EVALUATION OF THE AIDS EDUCATION PROGRAMME

PROGRESS REPORT 1

RESULTS OF QUESTIONNAIRE 1: PRISON OFFICERS' KNOWLEDGE AND ATTITUDES ABOUT AIDS PRIOR TO EDUCATION.

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The Research and Statistics Division of the Department of Corrective Services has been assigned the task of evaluating the AIDS Education Programme, now underway in N.S.W. prisons. Six gaols have been chosen for this research study, so as to represent a cross-section of N.S.W. prisons. These are: Parklea Prison, Central Industrial Prison (C.I.P), Mulawa Training and Detention Centre for women, Cessnock Corrective Centre, Silverwater Work Release Centre and the Malabar Training Centre (M.T.C). The Metropolitan Remand Centre (M.R.C.) was also included to pilot questionnaires and interview procedures.

After pilot testing the Prison Officer Questionnaire 1, it was decided that questionnaires would be made available to all officers in each of the gaols under study. (A copy of the questionnaire is attached). It was disappointing to find that no more than 36% of officers returned their questionnaires, with only four officers returning them in the M.T.C. (see Table 1).

Table 1. Number of officers responding to the questionnaire as a percentage of the total number of officers on staff.

<table>
<thead>
<tr>
<th>GAOL</th>
<th>Number in sample</th>
<th>Total on staff</th>
<th>Response Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Silv.</td>
<td>30</td>
<td>82</td>
<td>36%</td>
</tr>
<tr>
<td>Parklea</td>
<td>49</td>
<td>221</td>
<td>22%</td>
</tr>
<tr>
<td>Cessnock</td>
<td>32</td>
<td>149</td>
<td>21%</td>
</tr>
<tr>
<td>C.I.P.</td>
<td>33</td>
<td>168</td>
<td>20%</td>
</tr>
<tr>
<td>Mulawa</td>
<td>25</td>
<td>122</td>
<td>20%</td>
</tr>
<tr>
<td>M.T.C.</td>
<td>4</td>
<td>82</td>
<td>5%</td>
</tr>
<tr>
<td>Total</td>
<td>173</td>
<td>824</td>
<td>21%</td>
</tr>
</tbody>
</table>

The ideal procedure would have been to interview a random sample of prison officers to minimise the non-response rate, obtain more detailed responses, and most importantly, to minimise the probability of bias in the sample. This method was used for the inmate population, but resources were not sufficient to allow this to be done for officers. Therefore, the results presented here must be interpreted with caution, as the sample that has been drawn may not represent all officers in these gaols.
2. The AIDS Blood Test.

In general, the officers did not express any detailed knowledge of the AIDS blood test. When asked whether the test was 100% certain, 26% incorrectly said it was, 36% were unsure, and 38% correctly said that it was not. Of the latter, the only uncertainty mentioned was the time lag of about three months between catching the virus and developing antibodies in the blood, which are detectable in the test. Thus, at least one-third of these officers knew that someone could have AIDS, but not show up in the standard AIDS blood test.

When asked what the blood test would mean if it were positive, only 24% mentioned that it told you whether or not antibodies were present in the blood. Another 14% said it told whether or not the person had been in contact with the virus, and 20% said that it told you whether or not you had AIDS. If the test is positive, it means that antibodies have shown up in the blood, but this does not necessarily mean a person would have the AIDS virus. The antibodies closely resemble those from other diseases, such as Syphilus and Epstein-Barr virus, and in some cases this may be the correct diagnosis. Furthermore, a person who is AIDS antibody positive may not necessarily get AIDS, so it does not tell someone whether or not they have AIDS (Miller, Weber and Green; 1986).

A further 19% were unsure of what the blood test would mean, and 23% gave answers which were incorrect. For example: some said it tells you whether you will live or die, or how healthy you are.

3. Symptoms

When asked whether a person with a positive test result would get full blown AIDS, 43% said NO, 40% were unsure, and 17% incorrectly said they would. It is very important for officers to know that at this point in time, a majority of people who are diagnosed antibody positive, may not develop full blown AIDS, nor even any physical signs whatsoever. From the answers to this question, it appears that at least 17% of the sample would not know this.

Very few officers were aware of any of the most common symptoms which may occur as AIDS develops. Weight loss was by far the most commonly mentioned symptom, followed by tiredness, and a general vulnerability to infection. Of the 169 officers no more than 10% mentioned the most important diagnostic health problems; such as swollen glands, diarrhea, and skin disorders (see Table 3).
Table 3. Number of officers who mentioned symptoms which can occur as AIDS develops.

