

Sex in prisons – a management guide

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Abstract

Prisons are invariably unisex institutions where, besides many deprivations, heterosexual expression in its normal sense is absent. It is this characteristic that make prisons settings potentially fertile grounds for sexual aberrations. Since definite and accurate data concerning sexual activities among prison inmates are difficult to obtain, the phenomenon of sexual practices in prisons has traditionally been a topic of much speculation. However, the descriptions and explanations of most authors on the subject are often contradictory, and some of the best information are from unpublished sources.

This article is an attempt to subsume many fragmented explanations about seven main types of sexual issues in prisons (i.e. consensual homosexuality, masturbation, transsexualism, prostitution, conjugal visits, sex between prisoners and prison staff, and rape among prison inmates) under more general criminological and management concepts. Suggestions for prison administrators on how to manage these complex issues in the best interests of security and inmates' health are also provided.

Why study sex in prisons?

A same-sex-environment, absence of strong social controls, impersonalization of social relationships, prison culture, as well as the socio-demographic and personality traits of incarcerated individuals, tend to precipitate deviant sex conduct in prisons. Research into the subject of sex in prisons is fraught with major methodological, practical, and ethical obstacles. Nevertheless, studies on this phenomenon, based on reports and meta-analysis from credible sources, should lead to its better understanding and appropriate management.

A major characteristic of imprisonment is deprivation, which takes several forms. Sykes (1958) provides five major categories of deprivation. First is the deprivation of liberty, characterized by severe curtailment of free movement, the regulation of mail and visiting, loneliness and boredom. Second is the deprivation of goods and services. This includes living in a harshly Spartan environment and being denied the use of numerous personal possessions with important symbolic overtones, such as liquor, food cooked to individual preferences, and individualized furnishings. Poverty is prison policy.

Third is deprivation of autonomy, including enforced deference and subjection to a large body of trivial custodial rules and regulations. Severe restrictions on inmates' decision making may make some prisoners feel that they have been reduced to the weak, helpless status of childhood. Fourth is deprivation of security and fear of being robbed and beaten by other inmates – a result of forced association with lawbreakers in a setting where some inmates pursue the amenities of life by theft, physical coercion, and chicanery. Prisoners can hardly rely on other inmates abiding by custodial authorities' rules, and they are usually unwilling and/or unable to rely on prison officers for protection.

The fifth form of deprivation is that of the physiological and emotional gratifications of heterosexual relationships. Imprisonment forces most inmates into heterosexual celibacy, and inmates are denied much, if not all, sensual interaction with the opposite sex. This deprivation may make some prisoners anxious about their sexual identity.

For the purpose of this article, a "sexual act" is described in the lines suggested by the Human Rights Watch (1996), as (a) contact between the penis and the vulva, or the penis and the anus, which involves penetration, however slight; (b) contact between the mouth and the penis, the mouth and the vulva, or the mouth and the anus, or; (c) the penetration, however slight, of the anal or genital opening of another by a hand or finger or by another object, with the intent to abuse, humiliate, degrade, arouse or gratify the sexual desire of any person.

Partly as a consequence of deprivation of heterosexual relationships that typically characterize imprisonment, prison settings face problems of sexual aberrations. However, determining the true extent of these aberrations by empirical studies is rather problematic given the difficulties in accurately defining terms like homosexuality in prison settings, typically private settings of sexual acts, a tendency towards sensationalism and exaggeration of scandalous sex behavior by many inmates and custodial staff, and a vicious aversion for participants in sexual acts in prisons to make truthful confessional statements.

Nevertheless, sex is a very topical issue among inmates and staff in most prison settings, for several reasons. First, sex scandals in prisons tend to be passed on from year to year, thus charging the prison atmosphere with sex stimuli. Also, prisoners are in daily contact with female prison staff, including nurses to whom they are sexually attracted, yet they have virtually no legal avenues for engaging in sexual intercourse with such staff during their incarceration. This may lead to sexual frustration among some inmates. Third, security considerations make it necessary not only for inmates to bath naked in groups, but also for custodial officers to view inmates genitals in situations such as the taking of urine specimens for drug tests. Furthermore, since 1995 at least 5% of inmates in Australian prisons have been sentenced for sex crimes (DCS, 2000), and each of these personalities is an occasion for focusing attention on sex. There were 21,714 prisoners in Australia on 30 June 2000, over 90% of whom were males (ABS, 2001).

