HIV PEER EDUCATION PACKAGE

FOR N.S.W. DEPARTMENT OF CORRECTIVE SERVICES

INMATE PROGRAMME

This working manual has been written & developed by Jenny Bird for use by education Officers involved in the delivery of HIV Peer Education Programmes with inmates of NSW prisons.

The teaching notes were developed by the AIDS/IVDU Education Project at CEIDA.

March 1989
Notes on this Manual to the Prisons Team:

The following thoughts may be useful to you as you read through this manual

1. Use it as a base from which to start or start again if you want to. I'm not precious about it.

2. Each session has more strategies than there is time to do, so there are choices that need to be made.

3. Streetwize has gone in as an optional strategy as final approval (let alone production has not yet been got. It would be excellent and even if the comic doesn't get approved, see if you can't use some of the pages/drawings with blank balloons so that your groups can write dialogue.

4. "Miles from Nowhere" (Video Session 1.) is being reproduced at the moment. In terms of previewing it, there's only one copy, somewhere in Head Office (Neil Carroll knows who's got it)

5. Preview of the HIV Counselling Skills video from the AIDS Bureau and see what you think.

6. Sessions 6-8 have been completely re-designed since the pilot. I have no idea how they'll go. I haven't written them up as tightly as the others but rather tried to get down the major areas - you will probably have to play with them.

There is one problem which you will have to resolve re the Counselling Skills sessions (Sessions 6-7)

If the current segregation policy remains in place, then the issues & the role-plays will be different eg, presumably not many people would have a test on the inside therefore, not much need for post-test counselling (especially if the result is positive and the person is whisked way).

If the policy were to change to integration, then the peer educators will be doing a lot more pre- & post-test counselling & will play a much bigger role in the on-going support of the Ab+ prisoners. Should this be built in or not? If it is, then the roleplays will have to stipulate which policy is in place.

7. Session 5. Sexuality. I've changed also some of the strategies haven't been trialed. Also have included an article on Adolescent Sexuality in Correctional Facilities - not sure if it relates or not but may be useful.

Good Luck
Jenny Bird

P.S. Can I please have some acknowledgement in the final product if this input is still reasonably significant.
# RESOURCES CHECKLIST

## INTRODUCTION AND EPIDEMIOLOGY

1. **Butchers Paper**
   - Whiteboard and Pens
   - Marker Pens
   - Evaluations
   - Pink/Green System Cards
   - Overhead Projector
   - Overheads
   - Epidemiology Teaching Notes
   - Exercise Books
   - Writing Pens
   - Name Tags

## BIO-MEDICAL AND INFECTION CONTROL

2. **Butchers Paper**
   - Whiteboard and Pens
   - Marker Pens
   - Evaluations
   - Overhead Projector
   - Overheads
   - Biomedical Teaching Notes
   - Infection Control Teaching Notes

## RISK BEHAVIOURS AND ASSESSMENT

3. **Butchers Paper**
   - Whiteboard and Pens
   - Marker Pens
   - Evaluations
   - Continuum Game

## SAFER DRUG USE

4. **Butchers Paper**
   - Whiteboard and pens
   - Marker Pens
   - Evaluations
   - Split Kit (Drugs)
   - Role Play Cards (Safer Drug)
   - Letter of Authorisation
   - Sign in/out form

## SAFER SEX

5. **Whiteboard and Pens**
   - Butchers Paper
   - Marker Pens
   - Evaluations
   - Split Kit (Sex)
   - Dildo
   - Role Play Cards (Safer Sex)
   - Letter of Authorisation
   - Sign in/out form

## POST-TEST COUNSELLING

7. **Butchers Paper**
   - Whiteboard and Pens
   - Marker Pens
   - Evaluations
   - Checklists for Role Plays
   - Role Play Cards (Post-Test)

## PRE-TEST COUNSELLING

6. **Butchers Paper**
   - Whiteboard and Pens
   - Marker Pens
   - Evaluations
   - Video "Miles From Nowhere"
   - Role Play Cards (Pre-Test)
   - Checklists for Role Plays
   - TV and Video

## PEER EDUCATION SKILLS

8. **Butchers Paper**
   - Whiteboard and Pens
   - Marker Pens
   - Program Planning Sheets
   - Post Program Questionnaires
   - Business Cards
   - Certificates
HIV/AIDS PRISONS PEER EDUCATION

PROGRAM

Pre-Meeting

In this meeting the educators and the group will meet to talk about the course so that every person will know what it's about. We will talk about what peer educators will do in prisons and also what you will need to do on the course.

Session 1: Introduction and the spread of the virus

In this session we will once again go over the outline of the course. We will then discuss what you already know about H.I.V. and AIDS.

After the introduction we will look at the history of H.I.V. and how it has spread, both in Australia and overseas. Then we will look at how it might spread in the future.

Session 2: The virus and how to control it

In this session we will look at the ways in which the virus can be caught. We also cover what the virus does in the body. Then we learn about how people are tested for H.I.V. and how people with H.I.V. can be treated. Finally we cover ways to control the infection of H.I.V.

Session 3: Risky Practices and why they are risky

In this session we cover all the things we do that might put us and others at risk of getting H.I.V. We also look at why these behaviours are safe or unsafe.

Session 4: Safe and Safer Drug Use

In this session we talk about how to reduce the harm that is done by taking drugs. We cover safe ways of using drugs and we also discuss safer drug use e.g. cleaning needles.

Session 5: Safe and Safer Sex

In this session we look at safe ways of having sex. We will also discuss safer ways of having sex e.g. using condoms.
Session 6: Counselling someone before they have a H.I.V. test

Here we talk about the reasons for having a H.I.V. test. Then we learn about counselling people before they go for a test. We also watch a video. Finally we do some practice counselling.

Session 7: Counselling someone after they’ve had a H.I.V. test

In this session we look at why it’s important to counsel people after they’ve had a test. We will also learn about where someone can go for help if they had the H.I.V. Again we will do practice counselling.

Session 8: What you need to be Peer Educators

In this last session we look at things that you might do as peer educators to get the message across. We talk about what you might need and how to get what you need.

Follow up meeting

The educators will come back after about four or six weeks to see how you’re going as peer educators. The educators might be able to help you if you need more information or help with getting the message across in your prison.
HIV/AIDS PRISONER PEER EDUCATION PROGRAMME

This programme has been designed for use in all prisons in N.S.W.

The primary objective of the programme is to establish a group of prisoners in every prison in N.S.W. who have been trained in HIV prevention education and testing education/counselling. These prisoners will be hand picked by the AIDS Committees in each prison and will be available to other prisoners for peer education.

This programme was piloted and evaluated at M.T.C., Long Bay, in November 1988 and will provide the core content, structure and strategies for all forth-coming programs.

The format may change depending on the type of prison. Each session is of 1 1/2 - 2 hours duration, so sessions can be conducted once or twice a week, 2 per 1/2 day etc.

The following points should be kept in mind when planning this programme

1). no more than 2 educators be involved.

2). the educator/s should attend an AIDS Committee meeting in each prison prior to commencement

3). the AIDS Committee in each prison be given licence to select members of the Peer Education Group

4). no prison staff in attendance whenever possible

5). a pre-meeting be held prior to the start of the programme with educator/s present

6). a room be made available in each prison which is quiet, comfortable and without interruptions

7). approval for educators to take in needles and syringes, condoms, lubricant and bleach for demonstration purposes be gained
- 2 -

PRE-MEETING

(1/2 - 1 hour)

Aim

To provide an opportunity for the group and the educator/s to meet and discuss:

- the aims of the program
- the role of the Peer Educator
- commitment to the program and the ongoing role of peer education
- withdrawing from program
- pre-test questionnaires administered

Structure

This needs to be as informal as possible, mainly so everybody gets a chance to suss each other out and talk generally about the program. It also provides an opportunity for people to withdraw from the program before it starts if they so desire.
SESSION 1. INTRODUCTION
(1 1/2 - 2 hours)

Objectives
Participants will be able to:

a). Outline the program and its aims.

b). Identify their current level of knowledge about HIV/AIDS.

c). Identify their needs as peer educators in the area of HIV/AIDS.

d). Identify issues particular to prisons.

e) Identify the role/s peer educators can play within the prison system.

f) Identify the skills/support they will need as peer educators

g) Describe the history and epidemiology of HIV to date.

h) Describe the predicted spread patterns of HIV particularly in relation to IVDU's and prisons.
Strategies

1. Revise program and its aims (5 mins)

Quickly go over this again.

2. Group Contract (5 mins)

On butchers paper, brainstorm points to be included in group contract

3. Hopes and Fears (20 mins)

To elicit people's personal agendas and to give permission to express fears/hopes.

Give everybody 2 blank cards. Ask people to write:

a) on one card - 1 or 2 hopes they have about HIV/AIDS

b) on another card - 1 or 2 fears they have about HIV/AIDS

- Collect cards and put in 2 piles in the middle of the room. Ask people to pick 1 card off each pile.

- Everybody, in turn, reads out what fears are written down.

- Everybody, in turn, reads out what hopes are written down.

- Pair off and discuss your own fears, your own hopes, and those of the group as a whole.

- Summarise and comment.
- 5 -

4. Information Continuum (20 mins)

- Draw an imaginary line across the room

---

no knowledge of HIV        considerable knowledge of HIV

- Everybody places themselves somewhere on the continuum

- Pair off with some-one not near you and discuss

  a). why they stood where they did
  b). list what they need to develop (attitudes, skills and knowledge) to become peer educators.

- Return to large group and collect list of needs.

5. Epidemiology (See teaching notes)

Cover the following:

(a) History of the virus

(b) Brief introduction of transmission

(c) Spread patterns of the virus
   - general
   - IDUs
   - Prisons

(d) Predictions for future spread patterns

Use overheads, discussion and questions
SESSION 2. BIO-MEDICAL ASPECTS & UNIVERSAL INFECTION CONTROL

(1 1/2 - 2 hours)

Objectives.

Participants will be able to:

(a) Describe how the HIV affects the immune system.
(b) Describe the 4 categories of the virus
(c) List modes of HIV transmission
(d) List the modes not implicated in HIV transmission.
(e) Describe the different types of tests used to diagnose HIV
(f) Describe current treatment options for HIV Infection.
(g) List an appropriate set of infection control guidelines.
Strategies.

(1 hour) 1. Bio-Medical Aspects, (See Teaching Notes)

Make sure you cover the following

- effect on the immune system.
- principles of transmission
- modes transmission
  - blood & blood products
  - sexual
  - perinatal
- Modes not implicated in transmission
  - insects
  - social or non-sexual contact
  - enteric /respiratory routes
- Categories & Progression
  - symptoms etc (Categories 1-4)
- Tests
  - HIV Anti-body test (Eliza & Western Blot)
  - HIV Antigen test
- Treatment
  - cell replacement
  - biological modifiers
  - anti- HIV agents eg. AZT.
  - lifestyle change.
Possible strategies for this material include.

(a) Didactic presentation - use overheads, large group discussions & questions outlined above

(b) Start with a True/False or Agree/Disagree Questionnaire to cover the material (see attached questionnaire)

(c) Team Sports - Review.
At the end of the session take 10 minutes to set up a game
- divide the group into two teams
- teams name themselves
- each team takes in turn to ask the other questions
- correct answers are tallied up by the educator & 1 team wins.

(15 mins) 2. Universal Infection Control. (See Teaching Notes)
Use overheads to explain
- the principles of Universal Infection Control
- guidelines for exposure to:
  - blood & other bodily fluids
  - needle stick injuries
  - environmental considerations (e.g. kitchen, laundry etc)
- disposal issues.

Link into the next strategy - further information on what are high risk behaviours.
There are three pre-conditions for the spread of HIV within the prison population.

There needs to be:

(a) A significant number of IVDU's in prison
(b) IV Drug use activity in prison
(c) HIV infection amongst the IVDU in the general community.

Whilst we know very little about HIV in Australian prisons, we do meet all three pre-conditions. Overseas spread patterns would indicate that whilst Australia may be lagging behind other countries by 1-2 years, without action there is no reason why we will not reflect these patterns.

(a) Proportion of IVDU's in Prison Population.

Estimates:

OVERHEAD ---
U.S - Anywhere between 13% and 55%
NSW - 32% - 66% with prior IVDU drug use history
    More than 1/3 sentenced for a drug related offence.

HIV Infection in Overseas Prisons.

First cases of AIDS diagnosed in New York State Correctional facilities in 1981-82.

OVERHEAD ---
Europe: Seroprevalence.

Spain - 25% of high risk prisoners screened - Ab +ve
France - 13% (tested 500 new prisoners)
Italy - 16.8% (screened 30,000)
Switzerland 11% (across 5 different gaols)
Netherlands - 11% (Amsterdam only)
Belgium, Portugal, Cyprus - < 2%

* Harding Overall Estimate of Prevalence of Seropositivity in European prisons - 10%
OVERHEAD ---
U.S.A.: AIDS Cases.

October 1987 - 1,964 confirmed AIDS cases. (The majority of these cases were found in prisons situated in areas where there is a high IVDU population in the general community i.e. 96% of AIDS cases in N.Y. prisons are IVDU. 5% were women.

Seroprevalence.

Mass screening of 11 US prisons of new inmates - 0 - 2.6%

Other Countries: Seroprevalence.

Argentina - 17% Ab +ve.
Brazil - 18% of women Ab+ve
Israel - 7% of men
- 3% of women.

Australia

Cumulative total of Ab +ve prisoners in Australia as of early 1989 - 99.

Impossible to compare States as testing policies vary.

e.g. Compulsory testing in: S.A, Qld, N.T. Tas
Voluntary testing in: Victoria, N.S.W. & W.A. - voluntary but low compliance rate due to sanctions e.g. Segregation.

Generally studies would indicate low rates - 0% - 2.9%

(b) IV Drug Use as a Risk Factor.

Australia (general) 3.3% of AIDS cases have IVDU as a risk factor.

In Prisons.

New York - 95% IVDU as a risk factor
Argentina- 98.4%IVDU as a risk factor
Brazil - 90.4%IVDU as a risk factor

(c) Studies on Seroprevalence amongst IVDU prisoners:

Austria - 17% were Ab+ve
Stockholm - 63% were Ab+ve
Nth Italy - 36.3% were Ab+ve
France (Friesne) - 61% were Ab+ve
(d) Transmission Rates in Prisons.

N.B. Low rates may reflect size of study, short intervals between testing etc. i.e. rates are low by may not be real.

Maryland U.S.A. - 4.1%
Spain - 5.4%
USA Military Prison - 0%

(c) Other risk factors.

Tattooing - no reported transmission
Fights - no reported transmission

(c) HIV Infection amongst IVDU in the General Community.

- see Teaching Notes for Epidemiology from HIV Prevention Workshop.

Co-Factors in Prison

Psychological Stress - especially early in sentence, solitary & High Security.

Overcrowding & Poor Sanitation.

Unhealthy life styles - bad diet, no exercise, cigarettes

Intentional harm to health - self mutilation, fasts, refusal to accept medical treatment.

Higher rates of alcohol/drug abuse

Higher rates of psychiatric disorders

Violence.
SESSION 3  RISK BEHAVIOURS AND ASSESSING RISK

Objectives:
Participants will be able to:

a) List all HIV risk behaviours, both sexual and drug-use related

b) Rank all HIV risk behaviours on a safer/unsafe continuum

c) Explain why each HIV risk behaviour is safer/unsafe

d) Describe 4 common types of responses to risk assessment.

e) Describe at least 3 approaches to each of these 4 common types of responses.
Strategies

(5-10 mins) 1. Handshake Game

- ask for 2 volunteers in the group to shake hands with two other people in the group, who shake hands with two other people in the group etc. Stop and sit down.

- 1 person was HIV+ and each handshake was a high risk behaviour.

- ask everyone who has been in contact with the virus to stand up (should be everybody)

- discussion can revolve around two issues:

  a) a revision of concepts of epidemiology from last session ie the virus does not discriminate who it goes to

  b) it is the risk behaviour which counts, not the "type" of person

(60 mins) 2. Continuum Game

(1) Describe continuum across the floor. Mark positions with large cards as:

[------------------------------]  NO
HIGH
RISK
LOW

Mark another position with large card "Do not know".

(2) Distribute a set of prepared statement cards (one behaviour per card, approximately 40 cards). Each participant gets 2-3 cards.

Explain:

(a) each card describes a sexual, drug use or other behaviour which may entail some degree of risk of infection with HIV

(b) in all cases the risk assumes that the activity involves an infected person.

(3) Each person has a turn in:

(a) reading out their card/s

(b) placing it on a continuum or on "Do not know" position

(c) explaining why they have chosen that position.
(4) Others can challenge with additional information and suggestions. Person then has the option of moving their cards.

(5) Whole group discussion and adding information where there are questions or disagreements.

3. Risk Assessment Skills

Go through basic principles of assessment:
- establish some trust, openness as quickly as possible.
- use similar language
- try and work with the person at a reasonable pace - take it easy
- don't get caught up in their anxiety
- work towards getting the facts of what risk behaviours has this person engaged in
- feed back whether or not these behaviours are in fact high risk

Use the following typology to explore differences between peoples emotional response and their level of risk and subsequent ways of dealing with them.

<table>
<thead>
<tr>
<th>Risk</th>
<th>Low anxiety</th>
<th>High anxiety</th>
</tr>
</thead>
<tbody>
<tr>
<td>* High Risk</td>
<td>* Low risk</td>
<td>* High risk</td>
</tr>
<tr>
<td>Low anxiety</td>
<td>Low risk</td>
<td>High anxiety</td>
</tr>
<tr>
<td>Low risk</td>
<td>Low risk</td>
<td>High anxiety</td>
</tr>
<tr>
<td>* Low anxiety</td>
<td>* High anxiety</td>
<td></td>
</tr>
</tbody>
</table>

Anxiety

Divide the group into four and allocate each small group one "type".
Ask each small group to brainstorm

a) all the things that might be going on for that person
b) ways of approaching this person so you can in fact assess their level of risk.

Feedback both lists to large group and discuss.
SESSION 4. SAFER DRUG USE.

Objectives.

Participants will be able to:

(a) Explain the term "harm reduction"

(b) List the hierarchy of possibilities for safer drug use.

(c) List the conditions for a person who wants to stop using whilst in prison

(d) Describe the Needle & Syringe Exchange Programme & how to find out where your nearest outlet is (for pre-release prisoners)

(e) Explain the procedure of "having a hit"

(f) Describe the approve 2x2x2 cleaning technique.

(g) List recommended cleaning agents available both within prison and in the community.

(h) Identify common attitudes/beliefs that maintain unsafe drug-use behaviours.

(i) Identify strategies for helping others to practice safer drug use.
Strategies.

1. **Harm Reduction.**

   Ask group what they think this means. Explain the goals of Harm Reduction. Discuss meaning in terms of the role of Peer Educators:
   - your primary goal is HIV/AIDS prevention not drug use prevention.
   - your primary goal is HIV/AIDS Education, not drug use education.
   - you may need to re-evaluate your own values & attitudes if this is a problem
   - if your are seen as an "anti-drugs" crusader your may lose effectiveness as an HIV/AIDS Educator.

2. **Using Practices.**

   Do a demonstration of common using practices as not all people in the group will know what to do.