<table>
<thead>
<tr>
<th>SYMPTOM</th>
<th>N</th>
<th>SYMPTOM</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight loss</td>
<td>109</td>
<td>Swollen glands</td>
<td>17</td>
</tr>
<tr>
<td>Vulnerable</td>
<td>39</td>
<td>Skin disorders</td>
<td>17</td>
</tr>
<tr>
<td>Night sweats</td>
<td>36</td>
<td>Diarrhea</td>
<td>16</td>
</tr>
<tr>
<td>Fatigue</td>
<td>33</td>
<td>Loss appetite</td>
<td>15</td>
</tr>
</tbody>
</table>

PART 2: ATTITUDES TOWARD AIDS PRIOR TO EDUCATION

When asked whether it was possible to stop the spread of AIDS in the N.S.W. prison system, 59% of the officers in this sample said no, 29% said yes and 12% were unsure.

The reasons officers gave that explained why it was not possible to stop the spread of AIDS could be classified into three groups. These were drug use, homosexuality and management problems. All of these were mentioned by more than one-quarter of the sample, with drug use being mentioned most frequently (see Table 4).

Table 4: Reasons why the spread of AIDS cannot be stopped in N.S.W. prisons.

A. DRUGS: (mentioned by 34% of officers)

"too many drugs in gaol"
"junkies don't care about their own life or anyone else's"

B. HOMOSEXUALITY: (mentioned by 30% of officers)

"too many homosexuals"
"rapes can't be stopped"
"even if they had condoms they wouldn't use them"

C. MANAGEMENT: (mentioned by 26% of officers)

"The Department is not serious about stopping the spread of AIDS"
"No effort has been made to test for AIDS"
"Not enough discipline in gaols"
"They aren't doing anything about condoms or needles"
more control measures were introduced, such as: tighter control of visits, more searches, single cells, more discipline, and harsher penalties for drug use and/or sex in gaol. A minority of 5% mentioned that issuing condoms and/or needles would help stop the spread of AIDS, and another 5% mentioned a need for education.

1. Condoms

When officers were asked directly whether or not condoms would help to stop the spread of AIDS in N.S.W. prisons, 44% circled NO, 37% circled YES, and 19% were unsure. However, there were many more officers saying YES to condoms in Mulawa, than in the male gaols, as can be seen in Table 5.

Table 5. Number of officers by response to Q12 ("Would condoms help stop the spread of AIDS in N.S.W. prisons")

<table>
<thead>
<tr>
<th>GAOL</th>
<th>YES</th>
<th>NO</th>
<th>UNSURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Silv.</td>
<td>11</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>Parklea</td>
<td>11</td>
<td>28</td>
<td>10</td>
</tr>
<tr>
<td>Cessnock</td>
<td>6</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>C.I.P.</td>
<td>9</td>
<td>18</td>
<td>6</td>
</tr>
<tr>
<td>Mulawa</td>
<td>18</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Total *</td>
<td>67</td>
<td>55</td>
<td>29</td>
</tr>
</tbody>
</table>

* Total sample excludes 18 from Cessnock (n=151)

For those officers who agreed that condoms would help stop the spread of AIDS, the main reason given was that they would reduce the risk of AIDS being transmitted during homosexual sex (mentioned by 22% of officers). However, 6% of officers also mentioned that even though they agreed that condoms could be used, there would be some problems having them in the gaol.

These problems were basically the same as those given by the officers who disagreed with the use of condoms in the N.S.W. prison system. For those who said NO to condoms, one reason given was that the issue of condoms would condone homosexuality (mentioned by 16% of officers), another 8% of officers felt...
Hand is to try to prevent the spread of AIDS in N.S.W gaols. In this regard, it is possible that an increase in homosexuality or rape, even with condoms, could still spread AIDS, since condoms are not 100% reliable (as mentioned by 5% of officers).

Officers also said that there could be problems with the disposal of condoms (mentioned by 12% of officers). Some officers felt that used condoms would be thrown at officers or disposed of incorrectly, and thereby increase the risk that officers and other inmates could catch AIDS. However, the risk of catching AIDS from a semen filled condom is extremely low whether thrown at an officer or touched in any way. To transmit AIDS in this way fresh semen would need to come in contact with an open wound and enter the blood stream through it.

