



# Research Publication

**Evaluation of the AIDS  
Education Programme for  
Prisoners in the NSW  
Department of Corrective  
Services:  
March, 1987 to March 1989**

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Research Officer

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August, 1989

Lisa Conolly  
(Research Officer)

Report of the Research and Statistics Division

Department of  
Corrective Services

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## SUMMARY

The research which is reported here was designed to evaluate the AIDS Education Programme of the N.S.W. Department of Corrective Services, which began in early 1987 under the direction of Ms. Louisa Scagliotti (AIDS Project Co-ordinator) and developed throughout the two year period up to March, 1989. In this report the research has focussed on the programme delivery and organisation, and prisoners' exposure to AIDS education, and knowledge and attitudes about AIDS, covering the period from March, 1987 to March, 1989.

### Exposure to AIDS Education

The AIDS Education Programme aimed to target all prisoners by the end of 1987 and to continue to provide ongoing AIDS education to all inmates throughout the two year period to March, 1989. Prisoners' exposure to AIDS Education Programmes can be summarised as follows:

1. Sixty-seven per cent of prisoners in our random sample of 193 prisoners from six N.S.W. gaols had experienced some AIDS education (pamphlets, videos or talks) in late 1987.
2. Fifty per cent of prisoners had seen pamphlets in gaol. Only twenty-six per cent of prisoners had seen **and read** pamphlets.
3. More female prisoners from Mulawa had read pamphlets (53%) compared to five male gaols (22%).
4. Twenty-nine per cent of prisoners in eight N.S.W. gaols had been to talks about AIDS in the second half of 1987. There were no significant differences in the number who had been to talks in each gaol.
5. There had been a slight increase in the percentage of prisoners who had been to talks about AIDS; from 29% in late 1987, to 31% in early 1989.
6. A rate of approximately 11 or 12 talks for prisoners have been run statewide every three months. Approximately the same rate of AIDS education talks continued to be organised by AIDS Programme Organisers from late 1987 to early 1989.
7. Most talks for prisoners were given by outside doctors and some by the central AIDS Education Programme Organiser. The types of speakers did not change from late 1987 to early 1989.
8. Twenty-nine per cent of prisoners in the sample had not attended a talk even though there was one held in their gaol while they were there. Forty-two per cent had not attended a talk but they had not been at the gaol when one was held.
9. Twelve per cent of prisoners in six N.S.W. gaols had seen a video outside the context of a talk. Most of these prisoners were from Parklea Prison.
10. In our sample of prisoners from six N.S.W. gaols, sixty-three per cent had been transferred to their current gaol, either from another gaol or from court in the last three months. This is evidence of the extreme prisoner mobility in N.S.W. prisons which makes it difficult for any programme to reach all prisoners.
11. Two new education strategies started in 1988, with the commencement of peer education courses for prisoners (inspired by a course run at Bathurst Gaol in early 1988) and the performance of plays by inmates in late 1988.

### Knowledge of AIDS

One of the aims of the AIDS Education Programme was to increase prisoners' knowledge about AIDS. In this research, the most important results arising from the analyses of prisoners' knowledge were:

12. In general, prisoners' knowledge about AIDS, as at December 1987 was poor, with prisoners in this sample scoring an average of less than half of the questions correctly in response to a questionnaire. By late 1988 the level of knowledge was still generally poor, even though 'educated' prisoners scored slightly higher than non-educated prisoners.
13. Prisoners in some male gaols (Cessnock and Emu Plains) tended to have lower average knowledge about AIDS than prisoners in other male city gaols (CIP, Parklea and Silverwater) and this was especially true for their knowledge of the risks of AIDS. Prisoners in Cessnock and Emu Plains were more likely to overestimate the risk of catching AIDS through casual contact.
14. Both the 'Educated' group (those who had been to AIDS talks), and the 'Pamphlet' group (those who had only read pamphlets), had a significantly higher average knowledge score about AIDS than the Non-Educated group for all four areas of knowledge about AIDS. However this was only a difference of an average of 3 points out of 20.
15. For all groups, whether educated or not, knowledge of the risks of transmission was higher than knowledge of the other three areas (the blood test, the development of AIDS, and the signs of AIDS). Also knowledge of the blood test was significantly lower than knowledge of all other areas.
16. There is some indication that knowledge about cleaning needles is poor, although

almost all inmates know that they should "always use condoms" and "never share needles".

17. A talk given in December, 1988, at Silverwater Work Release Centre has had some significant impact on prisoners' knowledge of the symptoms of AIDS. However, overall the results echo those reported from the 1987 data. Thus the effect of AIDS education seminars has remained much the same over the past two years.

### **Attitudes to AIDS and AIDS Prevention Strategies**

At times, the AIDS Education Programme has been utilised to prepare inmates for changes in prison policy in relation to AIDS. There has been an expectation that AIDS Education Programmes could influence prisoners' attitudes about AIDS policy. Prisoners' attitudes to AIDS prevention strategies was another area investigated in the research study, with the following main findings:

18. There was no difference between Educated and Non-Educated prisoners' attitudes about AIDS.
19. Overall, significantly more prisoners (another 15%) said that it would not be possible to stop the spread of AIDS in N.S.W. prisons in late 1987 when compared to mid-1987. More prisoners had become pessimistic about stopping the spread of AIDS in prison.
20. Approximately half the prisoner population said they would feel safe housed in the same wing as someone who was AIDS positive. However, the main reason given for this attitude was that prisoners said they would stay away from HIV positive prisoners, thus enforcing their own informal segregation within the gaol. They also assumed that they would be able to identify the HIV positive prisoners.
21. The vast majority of prisoners, over 70%, believe that segregation and compulsory AIDS testing to identify HIV positive prisoners would help stop the spread of AIDS in prison. It has been argued that these policies would not necessarily help to stop the spread of AIDS because of the uncertainty of AIDS test results and the consequent impracticality of ensuring an AIDS free zone in the prison system.
22. A significantly higher percentage of the pamphlet group thought that all prisoners should be compulsorily tested, and there was a trend for more of this group to agree with a segregation policy.
23. Opinion was divided on whether condoms should be made available in prison. Half were in favour, and half against this policy. Even those who were

in favour of making condoms available in the prison system, said that they personally would not use them. Most male prisoners expressed generalised disdain about sexual contact between men in prison, although almost everyone said that it did occur.

### **Analysis of the Media Response to AIDS**

The AIDS Education Programme has had to compete with the media in providing information about AIDS to prisoners. This research study incorporated an analysis of newspaper media articles from major Sydney newspapers and some interstate papers, as well as a comparison to the prisoner magazine "In Limbo", with the following findings:

24. The most common message presented in the public newspaper media, and also acknowledged in the prison magazine, "In Limbo" is that prisons are "incubators" for the AIDS virus, or that there is an AIDS "epidemic" in prisons.
25. The focus of the public media on condoms and "homosexuality" in prison is in direct contrast to the focus of the prison magazine on I.V. drug use and cleaning needles.
26. The prevention strategies upheld in the public media were provision of condoms for prisoners and/or random drug testing and compulsory AIDS testing. These strategies were given scant attention in the prison magazine. As at March 1988 none of these strategies had been put into effect. AIDS education in prison was largely ignored as a prevention strategy by the public media although endorsed by the prison magazine.
27. The relevant media articles are often sensationalising and give a generalised picture of the AIDS problem in prisons, which is not necessarily accurate.

### **Programme Organisation and Structure**

For much of the two year period, March 1987 to March 1989, the AIDS Education Programme has been organised and run from a central AIDS Unit, headed by the AIDS Project Co-ordinator. However, the role of the AIDS Project Co-ordinator has been multi-faceted with AIDS education being only one of a number of responsibilities. Since 1988, a full-time central AIDS Education Officer has been employed, and more recently a full-time AIDS Education Officer for the Northern district of N.S.W. was recruited.

Since its inception, the AIDS Education Programme has relied on a structure of programme delivery which was to disseminate information and organise programmes through AIDS Programme Organisers (elected officers in each gaol) and AIDS committees (committees

with representation from staff and prisoners in each gaol). The evaluation investigated the work of the central AIDS Education Officer, and AIDS Programme Organisers, with the following main findings:

28. From early 1988, the Central AIDS Education Officer has been involved in ongoing liaison with Programme Organisers and AIDS committees, playing a primary role in setting up AIDS education seminars and programmes in 14 institutions (including 12 prisons and 2 periodic detention centres).
  29. Since mid-1987, when AIDS Programme Organisers were initially selected for each gaol, very few had been able to do much more than distribute pamphlets about AIDS and organise occasional seminars.
  30. In December, 1988, the Programme Organisers from only four out of 17 gaols reported that they had regular meetings of an AIDS committee with representation from prisoners.
  31. In general, Programme Organisers were uncertain about the value of AIDS education in prisons, but most demonstrated a high degree of commitment to continue with AIDS education programmes.
  32. Programme Organisers reported difficulty finding time to organise AIDS education, whilst maintaining their regular duties.
  33. Programme Organisers reported that the task of organising AIDS education was problematic because of disapproval from other staff, and/or prisoners, who questioned the value of AIDS education.
5. new needles, may necessitate unsafe needle sharing in prison despite knowledge that this could transmit AIDS. Prejudice against sex between men in prison, and inhibitions about discussing sex in public, means that it is difficult for individuals to seek out information about "safe sex".
  6. Prisoners by their very circumstances as incarcerated individuals, do not have the same amount of control over their lives as do people outside in the community. It therefore seems reasonable for prisoners to expect those who control their lives, to also control the spread of AIDS by adopting such measures as segregation and/or compulsory testing policy. This situation makes it extremely difficult for AIDS educators to drum home the message that it is the responsibility of each individual to prevent the spread of AIDS.
  7. Two years of uncertainty about AIDS policy in prison, has affected the credibility of the AIDS Education Programme. Throughout this period questions about condoms, HIV testing of prisoners, and bleach for cleaning needles have preoccupied the AIDS Education Programme and its audience. The AIDS Education Programme has been unable to deliver satisfactory answers to prisoners about AIDS policy, since this is in area which is beyond its control. It is very difficult for AIDS educators to deliver clear and credible messages to prisoners, while policy remains open to debate and criticism.

