Coming Out of Concrete Closets

What’s Covered?

• Scope And Methodology

• Key findings

• Sexuality, Gender Identity, And Sexual Activity

• Solitary Confinement

• Discrimination And Violence

• Medical and Mental Health Care

• Relationships And Community

• What Medical Providers Can Do
Scope & Methodology

- **October 2013:** notice announcing our intention to conduct a survey of the membership distributed through newspaper

- **Summer of 2014:** A list of 133 questions was agreed upon as the final survey

- **September and November 2014:** survey distributed to membership through newspaper

- **Summer of 2015:** Preliminary data shared to gather community reflections on what should be more deeply considered and what questions could be asked of the data.

- **January 2016:** Final report printed in newspaper for all prisoner members to read & give B&P further responses and reflections that will be compiled into a supplementary report to be released in Spring/Summer of 2016.
Sexuality

• Sexual identity in prison is a highly contested topic.

• Identifying with a non-heterosexual sexual identity can be emotionally draining for people inside of prison.

• There are significant consequences to prisoners and prison staff knowing (or thinking they know) a prisoner’s sexual identity.

• Some positives were reported regarding disclosure of sexuality and gender identity.

Artwork by Markis
Sexuality, Gender Identity, and Sexual Activity

Gender Identity

- The negative experiences of transgender, nonbinary gender, and Two-Spirit respondents with regard to disclosure of gender identity were similar to LGB respondents regarding disclosure of sexuality, though often more severe.

- A diagnosis of Gender Identity Disorder or Gender Dysphoria (GID/GD) is a prerequisite for accessing many life-affirming treatments and services, including hormones.
Sexuality, Gender Identity, and Sexual Activity

Sexual Activity
• The vast majority (67%) of respondents are sexually active in prison and of those who were sexually active, 89% communicated with their partners about safer sex, STIs and/or HIV

![Bar chart and pie chart showing the percentage of respondents who discussed safer sex, sexually transmitted infections, and HIV/AIDS with their partners while in prison.]

Whether respondents had conversations while in prison with their sexual partners and, if yes, topics(s) discussed
Respondents: 719 & 639, respectively
Sexuality, Gender Identity, and Sexual Activity (continued)

- Though sex is happening in prison, condoms and other barriers are rarely provided, but many prisoners are creative with makeshift barriers.

- Just as is the case outside of prisons, not all sex happening within prisons (inside) is for pleasure alone. Prisoners trade sex for many reasons.

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**Use and access to condoms or barriers in prison**

- **Use condoms or barriers:**
  - **Yes, 22%**
  - **No, 78%**

- **Access to condoms or barriers:**
  - **Yes, 2%**
  - **No, 98%**

**Trading sex inside for money and/or protection, Did not trade sex before incarceration**

- **Respondents:** 1006 & 1073, respectively
- **Yes-Money only, 11%**
- **Yes-Money & Protection, 5%**
- **Yes-Protection only, 3%**
- **No, 82%**

**Trading sex inside for money and/or protection, Did trade sex before incarceration**

- **Respondents:** 644
- **Yes-Money only, 23%**
- **Yes-Money & Protection, 22%**
- **Yes-Protection only, 3%**
- **No, 52%**
Sexuality, Gender Identity, and Sexual Activity (continued)

- Nearly a third of those who engaged in sexual activity got caught by prison staff and were disciplined in a variety of ways for breaking the rules.

- The Prison Rape Elimination Act causes particular struggles in this area for LGBTQ prisoners.
Solitary confinement is a violent tool that can cause great harm, even to people who are subjected to only a couple of days of it.
Excerpts from survey respondents describing why they requested solitary confinement

- Because the men was making me sell my body and it was the only safe place for me, the prison system won’t help...so I ran to solitary to be safe.

- ...due to my gayness. I was totally harassed - daily by inmates and staff alike...

- Sexually abused by staff member...

- I was placed in solitary after being raped... only released after it drove me to a suicide attempt.

- I was raped BADLY and cuz Trans, scared of being hurt cuz of how feminine I am and I was 18 years old. So scared.

- Protection from gang relation inmates, pressuring for sex. Exhaustion and for protection from security due to my sexual lifestyle and openly gay pride.

- People did not like to live with someone who has HIV so I was put into confinement because of this.

- Because I’m trans I was threaten by the white gang members. I was placed involuntarily while a PREA investigation was conducted.
Violence by Prison Staff

- Discrimination, harassment, harm, and violence are the lived realities of LGBTQ prisoners. This violence is perpetrated not only by other prisoners, but by prison staff as well.
Strip Searches

- Rather than classify the act of strip-searching a prisoner as a form of sexual harm, the Prison Rape Elimination Act offers “appropriate” ways to do so. Some of these regulations, such as the practice of transgender women prisoners being entitled to strip searches by female prison staff, have been celebrated by advocacy organizations.

- The systemic practice of strip searching prisoners has become presumed as an inevitable aspect of incarceration.

- Strip searches can be, though are not always, traumatizing for prisoners.
Violence by Other Prisoners

- Prisoners are responsible for more physical violence & verbal harassment than prison staff.

- Prisoners are over three times more likely to sexually assault LGBTQ prisoners than prison staff. However, of those who report ever having been sexually assaulted by a prisoner, 76% report that prison staff had intentionally placed them in situations where they would be at high risk of being sexually assaulted by another prisoner.
Medical Care

- Although prisons and jails are required to provide medical care for the prisoners in their facilities, it does not need to be free. A vast majority (83%) of respondents reported needing to pay a fee to see a doctor. Fees ranged from $2 per visit to Texas state prisons’ annual fee of $100.

- More than half of respondents were denied some medical care they requested.
HIV/AIDS

• Respondents were knowledgeable about HIV/AIDS in general and their own HIV/AIDS status. Ninety three percent had been tested for HIV, and 75% had received education about HIV in prison.

• 7% of respondents are HIV-positive.

• The greatest inequities in HIV status were across race. Black respondents were twice as likely to be HIV-positive than white respondents. Inequities were also noticeable between respondents based on gender and sexuality, with transgender women and nonbinary gender respondents having the highest prevalence of HIV (13%), followed by gay cisgender men (10%).
Mental Health Care

• More than two-thirds of respondents reported having a mental illness diagnosis. Of those respondents living with mental illness, nearly half receive no therapy, and those who do are not always getting adequate mental health care.

• There are respondents who want medication to treat their mental illness, but are unable to get it; meanwhile, there are respondents who are being forced to take medications they do not wish to take.
Respect by Providers

- Even when respondents did get access to medical care, they were not necessarily provided adequate services that met their needs or were treated with the respect that they deserved.
Intimate Partner Abuse, Survival and Resilience

- While romantic relationships can be beautiful and affirming for prisoners, they can also be harmful and abusive, just as they can be for people outside of prison.

- Eighty-two percent of respondents did not know of any institutional resources that could help them if they were attempting to leave an abusive relationship. Everyone who claimed knowledge of resources attested that most were untrustworthy and did not attempt to use them, or did little to nothing to intervene or protect themselves from intimate partner abuse.
What Medical Providers Can Do

• Trust prisoners, they are your patients, challenge the stigma that prisoners are just being manipulative

• Maintain your ethics – do not give medical approval for treatment that reinforces torture

• Work for policies that center patient care (for example, enact informed consent models for transgender prisoners to access care related to medical transition)

• Ensure your patients know that you are welcoming of LGBTQ people

• Provide patients with all written documentation of what your treatment plan includes
Questions?

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