Another reason that officers gave for saying NO to condoms was that inmates would not use them anyway (mentioned by 10% of officers). As with the incidence of homosexuality, it is difficult to assess the objectivity of these predictions.

3. Testing

When asked how prisoners should be tested (Q13), an overwhelming majority of 91% said that 'all prisoners should be tested'. Only four officers felt that testing should be voluntary, and eighteen said that high risk groups only should be targeted.

4. Segregation/Integration

When officers were asked what would be the best way to manage AIDS positive prisoners (Q14), an overwhelming majority felt that some form of segregation would be appropriate. Officers could tick more than one option, but the most popular options were: segregation to a separate AIDS gaol (57%), segregation to an AIDS hospital unit (37%), and segregation to an AIDS unit in each gaol (12%). Only 12 officers said that AIDS positive inmates could be integrated with other uninfected volunteers, and four said integration with non-volunteer inmates would be possible.

5. Risk to Officers

When officers were asked whether they would feel safe in the same wing as someone who was AIDS positive, 62% said NO, 25% said YES, and 13% were UNSURE. Those officers who felt unsafe, feared that they may catch AIDS on the job.
DISCUSSION

The 169 prison officers in this sample from five N.S.W. gaols, have the basic understanding that AIDS can be transmitted through sex, sharing needles, and blood to blood contact. However, many still think that there is at least some risk of transmission through casual contact.

With this level of knowledge about transmission of AIDS, and the feeling that there is some risk of catching AIDS on the job, it is not surprising that almost all officers wanted to keep as much distance as possible between themselves and AIDS positive inmates, by segregation.

With most officers being unaware of the details of the AIDS blood test, and it's uncertainties, it is also not surprising that almost all officers placed their faith in the AIDS blood test as a measure that would effectively detect and, with segregation, stop the spread of AIDS in N.S.W. prisons. Unfortunately, the AIDS blood test, as it is at this point in time, can never detect all AIDS carriers, especially in gaols where there is a high turnover of prisoners, and behaviour cannot be monitored twenty-four hours a day.

Officers were divided on the issue of condoms. Other safety measures involving control of drug use and homosexuality were suggested. All of these issues are difficult ones, which have not been fully explored at this stage of the research, although some arguments have been presented both for and against the distribution of condoms in gaol.

Finally, it is important to note that there were some officers in this sample who felt that the Department was not serious about stopping the spread of AIDS in N.S.W. prisons. The strength of this feeling could not be gauged in questionnaire responses. However, casual conversation with officers on visits to these gaols revealed that many officers were extremely angry with the Department and felt the AIDS problem was hopeless because nothing had been done to help the situation.

RECOMMENDATIONS

Many prison officers in this sample were afraid that there was some risk of catching AIDS on the job. Unfortunately, with the knowledge of AIDS as it is today, there is some risk that fresh blood carrying the AIDS virus can infect another person if there is a means by which it can enter the bloodstream. In the prison environment this possibility cannot be ruled out in certain situations which are relevant to officers. For instance: breaking up fights, going to the aid of suicide victims or assisting injured persons could all be a risk if the correct precautions are not taken.

These are situations that may occur fairly infrequently and this may be one reason that officers did not specifically mention them. Even so, it is essential that officers be given some Occupational Health and Safety
guidelines which enable them to protect themselves if incidents such as these do occur. The fear that used condoms may pass on the AIDS virus would also need to be addressed in this context.

The level of knowledge of the prison officers in this sample indicates that there is a need for an AIDS Education Program for officers. With the results from this research study these needs can be summarised as follows.

1. Officers need to understand AIDS transmission more completely so they can use occupational health and safety guidelines effectively, and understand when there is a risk and when there is no risk.

2. Officers need to understand more about the uncertainties of the AIDS blood test, so they can make informed opinions about the issue of compulsory testing.

3. Officers need to know more about the physical development of AIDS itself. This would help them to make informed decisions about working with inmates who are, or who could be, AIDS positive, as well as the issue of segregation versus integration.

Finally, education in these areas will need to be ongoing so that officers can keep up with the relevant information about AIDS. For instance: technological advances in AIDS blood testing, and the increasing knowledge about the physical development of AIDS which accrues as more cases become known.

REFERENCE:
Miller, D, Weber, J and Green, J (eds); The Management of