### **Summary of key discussion points.**

1. Very few prisoners receive any formal AIDS education from outside the prison system. Thus it appears that prison AIDS Education Programmes are the only source of AIDS education for many prisoners.
2. Prisoners who know about AIDS and can give correct responses do not necessarily believe what they have been told, and may behave inappropriately because of this.
3. AIDS education does not appear to affect prisoners' attitudes. Other factors which could determine prisoners' attitudes about AIDS include: prisoners' generalised fear of AIDS, confusion about changes resulting from AIDS policy, the attitudes of other prisoners, the media, and personal choice.
4. Psychological "addiction" or other motivations to use drugs coupled with a lack of available cleaning solutions or

## 1.0 INTRODUCTION

### 1.1 Overview of the AIDS Education Programme for Prisoners

In early 1987, broad aims for the AIDS Education Programme were produced by the AIDS Project Co-ordinator, Ms. L. Scagliotti. At this time the programme intended to target "staff at all levels and all prisoners" (Scagliotti, 1987a). The time framework was expected to be approximately 3 months from July, 1987 to September, 1987 for the gaol-based programmes for prisoners (see Appendix A). When the programme was being developed, it was expected that the time framework for achieving this with the gaol-based education programme for prisoners, would "necessarily be less rigid due to each Correctional Facility having to initiate, organise and implement their respective Education Programmes" (Scagliotti 1987b). As we shall see, the time frame was to be very flexible, and the AIDS Education Programme itself developed throughout the two year period of this evaluation.

The AIDS Education Programme began in March 1987, with an education session for senior management of the Department followed by a session in April, 1987 for all gaol superintendents. This programme consisted of an appraisal of the facts about AIDS provided by Dr. David Sutherland, followed by a discussion period to decide the issues facing senior management and gaol superintendents. At both sessions the need for AIDS education was affirmed by participants (Scagliotti, 1987c, 1987d). From the superintendents' seminar, it was decided that in order to make AIDS education a priority each gaol would need to assign one custodial officer with the role of "AIDS Education Programme Organiser" who would then set up a committee to organise and run AIDS Education Programmes in their gaols. By August, 1987, a Programme Organiser had been selected for each gaol, and their role was negotiated through personal contact with Ms. Scagliotti. Some formal training for this role was given through a one day seminar on the 11th February 1988.

The role of Programme Organisers was to "initiate, organise and implement" AIDS Education Programmes in each gaol. They were also instructed to set up AIDS committees with joint representation from prisoners and staff in their gaol. The primary role of the AIDS Programme Organisers and/or AIDS committees in each gaol was to organise the presentation of AIDS information sessions for staff and prisoners. These information sessions were usually delivered by doctors and other professionals employed as consultants to the N.S.W. Department of Corrective Services. These speakers presented information about AIDS, in the form of a seminar delivered in conjunction with a video or slides.

Time was allotted at the end of the presentation for prisoners (or staff) to ask questions. These information sessions have been the major focus of the AIDS Education Programme throughout the two year period from March, 1987 to March, 1989. They are therefore also the major focus of the evaluation results presented in this report.

However, there have been some alternative AIDS education strategies also operating in the N.S.W. prison system. In particular, the AIDS committee at the Metropolitan Remand Centre set up an Induction Programme for all new remandees. The Induction Programme was intended as an introduction to gaol life, which included AIDS education.

Furthermore, AIDS education in N.S.W. prisons has not been the exclusive role of the AIDS Education Programme, the AIDS committees, nor AIDS Programme Organisers. Drug and alcohol workers, as part of their role as carers for intravenous drug users were also instructed to provide AIDS education. Particularly important was the work of the Drug and Alcohol worker at Bathurst Gaol, Steve Lyons, who, at the request of several inmates organised and administered a peer education programme which was named "The Bathurst Inmate AIDS Counselling Course" (Lyons, 1988). Funding and support for this programme was given by the AIDS Project Co-ordinator, Ms. Scagliotti. Prisoners from the Bathurst group have become involved in initiating further AIDS education for prisoners in the form of prison plays, and in setting up an AIDS committee at the Malabar Training Centre (M.T.C.). Following from the success of this peer education programme (Conolly, 1989), the Centre for Education and Information on Drugs and Alcohol have recently been employed by the AIDS Education Programme to run similar peer education programmes in all N.S.W. gaols.

Throughout the last two years the AIDS Education Programme has developed through the work of a range of dedicated individuals, both staff and prisoners, working in the gaols. These people have utilised a variety of educational resources and techniques. Furthermore, the resources of the programme have encompassed a variety of AIDS education material and a variety of speakers. The variety of resources and AIDS education strategies which has developed over the last two years has had implications for the evaluation project.

### 1.2 Overview of the Evaluation

In 1987, it was not possible to evaluate a specific AIDS programme with a specific time frame and structure. Although a theoretical outline for the programme was prepared by the central AIDS Project Co-ordinator (Scagliotti, 1987a) the implementation of the programme was dependent entirely on the time and effort of the individual Programme Organiser and/or AIDS



committee in each gaol. Each Programme Organiser, usually a member of the custodial staff, was given a training package to organise AIDS education talks, deliver pamphlets and/or show videos when it suited their own personal timetable. They were instructed to use the central AIDS Education Co-ordinator as a resource back-up. They could also choose which educational material they thought was most suitable for their audience (staff or prisoners). It soon became clear that many Programme Organisers simply did not have time to perform the tasks expected of them. In late 1987 and early 1988 most AIDS talks were in fact organised by Ms. Scagliotti with the help of the Programme Organisers to work out a suitable time and place and advertise the on-coming event. Throughout 1988 and 1989 AIDS talks for prisoners and staff were organised by Ms. Eileen Adamson, who took up the position as AIDS Education Co-ordinator in April, 1989.

To sum up, the AIDS Education Programme consisted of a variety of educational material delivered in a variety of settings to different audiences at different times. At the outset, it seemed futile to try to monitor this process and evaluate specific programmes. Hence the current research was designed as a cross-sectional study of the prison population which does not give a detailed evaluation of specific talks of different styles, nor of different types of pamphlets or videos. Rather, these specific educational materials have been evaluated in separate studies conducted as an adjunct to the research reported here (Lum, 1988; Duffy, 1988; Conolly, 1988a, 1988b, 1989). Even so, it has not been possible to evaluate all variety of talks and educational materials used in the prison system simply because of the volume of work that this would entail.

At the time of designing the evaluation study, there was no specific documentation of the AIDS Education Programme, apart from the broad outline of the programme mentioned above. In order to evaluate the Programme's effect on prisoners' knowledge, attitudes and behaviour, meetings were held between the author of this report and the Project Co-ordinator, Ms Scagliotti, to decide what particular areas needed to be measured. A questionnaire was developed based on the areas of knowledge and attitudes which had been discussed in these meetings and which were seen to be of particular relevance to the prison AIDS Education Programme. Thus, five areas of knowledge were included for study (see Section 4.1), as well as a range of attitudes to prison policies (Section 5.0). The resulting questionnaire included a comprehensive assessment of prisoners' knowledge about AIDS risks, testing, the development of AIDS, signs of AIDS, and AIDS prevention, as well as prisoners' attitudes about integration/segregation of HIV positive inmates, condoms for prisoners, and compul-

sory/voluntary HIV antibody testing for prisoners. All of these were considered to be areas which the AIDS Education Programme would target to improve knowledge and facilitate understanding of the AIDS problem in prison.

The evaluation of the AIDS Education Programme encompasses eight research studies, most of which are small projects to assess specific AIDS education strategies for prisoners and custodial staff in prisons. In this report, results from a large cross-sectional study of prisoners' exposure to AIDS education, and knowledge and attitudes about AIDS will be analysed. Reference will be made to the other studies where appropriate.

### 1.3 Aims of the Evaluation

This report will provide an overall evaluation of the AIDS Education Programme over the two year period from March, 1987 to March, 1989. It includes analyses of prisoners' knowledge and attitudes about AIDS, as well as some anecdotal descriptions of prisoners' behaviour, using interview data collected in mid- and late 1987, and late 1988 to early 1989. The report also examines the structure and organisation of the AIDS Education Programme, and its progress from mid-1987 to March, 1989, using interviews and questionnaire data from Programme Organisers.