   Explain equipment:
   - spoon
   - water, lemon juice, vinegar etc.
   - flame - cigarette lighter match
   - filter
   - mixing water
   - N & S.

   Explain what happens & terminology
   - pick, jack back etc.
3. Option 1: Don't Use.

(1) Within Prison.

Ask group what options are available to someone who wants to stop using whilst still in prison.

- cold turkey
- detox
- methadone
- counselling
- Narcotics Anonymous
- other

Discuss the availability, credibility, etc., of these services with group. Perhaps do an advantages/disadvantages exercise on each item.

(2) Outside.

Go through the Drug Treatment field "map" with group.

Cover:
- Assessment & Referral
- Detox
- Residential Rehab
- Methadone
- Self-help, N.A.

Give brief description of each type of service, how long, what happens, etc. Explain ADIS & refer to ADIS card as the phone number they can ring for assistance.

(4) Option 2: Don't Share.

(1) Outside

Describe Needle Syringe Exchange Programme.
- government programmes
- pharmacists.

Explain what happens, what the services are, current issues, e.g., disposal.

Refer to ADIS to find out your nearest Needle Syringe Exchange outlet.
(5) **Option 3. If you share use bleach and clean 2x2x2.**

Discuss why bleach was chosen as the preferred cleaning agent.

Conduct a demonstration to show the 2x2x2 cleaning method.

Where the 2x2x2 formula came from.

1. **Within Prison.**

Explain current policy.

2. **Outside Prison.**

Discuss use of bleach by users - is the practice taking hold etc.

(6) **Option 4. If you can't get bleach.**

1. **Within Prison**

Ask group for information about what else is used in the absence of bleach. Discuss the effectiveness if possible. If you don't know about the particular product find out for next week.

2. **Outside prison.**

What do people commonly use on the outside

- alcohol - as long as the content is more than 70%, e.g. metho.
- lots of water - if straight flushing ensure the water is cold.

4. **How to Change Behaviour.**

Use Streetwise Comix (Prisons and the AIDS Issue)

(a) **On the inside.**

For Men's Prisons - All Fixed Up
For Women's Prisons - Love on the Run.
1. All Fixed Up. - Mens Prisons

Read the story & then discuss the following:
What could they have done if Jack hadn't got some bleach?
What would they most likely have done without the bleach?
What if one of them didn't want to use bleach?

OR.

White out some of the balloons & get each persons in the group to write their own dialogue for a situation where there's no bleach/or someone doesn't want to clean the fit.
Discuss barriers to changing behaviour & ideas for what to do with people who don't want to clean.

2. Love on the Run. - Womens Prisons

- read the story & then discuss the following:
What choices did Helen & Kelly have in relation to the prevention of HIV?
Why do you think Helen & Kelly haven't cleaned up to now?
What is going on to motivate Helen & Kelly to start cleaning now?

OR.

White out some of the balloons & get each person in the group to write their own dialogue.
If Streetwize aren't available use the following scenarios (based on Streetwize characters):

Gazza has a fit & Jack has some dope & they invite Kenny up to Jack's cell to get on. What choices do they have in terms of HIV prevention.

Break into small groups to discuss:
- all possible choices
- implications of each choice
Return to large group & discuss. Work out the best/most desirable choice.
Helen has a fit & some dope. She & Kelly are in Helen's cell & Helen gives Kelly a hit. What choices do they have in terms of HIV Prevention?

Break into small groups to discuss:
- all possible choices
- implications of each choice
Return to large group & discuss. Work out the best/most desirable choice.

(b) Pre-release issues:

Read out scenario:

Kenny is being released soon. He has been using while in prison & used beforehand. He has already contacted one of his old using friends & will see him as soon as he's released. What choices does he have on the outside re: HIV prevention.

Break into small groups to list:
- all possible choices
- implications of each choice.
Return to large group & discuss.

What might stop Kenny from practicing safer drug use? What do you need to say to him before he leaves prison?

Helen is being released soon. She has been using while in prison & used beforehand. She has already contacted one of her old using friends & will see her as soon as she's released. What choices does she have on the outside re: HIV prevention.

Break into small groups to list:
- all possible choices
- implications of each choice.
Return to large group & discuss.

What might stop Helen from practicing safer drug use? What do you need to say to her before she leaves prison?
SESSION 5. SAFER SEX

Objectives

Participants will be able to:

(a) Describe their own sexual learning experiences in relation to a number of areas.

(b) List sexual practices to be encouraged in relation to HIV prevention.

(c) List & discuss the three types of sexual activity which occur in prison.

(d) Differentiate between sexual activity in institutions & sexual preference.

(e) List the options re: safe sex for people in prisons in consensual relationships.

(f) List the options re: safe sex for people who are the initiators in semi-consensual relationships.

(g) List the options re: safe sex for people who are passive partners in semi-consensual relationships.

(h) Explore the options re: safe sex for people in prisons involved in non-consensual sex.

(i) Demonstrate correct instructions for proper use of condoms.

(j) Demonstrate an ability to discuss other safe sex practices.
Strategies.

(20mins) **1. Where & What Did You Learn about Sex?**

The purpose of this exercise is to loosen people up about talking about sex.

Ask the group to get comfortable & close their eyes & think back to the first time they heard about/may have seen/experienced:

- masturbation
- intercourse
- women’s bodies, period, sexual response
- men’s bodies, erections, wet dreams
- homosexuality
- how men/women are supposed to behave intimately.

Discuss in small groups & then summarize issues in the large group. Make general summary points like:

- lack of correct information
- no-one to talk sensibly to
- guilt, shame
- double standards etc.
2. Reasons why People have Sex in Prisons.

Ask group & collect on board. Reasons may include:
- affection
- sexual release
- sexual preference
- power/favours
- relationship approximating emotional normalcy

3. Sex in Institutions.

Discuss issues pertaining to this:
- same sex sex - what effect does this have on men who see themselves as heterosexual? (guilt, shame, confusion)
- violence - what happens to the victims? what's going on for the perpetrator?
- "fuck oriented" relationships.

4. Safe Sex in Prisons. (Men)

Choices.

- divide group into 4 groups to work on the following scenarios: (each group gets one scenario)

Paul & Ian enjoy each others company & enjoy having sex together. Paul uses now & then.

What choices do Paul & Ian have in relation to HIV prevention? What might stop them practicing safe sex?

Jim is a first timer. He has been having sex with Stan, an older prisoner on Stan’s initiative. Stan looks after Jim as a result.

(a) **Jim:** What choices can Jim make in relation to HIV prevention? How would he approach Stan about safe sex? What bargaining points does he have? What might stop him from trying to practice safe sex?

(b) **Stan:** What choices can Stan make in relation to HIV prevention? How would he approach Jim about safe sex? What bargaining points does he have? What might stop him from trying to practice safe sex?
Dave is about to be released. He is returning to his wife. He's had sex whilst in prison. What choices do they have in relation to HIV prevention.

How could Dave approach the issue of safe sex with his wife? What might stop him doing/saying anything?

Women:

Kelly & Rosa enjoy each other's company & enjoy having sex together. Kelly uses every now & again.

What choices do Kelly & Rosa have in relation to HIV prevention? What might stop them practicing safe sex?

Lisa is a first-timer. She has been having sex with Deidre, an older women on Diedre's initiative. Deidre looks after Lisa as a result.

(a) Lisa: What choices can Lisa make in relation to HIV prevention? How would she approach Deidre about safe sex? What bargaining points does she have? What might stop her from trying to practice safe sex?

(b) Deidre. What choices can Deidre make in relation to HIV prevention? How would she approach Lisa about safe sex? What bargaining points does she have? What might stop her from trying to practice safe sex?

Helen is about to be released. She is returning to her boyfriend who doesn't use & doesn't know she's used in prison. What choices do they have in relation to HIV prevention.

How could Helen approach the issue of safe sex with her boyfriend? What might stop her doing/saying anything?
5. **Condom Demonstration & Safe Sex Practices.**

Do a condom demonstration, going through correct instructions for use etc. Go through other safe sex practices.

Divide the group into pairs & get them to practice talking to each other about:

- oral sex
- mutual masturbation
- condoms

Return to large groups & discuss.
SESSION 5: NOTES ON SEXUALITY IN PRISONS.

Very difficult to estimate incidence etc in this area.

Can say there are three types of sexual activity occurring in prisons:

- consensual
- quasi-consensual (submission based on intimidation or in return for protection or other favours.
- non-consensual.

Sex is mainly oral & anal.

There are:

- young inmates who adopt a passive sexual role (cats)
- inmates who adopt an active role (hocks)
- passive inmates who have homosexual sex on the outside as well as the inside.

Studies relying on self-reporting & anecdotal information report:

Tennessee:- 18% engaged in homosexual activity within prison
A number of US prisons - Up to 28%

Non-Consensual Sex:

US- 6% - 28% self-reported victims.

Difficult to differentiate between non- & quasi- consensual sex. Most rapes rely on fear & reputation rather than overt violence.

3 functions of Male prison homosexual relationships.

- validate aggressors masculinity.
- allow individual to re-attain a semblance of normalcy re: emotional stability.
- provide an avenue for sexual release

Sex education must look at all three if it wants change behaviour.
SESSION 6: PRE-TEST COUNSELLING.

Objectives:

Participants will be able to:

(a) Describe the four categories of HIV infections & treatment options.
(b) Describe the process of having a test, what the test will show, how long you wait etc.
(c) List the advantages & disadvantages of having an anti-body test whilst in prison
(d) List the advantages & disadvantages of having an anti-body test while on the outside.
(e) List the arguments for & against the segregation of Ab+ prisoners
(f) List a checklist of areas to cover in a pre-test counselling session for a person who will be in prison for a while.
(g) List a checklist of areas to cover in a pre-test counselling session for a person just about to be released.
(h) Demonstrate a pre-test counselling session in a role-play situation.
(i) List resources/services within the prison and on the outside for pre-test counselling.
Strategies.  

(10 mins) **1. Review of Categories & Treatment Options.**

Go over the information from Session 2 on the 4 categories of HIV Infection & Treatment Options.

(10 mins) **2. The Test.**

Review information about the Test.

- What it measures
- Window period
- how it is done
- how long to get result.

(20 mins) **3. Segregation.**

Divide board into two.

Arguments for

Arguments Against

Brainstorm arguments & discuss issues.

**N.B. Common Arguments for Segregation.**

- to protect Ab+ve prisoners from Ab+ve sexual predators or violent prisoners.
- to avoid transmission through needle sharing.
- allows specific services to be provided to segregated prisoners
- to protect Ab+ve prisoners from others.

Common arguments against segregation:

- imposes a further penalty on prisoners
- impossible to maintain confidentiality
- sexual predators should be removed anyway
- threat of violence to Ab+ve prisoners is overstated & doesn't happen in S.A.
- precautions will slacken off in negative part of prison & thus develop a false sense of security and risk may increase.
- undermines education which says that transmission doesn't occur through casual contact.
- puts great psychological stress on those segregated.
- is expensive and impractical when numbers of Ab+ve prisoners increase.
Review of intermediate options:

- integration of single cell accommodation
- hospitalization
- daytime integration but separate sleeping/shower facilities
- short-term segregation
- segregation when sick only
- determine individual cases.

(20 mins) 4. Pre-Test Counselling Checklists.

Divide group into two; give butcher's paper & pens & ask:

Group A - Develop a checklist of areas to cover in a pre-test counselling session for someone who will be in prison for a while.

Group B - Develop a checklist of areas to cover in a pre-test counselling session for a person just about to be released.

Group A checklist should include:

- assessment of risk
- reasons for taking the test
- procedure for the test
- feelings if the test is positive
- feelings about lack of confidentiality
- feelings about segregation
- feelings if the test is negative
- safe sex/safer drug use practices
- possibility of discussing with family/friends first.
- who/how would they want to tell; family, friends, if result is positive.
- checklist of resources/support within prison.

Group B - Checklist should include:

- assessment of risk
- reasons for taking the test
- services available on the outside for pre-test counselling & the test.
- feelings if the test is positive
- feelings if the test is negative
- safe sex/safer drug use practices
- possibility of discussing with family/friends first.
- who/how would they want to tell; family, friends, if result is positive.
**Practice:**

Divide group into 3 or 4's. Elect 1 or 2 people to be Observers. 1 counsellor & 1 counsellee. You choose who's who, don't leave it up to the group.

Handout observer checklists & explain observer's role.

Option: Tell them they will be in the same group & same roles for the next session (post-test counselling) & they will be getting a result.

**Scenarios: (Men)**

- **Mick** has been using in gaol for some time. He goes on day leave, has sex with his girlfriend (unsafe). Now he's back he's really worried about being positive & possibly infecting her. He wants to talk about having a test. There is a segregation policy at the moment & he still has 3 years to serve.

- **Kevin** is a pretty well known gaol cat (receptive sexual partner). He wants to talk to you about having a test. There is an integration policy and he's got 6 months left to serve.

- **George** is clean & doesn't have sex. He shares a cell with a guy that uses & is really scared he's got AIDS from casual contact. He wants to have a test to make sure. There is a segregation policy & he's got 7 years to go.

**Women:**

- **Helen** has been using in gaol for some time. She goes on day leave & has unprotected sex with her boyfriend. Now she's back she's really worried about being positive. She wants to have a test. There is a segregation policy & she's got 3 years to serve.

- **Kelly** has been using in gaol for some time & used on the outside. Her girlfriend in gaol doesn't use & is really nervous about sex. Kelly thinks she should have a test so they'd both know once & for all. She's got six months to serve.
Brenda is clean & doesn’t have sex. She shares a cell with a girl that uses & is really scared she’s got AIDS from casual contact. She wants to have a test to make sure. There is a segregation policy & she’s got 7 years to go.

Allow time for debriefing, observer feedback, small group discussion & large group discussion.

Optional Teaching Strategies.

1. HIV Counselling Video.

There are a number of pre-test counselling vignettes which could be useful to use in this session.

Perhaps at the beginning to use as a way of establishing a few of the basic skills necessary:
- listening
- not advice giving
- ask open questions
- don’t judge
- get people to talk in their own words.

2. Streetwise.

The story "Wake up to it" is about an integrated Ab+ve guy. You could use this story to explore some of the integration/segregation issues.


Model of a Pre-test Counselling Session yourself with a prisoner first & discuss with the group.
PEER EDUCATION PROGRAMME.

PRE-TEST COUNSELLING: Observer Checklist.

How did the Peer Educator go with the following:

1. Being relaxed & open
   Not at all  Very relaxed & Open
   Relaxed & Open
   1 2 3 4 5

2. Listening.
   Poor  Good
   Listening
   1 2 3 4 5

3. Letting person make their own decision about the test.
   Made decision  Let person make own decision
   for person
   1 2 3 4 5

4. Giving information about testing procedures.
   Not so good  Good
   1 2 3 4 5

5. Giving safe sex information.
   Not so good  Good
   1 2 3 4 5

Not so good

| 1 | 2 | 3 | 4 | 5 |

Good

Do you think the person:

1. Understood all the information given?

Not much

Good Understanding

| 1 | 2 | 3 | 4 | 5 |

2. Felt comfortable & able to talk.

Not very Comfortable

Very Comfortable

| 1 | 2 | 3 | 4 | 5 |

3. Is now better prepared for the test result.

Not Prepared

Well prepared.

| 1 | 2 | 3 | 4 | 5 |

4. Is making their own decision.

No

Yes.

| 1 | 2 | 3 | 4 | 5 |
SESSION 7: POST-TEST COUNSELLING.

Objectives:

Participants will be able to:

(a) List reasons why people with a negative result need post-test counselling.

(b) List reasons why people with a positive result need counselling.

(c) List the areas that need to be covered in a post-test counselling session with a negative result.

(d) List the areas that need to be covered in a post-test counselling session with a positive result.

(e) List a range of possible feelings that may emerge for someone with a negative result.

(f) List a range of possible feelings that may emerge for someone with a positive result.

(g) List resources/services within the prison/outside the prison for post-test counselling.

(h) List resources/services within the prison/on the outside for people who are Ab+ve including treatment options.

(i) Demonstrate a post-test counselling session with a person with a negative result.

(j) Demonstrate a post-test counselling session with a person with a positive result.
Strategies.

(15 mins) **1. Reasons for Post-Test Counselling.**

Divide board into two:

<table>
<thead>
<tr>
<th>Positive result</th>
<th>Negative Result</th>
</tr>
</thead>
</table>

and brainstorm with the group reasons why people need post-test counselling.

(20 mins) **2. Checklists.**

Divide group into two, give butcher’s paper & pens & ask:

Group A.- develop a checklist of areas to cover in a post-test counselling session with someone with a negative result.

Group B.- develop a checklist of areas to cover in a post-test counselling session with someone with a positive result.

Group A ( - ve result) checklist should include:
- feelings, luck, omnipotence, bravado etc
- behaviour change
- safe sex & safer drug use.

Group B (+ ve result) check list should include:
- feelings
- who to tell
- how to tell
- what to do
- lifestyle/treatment options.
(10 mins) **3. Feelings.**

Brainstorm common feelings you would imagine people would have on receiving a negative result or a positive result.

Discuss feelings you as a peer educator may have when someone tells you their result is negative or positive.

(10 mins) **4. Resources/Services.**

Brainstorm resources on the inside & on the outside where someone could go for more extensive post-test counselling.

Brainstorm what role you could play with an Ab +ve prisoner if integration was the policy & what options s/he would have.

Brainstorm what role you could play with Ab +ve prisoner if you saw her/him before being taken to the Special Unit.

**Practice**

Return to same groups & same roles as in Session 6 (Pre-Test Counselling)

Presume that Mick Kevin George Helen etc all went to have a test.

Now they know their results & come & talk to a peer educator about it.

Give Mick Kevin George Helen etc a result on a piece of paper

Take up the role-playing from there.

Make sure you debrief properly, allow time for observer feedback, small group discuss & large group discussion.

**5. Peer Educator Needs.**

Discuss strategies you as a peer educator may need to employ to debrief/relax etc after talking to someone about their result.
PEER EDUCATION PROGRAMME

POST-TEST COUNSELLING: Observer Checklist

How did the Peer Educator go with the following:

1. Being relaxed & open
   - Not at all relaxed & open
   - Relaxed & open
   - Very relaxed & open

2. Listening
   - Poor Listening
   - Good Listening

3. Allowing the person to talk about feelings
   - Not so good
   - Good

4. Exploring options with person
   - Not so good
   - Good

5. Giving safe sex information
   - Not so good
   - Good

6. Giving safer drug use information
   - Not so good
   - Good
Do you think the person:

1. Felt comfortable and able to talk
   - Not very
   - Very Comfortable
   - Comfortable
   - 1 2 3 4 5

2. Has a clear idea of what they will do now
   - Not clear
   - Clear
   - 1 2 3 4 5
SESSION 8. PEER EDUCATION SKILLS

Objectives:

Participants will be able to:

(a) List all the areas they would cover in an HIV/AIDS education talk for prisoners at reception.

(b) List all the areas they would cover in an HIV/AIDS education talk for pre-release prisoners.

(c) List all the activities they may be involved in a HIV/AIDS Peer Educators other than reception & pre-release programmes.