Reports on the prevalence of sexual activities vary widely depending on the methods of data collection, source of data (prevalence is typically lower in official records compared with other sources), security classification of inmates in the prisons studied, and the geographical location. The most important finding from various studies is that sexual aberrations occur regularly in prisons.

Rather than rediscover the wheel, this study focuses on describing basic characteristics of major forms of sexual acts in prisons, and provides guideposts for correctional administrators. The characteristics of the types of sexual acts described were defined using information obtained from anonymous inmates and staff informants, personal observations, and a review of literature. In analyzing this complex issue, our 'soft' methodological approach is thought to be at least as reliable as more established methods such as surveys and participant observation, partly because these more conventional methods rely heavily on explanations that inmates advance for participation in aberrant sexual activities in prisons. We are well aware, however, that not all inmates' accounts about sexual issues in prisons are accurate or truthful.

The purpose of this review is to develop policy options for managing sexual aberrations in Australian prison settings, such that the need for prison security as well as inmates' health and welfare are met. Historically, separation of sexes in prisons was a major strategy to dampen the spirit of reckless stubbornness (and potential for violence) of male and female prisoners (Zedner, 1995). Currently, same-sex prison settings experience problems such as exchange of sexual favors among inmates, and between inmates and staff, which have potential security and health implications. From a security perspective, custodial authorities involved in sexual contacts with inmates commonly exchange prison security procedures for free sexual gratification (Human Rights Watch, 1996). Such activities may allow inmates to have access to sensitive security documents, thus compromising prison security.

The potential health implications criminal sex contact in prison settings relate to both communicable diseases' transmission and psychiatric problems. Sexually transmissible diseases such as HIV infection, hepatitis B and warts, appear to be more efficiently transmitted via 'high risk' sexual acts such as unprotected anal sex, activities that are fairly common in male prison settings (Anonymous, 2001; Miles & Song, 2001). Proper management of sexual issues in prisons would also facilitate inmates' coping mechanisms with this major imprisonment-related deprivation thus contributing to improved mental health among inmates. The types of sexual aberration discussed are; consensual homosexuality, masturbation, transsexualism, prostitution, conjugal visits, sex between prisoners and prison staff, and rape among prison inmates.

Main forms of sexual aberrations in Australian prisons

Consensual homosexuality

Questions like “Who is homosexual?” and “What is homosexuality?” are extraordinarily complex. Some people who think themselves as heterosexual indulge in homosexual behavior, and vice versa. Still others have no sexual preferences at all, and shift their preferences back and forth between men and women several times in a lifetime. Under circumstances of coercion in prisons, definitions get even more complicated because the exploiters who initiate the activity might be considered heterosexual, while their unwilling victims are considered homosexual (Johnson, 1971). Sigmund Freud (1905) differentiated between exclusive (obligatory) homosexuality and situational (facultative) homosexuality. The latter term applies to someone engaging in a genital relationship with a same-sexed person but whose normal sexual preference is for an opposite-sexed person. Temporarily, under conditions of deprivation, such as imprisonment, such persons may engage in homosexual behavior.

The analysis in this sub-section is restricted to inmates with overt, consensual, homosexual experiences in prisons, whether or not such orientation is perceived by such inmates as obligatory or facultative. The true prevalence of consensual homosexuality is impossible to determine by any single study method. A review of information received from experienced prison workers with direct inmate contact suggest that the most likely predictors for consensual homosexuality in some Australian prisons were; (a) previous homosexuality and (b) a long (i.e. 5 years or greater) aggregate length of stay in prison settings.

These two factors are not mutually exclusive, as many inmates’ experience of previous homosexuality was in a correctional setting following an earlier conviction. The authors’ observations reveal that inmates’ attitudes about homosexuality are generally just as negative as attitudes of their non-imprisoned counterparts. To diminish the stigma attached to homosexuality, some known homosexual inmates denied a preference for homosexual activity and emphasized the situational pressures that caused them to participate in homosexual acts.