The evaluation has six broad aims, which divide the report into several sections.

1. To outline and describe prisoners' level of **exposure** to AIDS Education in six N.S.W. gaols, as at December, 1987, and compare this to progress made at the M.R.C. (as at October, 1987) and Bathurst (as at February, 1988), and to six gaols in late 1988 to early 1989.
2. To outline and describe prisoners' level of **knowledge** about AIDS in six N.S.W. gaols. To compare the level of knowledge of 'educated' and 'non-educated' prisoners in these six gaols and to compare current knowledge to prisoners' level of knowledge prior to the commencement of the AIDS Education Programme.
3. To outline and describe prisoners' **attitudes** to AIDS in six N.S.W. gaols. To compare prisoners' attitudes to AIDS prior to the commencement of the AIDS Education Programme to current attitudes, and to compare the attitudes of 'educated' and 'non-educated' prisoners.
4. To discuss the **relationship between prisoners' knowledge, attitudes and behaviour** in N.S.W. gaols.
5. To outline and discuss the **progress of the AIDS Education Programme** over a two year period from March 1987 to March 1989.
6. To make **recommendations** for continued AIDS education for prisoners

based on research data, and assessment of the progress of the AIDS Education Programme up to March, 1989.

## 2.0 METHOD

The research design was formulated as a direct result of consideration of the aims and structure of the AIDS Education Programme. There was no comparable research being done in prisons in other Australian states at that time. Most community studies focussed on homosexual or bisexual men and their methodology could not be used in the prison population. The way in which the project was conducted was necessarily dependent on available resources, practical research procedures and the results of pilot research. In this section the research design will be discussed first, followed by the development of questionnaires and interview procedures.

### 2.1 The Research Design

An evaluation project aims to "measure" the "effect" of a programme. For any such project, some elements of the research design are predetermined by the actual aims and structure of the programme. In this case, the gaol-based AIDS Education Programme aimed to disseminate AIDS information to all prisoners within a time frame of approximately three months in late 1987. Therefore, the evaluation project had also to target 'all prisoners', monitor their exposure to AIDS education during late 1987 and assess at least their knowledge about AIDS. It was decided to interview a random sample of prisoners before AIDS education began and interview another sample of prisoners after three months. The aim was to collect 'pre' and 'post' data and compare the two data sets. Any difference in knowledge or attitude between the two samples might then represent a change which resulted from the AIDS Education Programme.

There is one essential problem with this design since AIDS Education Programmes are voluntary. How do we know that any difference between 'pre' and 'post' data was the result of AIDS education? The 'pre' sample of prisoners provided us with a baseline assessment of prisoners' knowledge and attitudes in mid-1987 (Conolly, 1987). Ideally, in order to measure the "effect" of AIDS education the best research method would be to re-interview the 'pre' sample after they had attended the AIDS Education Programme and ensure that there were no other influences on their AIDS knowledge or attitudes apart from the AIDS Education Programme. However, it is impractical to re-interview prisoners in large numbers because of the turnover in the system and movement between gaols. Prisoners were not forced to attend AIDS Education Programmes, so we could not know beforehand who to sample. We cannot control the influence of other factors such as the media.

In the present design it was possible to build in some safeguards which would allow us to decide whether what was being measured was the 'effect' of AIDS education in prison. Prisoners in the post sample were asked what was their best source of information about AIDS, and details about their exposure to AIDS education were sought. To measure the "effect" of AIDS education by comparing 'pre' and 'post' data, we would want to find that the entire post sample had in fact been educated through the gaol-based AIDS programme, and that this was their best or only source of information about AIDS. This would mean that if knowledge improved in the 'post' group, then, at least as far as the prisoners themselves reported, the AIDS Education Programme had been the best resource for their knowledge about AIDS.

As we shall see later in this report, only about one-third of the post sample had formal AIDS education (in the form of AIDS talks or videos presented by an educator) from the programme. Thus, a comparison of 'pre' and 'post' data could not give any measure of the effect of the programme. Consequently, comparisons of 'educated' and 'non-educated' prisoners were used to evaluate the AIDS Education Programme. Educated prisoners were those who had attended talks or video presentations given by an AIDS educator. Non-educated prisoners had experienced no AIDS education (another group was also found who had read pamphlets, and this was the only form of education they had had, as we shall see in section 3.1). The comparison of 'pre' and 'post' data served another purpose, being simply to monitor any change in knowledge or attitudes in the prison population over time.

When 'educated' and 'non-educated' prisoners are compared it is assumed that any difference between the groups is due to the AIDS Education Programme. Any other influences on knowledge or attitudes should be randomly distributed across both groups such that the effect of AIDS education can still be measured. However, it is important to discuss other influences which could bear direct relationship to prisoners' knowledge and attitudes about AIDS and take them into account.

In our sample, 62% of non-educated prisoners and 47% of educated prisoners said that the media was their best source of information about AIDS. In the educated group, 39% said that the prison AIDS education talk or video had been their best source of information (Table 1). It is encouraging that some prisoners in the educated group did see prison education as their best resource, but this only partially satisfies our criteria for a true evaluation of the effect of the prison AIDS Education Programme.

Comparisons between 'educated' and 'non-educated' groups need to be interpreted with caution. The results in Table 1 indicate that it is

	Educated	Non-educated
Media	47%	62%
Gaol talk/video	39%	-
Pamphlet	7%	11%
Professionals	11%	15%
Friend/Relative	11%	23%
Other	10%	9%
<b>TOTAL</b>	<b>83</b>	<b>127</b>

**Note:** In some cases prisoners named more than one 'best source' of information about Aids. Hence, figures sum to more than 100%.

particularly important to take into account the impact that the media could have on prisoners' knowledge and attitudes about AIDS.

As will be outlined later in this report, the research focussed on prisoners' attitudes about such issues as segregation, compulsory AIDS testing and condoms in gaol. These are all issues which have been given a lot of attention in the media. Differing viewpoints have been expressed by government spokespersons, community experts and others. In order to take this into account an analysis of media articles from March, 1987 to March 1988 is presented in this report. This provides a backdrop for understanding prisoners' attitudes to AIDS at that time.

Unlike prisoners' attitudes, it was not expected that the media would have a great impact on prisoners' knowledge about AIDS, as it is measured in this study. As will be seen later, the majority of knowledge questions command quite a detailed understanding of AIDS. For the majority of prisoners the media exposure had consisted of the odd news item or commercial. At that time the infamous Grim Reaper campaign had been and gone, and there were many articles about AIDS, but they rarely gave any information about AIDS which would have been useful in responding to the knowledge questions asked in this study.

A small number of prisoners did say that they had seen more detailed and informative media presentations, such as a T.V. programme produced by the B.B.C. called "Quantum", and a programme screened on Channel 10 throughout Australia called "Suzi's Story". The Quantum programme could have helped prisoners to understand what happens after the virus first enters the blood stream and how it attacks the immune system. Prisoners who had seen Suzi's Story might have learnt that it is very difficult to catch AIDS through casual contact since the programme depicted close family relationships with an AIDS carrier. These were all areas of knowledge which would have helped prisoners to score well on the knowledge quiz given in this research study.

The research design looks for differences between 'educated' and 'non-educated' prisoners' knowledge and attitudes about AIDS in order to evaluate the AIDS Education Programme. It has been argued that any other factors which influence knowledge and attitudes are randomly distributed across the groups and therefore do not distort the comparison between groups. Even so, the media could have a significant impact on attitudes in particular, and this will be taken into account in the interpretation of results later in this report.

## **2.2 The Questionnaire and Interview Procedure**

The decision was made to interview a random sample of prisoners representing approximately 15% of the prisoner population in 6 N.S.W. gaols. This was to be done twice to obtain 'pre' and 'post' interviews. That is, it was planned to do approximately 200 interviews each time, making 400 altogether. However, since the initial design of the study a third round of interviews has also been completed, constituting a second group of 'post' subjects. Interviewing is the only practical method for obtaining non-record data from prisoners. Self-administered questionnaire data are not a viable option since the distribution and return of questionnaires cannot be adequately supervised, nor could a reasonable response rate be expected.

Two comparable questionnaires were developed to assess prisoners' knowledge about AIDS and attitudes to AIDS in prison in an interview situation. Questions were designed to assess prisoners' understanding of five main areas of knowledge: the risk of transmission, the development of AIDS, the AIDS blood test, the symptoms of AIDS and AIDS prevention. Attitude questions focussed only on issues relevant to the prevention of AIDS in the prison system such as: segregation versus integration of HIV positive prisoners, condoms for prisoners and compulsory versus voluntary HIV antibody testing for prisoners.

Both questionnaires were pilot tested at the Metropolitan Remand Centre. The first questionnaire, "Prisoner Questionnaire 1", was used to assess prisoners' level of knowledge and attitudes about AIDS before the AIDS Education Programme had begun. A copy of the questionnaires is given in Appendix B. Almost all knowledge and attitude questions are identical in the two questionnaires. However, the second questionnaire, "Prisoner Questionnaire 2", included an additional section to gauge prisoners' exposure to AIDS education material (talks, videos and pamphlets). This questionnaire was administered in both rounds of post interviews.