(d) List the resources & support they may need to continue as effective HIV/AIDS Peer Educators.

(e) Plan an education activity of their choice.
Ask group to get comfortable, sit back, relax & close eyes

Think of a time when you learned something really well - it could be anything - sport, hobbies, handiwork, school, courses anything.

Try & remember what made it such a good experience, what made you learn so well, so easily.

Allow a few minutes for reflection & then collect responses on the board.

Discuss in the light of adult learning & what sort of environment/style they need to create as peer educators.

2. Practical Considerations in organizing & running an:
   - AIDS session on reception
   - AIDS session on pre-release

Brainstorm all the steps you would have to take to run these sessions.

3. Content:

   (a) At reception.
   What would you want to cover in a talk for new prisoners?
   What resources would you want to have?
   Break into small groups & come up with a session plan. Be specific. Return to large groups & discuss.

   (b) Pre-Release
   Repeat as above
Ask group to divide up & come up with a list of as many
things as they can think of that they can do to keep up their
role as Peer Educators in HIV.

4. Resources.
What sort of resources will you need?

- pamphlets
- videos
- reading material
- teaching resources
- equipment

How do you organize it?

5. Practical
In pairs pick an educational activity and plan it out on
butcher's paper - exactly what you are going to do

Feedback to large group.

LIST OF ACKNOWLEDGEMENTS

BATHURST PEER EDUCATION PROJECT

Steve Lyons - Organiser and Evaluator
Kim Begley - Formulated Course and Presenter
Lou McCallum - Presenter
Louisa Scagliotti - Administrator
Rigmor Berg - Presenter
Alison Bellamy - Presenter
Terry Gouldon - Presenter
Lisa Connolly - Surveys and Statistics
Greg Tillett - Legal Officer and Presenter
Neil Carroll - Organiser and Evaluation
John Tudman - Video
Michael Caldwell - Video
Bruce Fell - Video Director
LIST OF ACKNOWLEDGEMENTS continued

MTC PILOT COURSE

Jenny Bird - Programme Manager and Presenter
Rigmor Berg - Presenter
Gray Sattler - Presenter
Michelle DeVries - Administrative Assistant
Steve Broadhurst - Group Leader
Stuart Burke - Group Leader

Special Mention: Eileen Adamson
   David Mutton
   Michael Clough
   Lindy Jerrard
   Jules Taylor
   Peter Frankis

And all the inmate members of the Bathurst and Malabar Training Centre AIDS Committees for their participation and involvement in this project.

Appreciation is also extended to Superintendent of Bathurst Gaol and Superintendent O’Shea of the Malabar training Centre. Their co-operation with the implementation of the H.I.V. programmes has provided the reassurance that the AIDS issue in prison is being responsively addressed.

The acknowledgement of all the named people is given with a sincere vote of thanks and appreciation for their participation and involvement in the production of the Prison Peer Education Programme to commence July 1989. Without these people and their dedication this project would not have been possible.
1. Brief History

It was in 1981 that the Centre for Disease Control (CDC) in Atlanta USA first noted the appearance of a pattern of unusual illnesses amongst people living in San Francisco, New York and Los Angeles. Those first identified as being affected (in the USA at least) were primarily young, male homosexuals. It was for this reason that the disease was initially called GRIDS (Gay Related Immunodeficiency Syndrome) and was so strongly connected with gays.

That the term GRIDS was a misnomer soon became obvious. It didn't take long for other cases to emerge that made it clear that the agent (whatever it was) was likely to be blood borne and transmitted both sexually as well as through blood-to-blood contact and thus not specifically gay related.

In 1983 French researchers discovered what the agent was that causes AIDS. It turned out to be a virus, and this virus is now known as the Human Immunodeficiency Virus - HIV.

2. The Global Pandemic

By July 1988 more than 100,000 cases of AIDS had been reported worldwide in 140 countries on five continents. From Overhead 1 it can be clearly seen that, over the past nine years, the reported number of new cases of AIDS has roughly doubled each year. The World Health Organisation (WHO) predicts that over 1 million people will be diagnosed with AIDS by 1991.
In Australia, the increase in AIDS cases has reflected world trends. In 1984 there were 42 new cases reported, by 1988 the number of cases had reached ------.
(Consult the NH + MRC Bulletin for the latest statistics).

New South Wales, particularly Sydney, has the highest concentration of AIDS cases in Australia. There are several factors which are likely to have led to this situation. Firstly, Sydney is the main point of entry to Australia, especially from the USA. Secondly, Sydney is the nation's largest population centre. Finally, Sydney has Australia's highest concentration of gay men, the first sub-cultural group to be infected here (as in the USA).

When speaking of AIDS cases it is important to remember that they represent only the tip of the HIV infection iceberg. The idea of the infection iceberg is illustrated in Overhead 2.

**OVERHEAD 2**

People who currently have AIDS were typically infected somewhere between five and ten years ago; it is only now that they have become seriously ill. At any given time, there are many more people infected with HIV who have not developed AIDS; while we have seen over 100,000 cases of AIDS worldwide, the WHO estimates that the total number of HIV infected people is probably around 10 million. Research suggests that there are currently:

* 6 - 8 million people infected in Africa
* 1 - 2 million people infected in the USA.
* 10,000 - 40,000 people infected in Australia
3. Epidemiological Patterns

On a global scale there are three stages that can be identified in the spread of HIV infection and the emergence of AIDS cases:

* **INITIAL INTRODUCTION** of infection. Eastern Europe and Asia are still at this stage.

* **ESTABLISHMENT** of the infection within subcultural groups (e.g. in the USA, HIV infection is established amongst homosexual men and IV drug users). In Australia, HIV is established amongst homosexual men and is in the process of becoming established amongst IVDU.

* **GENERALISED INFECTION.** Africa and New York have reached this stage. All countries will progress to the stage of generalised infection unless there is effective intervention to prevent this from happening.

Several factors have been identified that can influence how quickly a country progresses through these stages:

* **THE TRANSMISSION CIRCLES** associated with the infected subgroups affected. For example, in New York, where needles and syringes are scarce, large numbers of people have shared the same equipment in "shooting galleries". This is an example of a very open transmission circle. Where needles and syringes are more readily available, sharing is more likely to be only between two or three people who regularly use together. This is an example of a relatively small transmission circle.

* **ECONOMIC/TECHNOLOGICAL DIFFERENCES.** Australia has, for example, been able to afford the technology required to make our blood supply safe. This has prevented the further transmission of H.I.V. infection via blood and blood products, in transfusions etc. African countries have, in general, not been able to afford such protective measures and thus many people continue to be infected in this way.

* **POLITICAL FACTORS.** The degree to which governments have recognised the existence and seriousness of HIV infection in their countries and responded with appropriate legislation, education and other harm reduction strategies has been another key factor in influencing the rate of spread of infection. Comparisons between the approach of authorities in Amsterdam with that taken by those, say, in New York is particularly revealing in this regard.
*EDUCATION.* Appropriate education is effective in helping to control the spread of HIV infection. In Australia the ratio of the number of cases of AIDS in males compared to females is about 24:1 whereas in the USA it is approximately 13:1. In Africa the ratio is estimated to be anywhere from 1:1 to 2:3 (i.e. at least as many, if not more, women with AIDS than men.) In Australia it is likely that the difference in the ratio of male AIDS cases to female AIDS cases will decrease, resulting mainly from the influence of two factors: needle sharing and the heterosexual transmission of HIV from IVDU to their (non-using) sexual partners.

88% of AIDS cases in Australia have been homosexual men. Only 3% have been IVDU and less than 1% have had needle sharing as their only risk factor. It is important to reiterate, however that these AIDS cases reflect the transmission patterns of several years ago and we can expect changes in the future breakdown of AIDS figures.

In the case of homosexual men it is interesting to note that both survey research and figures in sexually transmitted diseases (STDs) indicate that the rate of spread of HIV amongst this group has dropped dramatically. (The number of homosexual men with AIDS will, however, continue to increase because many are already infected but not yet sick.)

Transmission Amongst IVDU

In contrast to the case of homosexual men, overseas experiences lead us to expect a rapid increase in the rate of spread amongst IVDU who share needles and syringes, especially as a pool of infected people becomes established and if insufficient attention is paid to prevention strategies. As a consequence, we can also expect rapid spread amongst the sexual partners of IV drug users and spread of HIV infection to their children. In this way, IVDU will act as the main "bridge" for the spread of HIV infection to the wider (heterosexual) population.

To understand why HIV can spread so quickly amongst IVDU, their sexual partners and children, we need only look at the three modes of HIV transmission all of which are common amongst IVDU:

<table>
<thead>
<tr>
<th>MODES OF HIV TRANSMISSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. BLOOD TO BLOOD</td>
</tr>
<tr>
<td>e.g. by sharing intravenous needles and syringes</td>
</tr>
<tr>
<td>2. UNSAFE SEX</td>
</tr>
<tr>
<td>e.g. sex without a condom</td>
</tr>
<tr>
<td>3. MOTHER TO CHILD</td>
</tr>
<tr>
<td>during pregnancy, at birth or through breast feeding</td>
</tr>
</tbody>
</table>
As can be seen from Overhead 4, IV drug use is the main route (overall) of infection to women and children.

Overhead 4

WOMEN AND AIDS

U.S.A. 70% of AIDS cases in women resulted from IVDU transmission.

Europe 51% of AIDS cases in women resulted from IVDU transmission.

CHILDREN AND AIDS

U.S.A. 51% children of IVDU parents in New York.

50% children of IVDU parents.

16% women giving birth had children at risk.

40% of these were HIV infected.

Estimates of the number of IVDU in Australia vary from --- to ---. The question of actual size aside the IVDU population can be said to be made up of three sub-groups:

* A core of habitual users
* A larger group of social/recreational users
* A still larger group of experimental users

Overhead 5

IVDU’s in Australia

The exact percentage of IVDU infected with HIV is unknown, although a variety of indicators have been used to estimate this figure. A study of methadone clients (in NSW) has showed that about 1.5% were HIV infected, while a study of returned needles and syringes found that 8% contained HIV infected blood (although it was not clear how many people had used them).

5. Preventing the Spread of Infection

In deciding what preventative action is most appropriate we are lucky that HIV was introduced to the Australian IVDU population some years later than it was in North America and parts of Europe, enabling us to learn from the experiences of these places.
OVERHEAD 6 shows very clearly that the rate at which HIV has spread amongst IVDU has varied enormously from one population centre to another, even within the same country.

OVERHEAD 6

ACTION CAN INFLUENCE RATE OF SPREAD AMONGST IVDU POPULATIONS

<table>
<thead>
<tr>
<th>Location</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edinburgh</td>
<td>61%</td>
</tr>
<tr>
<td>Glasgow</td>
<td>5%</td>
</tr>
<tr>
<td>New York</td>
<td>60%</td>
</tr>
<tr>
<td>San Francisco</td>
<td>20%</td>
</tr>
</tbody>
</table>

On the most general level, the key to success or otherwise in significantly slowing transmissions within the IVDU community (and so to the general community) appears to be whether IV drug use has been approached as a law and order issue or a public health issue. Looking more closely, a number of factors can be identified that influence how rapidly HIV spreads amongst IVDU:

* ACCESS TO NEEDLES AND SYRINGES - Where possession of needed and syringes is illegal and this law is rigidly enforced (e.g. New York, Edinburgh), these items become scarce and therefore shared by many people. This leads to very rapid transmission.

* ACCESS TO DRUG TREATMENT AND A RANGE OF TREATMENT OPTIONS

In New York, for example, funding cuts to both methadone and drug-free treatment programmes has meant that there are not enough places available for IVDUs seeking treatment. Many agencies with long waiting lists actually exclude HIV infected IVDUs on the grounds that they expect them to die anyway. This means that many infected IVDUs, who would like to stop using, are refused treatment and continue to use, and continue to share needles and syringes, thereby spreading HIV infection.

In Amsterdam, on the other hand, there has been an intensive harm reduction strategy, which includes an outreach programme dispensing needles and syringes, condoms, low dose methadone without regular urine testing and offering referral to more controlled methadone programmes and drug free programmes. The results of this strategy have greatly increased levels of contact with IVDUs (from about 10% previously to an estimated 80% currently), increased referral to treatment programmes and a relatively slow increase (now virtually halted) in HIV infection amongst IVDUs.
- 1 -

INFECTION CONTROL PROCEDURES

Universal infection control is based on the principle that particular body fluids should be treated in a specific manner - regardless of the infectious status of the individual, i.e. the same procedures apply to everybody.

This means that the procedures undertaken are simple, uniform and adequate to provide protection against all infectious microorganisms.

The principle of Universal Infection control always stays the same regardless of the setting, but the way in which this principle is put into practice varies depending on the nature of services being provided. In other words, the implementation of universal infection control procedures will differ, for example, between an operating theatre and a prison setting.

The aims of infection control procedures are:

- to prevent contact with all body fluids that may be contaminated with infectious microorganisms including HIV (Human Immuno Deficiency Virus) and HBV (Hepatitis B Virus)

- to minimise exposure to infectious microorganisms where contact with body fluid does occur.

Infection control procedures should be applied to ALL body fluids through which infectious microorganisms may be transmitted.

HIV is a fragile virus and does not easily survive outside human body fluids. Therefore it is not easily transmitted from one person to another.

Body fluids which can transmit HIV:

Only the following body fluids can contain sufficient concentrations of HIV to allow infection to occur:

- blood, including menstrual blood and pus (white blood cells)
- semen, including pre-ejaculatory fluid (pre-cum)
- vaginal secretions

However, HIV is only one of many infectious microorganisms which may be present in these body fluids.
Others include Hepatitis B virus (HBV), Hepatitis A virus, Herpes genitalis (genital Herpes), Neisseria gonorrhoea (gonorrhoea), Treponema pallidum (syphilis), Human Papilloma virus (HPV), Cytomegalovirus (CMV), Chlamydia trachomatis (Chlamydia) and Candida albicans (thrush, monilia). 

Body fluids which transmit other microorganisms can be found in and transmitted through contact with two other body fluids, specifically:
- urine
- faeces

HIV is not one of the microorganisms found in urine and faeces, unless there is visible blood present.

To provide Universal infection control it is recommended to use disposable latex gloves when dealing with any body fluids through which infectious microorganisms may be transmitted - blood, menstrual blood, pus, semen, pre-ejaculatory fluid, vaginal secretions, urine and faeces.

PROCEDURES FOR INFECTION CONTROL

Skin is an effective defence against infection as long as it remains unbroken. Any cuts, abrasions, ulceration or dermatitis can allow microorganisms to enter the body.

Normal hygiene practices and care of the skin assist in maintaining the integrity of the skin.

When contact with any body fluids is likely an additional barrier is recommended e.g. disposable latex gloves for hands.

Use of disposable materials for cleaning up any body fluid spillages is recommended.

Disinfection with household bleach (1% sodium hypochlorite) of surfaces where body fluids have been spilled is recommended, is adequate for universal infection control and will destroy most microorganisms, including HBV and HIV.

Follow the manufacturer's instructions to ensure that the bleach product being used is still active.
WASH HANDS AS A MATTER OF ROUTINE

- before food preparation
- before eating
- after going to the toilet
- before and after providing first aid
- after contact with any body fluid.

Use handcream after washing hands. This helps prevent the skin from drying and cracking and possibly providing access for infectious microorganisms.

Cover any cuts, abrasions, ulceration or dermatitis with a plaster.

Wear disposable latex gloves whenever dealing with any body fluids.

Rinse or wash any part of the body which comes in contact with any body fluid as soon as possible. This is especially important for splashes to the eyes.

Remove any splashes or spills of body fluids. Use disposable items such as paper towels, swabs and cotton wool for cleaning up the bulk of any body fluid spills. After cleaning up the spill, these disposable items can be placed in plastic bags and sealed ready for removal. Remember to wear latex gloves.

Wipe down any surfaces with household bleach (1% sodium hypochlorite) after the body fluids have been mopped up.

DOMESTIC HYGIENE

Normal cleaning procedures should be followed and are adequate. Areas should be kept:

- clean, to minimise the risk of contact with infectious materials and
- tidy, to prevent accidents that may result in blood spills etc.

LAUNDRY

Normal laundry procedures using washing powder and water should be followed. These will adequately take care of any potentially infectious materials including HIV and HBV. Normal pre-wash soaking for blood stains is adequate. Latex gloves should be worn when handling unwashed laundry.
FOOD PREPARATION
Hands should be washed before preparation of food and cuts, abrasions or dermatitis covered with a plaster.

FIRST AID
Use disposable latex gloves to avoid contact with body fluids, when dressing wounds, cleaning up etc.
Wipe away body fluids such as blood, pus, vomit with disposable swabs or cotton wool.
Wash any body fluids away from skin with soap and water as soon as possible if contact does occur.
If body fluids are splashed into eyes, then rinse them as soon as possible with plenty of water.
Any injury, including cuts, wounds or needle pricks should be washed under running water, gently encouraged to bleed, and treated with an antiseptic such as providone iodine.

RESUSCITATION
Before resuscitation wipe away blood or vomit from the mouth of the patient.
Trained staff only should use a resuscitation kit with an airway. If not available, cover the mouth of the patient with a piece of material such as a handkerchief to avoid contact with vomit or regurgitated fluids.
Mouth to nose resuscitation may be used as an alternative to the mouth to mouth method. Mouth to mouth resuscitation is not considered to be an HIV transmission risk and no cases of infection have been reported.

NEEDLE SAFETY
To avoid needle stick injuries, never recap, break or bend needles or separate needles and syringes.
Place needle and syringe directly into a sharpsafe for later removal.
If a sharpsafe is not available, a hard unbreakable container with a secure lid can be used instead.
To avoid needle stick injuries when searching for contraband, never put hands into areas where you cannot clearly see what you are doing. It is safer to search systematically using some implement e.g. a ruler, to probe otherwise inaccessible area.
This session is an overview of biological and medical aspects of HIV infection. It is not important to remember all the details. The idea is just to give you a general understanding of

- how HIV infects the body's ability to fight off disease
- medical treatment currently available for HIV infected people
- blood tests that can detect HIV infection
- how HIV can be transmitted from one person to another

OHP 01 shows a diagram of the Human Immunodeficiency Virus (HIV) the virus that causes AIDS.
AIDS is "acquired" in the sense that it is not inherited, i.e. it is not a genetic disease. "Syndrome" is a term that applies to a variety of signs and symptoms that are common to a particular disease.

It is also important to understand the definitions of the terms ANTIGEN (Ag) and ANTIBODY (Ab). An antigen is a foreign substance, such as a virus or bacteria, that causes the body's immune system to make antibodies. Antibodies are produced by B-cells in the immune system as part of the body's defence against foreign substances in the blood. All of these definitions are summarised in OHPO2.
EDUCATION

Education is of course the other major factor in influencing the rate of HIV spread. Where IVDUs are not aware of the precautions they can take to avoid HIV, they continue to engage in risk behaviours. This was the experience in Milan where IVDUs continued to share needles and syringes and not use condoms, even though they were readily available. Similarly, it is too late to tell women about mother-to-child transmission when they are already pregnant (which was ***(is)*** the case in New York.