Homosexuality is not generally considered as a normal means of sexual fulfillment in prisons, and was either ignored or despised by prison authorities, and by most inmates. In fact the derogatory term “puffer” (from the prison argot “puffing”, used to refer to an inmate-participant in oral-genital sex), evolved from American prisons’ argot in the 1940s (Kirkham, 1971). Safe sex, using condoms, is one way to limit the health hazards that may result from consensual homosexuality. However, in prisons, inmates’ accessibility to condoms is a controversial issue. Until the early 1990s, the strong opposition by a significant proportion of custodial officers in New South Wales to the introduction of condom vending machines for inmates’ use was based on two grounds: first that the initiative implies official endorsement of homosexuality in prisons, at a time when ‘normal’ sexual activity is deemed officially illegal, and second, that condoms may be used to smuggle drugs into prisons

After decades of opposition, the idea of free condoms for inmates was finally implemented in the early 1990s, following increased awareness about the higher risk of HIV infections among homosexuals. To some extent this change in attitude parallels similar changes in the wider community. For example, until about three decades ago homosexuality was described by the American Psychiatric Association as a mental illness (1968), while in new South Wales, Australia, homosexual acts, even if consensual, were regarded as illegal until 1984.

Yet, there is increasing evidence that consensual homosexuality is a normal, albeit a minority mode, of sexual expression in both humans and animals. For example, as early as six decades ago, it was shown that about 4% of human males were ‘naturally’ exclusively homosexual (Kinsey, Pomeroy, Martin, 1948), while a genetic study by Hamer (1994) showed that more than 75% of homosexual males shared exactly the same configuration of markers in the Xq28 region of their X chromosome. Thus, it appears that much of the value system on which heterosexuality is judged superior to homosexuality is the apparently given greater value to children and marriage. Yet today, greater numbers of people are having sexual relations for pleasure, not children, while unrestrained heterosexual reproductive behavior, particularly in developing countries, loom as one of the greatest threats to human survival.

Given the current more relaxed attitude towards homosexuality in Australian society in general, and Australian prisons in particular, there is very little reason to believe that consensual homosexuals would experience increased ostracism than was the case decades earlier. One of the authors (RN) is familiar with scores of openly homosexual inmate sexual partners sharing the same cells, with the full knowledge of custodial authorities and other inmates. The authors are not aware of any major prison physical assault that was precipitated primarily on account of an inmates’ consensual homosexual orientation.

Any policy designed to control consensual homosexuality in prisons must weigh the seriousness (primarily from a security, rather than moral standpoint) of this sexual orientation against the potential for more negative effects (such as increased aggression, increased transmission of venereal diseases, and suicide) that might be created by historical methods of control (e.g. solitary confinement, separation of suspected homosexuals, and restriction of condom use), almost all of which have been shown to be ineffective in reducing consensual homosexuality. Ironically, such harsh and punitive reactions could make it more difficult for participants to move out of homosexual activity because they create publicity that can encourage invitation from other homosexuals. From a public health perspective, there may be increased reluctance for inmates participating in homosexual activity to self-report for screening for venereal disease, thus making early detection of such diseases more difficult, and their transmission within prisons more likely.

Society's movement towards less interference with people's sexual preference and its elimination of punitive measures for homosexuality between consenting adults provides some support for similar policies in Australian prisons. For instance, there are at least two colorful, easily accessible Internet sites dedicated to promoting Gay sex in prisons, attesting to the increasing acceptability of this form of sexual aberration, both in prisons and the community. The authors are however surprised that no heterosexual inmate has so far complained to custodial authorities that she/he and other heterosexually oriented inmates are disadvantaged by the same-sex structure of contemporary prisons.

Masturbation

Masturbation in the 18th, and especially in the 19th, century was believed to produce a spectrum of serious signs and symptoms, and was held to be a serious disease entity. The 'disease' of masturbation is an example of the value-laden nature of science in general, and of medicine in particular. The presumption that masturbation was not in accordance with the dictates of Christianity and nature suggested to medical researchers of the era that it would be more subversive of the constitution than excessive sexual intercourse. Diseases associated with masturbation during this era included epilepsy, blindness, rickets, and nymphomania (Caplan, Engelhardt, and McCartney, 1981). During the 19th century, male masturbation was often treated by a variety of methods, including diet, opium, or in extreme cases, vasectomy or castration. A treatment of last resort in females was clitoridectomy (female genital mutilation).