In conducting interviews with prisoners, the very first priority was for the researchers to establish rapport and present as 'a person', and not as

an 'agent' for the Department. Secondly, the interviewers had to communicate that they had no prejudice in that they did not favour AIDS education nor any other AIDS policy. The interviewers had to make the prisoner feel comfortable about discussing 'AIDS' and had to be in a position to understand all points of view. This had to be done at the expense of a rigidly standardised interview procedure. The questionnaire was designed to provide the basic questions for what could be termed a 'semi-structured' interview.

The semi-structured interview began with assurances of confidentiality and an explanation of the project (see Appendix B). Prisoners were not expected to obediently respond to the interviewer, but were also encouraged to ask questions. The interviewer needed to have a good knowledge of AIDS, and an understanding of the problems facing prisoners with AIDS, in order to answer many of these questions. This also helped in establishing rapport. Clear guidelines about confidentiality and rapport were given to interviewers.

All interviewers felt that they were able to establish good rapport with prisoners. Except in a very few cases, it seemed that prisoners found the interview interesting. They were usually open in expressing their opinions about AIDS, and seemed to try hard to answer the knowledge questions. In retrospect it was probably an advantage to have had a succession of interviewers so that we could compare responses and ensure that the data collection process could not be dominated by the particular style of any one interviewer.

The open-ended nature of most questions meant prisoners could express their opinions freely. However, there were also more structured knowledge questions and "yes/no" attitude questions which would enable a more quantitative analysis of results. The questionnaire was administered in a closed room in the gaol, and in private. Occasionally, when a room was not available, interviews were conducted in the grounds of the gaol complex. During all interviews, it was ensured that no other prisoners or staff were within hearing distance. The interviews varied in length from approximately 45 minutes to 1 1/4 hours.

### 2.3 The Sample

Random samples of prisoners from six N.S.W. gaols were interviewed in July and August, 1987 (Conolly, 1987). The six gaols were: the Central Industrial Prison (C.I.P.), Parklea Prison, Cessnock Corrective Centre, Mulawa Training and Detention Centre for Women, Silverwater Work Release Centre, and the Emu Plains Training Centre. These gaols were chosen to represent a variety of institutions, including maximum, medium and minimum security, males and females and country and city gaols. In late 1987, and late 1988 to early 1989, allowing time for the

AIDS Education Programme to proceed, interviewers returned to these gaols to reassess knowledge and attitudes of random samples of prisoners, and ask about their exposure to AIDS education material.

It is very important to recognise that in other N.S.W. gaols (not originally included in this study), it was reported that more extensive AIDS education was being run for prisoners. The more extensive programmes relied on the dedication of a few highly motivated individuals (both staff and prisoners) working in the gaol. This is particularly true of the Malabar Training Centre (with the M.T.C. AIDS committee), the Metropolitan Remand Centre (with the M.R.C. AIDS committee), and Bathurst (with an AIDS course for eleven prisoners run by the Drug and Alcohol worker, Mr. Steve Lyons).

In order to properly evaluate the progress of the AIDS Education Programme, the research analysis was expanded to include two gaols where AIDS education was said to be progressing at a greater rate. It was decided to include Bathurst Gaol in the sample since AIDS education for both staff and prisoners could be assessed there. To add to this, data from the M.R.C. had been collected as part of the pilot research for this study. Data from both of these gaols will also be presented in the first section of this report as a comparison. This will ensure that the evaluation is not biased by the exclusive study of gaols where there had been difficulty in running AIDS Education Programmes. For the bulk of this report however, analyses will concentrate on the six gaols originally sampled. Separate reports have been produced for Bathurst (Lyons, 1988; Conolly, 1988a, 1988b, 1989).

In mid-1987, before the current AIDS Education Programme had begun, interviews were conducted with a random sample of 244 prisoners from six N.S.W. gaols. A total of 196 interviews were conducted after AIDS education had begun in the last quarter of 1987, with random samples of prisoners from the same six N.S.W. gaols. To add to this a random sample of 23 inmates were interviewed at the Metropolitan Remand Centre in October 1987, and a random sample of 31 prisoners were interviewed at Bathurst in February, 1988. One year later, in late 1988 to early 1989, interviews were again conducted with random samples of prisoners from the original six N.S.W. gaols, this time with a sample size of 158 prisoners.

The sample of 196 prisoners who were interviewed in the six gaols in late 1987 comprised 13% of the total prisoner population for those gaols. Three cases have been excluded from the sample, due to missing data (half completed interviews). In the first section of this report this sample of 193 prisoners from six N.S.W. gaols will be compared to the sample of 54 from Bathurst and the M.R.C.

Wherever it is appropriate these results will be compared to results from the sample of 244 interviews conducted prior to the commencement of the AIDS Education Programme. A full report on these interviews was written in November, 1987 (Conolly, 1987).

The interviews conducted in late 1988 to early 1989, will be discussed later in this report (Section 7.2). However, only preliminary findings will be reported here for the purposes of comparison to the 1987-1988 data. A full report of the results from this data is currently in progress (Potter and Conolly, report in progress).

### 3.0 EXPOSURE TO AIDS EDUCATION

To what extent had AIDS education reached the prisoner population, and in what form (talks, videos, or pamphlets), as at December 1987?

Prisoners were asked a series of questions about the AIDS education they had seen, heard or read inside gaol. The 193 prisoners interviewed in late 1987 could be divided into several groups, based on the amount of AIDS education they had received in gaol. Many prisoners had had some type of education in the form of pamphlets, videos or talks and these will be discussed later. For now it is sufficient to divide the sample into those who had "some education" versus those who had "no education". From the results presented in Table 2 some evaluation can be made of the original aim of the Education Programme which was to reach "all prisoners in N.S.W. gaols", within a time frame of approximately three months, in late 1987.

The extent of education by late 1987, in our representative sample of six N.S.W. gaols, shows that 33% had not had any AIDS education in gaol. Included in this group were a majority who had at least seen pamphlets but had not read them. The remaining 67% of the sample had been exposed to some form of AIDS education before the end of 1987.

In the six gaols originally sampled, the percentage of prisoners who had been exposed to AIDS education varied from 56% at Cessnock and 58% at Parklea, to 84% at Mulawa. By comparison, at the two gaols where there was reported to have been a more concentrated effort (the M.R.C. and Bathurst) the percentage 'educated' were 96% and 71% respectively (see Table 3). At Bathurst Gaol the percentage 'educated' is no different to the average for all six gaols, in our sample, but the figure for the M.R.C. is outstanding.

Taken together, these results show that within a space of only 4 to 6 months, AIDS education, in some form, had reached a majority of N.S.W. prisoners in the eight gaols considered here. Programme Organisers have expressed concern that they had not been able to run AIDS talks or screen videos, and this is borne out in the results. However, it is a credit to the Programme Organisers that they had at least been able to reach two-thirds of prisoners with some form of education, despite the difficulties they were encountering. A small research project has been undertaken to gain further insight into the progress being made, and the difficulties for Programme Organisers (see Section 7.0). It is an obvious priority that educational programmes must aim to reach all prisoners. However, it is extremely important that the types of educational materials being used are also effective. Following is a more detailed description of the types of AIDS education materials prisoners had received.

#### 3.1 Pamphlets

For 50% of our representative sample of six gaols, pamphlets were the **only** education material that prisoners had seen (Table 4). Also, many of the prisoners who had seen videos or been to talks had also seen and read pamphlets. Pamphlets reached more prisoners than any other form of education material.

**Table 2: Percentage of prisoners with exposure to AIDS education by gaol, as at December, 1987**

GAOL	SOME EDUCATION	NO EDUCATION	TOTAL
C.I.P.	77.5%	22.5%	40
Parklea	58.0%	42.0%	31
Cessnock	56.0%	44.0%	50
Mulawa	84.0%	16.0%	19
Silverwater	71.0%	29.0%	34
Emu Plains	68.0%	47.0%	19
TOTAL	67.0%	33.0%	193

**Table 3: Number of prisoners with exposure to AIDS education at Bathurst Gaol and the Metropolitan Remand Centre**

GAOL	SOME EDUCATION	NO EDUCATION	TOTAL
BATHURST	71%	29%	31
M.R.C.	96%	4%	23

**Table 4: Percentage of prisoners in each gaol for whom AIDS pamphlets were the only source of AIDS education**

Gaol	Only read a pamphlet	Seen pamphlets but not read	Number interviewed
C.I.P.	35%	17%	40
Parklea	6%	39%	31
Cessnock	26%	32%	50
Mulawa	53%	1%	19
Silverwater	21%	21%	34
Emu Plains	21%	16%	19
<b>TOTAL</b>	<b>26%</b>	<b>24%</b>	<b>193</b>

Even though pamphlets can reach large numbers of prisoners, there are some significant problems with their effectiveness as an education tool. In our sample, 24% had seen pamphlets but had not read them. Furthermore, some of the inmates who had read pamphlets said that they had only "glanced at them". Four prisoners said that they could not read. However, many prisoners simply said that the pamphlets did not interest them, or that they "had heard it all before".

The results in Table 4 indicate that there may be some important differences in prisoners' receptiveness to AIDS pamphlets in the different gaols, particularly Parklea and Mulawa. These results lead to some possible differences in AIDS education in these gaols which are worth noting.