6. Conclusion

In summary, present indications are that there still appears to be a relatively small number of HIV infected IVDUs in Australia. Overseas experience have shown that unless appropriate steps are taken in terms of availability of needles and syringes, access to treatment (and a range of treatment options) and education to IVDUs both in and out of treatment, HIV can easily establish itself in the IVDU population and spread very rapidly. As a "front line" between health organisations and IVDU, Drug and Alcohol workers have a crucial role to play in all these measures and it is education in particular that this workshop will focus on. We must act NOW to prevent the spread of HIV infection both amongst IVDUs and through them to the wider community.
HIV, as its name implies, is a virus that infects human and can result in the weakening or breakdown of the immune system. When talking about the immune system we are generally talking about the white blood cells (called lymphocytes). Lymphocytes can be divided into two types: B-cells and T-cells, as shown in OHPO3. As already mentioned, B-cells manufacture antibodies. These antibodies are tailor made to destroy specific invaders. Unfortunately, in the case of HIV, they are essentially ineffective against the virus.

**OVERHEAD 3**

**HOW THE IMMUNE SYSTEM WORKS**

**THE WHITE BLOOD CELLS**

T-cells are of two basic types: T4 (helper cells) and T8 (suppressor cells). T4 cells recognise malignant (cancerous) cells and invading organisms (such as viruses, bacteria or fungi) and stimulate the production of antibodies by the B-cells. T8 cells regulate the immune response, suppressing it (turning it off) when the malignant cells or invading organisms have been destroyed. The T4 and T8 cells thus act in balance, activating and suppressing the immune response. The ratio of T4 cells to T8 cells is normally about 1.5:1.

Infection with HIV can weaken the immune system in two main ways. Firstly, HIV attacks T4 cells so that the immune system is less able to recognise invaders and stimulate the production of antibodies. Secondly, the loss of T4 cells destroys the normal balance between T4 and T8 cells. T8 cells start to outnumber the T4 cells and thus the immune response is further suppressed.

The immune system of a person infected with HIV can often manage to keep the virus in check (without, however, destroying it) for a considerable period of time. For reasons which remain largely unclear, infection can progress to more serious stages where the immune system begins to break down. When this happens a person becomes vulnerable to infection and may succumb to organisms it normally would deal with easily.
These are known as opportunistic infections, e.g. pneumocystis carinii pneumonia (PCP). People with compromised immune systems can also become susceptible to rare forms of cancer such as Kaposi's Sarcome (KS) and Lymphoma. (PCP and KS are actually quite common, everyone has them in their body. A healthy immune system is able to deal with them effectively.) The development of opportunistic infections leads to a diagnosis of AIDS, one of the sub groups of category 4 HIV infection. The four categories of HIV infection are discussed in the next section.

2. CATEGORIES OF HIV INFECTION

The four main categories of HIV infection are summarised in OHP04. They have replaced the old A-B-C system of categories

OVERHEAD 4

| CATEGORY 1: ACUTE HIV INFECTION: This is a short period of illness that occurs 1 - 3 weeks after infection. It reflects the widespread dissemination of HIV throughout the body that accompanies the body's immune response and the production of antibodies. The number of antibodies in the blood reaches a detectable level in most people within 2 - 6 weeks of the onset of the illness, although in a very small number of cases this may take up to three months. The symptoms of the illness typically last about one or two weeks and resemble glandular fever (fever, malaise, fatigue, loss of appetite, nausea, vomiting, headaches, sensitivity to light, rash and diarrhoea). Note that these symptoms are wide-ranging and can occur for a number of reasons e.g. flu viruses etc. |
CATEGORY 2: ASYMPTOMATIC HIV INFECTION: The word "asymptomatic" means "without symptoms". People in this category test positive to an antibody test, but feel well and have no symptoms of disease. This stage can last for an extended period of time. The precise causes of progression of infection beyond this stage remain unclear although several factors have been identified that may be associated with progression. These will be mentioned in more detail later.

CATEGORY 3: PERSISTENT GENERALISED LYMPHADENOPATHY: This is characterised by swollen lymph glands persisting for more than three months in the absence of another illness or condition that might explain the symptoms.

CATEGORY 4: SEVERE HIV INFECTION (AIDS AND AIDS-RELATED CONDITIONS): This category includes all serious diseases attributable to HIV infection, such as neurological complications, opportunistic infections and cancers. It has 5 sub-groups labelled A to E:

A. Constitutional Disease
B. Neurological Disease
C. Secondary Infectious Disease
C1 - Specified Infectious Diseases listed in the current CDC definition of AIDS
C2 - Other specified secondary infectious diseases.
D. Secondary Cancers
E. Other conditions in HIV infection.

(Note that only those people falling into categories C2 and D are actually diagnosed as having AIDS).

Common manifestations at this stage of HIV infection include persistent enlargement of the lymph glands, recurrent weight loss, fevers and fatigue, as well as recurrent bacterial, viral and fungal infections. Some people may have detectable abnormalities in cognitive function (i.e. thinking processes).

Worth noting is the belief that the infections and tumours currently typical of AIDS (e.g. PCP and KS) will change over time as the virus spreads further and medical science becomes better able to respond to those that have appeared already.
3 NATURAL HISTORY OF HIV INFECTION

There is generally a long, but quite variable latency period between initial infection with HIV and the development of AIDS or other forms of severe HIV infection. It is not known exactly what percentage of HIV infected people will eventually progress to Category 3 or 4 infection. The only factor clearly correlated with progression so far has been time, meaning that the longer a person has been infected, the more likely they are to progress to more severe categories of infection.

At the Washington Conference (1987) a study reported that after 8 years 30% of infected people had developed AIDS. Another study, presented at the Stockholm Conference (1988) reported that 50% of infected people had developed AIDS after 7 years. The World Health Organisation (WHO) currently projects that, over a five year period 10%-30% of infected people will probably develop AIDS and 20%-50% will probably develop symptoms and illnesses related to HIV infections. The progression of HIV infection in children is generally much quicker than in adults, primarily because a child's immune system is not fully developed. The average period between infection and the development of AIDS is much shorter in children, as is the time between diagnosis of AIDS and death.

As already mentioned, it is not clear why some people progress to categories 3 or 4 (or progress more quickly than others). We do know, however, that certain diseases, conditions and drugs (whether taken for recreational or medicinal purposes) may cause the immune system to either be stimulated (perhaps resulting in increased replication of the virus) or depressed (perhaps further compromising a person with a reduced immune response.) For these reasons, it is often recommended that infected people avoid unnecessary drug use, unnecessary stress, pregnancy, exposure to sexually transmitted diseases (STDs) or further exposure to HIV. Others have proposed such measures as improving nutrition, adopting stress management techniques and so on.

4 TREATMENT OF HIV INFECTION

There is currently no vaccine against HIV infection and no effective treatment or cure for AIDS or other forms of severe HIV infection. This is why we need to emphasise the education of people to stop transmission of the virus and why your role as a peer educator is so important.
It is also important to remember that HIV infection is not necessarily a death sentence. Figures vary between studies, but as mentioned earlier, the WHO estimates that 30% - 50% of people infected with HIV will develop related symptoms and illnesses within 5 years.

Currently there are a wide range of approaches being tried in an effort to come up with an effective response to severe HIV infection. These include: replacing the lost T4 cells through blood (or blood product) transfusions and bone marrow transplants; boosting the immune system with drugs that stimulate or support its activity; and attacking the virus itself in some way, such as trying to destroy it, prevent it from replicating or stop it binding to the T4 cells.

The most promising of all these approaches to date has been the drug Zidovudine, commonly known as AZT. This is an anti-viral drug that interferes with the replication of the virus. Use of AZT by people with severe HIV infection has resulted in decreased mortality (4-6 fold over 9 months), increased life expectancy (doubled), decreases in the incidence of opportunistic infections, improved neurological symptoms and improved overall quality of life. AZT is, however, not without negative effects. These may include anaemia (25% of cases) and headaches, and some people are not able to tolerate the drug at all. Because of its relatively recent introduction it is hard (if not impossible) to tell what the long term effects of AZT treatment will be.

AZT is currently available to all those with a T 4 count of less than 200. There are a number of trials now being conducted to ascertain the effect of AZT on people who are antibody positive but have higher levels of T4 cells and on people in the acute stage of infection. It is hoped that the early use of AZT will improve the prognosis of these people.

It is important to remember that people on AZT are still infected with the virus and therefore remain capable of infecting others.

Another useful approach to treatment in the case of opportunistic infections is prophylaxis. This is the use of drugs to prevent these infections from occurring. For example, antibiotics such as Bactrim can help prevent the development of PCP, although the long term effects of prophylaxis are unclear. As medical science becomes more skilled treating the current types of opportunistic infections, it is likely that we will see other types of opportunistic infections becoming common in Category 4.
5 TESTING

There are two ways of testing for the HIV virus in the blood: with an antibody (Ab) test, or with an antigen (Ag) test.

HIV antibody tests don't test for the virus itself, but for antibodies to the virus. These are relatively easy to perform and are the most common type of test used.

Antigen tests, on the other hand, test for the virus directly. Because they are generally more complicated and more expensive to perform, they are used primarily only as a research tool. Recently we have seen the development of a particular type of antigen test known as a PCR (Polymerised Chain Reaction) test. This test is very sensitive and can detect HIV in the DNA of cells.

It is very important to understand the way in which the levels of antibodies and antigen change over time (OHPS).

Early after infection, the virus replicates quickly and levels of "free" virus in the blood increase rapidly. Responding to this, the immune system begins to manufacture antibodies. It takes about 2 - 6 weeks (but sometimes as long as three months) for there to be enough antibodies that they can be detected in an antibody test. During this "window period", an antibody test on anyone who is infected would come back negative.

Later, HIV antibodies can be detected, but "free" antigen cannot (since it is hidden in T4 cells). This situation continues for a long time until the immune system begins to break down and the person progresses to a more severe category of HIV infection. When this happens, the level of antibodies drops off and free antigen becomes detectable again. This is an important warning sign that the person may become seriously ill and that treatment may be appropriate.
6 TRANSMISSION

OHPO6 summarises the four principles of HIV transmission:

**OVERHEAD 6**

**PRINCIPLES OF TRANSMISSION**

1. HIV MUST EXIT THE BODY OF AN INFECTED PERSON
2. HIV MUST REMAIN VIABLE IN THE ENVIRONMENT
3. HIV MUST ENTER THE BLOODSTREAM OF ANOTHER PERSON
4. HIV MUST BE IN SUFFICIENT QUANTITY TO CAUSE INFECTION

For HIV to be successfully transmitted from one person to another ALL of the conditions listed above need to be fulfilled.

HIV is found in all body fluids and throughout the body. However, it is only in blood (and blood products), semen, vaginal/cervical secretions and breast milk that HIV is present in sufficient quantities to cause infection.

OHPO7 lists the three modes of HIV transmission.

**OVERHEAD 7**

**MODES OF HIV TRANSMISSION**

1. **BLOOD TO BLOOD**
   - By sharing intravenous needles and syringes
2. **UNSAFE SEX**
   - Sex without a condom
3. **MOTHER TO CHILD**
   - During pregnancy, at birth or through breast feeding

**BLOOD TO BLOOD:** The vast majority of cases of people becoming infected with HIV in this way involve the transfusion of unscreened blood or the sharing of needles and syringes by IVDU. Transmission may also occur through infected donated organs.

In Australia all blood donated is now tested for HIV antibodies and procedures have been adopted that reduce the incidence of donation of infected blood to an absolute minimum. These measures have been very effective in ensuring that Australia's blood supply is very safe. No transmission has occurred this way since May 1985.

In the case of IVDU, transmission is NOT related to the type of drug used or the length of drug use. The issue is purely one of contaminated blood being introduced into the body or bloodstream of another person.
UNSAFE SEX: Unsafe sex is any sexual activity that enables transmission of HIV to take place through the direct contact between infectious body fluids (i.e. semen, vaginal/cervical secretions and blood) and the bloodstream of the exposed person. This can occur in several ways for example:

- Anal intercourse without a condom (both male-female and male-male): In this case both receptive and insertive partners are at risk. Transmission to the receptive partner may occur because the rectum is highly vascular and highly absorbent or possibly through tears to the mucosa of the rectum. Transmission to the insertive partner can take place through the urethral mucosa and also possibly through microscopic tears/lesions to the penis.

- Vaginal intercourse without a condom: Again both receptive and insertive partners are at risk, i.e. both male to female and female to male transmission can occur; and studies in Africa show that HIV transmission is about as likely from the male to the female as it is in the other direction. The USA has witnessed a growth in female to male transmission as the number of infected women increases. HIV is found (in sufficient quantity to cause infection) in vaginal/cervical secretions, menstrual blood and semen. Transmission may occur either through the mucosal linings or through lesions or tears.

Condoms should be used to prevent the exchange of body fluids in anal and vaginal intercourse. These should be made of latex and used correctly with a water based lubricant. People who have not used condoms previously should be encouraged to practice using them beforehand.

To date there has been no confirmed cases of transmission of HIV through oral sex. In fact, studies such as the Sydney Prospective Study (of over 1000 gay men) are providing evidence that this is not a risk activity. There is also evidence that saliva inhibits the replication of the virus. However, a theoretical risk (through either fellatio or cunnilingus) does exist where HIV could enter through exposed lesions or wounds (e.g. in the case of cuts inside the mouth). Similarly, there have been no confirmed cases of transmission of HIV by kissing, digital contact or mutual masturbation, although the theoretical risk of transmission associated with open lesions exists.
Apart from unsafe sex, several factors exist that are associated with a higher risk of sexual transmission. These include:

- **Sexual practices that cause rectal or vaginal trauma:**
These activities increase the likelihood of blood being present thus increasing the risk of transmission e.g. fisting then fucking etc.

- **Number of sexual partners:** The greater the number of partners an individual has, the greater the likelihood of encountering ANY sexually transmissible disease. When talking about HIV however, the real issue is not so much the numbers of partners but whether the sexual contact is safe or unsafe: infection through one unsafe contact has been documented. The risk of transmission will of course increase the more times unsafe activities are practised.

Practising monogamy has been suggested by many people as a good way of dealing with the HIV/AIDS issue. It is worth pointing out that this can have a number of problems associated with it. For some people, monogamy may mean "serial monogamy", which is where people are involved in a number of monogamous relationships, one after the other. If people in such situations don't practice safe sex, they are obviously at risk of HIV infection. Secondly, the choice of an individual in a relationship to be monogamous leaves them dependent on the activities of their partner and leaves their partner with an unequal burden of responsibility for the continuing 'safety' of the sexual relationship.

- **Genital ulceration and STDs:** African studies have found an association between herpes and syphilis infection and HIV infection. A HIV-infected person with a history of STDs may be more likely to progress to more serious stages of HIV infection (and AIDS) because of the effect that STDs (and possibly the drugs taken for them) have on the immune system.

**MOTHER TO CHILD** (perinatal): HIV infection can pass from mother to child before, during or after birth. Although perinatal transmission is not yet well understood, it is thought that it can occur in several ways. HIV apparently crosses the placental barrier, and can occur after birth through the ingestion of breast milk. Transmission during labour and delivery may well be possible, although only intrauterine (during pregnancy) and postnatal (after birth) cases have been documented to date.
Remembering the modes of HIV transmission and the fluids involved, it is possible to list a number of ways that HIV is not transmitted:

- Insects: Thinking about the modes of transmission, it is apparent that the likelihood of transmission by insects is very small. Studies of the patterns of spread of HIV show that this is not a way of transmitting the virus. If mosquitoes, for example, could transmit the virus then it would be much more widely spread. Other scientific studies have shown that the virus cannot survive outside of the human body and is inactivated in the bodies of other animals.

- Social, non-sexual contact: Studies of the patterns of spread of HIV have also shown no evidence for this means of transmission, e.g. a New York study of families of HIV-infected people showed no transmission, as did a study of a French school of HIV-infected haemophiliacs amongst live-in students.

- Oral or Respiratory Routes: HIV is in insufficient quantity in saliva and nasal secretions to present a risk and there are no cases of HIV having been transmitted in these ways, in any setting (including social, household, school, work or prison settings). There is even evidence to suggest that saliva inhibits HIV replication.
23. Do you know of any signs that might show up if someone does get sick with AIDS?

__________________________________________________________

__________________________________________________________

24. If there were some prisoners who had positive AIDS test results, should they be moved away from other inmates in the main gaol?  
Yes / No / Unsure

Why? (Please explain your answer).

__________________________________________________________

__________________________________________________________

25. Would you feel safe in the same wing as an inmate who was HIV positive?  
Yes / No / Unsure

Why? (Please explain your answer).

__________________________________________________________

__________________________________________________________

26. Do you think you know enough to protect yourself from catching AIDS?  
Yes / No / Unsure
13. If you get blood on your skin, how can you protect yourself from AIDS?

14. If you get cut during a fight, how can you protect yourself from AIDS?

15. What is the best way to clean a needle?

16. What are some other ways to clean needles?

17. What are some ways that people can have safe sex in prison?
7. What is your highest level of Education?

School Certificate
Higher School Certificate
Trade Certificate
University Degree
Other ________________________________

8. Have you ever been to any talks about AIDS in gaol before?
   Yes / No / Unsure
   When was the talk? ________________________________
   Where was the talk? ________________________________
   Who gave the talk? ________________________________

9. Have you seen any AIDS videos in gaol?
   Yes / No / Unsure

10. Have you seen any AIDS pamphlets in gaol?
    Yes / No / Unsure
    Have you read any of the pamphlets?
    Yes / No / Unsure

11. What has been the best source of information about AIDS for you?

   ________________________________
   ________________________________
   ________________________________
PRISON PEER EDUCATION PROGRAMME

A.I.D.S. QUESTIONNAIRE

Please try and answer all the questions as best you can, even if you are unsure.

YOUR ANSWERS ARE CONFIDENTIAL. WE DO NOT NEED YOUR NAME!

1. How long have you been in this gaol?

2. Have you been in any other gaols? Yes / No
   Which gaols have you been in?

3. When will you be getting out of gaol?

4. Are you doing any Education Courses at the moment? Yes / No
   What courses are you doing now?

5. Have you done any Education Courses in gaol before? Yes / No
   What courses have you done in gaol before?

6. How old were you when you left School? _____
Here is a list of activities which may or may not pass on the AIDS virus.

I want you to circle how likely you think it is that someone could catch AIDS from each activity. So if someone was sharing an apple with someone else who did have AIDS how likely is it that they would catch AIDS?