The theoretical framework within which masturbation was addressed in the 19th century was not value-free but structured by values and expectations of the times. In that era, matrimony and sexual relations were geared towards reproduction rather than any desire for sexual gratification. This is not the case in our era. Currently, except for highly conservative Christians and Muslims, masturbation is not considered a deviant activity in circumstances in which heterosexual liaisons are neither permissible nor accessible. In fact, since the 1970s, articles have been published for the instruction of women in the use of masturbation to overcome frigidity and orgasmic dysfunction (LoPiccolo and Lobitz, 1972). Both then and now, expectations concerning what was/is virtuous structured the appreciation of reality by medicine.

The conservative attitudes about masturbation were reflected in the perception of custodial authorities towards masturbation up to the 1950s. Donald Clemmer, a leading American correctional administrator and sociologist, described masturbation as a "quasi-abnormal" level of sexual adaptation in prisons, caused in part by a regression to, or fixation at, an infantile stage of development. He supported his viewpoint by an observation that a disproportionately large proportion of "dumbbells" (prison argot for inmates who behaved in a mentally defective way) engaged in masturbation during incarceration (Clemmer, 1958).

In Australian prisons, masturbation does not currently carry a negative social value. Most inmates that masturbate explain their behavior on a strictly biological basis. In New South Wales prisons, the few inmates that are open about their masturbatory practices regularly order pornographic magazines (through official channels) in order to heighten their sexual fantasies. They claimed that their masturbatory acts are accompanied exclusively by heterosexual ideations. At first, they claimed that they did not find the acts satisfying, but with time it came to be accepted as a means of relieving sexual tension in prison.

The authors were not able to determine either the prevalence of masturbation, or the sexual preferences of most masturbators, but anecdotal evidence indicates that this form of sexual activity is at least as common as consensual homosexual acts. The frequency of masturbation for each prisoner tends to vary with age, opportunity for privacy, pre-prison sexual character traits of inmates, years of residence in prisons, and the extent of assimilation into the prison culture.

From a management perspective, it serves no useful security purpose for custodial authorities to get involved with issues concerning masturbation among inmates except if an exhibitionist-masturbator is reported by other inmates. Such exhibitionist-masturbators may be disciplined, as per existing prison regulations, referred to a psychiatrist or charged to a civil court for indecent exposure. The authors are not aware of any such inmate in New South Wales prisons since 1988.

Transsexualism

Transsexuality, also termed gender dysphoria, is a condition in which the sex-related structures of the brain that define gender identity are exactly opposite to the physical sex organs of the body. This conflict, between gender identity and physical sex, is almost always manifest from preschool ages, and is a cause of enormous suffering for those affected. It is estimated that there are currently 5,000 citizens in the United Kingdom born with this condition (Internet communication, 2002).

Unlike the fascinations of the invariably male transvestite, or the partially altered transgenderist, the absolute compulsion of classical transsexualism is usually a matter of life and death. Social oppression, culturally indoctrinated shame, self-loathing and bigotry have precipitated suicide and murder among transsexuals. Transsexualism occurs roughly equally in both physical males and physical females.

This condition is thought to be caused by hormonal or genetic changes during early pregnancy, and its standard treatment involves the administration of appropriate hormones and gender re-assignment surgery. There are no Australian civil laws known to the authors that enable individuals treated for transsexualism to have their birth certificates corrected and be classified according to their reassigned gender, during imprisonment or in the wider community.

The politically charged issue of transsexualism was one of the major reasons that led to the ouster of Professor Tony Vinson as Chairman of the New South Wales Corrective Services Commission in 1981. Vinson was petitioned by an inmate of female gender and male sex, who was on the brink of another suicide attempt because he was being denied a number of everyday items which he considered necessary to maintain his psychological balance and his preferred identity as a woman. The Chairman eventually became aware of six other transsexuals in this institution (with a total inmate capacity of about 800). The transsexual inmates reported several instances of maltreatment and rape by other inmates. Vinson forged a consensus of opinion with custodial authorities that transsexuals (with male genitals) should be housed in separate wings within male prisons, be permitted to wear bras and panties designed for female prisoners, and wear modest clothing/cosmetics (Vinson, 1982).