Although pamphlets were available in all gaols, only 6% of prisoners at Parklea had read them. This may mean that there is a greater resistance to this type of educational material at Parklea, or that prisoners are just less likely to pick up a pamphlet to read it. It may be that prisoners at Parklea, where there is a more stable population, do not want to show any interest in AIDS for fear their peers will be suspicious of them. In most gaols, some prisoners had certainly mentioned this problem during interviews. However, when there is a higher turnover of prisoners this means that they would soon forget their suspicions as they move through the prison system or as their cell mates change. At Parklea it may be that everybody keeps a much closer eye on each other because the same inmates are housed together for longer periods of time, often years. Thus, an active interest in AIDS information, such as pamphlets, would be avoided if prisoners did not want to rouse suspicion. Therefore, the AIDS Education Programme at Parklea may face a stronger peer group resistance when asking prisoners to pay heed to AIDS education. It is also possible, as we shall see later, that AIDS talks for prisoners have not been run or attended because of this.

At Mulawa, the situation is quite the opposite to this. It seems that almost all women who had seen pamphlets at Mulawa had read them. Their concern about AIDS was not something that they

felt they needed to hide, and this was also evident simply from the frankness with which the women answered interview questions. AIDS pamphlets are therefore one very good way of at least getting information to women in prison.

It is essential that pamphlets should be developed so that more prisoners are likely to read them, especially for male prisoners. The types of pamphlets that may be interesting and readable, as well as educational for prisoners, warrants further investigation. A research study has been completed which looks into this problem (Duffy, 1988). This study found that two distinct styles of pamphlets should be produced, "Comic" and "Traditional", which would appeal to prisoners' varied reactions to AIDS pamphlets. It was also recommended, among other things, that inmates should collaborate in the production of these pamphlets.

### 3.2 Videos

In general, the AIDS Education Programme has placed a strong emphasis on the presentation of education material (such as videos) in the context of a talk, where prisoners are able to get feedback and ask questions. Nevertheless, there were some prisoners who had seen a video about AIDS, without any other presentation, (although they may also have read pamphlets at some time). Prisoners who had seen a video in the context of a talk were categorised as having been to a 'talk' and these prisoners will be discussed in the next section of the report.

Table 5 shows where and when prisoners had seen an AIDS video outside the context of a talk. The gaol in which prisoners were interviewed was not necessarily the gaol in which they had seen the AIDS video. For instance, one prisoner who was interviewed at Cessnock had actually seen an AIDS video at another gaol. On the other hand, at Parklea eleven prisoners said they had seen videos, and all but one had seen the video while they were at Parklea. A few prisoners had seen videos prior to the 1987 AIDS Education Programme, and they are also shown in Table 5.

Overall, the approach of screening videos without a talk, has not been used to a great extent,

**Table 5: Number of prisoners who had only seen a video, and where they had seen a video, by gaol**

GAOL	In This Gaol	In Other Gaol	Before 1987	Outside Gaol	Total Seen	Total Sample
C.I.P.	2	-	1	-	3	40
Parklea	10	-	1	-	11	31
Cessnock	-	1	-	2	3	50
Mulawa	-	-	-	-	-	19
Silverwater	1	1	-	1	3	34
Emu Plains	2	2	-	-	4	19
Bathurst	2	-	-	-	2	31
M.R.C.	2	1	-	-	3	23

with the possible exception of Parklea. Only 12% of the sample from six N.S.W. gaols had seen a video in this way. Nearly half the prisoners who had watched a video by itself were from Parklea Prison. At the two gaols where special AIDS Education Programmes had been run, (Bathurst and the M.R.C.), there were also very few prisoners who had seen a video outside the context of a talk.

When prisoners were asked for details about the videos they had seen, more often than not they could not remember the name of the video. Nor could they remember very much about the content of the video, although they could recall some basic messages of the videos. That is, "don't share needles, or use new ones if you have to share" and "always use condoms". It became apparent throughout the interviews that prisoners were not happy with this general message. In particular, prisoners' comments indicated that they felt the videos were "a bit of a joke". In fact, one prisoner commented that these videos were only put on as 'punishment' when the prisoners were confined to their units.

This sentiment is understandable if we consider that most of the videos available to prisoners were produced for viewing in the general community. In fact these were, at that time, the only videos available for educators in the prison setting. They carried messages which were not necessarily relevant to the gaol population. However, this has now been recognised by the AIDS educators and a video produced by prisoners at Bathurst Gaol may go a lot further in using the video as an effective educational medium. This video carries an appropriate message to prisoners to clean their needles and has been produced by prisoners for prisoners.

If videos are screened outside the context of an AIDS talk, educators do not have to rely on prisoners to come to an AIDS session or talk, since they can be screened throughout the video system which reaches the prisoners in their cells or wings. Videos are important because, if they are well designed, they can be effective for people with literacy problems, and few educational skills. Videos screened in this fashion may reach prisoners who do not read, or cannot read,

pamphlets and who do not attend formal educational talks.

### 3.3 Talks

In 1987, the Education Programme had intended that AIDS talks would be the major education strategy. Talk sessions allow prisoners to hear a presentation of up to date information about AIDS from an "expert", with the option of also viewing video material, and receiving pamphlets. In all talk sessions the essential ingredient is the opportunity that this provides for prisoners to ask questions and clear up any doubts or fears they may have.

Overall, 29% of the prisoners interviewed in all eight gaols had been to a talk about AIDS in gaol since the current AIDS Education began in mid-1987. However, the gaol at which they were interviewed was not necessarily the gaol at which they had been to the talk. Table 6 shows some relevant details about the talks that prisoners said they had been to. For instance, at Emu Plains five prisoners said they had been to a talk, but four had been to the talk in another gaol, and one had been to a talk prior to the 1987 AIDS Education Programme. On the other hand, of the eleven prisoners at M.R.C. who stated that they had been to a talk about AIDS, nine had been to the talk at the M.R.C., one had been to a talk at another gaol, and another had been to a talk outside gaol.

From the results of this research, one important point can be made about prisoners' movement between gaols. At the time that interviews were done in the first six gaols under study, three or four months had passed for talks to get under way. In this short period of time 28 prisoners (from six gaols) or 15% of the sample had seen talks in **other** gaols, meaning that they had only been transferred to their current gaol in the last few months. From other data collected during the interview we also know that 92 prisoners, or 48% of the sample who had **not** been to a talk, said that they had been in their current gaol for **less than three months**. Thus, within a three or four month period, a total of 63% of the sample of prisoners from six gaols had recently been transferred to their current gaol, either from another

**Table 6: Number of prisoners who had been to a talk, and where they had been to a talk, by gaol**

GAOL	In This Gaol	In Other Gaol	Before 1987	Outside Gaol	Total Seen	Total Sample
C.I.P.	1	9	4	-	14	40
Parklea	1	1	3	-	5	31
Cessnock	5	6	-	1	12	50
Mulawa	5	-	-	1	6	19
Silverwater	5	8	1	-	14	34
Emu Plains	-	4	1	-	5	19
Bathurst	5	3	-	1	9	31
M.R.C.	9	1	-	-	10	23
<b>TOTAL</b>	<b>31</b>	<b>32</b>	<b>9</b>	<b>3</b>	<b>75</b>	<b>247</b>

gaol or from court. These results give an indication of the extreme prisoner mobility that exists in the N.S.W. prison system, which has important implications for the organisation of any programme which aims to target all prisoners in all gaols. The achievement of this aim will depend on which gaols are targeted for the programme and how often. This is a problem that has been recognised by some AIDS educators and has already prompted the formulation of a programme to target all new incoming remand prisoners at the M.R.C. However, there is still a need to focus more AIDS education on sentenced prisoners at key points as they move through the system.

In order to get a clearer picture of where prisoners had received AIDS education talks in the second half of 1987, the gaol in which prisoners had attended talks was tabulated (Table 7). This could have been the same gaol at which they were interviewed or a gaol in which they had recently been held. Overall 30% of the 63 prisoners in our sample who had been to talks in gaol in the second half of 1987, had been to them at the M.R.C. It is not possible to draw any firm conclusions about which talks at which gaols reached the most people, since the study only covers eight N.S.W. gaols.

However, from Table 7 we can at least gain some understanding of the range of talks to which prisoners had been. I will briefly run through some of the prisoners' descriptions of these talks. At the M.R.C. half of the talks were reception talks given by a prisoner delegate who also gave out pamphlets. Some prisoners also reported that they had been to a talk "put on at night in the wing". This talk was said to be given by "a doctor who showed a film". At Cessnock there had been one talk at "the pizza hut", which is the term used for the visiting area. Prisoners said the talk was given by "some nurses" and "a doctor" who also showed a video. At Silverwater and Bathurst prisoners described a number of different talks. At Silverwater prisoners mentioned "some nurses" and "a doctor" who showed a video. They also mentioned that "a medico" or "a lad" came in to give a talk in "the T.V. room" or "the common

**Table 7: Number of prisoners who had been to a talk, categorised by gaol where they been to the talk**

GAOL	No. of prisoners who had attended a talk
M.R.C.	19
Cessnock	11
Silverwater	7
Bathurst	6
Goulburn	5
Mulawa	5
"The Bay"	2
Parramatta	2
Cooma	1
M.R.P.	1
M.T.C.	1
S.C.U.	1
Parklea	1
C.I.P.	1
Emu Plains	0
<b>TOTAL</b>	<b>63</b>

room" in the wing. Another said that "a doctor" gave a talk in the activities area, and showed a video. At Bathurst one prisoner said he had been to a talk given "by a doctor and a woman from the Department". Another said he had been to a talk with "one doctor and a counsellor who came around the gaol", and one said they had been given "a talk and a film in 'A' wing". Yet another said he had been to talks as part of an AIDS counselling course run by the Drug and Alcohol worker at Bathurst. At the C.I.P., the one talk mentioned was given by "the man running the Narcotics Anonymous groups", and at Parklea the talk was given by "a female doctor when they were making a documentary film about AIDS".