<table>
<thead>
<tr>
<th>Activity</th>
<th>YES would get AIDS</th>
<th>MAYBE could get AIDS</th>
<th>UNLIKELY to get AIDS</th>
<th>NO wouldn’t get AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Sharing an apple</td>
<td>YES</td>
<td>MAYBE</td>
<td>UNLIKELY</td>
<td>NO</td>
</tr>
<tr>
<td>b. Touching dry blood</td>
<td>YES</td>
<td>MAYBE</td>
<td>UNLIKELY</td>
<td>NO</td>
</tr>
<tr>
<td>c. Sharing needles</td>
<td>YES</td>
<td>MAYBE</td>
<td>UNLIKELY</td>
<td>NO</td>
</tr>
<tr>
<td>d. Sex WITH condoms</td>
<td>YES</td>
<td>MAYBE</td>
<td>UNLIKELY</td>
<td>NO</td>
</tr>
<tr>
<td>e. Sharing cigarettes</td>
<td>YES</td>
<td>MAYBE</td>
<td>UNLIKELY</td>
<td>NO</td>
</tr>
<tr>
<td>f. Blood splash on skin</td>
<td>YES</td>
<td>MAYBE</td>
<td>UNLIKELY</td>
<td>NO</td>
</tr>
<tr>
<td>g. Kissing</td>
<td>YES</td>
<td>MAYBE</td>
<td>UNLIKELY</td>
<td>NO</td>
</tr>
<tr>
<td>h. Using same toilet</td>
<td>YES</td>
<td>MAYBE</td>
<td>UNLIKELY</td>
<td>NO</td>
</tr>
<tr>
<td>i. Touching</td>
<td>YES</td>
<td>MAYBE</td>
<td>UNLIKELY</td>
<td>NO</td>
</tr>
<tr>
<td>j. Sex WITHOUT condoms</td>
<td>YES</td>
<td>MAYBE</td>
<td>UNLIKELY</td>
<td>NO</td>
</tr>
<tr>
<td>k. Bloody fights</td>
<td>YES</td>
<td>MAYBE</td>
<td>UNLIKELY</td>
<td>NO</td>
</tr>
</tbody>
</table>
18. If you have an accidental injury where blood to blood contact has occurred, when should you have a test for the AIDS virus?

_________________________________________

_________________________________________

19. Is the AIDS blood test 100% certain?
   Yes / No / Unsure

20. What does the AIDS blood test test for?

_________________________________________

_________________________________________

21. If a person has just caught the AIDS virus how long might it be before they start to feel sick?

_________________________________________

_________________________________________

22. There are four stages of AIDS. Do you know what these stages are? (Please write down any stages you know of).

   Stage 1: ___________________________________

   ___________________________________________

   Stage 2: ___________________________________

   ___________________________________________

   Stage 3: ___________________________________

   ___________________________________________

   Stage 4: ___________________________________

   ___________________________________________
PRISON PEER EDUCATION PROGRAMME

A.I.D.S. QUESTIONNAIRE

Please try and answer all the questions as best you can, even if you are unsure.

YOUR ANSWERS ARE CONFIDENTIAL, WE DO NOT NEED YOUR NAME!

1. How long have you been in this gaol?

2. Have you been in any other gaols? Yes / No
   Which gaols have you been in?

3. When will you be getting out of gaol?

4. Are you doing any Education Courses at the moment? Yes / No
   What courses are you doing now?

5. Have you done any Education Courses in gaol before? Yes / No
   What courses have you done in gaol before?

6. How old were you when you left School?
7. What is your highest level of Education?

School Certificate
Higher School Certificate
Trade Certificate
University Degree
Other ___________________________ ___

8. Have you ever been to any talks about AIDS in gaol before?
   Yes / No / Unsure

   When was the talk? __________________________

   Where was the talk? __________________________

   Who gave the talk? __________________________

9. Have you seen any AIDS videos in gaol?
   Yes / No / Unsure

10. Have you seen any AIDS pamphlets in gaol?
    Yes / No / Unsure

    Have you read any of the pamphlets?
    Yes / No / Unsure

11. What has been the best source of information about AIDS for you?

    __________________________

    __________________________

    __________________________
Here is a list of activities which may or may not pass on the AIDS virus.

I want you to circle how likely you think it is that someone could catch AIDS from each activity. So if someone was sharing an apple with someone else who did have AIDS how likely is it that they would catch AIDS?

<table>
<thead>
<tr>
<th>Activity</th>
<th>YES would get AIDS</th>
<th>MAYBE could get AIDS</th>
<th>UNLIKELY to get AIDS</th>
<th>NO wouldn’t get AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Sharing an apple</td>
<td>YES</td>
<td>MAYBE</td>
<td>UNLIKELY</td>
<td>NO</td>
</tr>
<tr>
<td>b. Touching dry blood</td>
<td>YES</td>
<td>MAYBE</td>
<td>UNLIKELY</td>
<td>NO</td>
</tr>
<tr>
<td>c. Sharing needles</td>
<td>YES</td>
<td>MAYBE</td>
<td>UNLIKELY</td>
<td>NO</td>
</tr>
<tr>
<td>d. Sex WITH condoms</td>
<td>YES</td>
<td>MAYBE</td>
<td>UNLIKELY</td>
<td>NO</td>
</tr>
<tr>
<td>e. Sharing cigarettes</td>
<td>YES</td>
<td>MAYBE</td>
<td>UNLIKELY</td>
<td>NO</td>
</tr>
<tr>
<td>f. Blood splash on skin</td>
<td>YES</td>
<td>MAYBE</td>
<td>UNLIKELY</td>
<td>NO</td>
</tr>
<tr>
<td>g. Kissing</td>
<td>YES</td>
<td>MAYBE</td>
<td>UNLIKELY</td>
<td>NO</td>
</tr>
<tr>
<td>h. Using same toilet</td>
<td>YES</td>
<td>MAYBE</td>
<td>UNLIKELY</td>
<td>NO</td>
</tr>
<tr>
<td>i. Touching</td>
<td>YES</td>
<td>MAYBE</td>
<td>UNLIKELY</td>
<td>NO</td>
</tr>
<tr>
<td>j. Sex WITHOUT condoms</td>
<td>YES</td>
<td>MAYBE</td>
<td>UNLIKELY</td>
<td>NO</td>
</tr>
<tr>
<td>k. Bloody fights</td>
<td>YES</td>
<td>MAYBE</td>
<td>UNLIKELY</td>
<td>NO</td>
</tr>
</tbody>
</table>
13. If you get blood on your skin, how can you protect yourself from AIDS?

14. If you get cut during a fight, how can you protect yourself from AIDS?

15. What is the best way to clean a needle?

16. What are some other ways to clean needles?

17. What are some ways that people can have safe sex in prison?
18. If you have an accidental injury where blood to blood contact has occurred, when should you have a test for the AIDS virus?

19. Is the AIDS blood test 100% certain? Yes / No / Unsure

20. What does the AIDS blood test test for?

21. If a person has just caught the AIDS virus how long might it be before they start to feel sick?

22. There are four stages of AIDS. Do you know what these stages are? (Please write down any stages you know of).
   Stage 1: __________________________________________
   __________________________________________
   Stage 2: __________________________________________
   __________________________________________
   Stage 3: __________________________________________
   __________________________________________
   Stage 4: __________________________________________
23. Do you know of any signs that might show up if someone does get sick with AIDS?

24. If there were some prisoners who had positive AIDS test results, should they be moved away from other inmates in the main gaol?  
   Yes / No / Unsure  
   Why? (Please explain your answer).

25. Would you feel safe in the same wing as an inmate who was HIV positive?  
   Yes / No / Unsure  
   Why? (Please explain your answer).

26. Do you think you know enough to protect yourself from catching AIDS?  
   Yes / No / Unsure
CEIDA PRISONS HIV PEER EDUCATION PROJECT

HIV EDUCATION PROGRAMME FOR INMATES WITH A DEVELOPMENTAL DISABILITY

This working manual has been written and developed by Anne Rauch for use by educators involved in the delivery of HIV Education Programmes to inmates with a developmental disability in NSW prisons. Anne Rauch is an educator who has extensive experience in designing and implementing programmes on sexuality including AIDS with people with a developmental disability. This manual is part of the HIV Peer Education Package developed by CEIDA for the NSW Department of Corrective Services Inmate Programme.

May 1990.
HIV EDUCATION PROGRAMME FOR INMATES WITH A DEVELOPMENTAL DISABILITY

This programme was piloted and evaluated in the Developmental Disability Unit at Parklea Prison in July, 1990.

Its primary aim is to impart information and skills to prisoners with a developmental disability so they can protect themselves against HIV infection.

Teaching People with a Developmental Disability

The following notes are designed to assist those who may be implementing this programme but who have no previous experience of teaching people with a developmental disability. It is assumed that educators using this programme will have a thorough grounding in HIV and AIDS information.

You cannot assume that your group participants necessarily have the preknowledge within which to place information about HIV and AIDS in context. They may lack basic information about bodies and body parts, about viruses and the modes of transmission of disease, and about sexual functioning. For this reason the first 2 sessions in this programme cover some of this basic information. You may need more or less time depending on your group participants.

Certainly however, these prisoners will have experiences around sexuality, and maybe drug-using, which will need to be taken into account. These experiences may be negative, especially if the prisoner has been sexually assaulted in gaol. These experiences can block learning unless they are acknowledged. Also for effective learning to take place, the material must relate to the experiences of the group participants.

As prisoners with a developmental disability rarely have access to drugs in gaol, and are rarely using on the outside, I have included an optional session on Safer Drug Use between Session 5 and the final session. Where prisoners are not using and are not likely to be using, I suggest not including the session in order to reduce the amount of new material being presented. Of course, given the significance of IDU in the presence of HIV and its potential transmission in gaols, I have included reference to it in other sessions.

The well-documented vulnerability of many people with a developmental disability to sexual assault and the implications of this for possible HIV infection, means that specific attention needs to be paid to trying to increase people's assertiveness and self-protection skills. This is addressed in a number of sessions.

Prisoners with a developmental disability need to be able to apply their learning about HIV in their current situation in gaol and other potential situations they may be in in gaol or outside. Developmentally disabled prisoners in a Developmental Disability Unit may experience a variety of situations: the somewhat "rarified" air of the DD Unit, mainstream gaol or a protection unit, and the community.
People with developmental disability often experience difficulties in generalising from one situation to another. This difficulty needs to be persistently and effectively addressed when working in the area of HIV with people with developmental disability, because of the necessity of people maintaining skills and information that they can use to protect themselves in the long-term. Role plays covering a wide variety of situations are a useful tool for reinforcing these skills.

Teaching Strategies for People with Developmental Disability

All people with a developmental disability are able to learn, though the learning may be slower, more repetition may be required, and the components of a concept may need to be broken down and taught in sequence. If a person is experiencing difficulty learning a particular concept it should not be assumed that they are not able to learn it. An effort should be made to analyse what it is that is blocking their learning and a variety of innovative teaching strategies should be attempted.

Many people with a developmental disability have cognitive difficulties with abstract material. Audio-visual material such as videos, uncomplicated visual material such as slides, pictures, charts, posters, comics, and physical or other activities that require the participation of group members are generally the most effective teaching tools. Visual materials around sexuality need to be anatomically correct and explicit for this reason.

Most group participants will have limited or no literacy skills. This does not totally preclude the use of any written material, but written material should be selected and used with care. Some ideas for using written materials are contained in the programme.

Spoken language should also be kept clear and simple and checks made with the group participants to ensure that they understand what is being said.

Format

From experience it was felt that the most appropriate session length to maximise learning was one and one half hours with a 15 minute break after approximately three quarters of an hour.

Even with a highly structured session with a wide variety of teaching strategies, and physical activities, it is unlikely that the concentration of a person with a developmental disability will extend much beyond this period of time. The session time may need to be reduced for some groups.

Also it was felt that a period if possible of not less than 2 days and not more than 5 should elapse between each session. This would provide sufficient time for prison officers, nurses or inmate peer educators to go over the material again, without the participants losing the thread of the programme as a whole.
Criteria for Prison Officers, Nurses and Inmate Peer Educators as Group Participants

Given the need for people with a developmental disability to continually revise information and practice skills, it was decided that it was essential to have a couple of additional people involved in the programme as participants. They would then be in a position to reinforce the information and skills between sessions and after the programme was completed. There should be at least 2 and no more than 3 of these people in the group.

At Parklea a prison officer, a nurse and an inmate who had participated in an HIV/AIDS Peer Education Programme in the mainstream prison, and who also knew and had a good relationship with the prisoners in the DD Unit, acted as support workers in the programme.

However it is important to ensure that the prison officers, nurses or inmate peer educators understand that it is the educator who is responsible for running the group and who determines what happens in it, although their input is valued.

The prison officers, nurses or inmate peer educators who are involved in the programme should as far as possible fill the following criteria:
1. be people with whom the prisoners feel comfortable
2. have themselves had previous education in HIV/AIDS (or the educator should arrange for this to be provided before the programme commences)
3. be available to attend all sessions. At Parklea we made attempts to ensure this by getting the rosters of the relevant prison officers and nursing staff the month before, and in consultation with the educator working out times that were convenient for all and which suited the requirements of the programme as well.
4. prison officers and nurses should self-select and feel comfortable about actively participating in the programme rather than just sitting in the group. They need to be aware of the explicit nature of the resources beforehand.
5. they need to support the aims of the programme.
6. also it is important that the prisoners speak for themselves, so prison officers and nurses need to be mindful of not speaking for them.

At the end of the teaching strategies section of this programme is a section called a Guide for Support Workers. These sheets are intended for photocopying and handing out to the prison officers/nurses/inmate peer educators who are participants in the programme. Each sheet covers the most important points covered in the session and some ideas on how to revise the material. The support workers at Parklea also made the point that it would have been useful for them to meet briefly with the educator before each session so that they knew what was going to happen that day.
**Other Points to Remember**

You will need to ensure that a room is available which is quiet, comfortable and without interruptions.

You will need to make sure beforehand that the gaol can arrange for any equipment you need to be available and placed in the room where you will be teaching.

Also you will need approval to take in condoms, lubricant, bleach, needles and syringes (where required), videos, anatomically correct models, and so on. If there is to be an inmate peer educator as a support worker in the group approval will need to be arranged for this to occur.
HIV PROGRAMME FOR PRISONERS WITH A DEVELOPMENTAL DISABILITY

PRE-MEETING: This meeting provides an opportunity for the group and the educator to meet each other and discuss the programme briefly.

SESSION 1: This session will outline the programme and its aims. We will find out what you know about AIDS. Also we will find out some other information we need to know to understand about AIDS.

SESSION 2: In this session we practice skills that we need to protect us from catching the AIDS germ. We also learn about people's bodies.

SESSION 3: In this session we learn about how people can catch the AIDS germ by having unsafe sex.

SESSION 4: In this session we learn about other ways people can catch the AIDS germ. We learn how people can protect themselves from catching the AIDS germ by having safer sex.

SESSION 5: In this session we learn more about how people can protect themselves from catching the AIDS germ.

OPTIONAL SESSION: This session explains how injecting drug users can protect themselves from catching the AIDS germ.

FINAL SESSION: In this session we learn about the blood test that can tell you whether or not a person has the AIDS germ.
PRE-MEETING

Approximate Time: 1 hour

At least one pre-meeting should be held before each programme.

Aims:

To provide an opportunity for the educator, prisoners in the Unit, prison officers, nurse and inmate peer educator to meet and discuss:

- the programme and its aims
- extent of support for the programme in the DD Unit
- the requirements for prison officers/nurses/inmate peer educator attending the programme (see criteria in Introduction)
- whether any group participant has particular issues that may impede learning if the educator is not aware of them eg a hearing or visual or mobility impairment, particular difficulties with sexual material, verbal and literacy skills.
- session times and dates (where possible)

Structure:

This needs to be as informal as possible, so everyone gets a chance to talk about the programme generally, and to air their feelings about it. It should be made clear at this time that prisoners who do not wish to be involved in the programme should not be compelled to attend. However people should be encouraged to give it a try.
SESSION 1: MYSELF AND OTHERS

Objectives:

Participants will be able to:

- outline the programme and its aims
- identify people with whom they have close and more distant relationships
- identify appropriate socio-sexual behaviour for these relationships

Strategies:

Introduction (10 minutes)

Here you meet the group participants again. Get the group participants to introduce themselves by first name and by describing themselves with an adjective that begins with the same sound as their own name eg athletic Alan, happy Helen. The adjectives should be positive and it should be made clear that if people are experiencing difficulties thinking of an adjective for themselves that after a time other group participants can help out. Include yourself and any prison officers/nurses/inmate peer educators who are participating in the group.

Outline the Programme and its Aims (20 minutes)

Explain that you will be coming to run the programme for 6 or 7 sessions. The programme is about AIDS. Ask the group to brainstorm: What do you know about AIDS? Ask if a participant or a support worker from the group will write down the responses on butchers paper. Explain that some of the things they have said are true and some are not (if this is the case). Explain that AIDS is a disease which can be caught by having unsafe sex with someone who has the AIDS germ. Some people who have AIDS get very sick or die. This programme is for you to learn how you can protect yourself from catching AIDS. Explain that the programme has already been run with some prisoners in the rest of the gaol. The prison officers have also had some programmes on AIDS, and many people in the community as well. Explain your background and role, and that the role of the prison officers/nurses/inmate peer educator being in the programme is so they can answer any questions the other participants have between sessions or after the programme finishes. Hand out photocopies of the sheet outlining what will happen in each session. Then go through the sheet outlining the programme explaining briefly what will happen in each session, and that AIDS will not be covered in the first 2 sessions because to understand about AIDS properly there are other things that we need to know about sex and sexuality first. Explain that the information in the programme will be taught using video, slides, posters and other activities to make it as interesting and as much fun as possible, because learning doesn't have to be boring. Hand out the folders to group participants. Explain that they will be using some of the material in them in different sessions so that it would be good if they could remember to bring them along to each session.
Ask the group if there are any questions so far.

Physical Activity (5 minutes)

Explain that throughout the programme the group will sometimes do a physical activity so that people stay alert and energetic. It helps people to keep their concentration and not get bored.

Ask everyone to stand. Do an action yourself eg. stamping your foot. The next person has to begin with your action, then add one of their own. The following person has to do both actions previously done in order and then add one of their own. Continue around the circle with other group participants lending assistance where necessary, and with the educator finishing up.

Group Contract (10 minutes)

Explain that a group contract is an agreement between yourself and the group participants including the prison officers/nurse/inmate peer educator to help the group to run smoothly and help people to feel comfortable about talking.

Some of the things group participants may like to include in the contract are:
- confidentiality if participants say personal things about themselves
- respecting the point of view of other participants even if you don’t agree with them
- being able to ask questions
- having the right not to answer personal questions if you don’t want to
- everyone has a turn to speak
- not speaking over the top of other people
- not smoking in the group

Break (15 minutes)

Circles (10 minutes)

Insert Circles diagram here

The Circles Concept is an approach developed specifically for people with a developmental disability to assist them to learn the degrees of intimacy in different relationships. It can be used to teach them about appropriate touching, and together with training in assertiveness skills can assist them to identify when they are being sexually exploited and to act to protect themselves.

Some of the concepts that can be built into the Circles Concept are the following:
- you are unique - everyone has their own individual set of circles
- people don’t always have someone in every circle all the time
- different behaviour is appropriate in different circles
- people can shift circles in either direction
- usually it is best if people don’t move from an outer circle to an inner circle immediately
- no-one can come into your inner circles unless you want them to be there
- you cannot enter another person’s inner circles unless they want you to be there
- you have the right to say No! if someone is trying to enter your inner circles and you don’t want them to be there
- usually only one very special friend like a boyfriend/girlfriend/husband/wife is able to enter your own self circle in order to have sex with
- relatives do not come into your own self circle, that is, it is not OK to have sex with your relatives

Present the Circles Concept using slides or pictures. You will need a piece of material or large piece of paper with circles drawn on it to place on a table or floor. Explain what sort of people are in each circle and appropriate behaviours to show towards these people in each circle.

