at higher rates than females (8.2% v. 3.8%)
- Females report forced sex with another youth more than males (5.4% v. 2.2%)



Racial/ethnic differences

- White youth report more sexual victimization by another youth (4%) v. Black (1.4%), Hispanic youth (2.1%)
- Black youth report higher rate of staff sexual victimization (9.6%) v. White (6.4%), Hispanic (6.4%)



LGB youth in juvenile detention also sexually victimized at higher rate

- 10.3% of GLB youth report sexual victimization by another youth
- Only 1.5% of heterosexual youth report this
- Youth equally likely to experience staff sexual victimization

• GLB youth: 7.5%

Heterosexual youth: 7.8%

Any sexual victimization

• GLB youth: 14.3%

Heterosexual youth: 8.9%

2012 Bureau of Justice Statistics data



Rates of sexual abuse have dropped since 2008-09; disparities remain

- "Non-heterosexual" (LGB) youth in custody twice as likely to report sexual abuse while in custody: 20% vs. 11% of hetero youth
- 10x as likely to report sexual abuse by another youth (12.5% vs. 1.3%)
- About as likely to report sexual abuse by staff (11% vs. 10%)

Beck A, Harrison P, & Guerino P. Bureau of Justice Statistics Special Report: Sexual victimization in juvenile facilities reported by youth, 2008-09. Washington, DC: U.S. Dept. of Justice, Office of Justice Programs, Bureau of Justice Statistics. 2010.



Best practices re: LGBT youth in juvenile corrections

- <u>Placement, housing</u>: Place trans women in women's facility, not in segregated unit (solitary); trans men; case-by-case basis
- <u>Searches:</u> Allow transgender youth to specify whether a male or female corrections officer should search him or her, w/screen (MA)
- Respectful communication: Preferred pronoun, name; way around this—"inmate," last name
- Showers, bathrooms: Individually for trans juveniles



Medical care, sexual health, samesex behavior

- Hormones allowed; surgery requires parental consent (MA policy)
- Commissary: trans inmates allowed whatever other inmates of their gender identity allowed
- Same-sex behavior: Understood that adolescents explore sexuality in sex segregated setting. Seek intimacy. Handled on case-by-case basis
- PREA misinterpretations: Staff can't touch, hug youth in custody (not true); common sense



Thank you. Questions?

Sean Cahill, Director, Health Policy Research, Fenway Institute, scahill@fenwayhealth.org, 617-927-6016

Acknowledgements:

- Lorie Brisbin, National Institute of Corrections, BOP, DOJ
- Brad Brockman, Manasa Reddy, Center for Prisoner Health and Human Rights,
 Miriam Hospital, Brown University Medical School
- Vicky Henry, Gay and Lesbian Advocates and Defenders
- Lisa Belmarsh, Mass. Department of Youth Services
- Pam Wilson, Jesse Ungard, HRSA HAB
- Harvey Makadon, Tim Wang, Fenway Institute





Obtaining CME/CE Credit

If you would like to receive continuing education credit for this activity, please visit:

http://ryanwhite.cds.pesgce.com