For the purposes of this evaluation, the most significant characteristic of the above accounts is their variety. The types of talks varied depending on who had organised them, where they were held and how they were presented. The variety in talks has implications for the conclusions that we can draw from this research. It will only be possible to evaluate the overall effect of having been to a talk of some kind, versus having not been to one. The results presented in this report are a gross overview of the effectiveness of all of these talks, since we have not evaluated the effectiveness of any one particular type or style of talk.



Since Programme Organisers have had difficulty in organising talks, it is not surprising that only 29% of the sample from the six representative gaols had been to one. Even in those gaols where AIDS education was reported to have been more developed, only 35% of the sample had been to a talk. However, the difficulties of organising talks, and the mobility of the prisoner population have not been the only problems for the Programme Organisers. In the sample of 193 prisoners there was another 29%, at the very least, who did not attend a talk or AIDS video even though they were in a gaol for longer than three months where at least one talk was available. That is, 29% of prisoners in the sample had not attended talks even though there was one held in their gaol.

Three possible reasons for this are listed below:

1. They may not have known the talk was on;
2. They may have known that it was on and declined to attend;
3. They may have known it was on, but were unable to get to the education session (due to work, sickness, confinement to a different area of the gaol ...).

Although there has been no systematic check of attendance rates for all AIDS education talks, the researchers have noted that these three factors have been a problem for many of the talks they personally attended. It seems that it is very difficult to organise and motivate groups of prisoners to congregate together at a time and place in which an AIDS education talk can be run. It should be possible for Programme Organisers to overcome the practical problems posed by advertising the talks and finding the appropriate time and place to run them. If the tasks of the Programme Organiser are given a high priority by the gaol superintendents, and sufficient equipment and resources are provided, there should be no problems for Programme Organisers in initiating and organising a talk.

Even so, Programme Organisers still have one major problem remaining and that is how to encourage prisoners to attend talks. Prisoners have often stated during interviews that they are "not interested in AIDS" or that "no-one knows what they are talking about" or that they already "know all they need to know about AIDS". When calling up prisoners for interviews about AIDS some have wanted to emphatically deny any interest in AIDS before the interview begins, possibly because they fear that they may be singled out for suspicion as being a carrier. They have expressed dissatisfaction and confusion about AIDS policy and the aims of the AIDS Education Programme. It has even been difficult to ask prisoners to do the interview because of this,

although the fear and suspicion are soon overcome when the interview gets underway.

There are two AIDS Education Programmes involving talks for prisoners which can offer us some ideas about how to attract more interest in AIDS education talks and maintain that interest. These are the induction programme offering AIDS education to new receptions at the M.R.C., and the Inmate AIDS Counselling Course run at Bathurst in February, 1988 (Lyons, 1988). Both of these programmes have also been evaluated. Results from the M.R.C. can offer valuable insights into Programme Organisation for large groups of prisoners. The results from the Bathurst Inmate AIDS Counselling course are very encouraging (Conolly, 1989). I will briefly discuss the main findings of these studies in turn.

In the M.R.C. prisoner delegates who have credibility in the prison population have been working hard to motivate prisoners to attend talks and other AIDS education activities. At the M.R.C. the involvement and dedication of one or two custodial staff and the superintendent has also been absolutely essential to ensure that all the practical considerations of grouping prisoners together for talks are reasonably ordered and organised. Talks were presented to groups of 20-30 prisoners at one time. Later, during interviews, the prisoners complained that they were unable to get all their questions heard and they felt the speaker was being continually disrupted and diverted. These results suggest that it would be wise for AIDS education talks to address smaller groups who are likely to be less rowdy.

Although the M.R.C. education seminars were attended by almost all prisoners in the wing, there were many prisoners who left half way through and some prisoners continually disrupted the talk with questions about AIDS policy (e.g. "When will the Department give us bleach?" "Why don't they give us needles?"). These were questions which the speaker could not answer to the satisfaction of the inmates. In this report, we have concluded that the AIDS Education Programme does not have good credibility with inmates because of the confusion about AIDS policy.

At Bathurst, the involvement of one non-custodial staff member, who had good rapport with prisoners, was vital to the operation of the programme, but it was the prisoners themselves who made most of the decisions about the organisation of the programme (Lyons, 1988). Speakers were invited from various fields of AIDS prevention in the community. Their different areas of expertise included: sexuality, I.V. drug use, pre- and post-test counselling, and caring for people with AIDS. The eleven prisoners who completed the Bathurst Inmate AIDS Counselling Course had extremely good knowledge about AIDS, and well informed attitudes. They were well prepared for a role as "peer-educator" in prison. However, they were originally trained to act as peer-

educators so as to play a vital role in a programme which proposed to encourage confidential voluntary HIV antibody testing, and which would complement a new integration policy (Sutherland, Goh and Porritt, 1987). Neither the testing programme nor the integration policy were introduced at that time. Thus, some of these inmates lost interest in AIDS education and the peer support role because of the inability of the N.S.W. Department of Corrective Services to "keep their side of the bargain" and make the relevant policy initiatives.

In both of the examples cited above, AIDS Education Programmes have had difficulty, at some stage, in establishing their credibility and/or arousing interest because of some confusion and dissatisfaction with AIDS policy. It is apparent that the prisoners themselves do not see "AIDS education" and "AIDS policy" as separate issues. The relationship between policy and education will therefore need to be taken into account throughout this evaluation.

### 3.4 Summary of Exposure to AIDS Education

In summary, the evaluation shows that there has been some progress in AIDS education through to late 1987, even though this has not entirely fulfilled the need to "reach all prisoners". The main findings are given below:

1. Sixty-seven per cent of prisoners in our random sample of 193 prisoners from six N.S.W. gaols had experienced some AIDS education (pamphlets, videos or talks) in late 1987.
2. There was no marked difference in the number educated by talks across eight N.S.W. gaols.
3. Twenty-nine per cent of prisoners in all eight gaols had been to talks about AIDS in the second half of 1987.
4. Only 12% of prisoners in six N.S.W. gaols had seen a video outside the context of a talk. Most of these prisoners were from Parklea.
5. Fifty per cent of prisoners had seen pamphlets in gaol. Only 26% of prisoners had seen, and read pamphlets.
6. In our sample of prisoners from six N.S.W. gaols, 63% had been transferred to their current gaol, either from another gaol or from court in the last three months. This indicates the extreme prisoner mobility in N.S.W. gaols which would make it difficult for any programme to reach all prisoners.
7. Twenty-nine per cent of prisoners in the sample had not attended a talk even though there was one held in their gaol while they were there.
8. More female prisoners from Mulawa had read pamphlets (53%) compared to

prisoners in the five male gaols sampled (22%).

The results presented here do indicate that for the gaols studied in this evaluation, there is still a huge potential for AIDS education to develop and increase its' audience.

1. To increase prisoners' interest in AIDS education, and establish the credibility of AIDS Education Programmes more generally, there is an urgent need to resolve inmates' confusion about AIDS policy.
2. Education programmes for prisoners should try to involve prisoners in their organisation. Staff must establish good rapport and present a variety of material that is relevant to the needs of the prisoners at the gaol.
3. Pamphlets could be developed for prisoners so that they are more likely to read them, particularly for male prisoners. A project by Streetwise Comics to develop appropriate material for prisoners was completed in early 1989 and should fulfil this need to some extent. There is still room for the development of prison pamphlets in a more traditional style.
4. Videos may be tailored specifically for the prisoner population and could be screened more frequently outside the context of a talk. A video produced by prisoners at Bathurst Gaol in March, 1988 at the time of writing this report has still not been released for general screening in the gaols.
5. Talks could be presented more frequently to track the mobile prisoner population, with the suggestion that programmes could target new receptions of sentenced prisoners and pre-release prisoners.
6. Talks should be presented to smaller groups of prisoners (less than 20) whenever possible.

### 4.0 PRISONERS' KNOWLEDGE ABOUT AIDS

This research study was designed in order to compare prisoners' knowledge about AIDS over time and to ascertain the effect that the AIDS Education Programme has had on prisoners' knowledge in six N.S.W. gaols (Parklea, C.I.P., Cessnock, Mulawa, Silverwater and Emu Plains). The design allowed 3-4 months for AIDS education to take place in these six gaols, and as we have seen in the previous section, not all prisoners were educated by the time the second round of interviews had been done. The comparison of 'pre' and 'post' knowledge does not necessarily reflect the value of AIDS education, since only one-third of those in the 'post' group

had experienced the education that the programme aimed to give them (talks and videos). In fact, it is assuming too much to continue to label these groups as 'pre' and 'post' AIDS education. It is far more realistic to refer to the two groups as "Time 1" and "Time 2", so this terminology will be used for the rest of this report. "Time 3" data, or the second round of post interviews will be discussed in Section 7.2.