For example, you could have a picture or photograph of someone you name as Peter. Peter goes in the central private or self circle. Explain this as you place the picture or photograph in the appropriate place on the large sheet. His girlfriend, Jane, would go in his cuddle circle. His mother could also go here if she has a close relationship with her. However Jane can enter Peter's private or self circle if they decide to have sex with each other, but his mother can't because it is not OK to have sex with members of your family. Peter's good friends would go in his hug circle, acquaintances in his handshake or wave circle and strangers in the stranger circle. With each new person, you can introduce a new photograph or picture, and describe the sorts of behaviour that it is OK for people in that circle to show to Peter and vice versa. Children who are not related to you always go in the acquaintance circle which means that you do not touch them.

Own Circles (20 minutes)

Hand out the empty Circles sheets. Ask group participants to write their name or draw themselves in the central circle. Then in the other circles ask them to write the name of or draw someone they know in prison. The support workers and educator may need to help here. Follow the same process for:

a) someone they know outside
b) the person closest to them or the most important person to them
c) someone they don't know very well

Also take along pictures of famous or well-known people who they may recognize but don't know, to place in the stranger circle.

If there is not sufficient time to complete this activity ask participants to complete it before the next session. Explain that the prison officers/nurse/inmate peer educator will help if they need help. Ask everyone to bring their completed circles to the next session.
THE CIRCLE CONCEPT:

An Approach To Explaining Degrees Of Intimacy In Different Relationships

DO NOT TOUCH "STRANGER CIRCLE"

WAVE

HANDSHAKE

HUG

CUDDLE

SELF
SESSION 2: PUBLIC AND PRIVATE

Objectives:
Participants will be able to:
- identify strategies for dealing with inappropriate touching from others
- practice assertively saying no and yes
- identify and name public and private body parts
- identify public and private places
- identify public and private behaviours

Strategies:

Review (15 minutes)

Review Session 1 by asking if any of the group participants can outline the most important points from the last session.
Make sure you:
- remind participants of the group contract by reading it through again
- revise the basics of the Circles Concept by asking if a couple of the prisoners and one officer or nurse would show us and tell us about their circles.

Protecting Yourself (5 minutes)

Explain that it is their decision which circle they want someone to be in. It is not OK for someone to show or do a behaviour to you which you do not want. Other people decide what circle they want you to be in too. It is not OK if you show or do a behaviour to other people which they do not want. For example, sometimes people try to touch you or have sex with you when you do not want to. They might be people you do not know very well (point to the appropriate circle) or it may even be someone in your cuddle circle, but you don't want them to touch you or have sex with you.

Ask what can you do if someone tries to touch you and you do not want them to, or they try to have sex with you and you do not want them to?

Take responses and point out that it is very important to say No. This does not always make the person stop what they are doing, but sometimes it does.

Yes/No Decision Making Activity (10 minutes)

1. Ask group participants to stand in a circle with sufficient space between each person to allow them to move their arms freely.
2. Ask group participants to stand straight with their feet firmly planted on the ground and slightly apart, and knees slightly bent - a strong standing position.
3. Ask participants to breathe in deeply, and then out. This should help each person's posture straighten and shoulders square - more assertive body language.
4. As participants force the air out of their chest, tell them to make a grunting noise. Practice this a number of times, breathing in and grunting out.
5. As participants breathe in tell them to raise their right arm over their head, and as they expel the grunt tell them to bring their arm down with a sharp chop. Repeat a number of times.
6. Do a quick check to make sure group participants are still standing firmly on the ground, knees slightly bent etc.
7. Get the group participants to repeat again using both arms.
8. This time ask the participants to do everything as before but instead of grunting to say No! like they really mean No! Repeat a number of times.
9. Stand in front of each group participant. Say No! to each other. Ask the rest of the group if the person sounded like they really meant No! Repeat once if it wasn’t a successful No! Take note here of the participant’s body language and eye contact. A No! can be less powerful with no eye contact.
10. After everyone in the group has had a turn, ask everyone to think of something they enjoy doing. Then say would you like to do this now? The idea is that everyone would say Yes! assertively.
At the end of the activity make sure that everyone understands that we don’t wave our arms around when we are saying No in real life but this is a good way to practice saying No so that other people understand that we really mean No.

Role Plays Saying No! (15 minutes)

Role play is a drama technique where group members pretend to be someone else and act out a particular situation. By exploring different roles or observing others doing it, group members can identify new ways of approaching a variety of situations, and practice appropriate responses to situations.

Firstly, explain to your group what a role play is. Then describe the situation to be acted out and set it up.

For the first role play use the scenario of a bus where a person is sitting by themselves. Another person, a stranger, gets on the bus, sits next to them, and then begins to edge closer.
The intention of this role play is for the person sitting by themselves to assert themselves appropriately in relation to the stranger’s inappropriate behaviour.

Ask for volunteers. For the first role play ask for a prison officer/nurse/inmate peer educator to model. Then create the roles. You can assist people into roles by providing them with props such as clothes, hats, furniture etc. or by asking them questions which will help them invent their character eg. how old they are, their interests/work etc.

After the role play always assist the group members to de-role to leave the character they have been playing. You can do this by telling the person that they are no longer the character but themselves again, and asking other group members to stop any attempt to fall back into role, by taking away their props, and by asking them how they felt in the role.

For the second role play ask for a prisoner to volunteer and following the same process do the following.

In Men’s Prisons
Set up a scenario with Shane and Greg. They have known one another for a while. Shane doesn’t really like Greg because Greg is rude to people and also he is a real slob. Shane is very tidy. He’s also a bit up himself. They are at the same party one night. They are both a bit drunk. Greg starts to come on pretty heavy to Shane, and then asks him to have sex.
The intention of this role play is that as Shane doesn’t really like Greg he will say No to sex.

In Women’s Prisons
Set up a scenario with Julie and Sam. They have known each other for a while. Julie doesn’t really like Sam because he pushes women around and says rude things to them. They are at the same party one night. They are both a bit drunk. Sam starts touching Julie up, and then asks her to have sex with him.
The intention of this role play is that as Julie doesn't really like Sam she will say No to sex. It may take several practices to get this result. If you felt the person playing the role has made an inappropriate response, firstly ask other group members what they think of what the person did, rather than you just pointing out what you think was wrong. If other group members would also like to do a role play say there will be more role plays in subsequent sessions.

Break (15 minutes)

Body Parts Activity (5 minutes)

Explain that this is a fun activity. People do not have to participate unless they wish to. Explain that you are going to ask everyone to put a part of their body on a different part of someone else's body, for example hand on foot, elbow on stomach, head on back, shoulder on knee. These are to be done one at a time. Encourage others to join in.

Public and Private Body Parts (10 minutes)

Explain that many people find looking at or talking about these things that are usually private embarrassing. Sometimes people giggle. Sometimes it makes them feel sexy. But most people are interested in these things because we learn about ourselves and other people. Using large charts ask participants to identify by pointing and naming the private parts of the male and female bodies. Private parts of the body are those parts of the body that are usually covered by underwear.

Public and Private Places (5 minutes)

Ask what is a private place? A private place is a place where you are on your own or only with a special person like a boyfriend/girlfriend/husband/wife. Have some pictures of public and private places and ask participants to pick out some pictures of private places. Ask what is a public place? A public place is where other people can be or go. Ask participants to pick out some pictures of public places. Ask participants to identify what are the public and private places in gaol. Emphasise the similarities and differences between gaol and outside.

Public and Private Behaviours (5 minutes)

Remind participants that you talked about public and private behaviours when they were doing circles. Show the Circles picture again and ask them if they can identify some private behaviours eg having sex, masturbating, showering. Ask the group participants to identify some public behaviours eg. shaking hands, waving. You can also use picture cards with places, behaviours and people on them for this activity.
Wind-Up Activity (5 minutes)

If the Body Parts Activity was successful use it to wind up, this time asking people to follow the commands without detaching their body from the previously commanded position.
SESSION 3

Objectives:

Participants will be able to:

- describe their own sexual learning experiences
- identify a variety of sexual practices
- list some modes of HIV transmission
- list the principles of HIV transmission

Strategies:

Review (5 minutes)

Review Session 2 by asking if any of the group participants can outline the most important points from the last session.

Warm-Up Activity (5 minutes)

Have one chair less than the number of people participating. Start with yourself in the centre and say that anybody who is included in what you say has to swap chairs with someone else eg everyone with black shoes, everyone who smokes, everyone who likes icecream etc. The person left standing or anyone included who fails to swap chairs has to think of the next example. Explain the activity before you start.

Where and What Did You Learn About Sex (10 minutes)

Explain that today the group is going to be talking about sex. Explain that the group needs to be able to understand some things about sex in order to understand about AIDS. Some people find talking about sex more difficult than others. Say you will try to make it as easy as possible, but it is OK for people to say at any time that they are finding it difficult.

Then explain the rules of paired listening. People pair off with a person of their choice. It is better in this activity if prisoners pair off with each other and officers pair off with each other or the educator. One person talks to the other for a timed 2 minutes about where they learnt about sex - about relationships, having sex, men and women's bodies, masturbation and all those sort of things, and what they know. The other person must just listen and not say anything nor ask any questions. Then the other person has a go. Explain that it is only the other person who will hear what they have to say. What is said will not be talked about in the large group. The educator should do the timing. When people rejoin the large group say that people don't have to say anything private that they don't want to, but ask people if they found it hard or easy to talk and why. Ask people how it felt to listen.
Having Sex (10 minutes)

Ask the following questions:
What is sex?
What sorts of things do people do when they have sex?
You can use line drawings or pictures of people having sex to illustrate.
Explain that you have pictures of men having sex with women, men having sex with men, and women having sex with women because some men have sex with men, some women have sex with women, and some men and women have sex together. When you are talking about different ways of having sex, don’t forget to talk about kissing, touching, mutual masturbation etc and other safer sex practices as well as genitally orientated sex. Group participants will also talk about people having sex in different positions.
Distribute and read through photocopies of 'Having Sex' from "All About Sex" if you don’t feel that all aspects have been covered. Otherwise you can leave this sheet for the support workers to work through after the session.

Why do People Have Sex? (5 minutes)

Have the group brainstorm why they think people have sex? Ask if a group participant or support worker could write these on butchers paper.
Reasons may include:
- affection
- sexual release
- forced to as in rape
- sexual preference
- power/favours
- love

Physical Activity (5 minutes)

Repeat the Anybody Who activity from earlier in the session.

Break (15 minutes)

Video "So You Won’t Get AIDS..." (30 minutes)

Explain that now you are going to move onto the part of the programme which is specifically about AIDS. Explain that this is information that is important and useful for everyone while they are in gaol and also when they leave. Say that you are going to show some sections of a video called "So You Won’t Get AIDS...". Explain that some parts of this video show the private parts of people’s bodies. Make sure that you have viewed the video in its entirety and are familiar with it before showing it to the group.
Show the first section of the video to Stop 1.
This section of the video informs us that there are resources in the community where people can get information and advice about bodies, sex, sex diseases and AIDS, and how we can make contact with these resources. Ask the following discussion questions.
What was Chris doing?
What other places could he go to for information?
If Chris couldn’t use a telephone directory or a phone, how could he find out where to go?
If you wanted to get this information in prison, what could you do?
Show the second section of the video to Stop 2.
This section of the video tells us that people can get a sex disease by having sex with someone else. This can happen to men and women who have sex. Anyone who has sex can get AIDS. Get people to discuss what diseases are and how it feels to be sick. Ask if people know any other diseases people can catch when they have sex and how they might be able to tell if they had a sex disease (but don't dwell on this).

Show the third section of the video to Stop 3.
This section of the video covers what germs are. If people in the group are familiar with the term virus it is preferable to use this to germ, that is the AIDS virus rather than the AIDS germ. If it is not too confusing the most preferable term to use is HIV for the virus and AIDS for the disease. Be careful with this however as some people find initials confusing and they can block learning. This section explains that the AIDS germ can live in some body fluids - blood, semen and vaginal wetness. If blood, semen or vaginal wetness with the AIDS germ in it goes inside another person's body, they can catch the AIDS germ. A man or woman may not know that they have the AIDS germ in their body because they may not have any signs. Discuss germs more fully here. Emphasise that the AIDS germ is hard to spread because it only lives in the specified body fluids. Ask if there are any questions. Answer them if they are appropriate to this session. Otherwise write them down and say that you will answer them in the relevant session.

Show the fourth section of the video to Stop 4.
This section of the video covers how you can't get AIDS, how you can't tell if someone has the virus just by looking at them, and that some people who get the AIDS germ get sick and die.
Revise again how people can't catch the AIDS germ. Discuss the consequences of being sick, and the fact that people can die of AIDS.

Group participants need to understand that for a person to be infected with the AIDS germ that:
1. the AIDS germ has to come out of the body of the person who is infected (in semen, blood or vaginal wetness)
2. the AIDS germ must be able to live in the air
3. the AIDS germ (in the semen, blood or vaginal wetness) must be able to get into the blood inside the body of another person
4. there must be enough of the AIDS germ for the second person to catch it
If people do not understand these basic principles of transmission, it will remain very difficult for them to identify situations that place them at risk of infection.

Before completing this session make sure that participants understand very clearly that there are ways of protecting yourself from catching the AIDS germ and that these are going to be covered in detail in the next two sessions.

Poster (5 minutes)

Ask group participants to read out or identify from the poster "Don't Worry Kids. You Can NOT Get AIDS From..." those ways you cannot catch the AIDS germ.
SESSION 4: SAFER SEX

Objectives:

Participants will be able to:

- list all modes of HIV transmission
- list modes not implicated in HIV transmission
- practice proper use of condoms
- identify other safer sex practices

Strategies:

Review (5 minutes)

Ask for a group participant to review the most important points of Session 3.

Lucky Dip (20 minutes)

Cut up the lucky dip questions and put them in a box, hat etc. Continue the review of the HIV Transmission information from the previous session by asking participants to draw a question from the lucky dip. Participants can read their question or can be assisted by someone else with reading skills. Have 3 cards that look different with High Risk, Low Risk and No Risk written on them. For example you could have the High Risk card in red. Explain that High Risk would mean that this was an easy way to catch the AIDS germ, Low Risk that it would be harder to catch the AIDS germ this way, and No Risk means that you cannot catch the AIDS germ in this way. Group participants can then use the cards to answer. Any member of the group can then answer the question, but must explain why they chose that answer.

Make sure group participants identify the degree of risk in each situation by going through the 4 steps outlined in the previous session. Practicing this process will enable group participants in the future to be able to identify the degree of risk in any situation.

Some of these questions introduce some transmission information not covered in the video, that is transmission through sharing needles and syringes, and transmission to a foetus via the placenta. Given the exposure people are likely to have to injecting drug users in gaol they need to be aware of transmission in this way. If people in the group are or have been injecting drug users there is a specific additional session that is included on Safer Drug Use.

LUCKY DIP QUESTIONS

In Men’s Prisons

Patrick steps on a used needle in the yard/pricks his hand with a used needle while he is working in the garden. Can Patrick catch the AIDS germ by pricking his foot/hand with a used needle?

George doesn’t have sex or use drugs in gaol. He shares a cell with Martin who uses drugs and shares needles. George thinks Martin may have the AIDS germ, and is worried that he might catch it because he shares a cell with Martin. Can George catch the AIDS germ from Martin?
Mike wants to get a tattoo. Greg says he'll give Mike a tattoo after he finishes doing one for Vince. Can Mike catch the AIDS germ by getting a tattoo?

Some of the prisoners have just had a fight in the yard. There is blood on the ground. Jim is told by a prison officer to clean the blood up. Can Jim catch the AIDS germ by cleaning up the blood?

Dave gets stood over by some of the other prisoners. Sometimes they force him to have sex with them. They put their penis in Dave's backside. Can Dave catch the AIDS germ when this happens to him? (Make sure you talk about what Dave could do so as to try not to exacerbate people's feeling of powerlessness in this sort of situation.)

Harry does not have sex in jail. He only has sex with his girlfriend, Joanne, on his release days. When they have sex they kiss, cuddle, touch each other, and sometimes Harry puts his penis in Joanne's vagina. Can Harry catch the AIDS germ by having sex like this with Joanne?

Fred has sex with other men. He always has sex with a condom on. The other men don't always wear a condom. Can Fred catch the AIDS germ if he always wears a condom?

Les shares a cell with Dave. Dave doesn't have sex or use drugs with anyone else inside. Les wants to have sex with Dave. Can Les catch the AIDS germ from Dave?

Brett uses drugs. He injects the drugs into his body by using a needle or syringe. In jail there are not enough needles for everyone to have a clean one. So Brett injects his drugs with a needle someone else has used before. Can Brett catch the AIDS germ by using a needle someone else has used?

Alice has had the AIDS germ for 2 years. She has just had a baby called Shane. Will Shane have the AIDS germ?

Terry doesn't like anal sex. He always does blow jobs or has a blow job done on him. Can Terry catch the AIDS germ?

Peter gets stood over all the time and beaten up by other prisoners. Can Peter get the AIDS germ by being beaten up?

Doug shares a cell with Brad. Brad injects drugs. Sometimes he throws up. Doug always gets told to clean up the vomit. Can Doug catch the AIDS germ by cleaning up Brad's vomit?

Mario has just found out that his mate Steve has the AIDS germ. Mario often has a drag on Steve's cigarettes. Now he's worried that he might have caught the AIDS germ. Can Mario catch the AIDS germ from smoking Steve's cigarettes?

Thu knows there are lots of injecting drug users inside at the moment. He's heard some of them have the AIDS germ. He's worried about catching the AIDS germ because everyone shares the same knives, forks, cups and plates. Can Thu catch the AIDS germ by sharing knives, forks, cups and plates with people who have the AIDS germ?
Stan and Nick have sex by masturbating each other's penis with their hand. Stan has the AIDS germ. Can Nick catch the AIDS germ from Stan by having sex like this?

In Women's Prisons

Leanne steps on a used needle in the yard, pricks her hand with a used needle while she is working in the garden. Can Leanne catch the AIDS germ by pricking her foot/hand with a used needle?

Julie doesn't have sex or use drugs in gaol. She shares a cell with Marilyn who uses drugs and shares needles. Julie thinks Marilyn may have the AIDS germ, and is worried that she might catch it because she shares a cell with Marilyn. Can Julie catch the AIDS germ from Marilyn?

Joy wants to get a tattoo. Trish says she'll give Joy a tattoo after she finishes doing one for Lorraine. Can Joy catch the AIDS germ by getting a tattoo?

Some of the prisoners have just had a fight in the yard. There is blood on the ground. Jane is told by a prison officer to clean the blood up. Can Jane catch the AIDS germ by cleaning up the blood?

Prue does not have sex in gaol. She only has sex with her boyfriend, Joe, on her release days. When they have sex they kiss, cuddle, touch each other, and sometimes Joe puts his penis in Prue's vagina. Can Prue catch the AIDS germ by having sex like this with Joe?

Fay has sex with men. She always has sex with the man wearing a condom. Can Fay catch the AIDS germ if she only has sex with men who wear condoms?