His efforts to treat transsexuals in a humane way, and preserve the basic right of this minority group, were misconstrued by opposition politicians in the New South Wales Parliament. The then prison opposition spokesman, Mr. Healey, stated that as well as issuing French-type female underwear to male prisoners in New South Wales prisons, the Prisons Commission hired female impersonators to show inmates how to put on make-up, and give advice on fashions. The Daily Telegraph editorial (16 October 1980) on this subject stated in part; “Whatever happened to the old-fashioned idea that gaols were built to punish criminals – that the prospect of imprisonment might be a deterrent to crime. And what idiosyncrasies will the prison authorities pander to next. Escapism, we know, is already well catered for.”

Management of transsexual inmates is a problematic issue in correctional administration. On one hand is the need to provide a supportive environment for inmates with gender dysphoria, including minimizing their risk from maltreatment on account of their sexuality (which was shown to be associated with increased risk of rape, para-suicides and self-mutilation in prison among this minority group), and allow them discreet possession of a few items of clothing essential to their sense of well-being. On the other hand is the need to prevent creating precedents by which inmates choose to pair up in prisons primarily for reasons of sexual gratification, as well as misrepresentation (particularly by the media and politicians) of sincere efforts by correctional authorities to protect the dignity of transsexuals as symptomatic of encouraging sexual laxity, encouraging transvestism in prisons, and as being “soft on crime”.

In our view, until civil legislation is available to protect transsexuals in the community, whether treated or not, innovative efforts should be made by custodial authorities to protect the basic rights of transsexual inmates. From a security (i.e. anti-violence) and harm reduction perspective, it would be appropriate for inmates who

openly identify as transsexuals that have not undergone gender reassignment surgery to be placed in separate wings of correctional centers corresponding to their physical sex, be permitted to share cells with other transsexuals, and be allowed discreet possession of a few items of clothing of their preferred gender that they consider essential to their sense of well-being. Inmates that have undergone gender re-assignment surgery should be placed in a prison corresponding to their physical sex, and be treated no differently than other inmates of the same physical sex.

The current legal status of individuals treated for transsexualism has not kept up with the pace of social change and scientific knowledge (Allen & Gorski, 1990). Correctional authorities can take the lead in ensuring that transsexual inmates do not lose their sense of identity during incarceration, while at the same time have due regard for prison security.

Prostitution

A significant proportion of female inmates, and to a lesser extent male inmates, were incarcerated for offences related to their being prostitutes in the general community. Prostitution tends to bring individuals in more intense contact with criminal elements, such as drug dealers, in the community. Prostitutes in the community are normally either predominantly heterosexual or homosexual. Generally, when predominantly heterosexual male prostitutes are contracted by male patrons, they will often not “go down” on their patrons, and may not even think of themselves as having participated in a homosexual act if they, and not their customers, ejaculate.

The authors were made aware that predominantly homosexual prisoners contracting predominantly heterosexual prostitute-inmates are normally required to pay more (in kind, or by supplying tobacco) if the patrons are to use their own penises to ejaculate. This makes little sense economically, since male prisoner-prostitutes could service more customers if they were to bring only their customers to orgasm. The behavior only makes sense when we understand that a male prostitute’s self-identification as heterosexual requires resistance to the womanly status of playing the receptive role in sexual intercourse. However, because most prostitutes have little leverage in dictating the sexual preferences of their clients, many male prostitutes who started out with heterosexual identities would eventually have sex with men.

Thus, most of the (male) professional prostitutes that end up in prison have had homosexual experiences in the wider community. The sex-deprived setting of prisons provides a ready market for the continuation of their trade. If they so choose, such inmates (sometimes called “fags”, or “prison witches”) demonstrate ostensible feminism through their gestures and behavior patterns. Since poverty is prison policy, most prison prostitutes accept gratification from their clients mainly in kind (e.g. protection from physical or sexual assault by other inmates). They also tend to change sexual partners frequently.