I will give only a brief outline of Time 1 knowledge as compared to Time 2. We can learn more about the effectiveness of the AIDS Education Programme from a comparison of the knowledge of those at Time 2 who were educated and those who were not, so this will be examined in greater detail in the second part of this section. Throughout these analyses, I will also investigate any differences between goals.

The total sample from six N.S.W. gaols will be analysed in this section but will exclude 14 prisoners from Time 2 who had also been interviewed at Time 1. They have been excluded because educational information was often given out at the interviews and this could have influenced the level of knowledge about AIDS at Time 2. After excluding these cases and some missing cases, we have a sample of 236 from Time 1, and 177 from Time 2 for whom relevant knowledge data could be analysed.

#### **4.1 A Comparison of Knowledge at Time 1 versus Time 2 for Six Goals**

There were ten knowledge questions in the questionnaire administered at Time 1 (Questions 1-10) and ten comparable questions in the Time 2 Questionnaire (Questions 8-17) (see Appendix B). Several fairly structured questions focussed on transmission of the HIV virus, the AIDS blood test, the development of AIDS, and the signs and symptoms of people who have become sick. A more open question sought prisoners' knowledge of AIDS prevention strategies (using condoms and cleaning needles). These were considered the most important areas of knowledge which prisoners should understand for a number of reasons.

1. The transmission of HIV virus needed to be understood so that people could choose appropriate prevention.
2. The AIDS blood test needed to be understood since prisoners were to be encouraged to volunteer to be tested. As well as this, a compulsory testing programme has been discussed as a potential policy option for the near future. Prisoners need to know what a negative or a positive result would mean, and how reliable the test is.
3. In asking about the development of AIDS, it was hoped that prisoners would understand that any healthy person could be an AIDS carrier, and that these

people could remain healthy for many years. If prisoners were aware of this they should then know that they need to protect themselves from everyone, regardless of how healthy people seem to be.

4. Prisoners need to understand the signs of AIDS so they can at least recognise and understand the physical problems which may debilitate fellow prisoners or even themselves.
5. Prisoners need to understand appropriate prevention strategies so that they can protect themselves from infection with HIV.

Unlike AIDS Education Programmes in the community, education in prison must aim to teach all of the above areas of knowledge. Prisoners are forced to live in close affinity with other prisoners who may be HIV positive. Unlike individuals in the community, prisoners have to have a good understanding of AIDS, not only to protect themselves, but also to understand the implications of being housed with potential HIV carriers.

For each of the first four areas of knowledge (Transmission, Test, Development and Signs), the interview questions were used to compute knowledge scores. A sub-score was computed for each of the four areas, and these were then added up to make the total score. The fifth area of knowledge, prevention strategies, will be analysed later as responses were qualitative and could not be scored. Neither the reliability nor the validity of this score has been ascertained. However, it will be useful to analyse the overall knowledge scores and note the areas where prisoners are more likely to be correct. At least when prisoners are correct we can safely assume that we have measured their knowledge about AIDS. When they are incorrect, however, we cannot confidently say that this is due to a lack of knowledge since there could be some fault in the question design which did not allow prisoners the opportunity to tell us what they really knew. However, as we shall see later, more uneducated prisoners were incorrect in most areas, so this does validate the knowledge questions to some degree.

The first thing to notice from the knowledge scores is that all average scores for all prisoners, no matter which goal or how educated, are generally very low. Only two inmates, one who was a qualified doctor, and another, who had completed the Inmate AIDS Counselling Course at Bathurst, were able to score 19 out of 20 for these knowledge questions. There were a very few inmates who scored above 14, but the overall average for all prisoners was around 8 out of 20. Thus, to begin with, we can say that inmates in general are in need of further education to bring

their level of knowledge up to a standard that will allow them to fully understand the AIDS problem.

However, it is important to note that over 90% of prisoners at Time 1 and Time 2 understood the very basic message that AIDS was transmitted through "sex without condoms" and "sharing needles". The fact that prisoners understood this much at Time 1, as well as Time 2, probably indicates that the media attention given to AIDS throughout 1987 had also reached N.S.W. prisoners. In particular the Australia wide campaign which featured the Grim Reaper emphasised these dangers with the message "Always use condoms, Never share needles".

Nevertheless, we have found that prisoners have a generally low level of knowledge about AIDS, given that we expect them to understand not only the main risks of AIDS, but also ways in which the virus cannot be transmitted, the development and signs of AIDS, and the AIDS blood test. The scores are so low that it could be argued that the knowledge test is just too hard for prisoners. It is a well established fact that the majority of prisoners have little educational background, and this may make it difficult for them to understand the AIDS problem. However, the findings from the Bathurst prisoners, who had done an intensive course about AIDS, showed that their average knowledge score was 17.5. Almost every inmate in this course had scored correctly on almost every question (Conolly 1989). These prisoners also had little educational background, although most were studying while in prison. From these results we know that to get a high score on the knowledge questions is an achievable goal for prisoners.

Despite the generally low average, however, some significant differences were found between knowledge scores for each gaol, for each education group (those who had seen talks/videos, read pamphlets or had no education), and for each area of knowledge (risk, test, signs, development).

An overall analysis of the differences in knowledge scores was done using a statistical technique called Two-Way Analysis of Variance. This analysis tests the difference in average knowledge scores at Time 1 and 2 for the six gaols in the study. The test showed no significant difference between Time 1 and Time 2 for any gaol. We already know that a majority of prisoners at Time 2 had not experienced education so we would expect that knowledge would not increase substantially. However, there was a significant difference between the knowledge scores at different gaols, when we look at all prisoners from both the Time 1 and Time 2 samples ( $F_{5, 401} = 3.59, p < .005$ ). An eyeball comparison of the six gaols shows that prisoners from Parklea, Silverwater, C.I.P. and Mulawa seem to have a higher average knowledge about AIDS than prisoners at Emu Plains and Cessnock (see Table 8).

It is very interesting to note that prisoners in the four gaols which are located closest to the Sydney

**Table 8: Average Knowledge scores for all prisoners at both Time 1 and Time 2 by Gaol (n=413)**

GAOL	MEAN	STANDARD DEVIATION	N
Parklea	8.9	4.0	65
Silverwater	8.6	3.4	83
C.I.P.	8.4	2.9	99
Mulawa	8.2	3.8	38
Emu Plains	7.5	2.3	31
Cessnock	7.0	3.1	99

Metropolitan area have a higher average knowledge about AIDS than those in the country gaols (Emu Plains and Cessnock). When we analysed the statistical significance of the differences between gaols, the average knowledge scores of the three male city gaols (Parklea, Silverwater and C.I.P.) were all statistically higher than Cessnock. They were also marginally higher than Emu Plains, but because of the small sample size this was not statistically significant. The average knowledge score for Mulawa was not statistically different from any other gaol.

This is an important result. It means that for some reason the average knowledge about AIDS for male prisoners tends to be higher in city gaols than in country gaols. Before I try to interpret this finding some clarifications need to be made.

The total knowledge score was out of twenty, and although there are statistical differences between gaols the average scores are 8.9 for Parklea and 7.0 for Cessnock, a difference of only 2 points. Furthermore, when the four areas of knowledge (Risk, Test, Development and Signs) were analysed separately, it was the knowledge of risk which was significantly different for the male city and country gaols ( $F_{5,401} = 3.83, p < .005$ ). In real terms, the difference in knowledge between male city and country gaols is a difference of an average of 1.5 to 2 points in prisoners' understanding of the risks for transmission of HIV. Almost all prisoners in both country and city gaols knew the major risks of transmission and scored correctly on those items (sharing needles, and sex without a condom). The difference between male country and city gaols was that more prisoners in country gaols overestimated the risk of catching AIDS through casual contact (kissing, sharing cigarettes and using the same toilet).

However, it was apparent during interviews with prisoners in both the city and the country, that many prisoners were able to give the correct answer, saying that casual contact was safe, but they did not really believe it. This will be discussed in more detail later (see Section 6.0). Suffice to say that whether prisoners are in country gaols or city gaols there is still a need to educate prisoners that casual contact is definitely safe.

#### 4.2 A Comparison of Knowledge for Educated and Non-Educated Groups of Prisoners

The sample of 177 prisoners from six goals at Time 2 was categorised into three groups: the Educated group (those who said they had been to talks and/or seen videos), the Pamphlet group (those who said they had seen and read pamphlets but this was the **only** education they had had); and the Non-Educated group (those who reported having had no AIDS education). The Non-Educated group includes prisoners who had seen pamphlets but had not **read** them. The number in each group for each goal are given in Table 9.