Lesley shares a cell with Doris. Doris doesn't have sex or use drugs with anyone else inside. Lesley wants to have sex with Doris. Can Lesley catch the AIDS germ from Doris?

Barb uses drugs. She injects the drugs into her body by using a needle or syringe. In gaol there are not enough needles for everyone to have a clean one. So Barb injects her drugs with a needle someone else has used before. Can Barb catch the AIDS germ by using a needle someone else has used?

Alice has had the AIDS germ for 2 years. She has just had a baby called Shane. Will Shane have the AIDS germ?

Denise is a heavy and slaps Peta around when she thinks Peta doesn't do the right thing. Can Peta get the AIDS germ by being slapped around?

Janice shares a cell with Bernice. Bernice injects drugs. Sometimes she throws up. Janice always gets told to clean up the vomit. Can Janice catch the AIDS germ by cleaning up Bernice's vomit?
Margaret has just found out that her friend Sally has the AIDS germ. Margaret often has a drag on Sally's cigarettes. Now she's worried that she might have caught the AIDS germ. Can Margaret catch the AIDS germ from smoking Sally's cigarettes?

Gina knows there are lots of injecting drug users inside at the moment. She's heard some of them have the AIDS germ. She's worried about catching the AIDS germ because everyone shares the same knives, forks, cups and plates. Can Gina catch the AIDS germ by sharing knives, forks, cups and plates with people who have the AIDS germ?

Polly and Rosa have sex by masturbating each other's vulva with their hand. Polly has the AIDS germ. Can Rosa catch the AIDS germ from Polly by having sex like this?

Janice has just been put in a new cell. The mattress on her bed has a lot of dried bloodstains on it. Can Janice catch the AIDS germ by sleeping on a stained mattress?

Sometimes Pam has oral sex with Ann. Can Pam catch the AIDS germ by having oral sex with Ann?

Video, slides or booklet (10 minutes)

In this section you can choose between the video, slides or the booklet "Learning About Safer Sex" from the "So You Won't Get AIDS..." kit. All three cover exactly the same material. Only use one. However regardless of the resource that you use you can break for discussion at the same points outlined for the video.

Prepare group participants for the very explicit nature of the video, slides or booklet.

Before showing the section of the video, slides or booklet which covers options such as no sex, masturbating and using a condom, say that in this session the group is going to learn about a variety of things that they can do to protect themselves from catching the AIDS germ.

The relevant pages of the booklet are pages 16 to 25.

Show the video to Stop 5.

Pause briefly to ask if there any questions. Explain that in the next section of the video there are pictures of people having sex in a number of different ways. People do not have to have sex in any of these ways unless they want to.

Show the video to Stop 6.

Explain what the situation of access to condoms in gaol is.

Show the video to Stop 7.

Ask if people want to say anything about what they thought of the video or any of the information in it. Say that the group will be talking about the things that the video was saying for the rest of the session.
Using Condoms (20 minutes)

There are several strategies in this section. First demonstrate the correct use of a condom step by step using a model of a penis. It is preferable not to use hands, bananas etc as people may misunderstand. (5 minutes)

Go through a handout from the participants' folder which has a series of illustrations on how to use a condom. (5 minutes)

Get all the group participants to practice using a condom step by step on a model penis. Practice several times if necessary making sure that all participants can do every step correctly. (10 minutes)

Break (15 minutes)

Protecting Ourselves Against Catching the AIDS Germ (15 minutes)

Ask the group to brainstorm as many ways that they can think of to protect themselves from catching the AIDS germ.

Make sure the group covers no sex at all, masturbation, safe sexual practices and using a condom.

Get the group to make a list of the good and bad points of each option on a piece of butchers paper.

Poster (5 minutes)

Read through the poster "No Condom - No Way".
SESSION 5

Objectives:

Participants will be able to:
- explore options for safer sex in prison
- explore options for safer sex outside
- practice negotiating safer sex

Strategies:

Review (5 minutes)

Ask a group participant to outline the most important points from Session 4.

Problem Solving Questions (25 minutes)

These work in a similar way to the lucky dip with the questions being cut up and placed in a hat for participants to draw out. Group members then read or are assisted to read their question and everyone gets an opportunity to contribute. These questions are intended to generate a canvassing of issues and options, and some creative thinking. Encourage this.

PROBLEM SOLVING QUESTIONS

In Men's Prisons

Joe is about to get out of gaol. He and his girlfriend, Maryellen, are planning on getting married and having a baby. Joe is worried he might have the AIDS germ because he has had sex with other men in gaol. But he is scared that if he tells Maryellen why he is worried that she won't marry him. WHAT CAN JOE DO?

Tony has just gotten out of gaol. On his first night at home his girlfriend Helen says she is scared to have sex with him now. Helen says she thinks that Tony might have caught the AIDS germ in gaol. WHAT CAN TONY DO?

Jim has been inside for 5 years. He is coming up for his first day leave. He does not know whether his wife Jenny has been having sex with other men while he has been inside. Jim is worried that Jenny might have the AIDS germ. WHAT CAN JIM DO?

Gary really likes Alan. He knows Alan likes him too. Gary wants to have sex with Alan, but is worried about getting the AIDS germ. WHAT CAN GARY DO?

Maurice has been in prison for 3 years. While he was in prison he had sex with other prisoners. Now he is due for release. Maurice has a girlfriend, Sue, on the outside. Maurice is worried that he might have the AIDS germ, and that he could give it to Sue. WHAT CAN MAURICE DO?
Alan gets stood over all the time. Sometimes he gets raped by some of the other prisoners. It is happening more and more often. **WHAT CAN ALAN DO?**

Ed used to be stood over all the time. Now he has made friends with Ron. Ron is a heavy and Ed is not stood over any more. Ron wants to have sex with Ed. Ed doesn't really want to have sex with Ron. But he wants to stay his friend. **WHAT CAN ED DO?**

Eric is friends with Phil. They occasionally have sex. Phil injects drugs. He has some drugs today, and asks Eric if he'd like to try some. Eric is worried that if he doesn't take the drugs that Phil will not like him any more. But Eric is also worried about catching the AIDS germ. **WHAT CAN ERIC DO?**

In Women's Prisons

Jan is about to get out of gaol. She and her boyfriend, Mick, are planning on getting married and having a baby. Jan is worried she might have the AIDS germ because she has had sex with other women in gaol. But she is scared that if she tells Mick why she is worried that he won't marry her. **WHAT CAN JAN DO?**

Tanya has just gotten out of gaol. On her first night at home her boyfriend Harry says he is scared to have sex with her now. Harry says he thinks that Tanya might have caught the AIDS germ in gaol. **WHAT CAN TANYA DO?**

Gail has been inside for 5 years. She is coming up for her first day leave. She does not know whether her husband Tibor has been having sex with other women or men while she has been inside. Gail is worried that Tibor might have the AIDS germ. **WHAT CAN GAIL DO?**

Cheryl really likes Alice. She knows Alice likes her too. Cheryl wants to have sex with Alice, but is worried about getting the AIDS germ. **WHAT CAN CHERYL DO?**

Isabella has been in prison for 3 years. While she was in prison she had sex with other prisoners and injected drugs. Now she is due for release. Isabella has a girlfriend, Nicole, on the outside. Isabella is worried that she might have the AIDS germ, and that she could give it to Nicole. **WHAT CAN ISABELLA DO?**

Lola used to be picked on all the time. Now she has made friends with Helen. Helen is a heavy and Lola is not picked on any more. Helen wants to have sex with Lola. Lola doesn't really want to have sex with Helen. But she wants to stay her friend. **WHAT CAN LOLA DO?**
Erica is friends with Lorna. They occasionally have sex. Lorna injects drugs. She has some drugs today, and asks Erica if she’d like to try some. Erica is worried that if she doesn’t take the drugs that Phil will not like her any more. But Erica is also worried about catching the AIDS germ.

**WHAT CAN ERICA DO?**

**Video (20 minutes)**

Look at the role plays in the video "So You Won’t Get AIDS..." or read pages 3 to 29 of “Talking About Safer Sex” from the kit. Stop after each story. Ask participants to think of the possible actions that each character could take and what the consequences of that particular course of action might be. Try to get group participants to come to a consensus as to what each character should do through discussion on people’s rights and responsibilities in sexual relationships.

**Break (15 minutes)**

**Role Plays (15 minutes)**

Use the role play process outlined in Session 2. Try to encourage prisoners to act all the characters in the role plays, but if necessary and appropriate act or replay various characters yourself.

**In Men’s Prisons**

Pete, 33, has just been released, in fact it is his first day outside. He is at his girlfriend, Kim’s place. Pete wants to use condoms when they have sex from now on because he has been having sex with men inside and now he thinks he might have the AIDS germ. He doesn’t want Kim to catch it. Kim says "Let’s go to bed..."

Alex, 28, has been inside for 2 years. He has 2 years to go. Alex really likes Jake, 23, who is a first-timer. Alex wants to have safer sex. Jake says why? He’s only just come into gaol, he’s OK, and Alex looks OK too.

**In Women’s Prisons**

Pat, 33, has just been released, in fact it is her first day outside. She is at her boyfriend, Kim’s place. Pat wants to use condoms when they have sex from now on because she doesn’t know who Kim has been having sex with or whether he has been using drugs while she has been inside. Also Pat injected drugs a few times while she was inside. She thinks either of them could have the AIDS germ. Kim says "Let’s go to bed..."

Alex, 28, has been inside for 2 years. She has 2 years to go. Alex really likes Pearl, 23, who is a first-timer. Alex wants to have safer sex. Pearl says why? She’s only just come into gaol, she’s OK, and Alex looks OK too.
In Men's Prisons

"Gaolwise" 'Like a Cat on a Hot Tin Roof' (5 minutes)

Ask for group participants with reading skills who may be interested in reading some of the story. Prison officers/nurse/inmate peer educator and educator should assist readers, and make sure non-readers are looking at the appropriate picture frame.

In Women's Prisons (5 minutes)

Continue with role plays.

Poster "Safe Sex Made Simple" (5 minutes)

Read through and discuss this poster.
OPTIONAL SESSION: SAFER DRUG USE

Objectives:

Participants will be able to:

- practice the 2x2x2 cleaning technique
- list recommended cleaning agents both inside and outside gaol
- practice negotiating safer drug use

Strategies:

Review (5 minutes)

Ask a group participant to outline the main points from Session 5.

Using Practices (10 minutes)

Remind group participants that the AIDS germ lives in blood. Explain that blood from one injecting drug user can get inside the body of another if they are sharing needles and syringes. Show and explain the needle and syringe, what happens when people inject drugs and how the blood can get into the needle and syringe, and how it can be passed from one person to another, using a mock demonstration. Cover terminology remembering that drug using language varies geographically and over time. Ask group members what language they use (and this may vary as prisoners will come from different areas) and make sure that you are clear about what is being referred to.

Ask the group if they can tell you how it is so easy to catch the AIDS germ if a person is sharing a needle or syringe. Explain how blood may stay in the sealed section for some hours with the AIDS germ still active. Emphasize that there may be blood there even if it can’t be seen.

Options (30 minutes in total)

Ask the group to think of how an injecting drug user could protect themselves from catching AIDS through sharing needles and syringes. Remember to emphasize that an injecting drug user must use safer sex practices as well as safer drug using practices to maximise protection from catching the AIDS germ.

Make sure that you cover the following options. For each option ask group members to identify services or resources an injecting drug user could use in that situation.

Option 1: Don’t Use (5 minutes)

In Prison
- cold turkey
- detox
- methadone
- counselling
- Narcotics Anonymous
- other
Outside
- assessment and referral
- detox
- residential rehabilitation
- methadone
- self-help, Narcotics Anonymous

Explain ADIS and distribute ADIS cards with the telephone number on them.

Option 2: Don't Share (5 minutes)

Outside
Describe the Needle Syringe Exchange Programme. ADIS can tell someone where their nearest Needle Syringe Exchange Outlet is.

Option 3: If you share use bleach and clean 2x2x2 (15 minutes)

Demonstrate step-by-step the 2x2x2 cleaning method. Make sure you don't spurt the water from the used syringe back into the rinsing water or bleach. Demonstrate what to do if there bubbles in the syringe.

Read the picture strip on this cleaning method on page 4 of the Gaolwize comic.

Ask how prisoners can get hold of bleach in gaol. Explain current policy about bleach in prisons.

Option 4: If you can't get bleach (5 minutes)

Ask the group what may be used in the absence of bleach. Discuss the effectiveness if possible, or find out for the following week.

Emphasize that Options 2, 3 and 4 are only safer in relation to not catching the AIDS germ. All drug use is unsafe in relation to the drug.

Also make sure that group members understand that the AIDS germ can be caught by injecting any drug. Infection is to do with the sharing of needles and syringes and the passing of blood from one person to another, not to do with the drug. No drug kills the AIDS germ.

Furthermore people who use drugs may get sicker from the AIDS germ than other healthy people because using drugs makes it more likely that you will catch other germs as well.

Break (15 minutes)

Gaolwize (10 minutes)

Men's Prisons
Read "All Fixed Up" from Gaolwize. Use in the way suggested previously with comics. There are a number of issues to do with safer drug use and safer sex covered in this comic. Stop periodically to discuss.

Women's Prisons
Read "Love on the Run" as above.

Role Play (10 minutes)

Following the role play format ask prisoners to act out the following.

Men's Prisons
Jack has just had a hit and Bob is next. Bob looks around for some bleach but can't find it.
Women's Prisons

Marlene has just had a hit and Helen is next. Helen looks around for some bleach but can't find it.

Role play a few times and discuss looking at a variety of options. Conclude with a safe decision.

Problem Solving Dilemma (5 minutes)

Men's Prisons

Kenny is being released soon. He has been using while in prison and used beforehand. He has already contacted one of his old using friends and will see him as soon as he is released.

Women's Prisons

Marty is being released soon. She has been using while in prison and used beforehand. She has already contacted one of her old using friends and will see her as soon as she is released.

Ask the group participants to answer the following questions. What are Kenny's/Marlene's choices? What are the possible consequences of each choice? What might stop Kenny/Marlene from practicing safer drug use?

Poster (5 minutes)

Read through and discuss "Household Hints for Drug Users"
**FINAL SESSION**

**Objectives:**

Participants will be able to:

- describe the process of having the test and what the test will show
- list the advantages and disadvantages of having an antibody test

**Strategies:**

Review (5 minutes)

Ask a group participant to cover the main points from Session 5.

Testing for the AIDS Germ (5 minutes)

Give the following information and then ask if there are any questions. The only way that a person can find out if they have the AIDS germ is by having a special blood test. You can get this blood test from a doctor or clinic. The blood test will show if the AIDS germ is in your body. A "positive" result means Yes the AIDS germ is in your body. A "negative" result means No the AIDS germ is not in your body. A positive result means that if you have sex without a condom you could give the AIDS germ to whoever you have sex with. A positive result means that whoever you have had sex with should be told because they might have the AIDS germ too. You do not have to tell other people that you have the AIDS germ unless you want to. A positive result does not mean that you will die of AIDS. Not everyone who has the AIDS germ gets sick or dies. Having the test does not cure AIDS. There is no test which will tell you if you will get sick or die. Outside gaol it is your choice whether or not you have the test for the AIDS germ. Inside gaol they can make you have the test whether you want to or not. You can ask for the test if you want to have it.

Having the AIDS Test (10 minutes)

Ask group participants to think of reasons why a person would say Yes to the AIDS Test.

Ask the group participants to think of reasons why a person would say No to the AIDS Test.

Cover whether the current policy in prisons is integration or segregation for positive prisoners.

Problem Solving Case Studies (10 minutes)

In Men's Prisons

Patrick has been raped while he was in prison. He has just found out that the AIDS germ can be caught from having sex. He is really scared and wants to have the AIDS test. But Patrick is worried that if he is positive his girlfriend will think he's been playing up inside. WHAT CAN PATRICK DO?
Kevin doesn't inject drugs and only has safe sex. He shares a cell with a guy who injects drugs. Kevin is scared he's caught the AIDS germ from his cell mate. He wants to have the AIDS test to make sure. He asks your advice. WHAT WOULD YOU SAY TO KEVIN?

In Women's Prisons

Carla doesn't inject drugs and only has safe sex. She shares a cell with a woman who injects drugs. Carla is scared she's caught the AIDS germ from her cell mate. She wants to have the AIDS test to make sure. She asks your advice. WHAT WOULD YOU SAY TO CARLA?

Rebecca's girlfriend in gaol injects drugs. Rebecca is nervous about having sex because she thinks she might catch the AIDS germ from her girlfriend. Her girlfriend says why don't they both have the AIDS test so they'd know once and for all. WHAT CAN REBECCA DO?

Break (15 minutes)

Quiz (20 minutes)

Divide the group participants into 2 teams of equal size and equal ability. Ask each participant in turn and each team in turn a question. If the participant cannot answer a question the rest of his/her team is given the opportunity to answer the question and half points are given for a correct answer. Also if the same team wish to add anything to what their team member said then they can also score half points in this way. The method of scoring should be explained to participants before the quiz begins. This gives you the opportunity to assess how much individuals have learnt, as well as the group overall. The following questions cover information given in each of the 7 sessions.
What sort of person is it OK to have sex with?
What sort of person is it not OK to have sex with?
What is a private part of a man's body?
What is a private part of a woman's body?
Give me an example of a private place on the outside/in the community?
Give me an example of a public place on the outside/in the community?
Give me an example of a private behaviour/something that it is not OK to do where other people can see?
Give me an example of a public behaviour/something that it is OK to do when other people can see?
Tell me something that 2 people can do together when they are having sex?
Is (repeat answer) safe for not catching the AIDS germ?
Tell me something else that 2 people can do together when they are having sex?
Is (repeat answer) safe for not catching the AIDS germ?
What parts of the body does the AIDS germ live in?
What are some easy ways to catch the AIDS germ/some risky behaviours?
What can you do to protect yourself/be safe from catching the AIDS germ?
Are the following examples high risk/low risk/no risk / easy to catch/hard to catch/could not catch the AIDS germ?
Sharing cigarettes
Having anal sex without a condom for the person with the penis in their backside
Sharing knives and forks
Getting bitten by a mosquito
Having penis-vagina sex
Kissing
Shaking hands
Sharing needles and syringes
In gaol who could you ask if you wanted to find out more about the AIDS germ?
On the outside/in the community where can you go or who could you ask if you wanted to find out more about the AIDS germ?
What is a condom for?
Where can you buy condoms?
How can you clean a needle and syringe?
Where can an injecting drug user get clean needles and syringes on the outside?
How can a person tell whether or not they have the AIDS germ?
Evaluation (20 minutes)

Ask the following questions of the group, giving everyone an opportunity to speak, and record the information given. An easy way is to ask each question going around the circle.

What did you learn from the programme?
Will what you learnt from the programme be useful for you? How?
Did you like being in the programme?
Was there anything you didn’t like about the programme?
What was the best thing that happened in the programme?
What was the worst thing that happened in the programme?

Wind-Up Activity for Course (5 minutes)

Show and discuss the poster "Get It Off Yer Chest And Talk About It".
HIV/AIDS PROGRAMME FOR PRISONERS WITH A DEVELOPMENTAL DISABILITY: A GUIDE FOR SUPPORT WORKERS

Objectives of this Guide:

- To summarize the main points of each session.
- To provide a guide which will assist support workers to reinforce what participants are learning in the programme.
SESSION 1: MYSELF AND OTHERS

What were the main points covered?