From a security viewpoint, prostitution poses no real problems for prison security, provided inmates with heterosexual orientation do not use its existence as a justification for insisting on having female prostitutes in prison. However, from a public health perspective, prostitution is a high-risk activity for the spread of sexually transmissible diseases. In several Australian prisons, laboratory notifications of *Streptococcus faecalis* from urethral specimens of inmates with urethritis (a marker for unprotected anal sex) are relatively high among prison inmates. As with the general community, it is impossible to eliminate prostitution in prison settings. Thus, the adaptability of harm minimization approaches need to be considered. Free, and easy, access to condoms is important, as is individual and mass health education of inmates to encourage its use.

Conjugal visits

It appears self-evident that regular, meaningful contacts between inmates and their family/friends may offset the damaging effects of imprisonment. However, this potential benefit of granting access for regular communication between prison inmates and their relatives in the community does not apply to all inmates. A significant proportion of inmates find imprisonment less stressful when they cut off contact with the outside world, thereby insuring that the absence of visitors or letters is not a recurrent worry. Schroeder’s (1976) experience while serving an eight-month term in a Canadian prison led him to conclude that: “It is unquestionably a mixed blessing, this business of visits. Visits probably cost an inmate about three times more than they are worth. The trouble with visits is that they won’t let you forget. The more alive you keep your memories of the Street, the worse things look and feel to you Inside. The less you know about what you’re

missing on the street, the easier it is to imagine you're not missing anything at all. In order to shake easy time Inside, you have to rid yourself of all Outside voices, Outside problems (which you can't resolve in any case), and Outside comparisons with Inside life". One of the authors (RN) is aware of several prison escapes in New South Wales in the past several years that are directly linked to inmates' desire to address family problems (especially partners' infidelity) that they became aware of during prison visits.

One controversial aspect of contact visits of relevance to this article is conjugal (sexual) visits between inmates and their partners in the community. Three factors have made this issue increasingly topical in Australian prisons. First, there have been a couple of cases of middle-aged male inmates sentenced to long terms of imprisonment that have applied to custodial authorities for permission to impregnate their partners during their term of imprisonment, as their partners may be menopausal on their release. Second, long term imprisonment is a major risk factor for the initiation of homosexual activity in prisons. Homosexuality is in conflict with Muslim and Catholic norms, and deprivation theorists advocate conjugal visits as a lesser evil to turning adherents of these faiths to homosexuals. Third, with the increasing acceptability of consensual homosexuality and prostitution as a fact of life in most prisons, it is only a matter of time before heterosexual inmates begin to demand equal access to sexual gratification as is currently freely available to homosexual inmates.

A major reason for the opposition to conjugal visits by custodial authorities is the potential for breaches of security. Since conjugal visits imply some degree of privacy between inmates and visitors, the risk of visitors smuggling illicit drugs and contraband through to inmates during such encounters is increased. Also, most conservative custodial officers continue to oppose this initiative, ostensibly on security grounds, but more likely based on their moral or value judgment of what should constitute prisoners' rights and privileges. Furthermore, there are substantial political costs for any State administration that formalizes this initiative in Australia. The political opposition is likely to misrepresent such an initiative as symptomatic of a 'soft' approach to crime prevention.

Nevertheless, conjugal visits are being officially allowed in most Scandinavian countries, and in a several private prisons in the Australian State of Victoria. In most other Australian States, the procedure by which inmates are allowed to enjoy this 'privilege' are not formally stated, but some custodial staff are known to grant inmates access to sexual partners of the opposite sex capriciously.

In the current political climate, custodial authorities would be taking an ambitious leap ahead of public opinion if conjugal visits were to be legalized in Australian prisons. Rather, innovative methods should be sought for managing this issue in prisons. With regards to long-term inmates seeking leave to conceive with their partners, the option of in vitro fertilization would meet the needs of all stakeholders. In theocratic nations, religious considerations may override the perceived security and moral issues implicit in allowing inmates to enjoy conjugal visits. In Kuwait, for example, the custodial authorities last year allowed married inmates to enjoy conjugal visits once every three months, primarily to address what was perceived as the growing prevalence of homosexuality among the predominantly Muslim inmate population in this country (Al-Najjar MY, 2001, personal communication).

Sex between prisoners and prison staff

As is the case in most nations, sexual acts between prison inmates and staff are expressly criminalized in Australia. Nevertheless they continue to occur, as reports of such scandals come to light frequently. It is thought that the few reports that are known to the authors, and to custodial authorities, represent but the tip of the iceberg of such criminal sexual contacts. These contacts may be broadly divided into three types; rape, sexual assault, and criminal sexual conduct. By rape, we mean sexual acts between a prison employee and a prisoner that is accompanied by the use or threat of force or coercion which, under normal circumstances can take the form of provision or denial of privileges, money or goods. Sexual assault is sexual touching, short of intercourse, involving the same coercive influences. Criminal sexual contact refers to sexual contact or sexual touching that cannot be shown to involve any of the above elements but which nonetheless constitutes a breach of official duty. The security implications of criminal sexual contact are substantial, as prison staff invariably contravene prison security rules in order to continue to benefit from inmates' sexual favors (Human Rights Watch, 1996).

A book detailing numerous chilling instances of criminal sexual acts involving female inmates in United States prisons was published by the Human Rights Women's Rights Project in 1996. Most of the cases detailed in the book involved male prison officers and civilian staff engaged in sexual contacts with prisoners in Women's prisons in California, Washington DC, Georgia, Illinois, Michigan, and New York. The majority of female

inmates were coerced into sexual activity using threats, or in exchange for contraband and favorable treatment. Although custodial authorities assert that sexual misconduct in prisons is viewed seriously, only a minority of accused staff were formally investigated during the review period (Human Rights Watch, 1996). In a recent editorial in the *British Medical Journal*, MacDonald (2000) decried the situation in some United States prisons where sexual misconduct by guards on women prisoners is not treated as a criminal offence.

In New South Wales prisons since 1998, there have been several documented cases of sexual assault involving female nursing staff and male inmates, and female civilian prison staff and male inmates. Two of these cases were investigated by Australia's Independent Commission Against Corruption, and invariably led to the dismissal or forced resignation of accused staff. From a health perspective, although many of the abused prisoners willingly participated in such sexual acts, those forced to participate have faced serious psychological trauma which, coupled with the pains of imprisonment, sometimes led to major mental illness and (para)suicide among victimized prisoners.

An important first step toward managing the problem of criminal sexual contact between prison staff and inmates is the promulgation and strict enforcement of prohibition against criminal sexual conduct in all prisons. Prison workers that violate this law should be held fully to account. A grievance mechanism for criminal sexual contact must avail victims the opportunity to petition the prison Superintendent and Official Visitor directly. This mechanism must, in addition prohibit disciplinary action or reprisals against prisoners for using the channel to make legitimate complaints.

Next is a reform of the prison environment that has allowed such conduct to thrive. Issues involved in such reform may include payment of stipends to inmates, especially when they work in prisons, so that they are not made unduly dependent on prison officers for obtaining minor items; education of prison inmates on reception about the prohibitions against criminal sexual contact, and the penalties for violating the prohibitions, and; education of staff about the realities of custodial or other contact duties that may make a prison worker vulnerable to sexual misconduct, as well as a general profile of female prisoners and their potential vulnerability to sexual misconduct. Officers who feel vulnerable to sexual misconduct should be encouraged to work exclusively in prisons in which the inmates are not of their sexual preference.

Rape among prison inmates

Rape, defined as "sexual acts between inmates that is accompanied by the use of threat of force or coercion, or the provision or denial of privileges among inmates" (Human Rights Watch, 1996) is a recurring security and health issue in prison settings. It may occur in heterosexual or homosexual settings. In male homosexual rape, the sexual tension that may be precipitated by viewing naked co-prisoners in shower rooms, and the social meanings of roles adopted by masculine "wolf" rapists, and their more feminine "punk" victims in prison settings, have been noted by some authors (Srivastava, 1977).

In some men's prisons, male rapists' aggressive, violent, sexual assaults are often excused on the grounds that rape is an expression of the perpetrators' manhood. In such prisons, victims are understandably reluctant to discuss attacks to authorities and to other inmates who tend to have more sympathy and understanding for the rapists, and who are often inclined to blame the victim for 'making himself vulnerable through his mannerisms'. Rape victims in such settings can rarely expect help in dealing with the feelings of degradation, fear, hatred, and humiliation that result from the actual attack, or from discussions of it. Such situations precipitate psychological and mental health problems among victims, an issue that prison health workers and psychologists must be well aware about.