The Circles Concept is an approach developed specifically for people with a developmental disability to assist them to learn the degrees of intimacy in different relationships. It can be used to teach them about appropriate touching, and together with training in assertiveness skills can assist them to identify when they are being sexually exploited and to act to protect themselves.

Some of the concepts that can be built into the Circles Concept are the following:
- you are unique - everyone has their own individual set of circles
- people don't always have someone in every circle all the time
- different behaviour is appropriate in different circles
- people can shift circles in either direction
- usually it is best if people don't move from an outer circle to an inner circle immediately
- no-one can come into your inner circles unless you want them to be there
- you cannot enter another person's inner circles unless they want you to be there
- you have the right to say No! if someone is trying to enter your inner circles and you don't want them to be there
- usually only one very special friend like a boyfriend/girlfriend/husband/wife is able to enter your own self circle when they have sex with you
- relatives do not come into your own self circle, that is it is not OK to have sex with your relatives

What can you do to review the content in Session 1?

- Using the names, pictures or photographs of people the group participants know revise and expand their circles.
- Discuss appropriate behaviours to be demonstrated between people in each circle and the group participants. Be sensitive to cultural differences and sexual preference eg. people in some cultures are more physically affectionate than Anglo-Australians, and it is appropriate for people who are homosexual to be physically affectionate in places that are safe for them.

Preparation for the next session.

- Have each group participant complete their own set of circles with at least one person from the following categories:
  a) someone they know in prison
  b) someone they know outside
  c) the person closest to them or the most important person to them
  d) someone they don't know very well
- Complete your own set of circles with similar categories of people
THE CIRCLE CONCEPT:

An Approach To Explaining Degrees Of Intimacy In Different Relationships

DO NOT TOUCH
"STRANGER CIRCLE"

WAVE

HANDSHAKE

HUG

CUDDLE

SELF
SESSION 2: PUBLIC AND PRIVATE

What were the main points covered?

- It is every person's individual decision which circle they want someone to be in. It is not OK for someone to show or do a behaviour to you which you do not want. Other people decide what circle they want you to be in too. It is not OK if you show or do a behaviour to other people which they do not want.
- It is very important to say No if someone is touching you or trying to have sex with you and you don't want them to. This does not always make the person stop what they are doing, but sometimes it does.
- Private parts of the body in women are their breasts, vulva and backside. Private parts of the body in men are their penis, balls and backside. Usually it is only OK to show the private parts of your body to a special person like a girlfriend/boyfriend/wife/husband, or to a doctor for your health. Public parts of the body eg. face, legs, hands etc. are OK for other people to see.
- Private places are where you are by yourself or with a boyfriend/girlfriend/husband/wife eg. bedroom, bathroom, toilet. Draw distinctions between gaol and outside where there are differences. Public places are where other people can come eg. the yard, a park, the movies, trains etc.
- Private behaviours eg. going to the toilet, masturbating, having sex are for private places. Public behaviours eg. waving, shaking hands are for public places.

What can you do to review the content in Session 2?

- Using appropriate day-to-day situations in the gaol setting encourage group participants to make their own choices where possible, and encourage assertiveness. For example in a reading and writing session you could encourage group participants to decide which book they will study today by negotiating amongst themselves.
- Practice some additional role plays encouraging decision-making and assertiveness for situations outside prison. These can be broad-ranging and don't need to be to do with sexuality. Try some of the following:
  - someone tries to do something for you when you want to do it for yourself
  - introducing yourself to someone you want to meet
  - breaking off a relationship
  - being short-changed in a shop and trying to get your money back
Notes on Setting up a Role Play
1. Describe the situation to be acted out and set it up.
2. Ask for volunteers.
3. Then create the roles. You can assist people into roles by providing them with props such as clothes, hats, furniture etc. or by asking them questions which will help them invent their character eg. how old they are, their interests/work etc.
4. Get people to perform the role play.
5. After the role play always assist the group members to de-role to leave the character they have been playing. You can do this by telling the person that they are no longer the character but themselves again, and asking other group members to stop any attempt to fall back into role, by taking away their props, and by asking them how they felt in the role.
6. Then discuss what happened in the role play, whether the actors could have done anything differently, what the consequences of behaving in that way could be.
7. You can ask people to role play the scenario again with a different outcome if you like.
- Revise body parts using the enclosed sheets (insert naked male and female sheets)
- Revise public and private parts of the body, public and private places, and public and private behaviours. Relate these to the circles concept. For example, private parts of the body are usually only appropriate to show in the self circle, that is when you are on your own or with your boyfriend/girlfriend/husband/wife. Private parts of the body can be shown only in private places like the bedroom, toilet and bathroom. Public places like parks, movie theatres and trains are in the stranger circle because anyone can go there. Private behaviour like masturbation, having sex, and usually passionate kissing are for private places and are OK to be done by yourself or with people who can go into your self circle. Note: people do kiss passionately in public but generally this is not a good idea as it makes some people feel embarrassed. Public behaviour such as shaking hands and waving is OK in public places. If appropriate you may wish to talk about the fact that sometimes people do do private behaviours in public places eg. in gaol, young people having sex in parks because they don't have anywhere else to go.
SESSION 3: THE AIDS GERM

What were the main points covered in Session 3?

- There are resources in the community where people can get information and advice about bodies, sex, sex diseases and AIDS.
- People can get a sex disease by having sex with someone else. This can happen to men and women who have sex.
- Anyone who has sex can get AIDS.
- The AIDS germ can live in some body fluids - blood, semen and vaginal wetness.
- For a person to be infected with the AIDS germ:
  1. the AIDS germ has to come out of the body of the person who is infected (in semen, blood or vaginal wetness)
  2. the AIDS germ must be able to live in the air
  3. the AIDS germ (in the semen, blood or vaginal wetness) must be able to get into the blood inside the body of another person
  4. there must be enough of the AIDS germ for the second person to catch it
- A man or woman may not know that they have the AIDS germ in their body because they may not have any signs.
- The AIDS germ is hard to spread because it only lives in the above body fluids.
- Some people who get the AIDS germ get sick and die.

What can you do to review the content in Session 3?

- Read through the sheet on 'Having Sex' from the "All About Sex" kit again.
- Revise information about the transmission of the AIDS germ. The most important points are included above.
SESSION 4: SAFER SEX

What are the most important points from Session 4?

- People can catch the AIDS germ by sharing needles and syringes when they inject drugs
- Babies can catch the AIDS germ from their mother while she is pregnant
- People can catch the AIDS germ by having oral or anal sex without a condom
- There are ways people can protect themselves from catching the AIDS germ: by not having sex, by masturbating, by always using a condom when having sex, by using safer sexual practices such as touching, hugging, kissing, massage etc.

What can you do to review the content in Session 4?

- Revise transmission again, this time including transmission through sharing needles and syringes, and foetal transmission.
- Revise the different options for protection from catching the AIDS germ. These are outlined above.
SESSION 5: PROTECTING OURSELVES FROM THE AIDS GERM

What are the most important points from Session 5?

- Everyone has the right to choose whether they will have sex with someone else.
- Everyone has the right to choose what sort of sex they will have.
- Everyone has the right to say no to sex if they think it is not safe.
- It can help to talk to someone we trust if we are not sure what to do.

What can you do to review the content in Session 5?

- Practice more role plays involving people negotiating safe sex situations. Use some of the situations in problem solving dilemmas as role plays.
- Do more problem solving dilemmas. Try ones from below which weren't included in the session.

PROBLEM SOLVING QUESTIONS

In Men's Prisons

Joe is about to get out of gaol. He and his girlfriend, Maryellen, are planning on getting married and having a baby. Joe is worried he might have the AIDS germ because he has had sex with other men in gaol. But he is scared that if he tells Maryellen why he is worried that she won't marry him.

WHAT CAN JOE DO?

Tony has just gotten out of gaol. On his first night at home his girlfriend Helen says she is scared to have sex with him now. Helen says she thinks Tony might have caught the AIDS germ in gaol.

WHAT CAN TONY DO?

Jim has been inside for 5 years. He is coming up for his first day leave. He does not know whether his wife Jenny has been having sex with other men while he has been inside. Jim is worried that Jenny might have the AIDS germ.

WHAT CAN JIM DO?

Gary really likes Alan. He knows Alan likes him too. Gary wants to have sex with Alan, but is worried about getting the AIDS germ.

WHAT CAN GARY DO?

Maurice has been in prison for 3 years. While he was in prison he had sex with other prisoners. Now he is due for release. Maurice has a girlfriend, Sue, on the outside. Maurice is worried that he might have the AIDS germ, and that he could give it to Sue.

WHAT CAN MAURICE DO?

Alan gets picked on all the time. Sometimes he gets raped by some of the other prisoners. It is happening more and more often.

WHAT CAN ALAN DO?
Ed used to be picked on all the time. Now he has made friends with Ron. Ron is a powerful prisoner and Ed is not picked on any more. Ron wants to have sex with Ed. Ed doesn’t really want to have sex with Ron. But he wants to stay his friend.

WHAT CAN ED DO?

Eric is friends with Phil. They occasionally have sex. Phil injects drugs. He has some drugs today, and asks Eric if he’d like to try some. Eric is worried that if he doesn’t take the drugs that Phil will not like him any more. But Eric is also worried about catching the AIDS germ.

WHAT CAN ERIC DO?

In Women’s Prisons

Jan is about to get out of gaol. She and her boyfriend, Mick, are planning on getting married and having a baby. Jan is worried she might have the AIDS germ because she has had sex with other women in gaol. But she is scared that if she tells Mick why she is worried that he won’t marry her.

WHAT CAN JAN DO?

Tanya has just gotten out of gaol. On her first night at home her boyfriend Harry says he is scared to have sex with her now. Harry says he thinks that Tanya might have caught the AIDS germ in gaol.

WHAT CAN TANYA DO?

Gail has been inside for 5 years. She is coming up for her first day leave. She does not know whether her husband Tibor has been having sex with other women or men while she has been inside. Gail is worried that Tibor might have the AIDS germ.

WHAT CAN GAIL DO?

Cheryl really likes Alice. She knows Alice likes her too. Cheryl wants to have sex with Alice, but is worried about getting the AIDS germ.

WHAT CAN CHERYL DO?

Isabella has been in prison for 3 years. While she was in prison she had sex with other prisoners and injected drugs. Now she is due for release. Isabella has a girlfriend, Nicole, on the outside. Isabella is worried that she might have the AIDS germ, and that she could give it to Nicole.

WHAT CAN ISABELLA DO?

Lola used to be picked on all the time. Now she has made friends with Helen. Helen is a heavy and Lola is not picked on any more. Helen wants to have sex with Lola. Lola doesn’t really want to have sex with Helen. But she wants to stay her friend.

WHAT CAN LOLA DO?

Erica is friends with Lorna. They occasionally have sex. Lorna injects drugs. She has some drugs today, and asks Erica if she’d like to try some. Erica is worried that if she doesn’t take the drugs that Phil will not like her any more. But Erica is also worried about catching the AIDS germ.

WHAT CAN ERICA DO?
Preparation for the next session.

If you are going to do the session on Safer Drug Use read "He Don’t Look Sick" for men or "Love on the Run" for women from Gaolwise.
OPTIONAL SESSION: SAFER DRUG USE

What are the most important points in the Optional Session?

- The AIDS germ can be caught when people share needles and syringes. The infected blood of one person can go into the syringe and be injected into the next person when they use the same syringe.
- People who inject drugs can protect themselves from catching the AIDS germ.
- There are several options open to people in relation to safer drug use: not injecting drugs; not sharing needles and syringes; if sharing needles and syringes use bleach and flush the syringe twice with water, twice with bleach, and twice with water again; and things that can be used if the person can't get bleach. Reinforce that all drug use is unsafe in relation to the drug - safer drug use in this context only relates to giving protection against catching the AIDS germ.

What can you do to review the content in the Optional Session?

- Revise needle and syringe transmission information
- Revise the options for safer drug use listed above
- Read any of the comics talking about injecting drugs from Gaolwize. Choose appropriately depending on whether you are working with men or women.
- Try the following as problem solving dilemmas or role plays.

In Men's Prisons

Bob has just scored and is really hanging out. Jim and Sam want to get on too but they've only got one fit and they are scared of the AIDS germ. WHAT CAN THEY DO?

Paul has a fit. Jack has some dope. They invite Kenny up to Jack's cell to get on. WHAT CAN THEY DO TO STOP THEMSELVES FROM CATCHING THE AIDS GERM?

Tom has just scored some dope. He doesn't have a fit so he borrowed one some of the boys used just a short while ago. WHAT CAN TOM DO TO STOP HIMSELF FROM CATCHING THE AIDS GERM?

Phil just had a hit. Nick looks at the fit and thinks "Well I won't get AIDS... it's my first time... and anyway Phil doesn't look like he's got AIDS." WHAT WOULD YOU SAY TO NICK?

In Women's Prisons

Pam has just scored and is really hanging out. Toula and Karen want to get on too but they've only got one fit and they are scared of the AIDS germ. WHAT CAN THEY DO?
Paula has a fit. Jacqui has some dope. They invite Margie up to Jacqui's cell to get on. WHAT CAN THEY DO TO STOP THEMSELVES FROM CATCHING THE AIDS GERM?

Sue has just scored some dope. She doesn't have a fit so she borrowed one some of the girls used just a short while ago. WHAT CAN TOM DO TO STOP HERSELF FROM CATCHING THE AIDS GERM?

Holly just had a hit. Dee looks at the fit and thinks "Well I won't get AIDS... it's my first time... and anyway Holly doesn't look like she's got AIDS." WHAT WOULD YOU SAY TO DEE?
FINAL SESSION: TESTING FOR THE AIDS GERM

What are the most important points in the Final Session?

The only way that a person can find out if they have the AIDS germ is by having a special blood test. You can get this blood test from a doctor or clinic. The blood test will show if the AIDS germ is in your body. A "positive" result means Yes the AIDS germ is in your body. A "negative" result means No the AIDS germ is not in your body. A positive result means that if you have sex without a condom you could give the AIDS germ to whoever you have sex with. A positive result means that whoever you have had sex with should be told because they might have the AIDS germ too. You do not have to tell other people that you have the AIDS germ unless you want to. A positive result does not mean that you will die of AIDS. Not everyone who has the AIDS germ gets sick or dies. Having the test does not cure AIDS. There is no test which will tell you if you will get sick or die. Outside gaol it is your choice whether or not you have the test for the AIDS germ. Inside gaol they can make you have the test whether you want to or not.

What can you do to review the content in Session 6?

- Revise the information above.
- Do some problem solving dilemmas such as those below:

In Men's Prisons

John enjoys sex in prison but he's not gay. He reckons that he won't catch the AIDS germ because he always uses glad wrap. He's getting out of gaol soon. He's thinking of having the AIDS test because he says that if it shows up negative he'll be OK because once he's out of gaol he'll only have sex with women.
WHAT WOULD YOU SAY TO JOHN ABOUT WHETHER OR NOT TO HAVE THE TEST AND WHY?

Georgio has had a lot of sex in gaol. He has got 6 months left to serve. He asks your advice about whether he should have an AIDS test. WHAT DO YOU SAY TO GEORGIO ABOUT WHETHER OR NOT TO HAVE THE TEST AND WHY?

In Women's Prisons

Suzanne had sex with a lot of men before she came into gaol. She has just found out about AIDS and thinks she should have an AIDS test. WHAT WOULD YOU SAY TO SUZANNE ABOUT WHETHER OR NOT TO HAVE THE TEST AND WHY?

- Review and practice all the programme information as relevant with the emphasis being on the group participants being able to apply the information to protect themselves from catching the AIDS germ in real-life situations.
ACKNOWLEDGEMENTS

The invaluable contribution made by the participants and support workers in the pilot programme run in the DD Unit at Parklea Prison is acknowledged. Also the assistance given by other custodial and non-custodial personnel at the prison, and the support of the Superintendent. Louisa Scagliotti and the AIDS Co-ordinators especially Judy Fortain, Zoe de Krepigny and Tracy Walsh.

Susanne Hollis
Steve Camelleri, Alan Grimsley, Annie Bell and other CEIDA staff
Penny Ryan and staff of the Education Unit of the Family Planning Association of NSW
Adapted material from "So You Won't Get AIDS..." from the Family Planning Association of Victoria
Adapted Yes/No Decision Making Activity from Gloria Blum
RESOURCES

CEIDA holds one complete set of these resources sufficient to run a programme with up to 10 participants.
CEIDA is located in the Rozelle Hospital Grounds, Balmain Rd, Rozelle, 2039.
Ph: (02) 818 5222.

FOLDER FOR PARTICIPANTS

CEIDA will be able to send you a sample folder from which you can make up a set for your participants.

SESSION 1

Circles For purchase James Stanfield,
C/- F. S. Symes,
40 Glenwilliam St,
Blackheath, 2783.
Ph: (047) 87 8593

For hire
Family Planning Association of NSW,
328-336 Liverpool Rd,
Ashfield, 2131.
Ph: (02) 716 6099

This kit is not necessary in order to teach the concept, but it can be used. Also it is useful to view it in order to more fully understand the ways that it can be used.

Picture cards or photographs of people Made by educator
Large Circles sheet Made by educator
Photocopies of Circles sheet By educator
Photocopies of Programme Outline By educator

SESSION 2

Large charts of naked male and female bodies, front and back
Picture cards or photographs of people, public and private places, public and private behaviours
SESSION 3

"All About Sex" kit Family Planning Association of NSW
$10
"So You Won't Get AIDS..." video Family Planning Association of Victoria
Training and Education Unit
259 Church St,
Richmond, 3121
Ph: (03) 429 1868
Complete kit $90
Poster "Don't Worry Kids. You Can AIDS Council of NSW,
NOT Get AIDS From..." 188 Goulburn St,
Darlinghurst, 2010.
Ph: (02) 283 3222

SESSION 4

Box or hat for Lucky Dip Provided by educator
Lucky Dip Questions Photocopied and cut up by educator
"So You Won't Get AIDS..." video, Family Planning Association of Victoria
slides and booklet "Learning About Safer Sex"
Models of penis
Condom handout
Several packets of condoms Chemist or supermarket
Lubricant Chemist
Poster "No Condom - No Way" AIDS Council of NSW

SESSION 5

Hat or Box for Problem Solving Provided by educator
Questions
Photocopies of Questions By educator
"Gaolwize" comics Streetwize Comics
3 Queen St,
Glebe, 2037.
Ph: (02) 552 3499
Poster "Safe Sex Made Simple" AIDS Council of NSW
OPTIONAL SESSION

Needles and syringes  CEIDA
Bleach  Rozelle Hospital Grounds,
ADIS cards  Balmain Rd,
Rozelle, 2039.
Ph: (02) 818 5222
"Gaolwize" comic  Streetwize Comics
Poster "Household Hints For Drug Users" AIDS Council of NSW

FINAL SESSION

Quiz Questions
Poster "Get It Off Yer Chest And Talk About It"
AIDS Council of NSW