Devlin (1998) reported from her investigation of female homosexual rape in British women's prisons that most were drug related, with the rapists trying to extract concealed contraband (especially narcotic drugs) from an inmate's vagina, usually by force. 'Crutching' (i.e. vaginal concealment) or 'plugging' (i.e. anal concealment) normally occurs during prison visits. The bullying (i.e. rape) may begin at the end of visiting periods, because this is when the 'searchers' go to work, to de-crutch those who have smuggled drugs in from their visitors. Women prisoners who are raped on account of drugs concealment are usually those that resist the request of 'searchers' to hand over drugs. The rape may involve forcible vaginal searching with fingers, or humiliation of rape victims by forcible vaginal insertion of cutlery or bottles. These acts blur the distinction between rape and bullying in women's prisons. Because of the same-sex nature of most prisons, heterosexual rape is very uncommon in among prison inmates.

The causes of rape among inmates in prison settings is complex, requiring a multidimensional understanding which also takes into account not only the above factors, but also the family dynamics in which the offender has been raised, his society's attitude toward rape, and a number of personality and psychiatric issues related to aggression. For example, a case control study of 62 convicted rapists and 63 controls in Singapore corroborated the consensus of opinion that rape is more a violent act than a sexual offence, and showed that a majority of rapists were more likely to cite domination, aggression and hostility as reasons for committing rape (Gwee, Lim & Woo, 2002).

Virtually all prison authorities prohibit sexual assault on inmates, either by other inmates or by staff. It is important that such statutes be made explicit. There should be clear guidelines on disciplinary actions, for those found guilty of rape. This should not only take the form of memos and notices, but should be communicated to inmates using a social marketing approach. Posters, videos and booklets on rape in prisons, why it is obnoxious, how to minimize its occurrence, and what do if it occurs, should be made freely available to inmates. Punitive sanctions, such as delayed classification to lower security levels, should be considered for perpetrators. Victims should receive appropriate counseling, legal and psychological support. Known precipitating factors for rape, such as drugs' smuggling and aggressive personalities should also be squarely addressed.

Conclusion

The subject of sex in prisons is not a pleasant topic, but neither is graft in government, and both must be faced with a calm objectivity. Sufficient understanding may eventually lead to control. Almost all nations in the world today have prisons. The seven forms of sexual aberration described in this article are of universal occurrence, even if the prevalence, and the reasons why they occur, differs from one social setting to another. Correctional administrators appear not to be as well prepared for managing the sensitive issue of sex in prisons, compared with other aspects of prison administration, perhaps because almost all forms of sexual contacts are officially illegal in most prisons. However, criminalizing sex does not usually prevent its occurrence, either in prisons or in the wider community.

Prison workers are the primary means through which correctional administrators may manage the complex issue of sex in prisons. There is a need for improved training of all prison workers, ensuring fair grievance mechanism and investigating procedures, preventing retaliation against complainants, and referring all allegations of sexual contact between guards and prisoners to the local police. The screening procedures for applicants to prison positions should include using a conviction for sexual misconduct as an exclusion criterion. Corrections officers should be trained on the general profile of female prisoners and their vulnerability to sexual misconduct. It appears unnecessary to interfere with inmates who express no concern for homosexual involvement or prostitution. Instead assistance should be provided to inmates who are coerced into participating in such sexual activities.

As Devlin's study (1998) showed, extraneous issues such as drug smuggling play notorious roles in sexual issues in prisons. These issues need to be addressed in a systematic manner, based on context-specific operational research (Kevin, 2000). Also important is the need to closely monitor convicted rapists and those sentenced for violent offences, given their higher likelihood of perpetuating sexual assaults on other inmates.

Custodial administrators can help staff accept such policies by personally providing a model for such humane intervention, by systematically evaluating the efficacy of policies designed to address sexual issues in prisons, and by rewarding staff that treat inmates with humaneness and concern with regards to sexual issues. Efforts should be made to recruit and train administrators who are capable of such leadership. Only then can we hope to diminish the security, legal, moral, physical, psychological and other health problems related to sex in prisons.

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