The total knowledge scores for these 177 prisoners were analysed using a Two-Way Analysis of Variance. In this analysis we can discover whether there are any significant differences in average knowledge scores for the three groups (Educated, Pamphlet and Non-educated) and/or for the six goals. There was no statistical difference in knowledge between the six goals at Time 2, contrary to results found when Time 1 and Time 2 data were combined. In the previous analysis we had a much larger sample so differences between goals were statistically significant. However, in the smaller sample, there is a significant difference between the three education groups ( $F_{2,159} = 16.33, p < .001$ ). Table 11 shows the average knowledge score for each group (Educated, Pamphlet and Non-Educated).

When the average knowledge scores for these three groups were compared there was no statistically significant difference between the Educated and Pamphlet groups, but there was a difference between the Non-Educated group and both the Educated and Pamphlet groups. As we might expect, prisoners who had no education had the least AIDS knowledge as measured by these total scores.

To investigate what areas of knowledge might have been better or more poorly understood by each group, another analysis of variance was done. This time it was to look for differences in average knowledge for each subscore (Risk, Test, Development and Signs) and/or for each group. For those readers who are more familiar with statistical procedures, this was a Multivariate Analysis of Variance with one repeated measures factor (four knowledge sub-scores). The results of

Table 10: Average Knowledge Score for three categories of AIDS education, at Time 2 (n=177)

	MEAN	STANDARD DEVIATION	N
Educated	9.4	3.5	72
Pamphlet	8.0	3.2	49
Non-Educated	6.1	2.7	56

this analysis showed that there was approximately the same pattern of scores as shown in Table 10, for all subscores.

For the statistically minded, there was no interaction between the factors (Group x Subscore), but this was only marginally non-significant ( $F_{2,174} = 1.91, p > 0.07$ ). This means that for each area of knowledge (risk, test, development and signs) the Non-educated group consistently scored lower than the Educated and Pamphlet groups. However, the average scores for the Pamphlet group did have a larger variability than those of the other groups. For the risk and sign areas of knowledge, the average score for the Pamphlet group was closer to the average score of the Educated group, while for the test and development areas the average score for the Pamphlet group was closer to the average score for the Non-Educated group. From this analysis we know that the Pamphlet group has a higher level of knowledge about AIDS than the Non-Educated group especially in the areas of the risk and the signs of AIDS. The Pamphlet group tended to score lower than the Educated group but this was not statistically significant.

The most important finding was that the Educated group had a consistently higher average knowledge score than the Non-Educated group for all areas of knowledge about AIDS. Hence, those exposed to the AIDS Education Programme's talks or videos were more knowledgeable about AIDS, but this was only a difference of an average of 3 points out of 20.

One further result from the above analysis is also important. This was that for all groups, whether educated or not, the average risk knowledge score was 2-3 points higher than the average scores in the other three areas. Also the average score for knowledge about the blood test was about 0.5 to 1 point lower than the sign and development scores. These results were extremely significant ( $p < .0001$ ).

Table 9: Categorization of prisoners' educational level at Time 2 by Goal

	CIP	PKL	CESS	MUL	SIV	EMUP	TOTAL
Educated	15	16	14	4	15	8	72
Pamphlet only	14	2	13	10	7	3	49
No education	9	9	22	3	8	5	56
Total	38	27	49	17	30	16	177

### 4.3 Knowledge of AIDS prevention strategies.

In response to the question "What are some ways to avoid catching AIDS?", a vast majority of prisoners were able to say that you should use condoms during sex and that you should never share needles. Very few prisoners talked about **how** to use condoms and many were quick to point out that they "didn't do that sort of thing" and/or that "they did not use drugs". It was obvious that prisoners had no desire to be identified as being either "junkies" or "cats", and this made it difficult for interviewers to discuss prevention strategies. In order to maintain rapport, the interviewer did not pursue this with reluctant subjects.

If the prisoner mentioned that people should never share needles they were then asked whether it would help to clean needles. Some prisoners said that they thought you should never share them and that cleaning would not help. Others said it would help to stop the spread of HIV, but that they "wouldn't know how to do it" because they'd never used drugs. However, about 5% of our sample at Time 2 did say that they knew how to clean a needle, and some examples of the different methods are listed below:

"boil them"

"rinse them out in hot water and disinfectant - the stuff the cleaners use"

"rinse them in alcohol"

"wash them in soapy water or bleach"

"sterilise them"

"use cold water... boiling doesn't kill it... flush it with alcohol"

"boil or rinse with alcohol,.. gin or vodka... a clear alcohol"

"just wash it out in cold water".

None of these prisoners was able to outline the strict procedure which needs to be followed to ensure that HIV is not passed on when needles are shared. That is, wash with cold water, then wash with an agent that will kill HIV (alcohol or bleach), then wash with cold water again. Their answers were very vague, they did not know how concentrated the alcohol or bleach needed to be and nor did they know what types of disinfectants might work. Furthermore, prisoners cannot readily obtain bleach or alcohol and nor is it likely that prisoners would always have time to boil a needle before use.

From this very scant information about needle cleaning it appears that prisoners do not have the knowledge to clean needles properly. It is also unlikely that they would have the materials. Some prisoners also mentioned that they did not have the time, and still others, said that prisoners don't worry about cleaning needles when "all they want is a hit". Without the knowledge, materials, time or motivation to clean needles we would expect HIV to spread rapidly in the prison system if

intravenous drug use is prevalent. Additional research is currently underway to assess the level of "at risk" behaviour in the prison system more thoroughly than it has been here (Potter and Conolly, in preparation).

### 4.4 Summary of AIDS knowledge findings

The most important results arising from the analyses of knowledge scores are:-

1. In general, prisoners' knowledge about AIDS, as at December 1987 was poor, with prisoners in this sample scoring an average of less than half of the questions correctly in response to this questionnaire.
2. Male country gaols (Cessnock and Emu Plains) tended to have lower average knowledge about AIDS than male city gaols (CIP, Parklea and Silverwater) and this was especially true for their knowledge of the risks of AIDS. Prisoners in country gaols were more likely to overestimate the risk of catching AIDS through casual contact.
3. The Educated group had a significantly higher average knowledge about AIDS than the Non-Educated group for all four areas of knowledge about AIDS. However, this was only a difference of an average of 3 points out of 20.
4. The Pamphlet group also had significantly higher average knowledge than the Non-Educated group, especially for the areas of knowledge about risk of transmission and the signs of AIDS.
5. For all groups, whether educated or not, knowledge of the risks of transmission was higher than knowledge of the other three areas (the blood test, the development of AIDS, and the signs of AIDS). Also knowledge of the blood test was significantly lower than knowledge of all other areas.
6. There is some indication that knowledge about cleaning needles is poor, although almost all inmates know that they should "always use condoms" and "never share needles".

### Implications of these findings

The above results have some implications for the direction of the AIDS Education Programme.

1. Prisoners' general knowledge about AIDS was poor as at December, 1987. This is below an acceptable standard of knowledge, if we hold the premise that prisoners should understand the risks of transmission, the AIDS blood test and the signs and development of AIDS. It is, therefore, important that prisoners continue to be given information about AIDS.
2. Prisoners, particularly those in country gaols, need to be educated that there is no risk of catching AIDS in casual contact. They need to be given this message in a way that they find believable. This could be facilitated by arranging for HIV positive individuals to give talks.
3. Prisoners who attended AIDS Education Programmes using talks and/or video material had the highest average knowledge about AIDS. This suggests that prisoners can learn about AIDS from these sessions. However, even these prisoners had a total average score of less than half marks. The primary problem for the AIDS Education Programme is to force attendance rates up and ensure a high enough level of interest and credibility to create a learning environment for prisoners.
4. The results suggest clearly that pamphlets do provide prisoners with information about the risks of transmission of HIV and the signs of AIDS. This is factual information which can be spelt out in a pamphlet easily. It is less certain whether the prisoners who had read pamphlets understood the blood test or the development of AIDS any better than the non-educated group. I would suggest that it is conceptually more difficult to present this type of information in a pamphlet, and the information may need to be presented more carefully. Indeed, some pamphlets do not contain any information about those areas of knowledge.
5. Education programmes need to address more attention to the AIDS blood test, development of AIDS and the signs of AIDS, if it is considered that these are also important areas of knowledge for prisoners to understand. In order to understand the AIDS blood test prisoners need to know more about the development of antibodies in our immune system.
6. Prisoners must be taught how to clean needles in a way that is appropriate in

the prison system. They must be taught to use **available** cleaning materials that are effective against HIV. Other safe sex practices, apart from using condoms, also need to be discussed in education programmes, since condoms are not available in the prison system.

### 5.0 ATTITUDES TO AIDS IN THE PRISON SYSTEM

In this report I have used the phrase "attitudes to AIDS in the prison system" to mean people's opinions about how the spread of the virus can be stopped and why they might favour one or more policy options and not others. These attitudes are very specific to AIDS in the prison context, unlike more general attitudes which have been assessed in community research (attitudes to homosexuality, the use of condoms, attitudes to I.V. drug use and sharing needles etc...).

Prisoners in the six gaols under study were asked for their opinions about how to stop the spread of AIDS in the N.S.W. prison system. They were asked whether they thought it was possible to stop the spread of AIDS, and whether they would feel safe housed in the same wing as someone who was HIV positive.

Prisoners were also asked more specific questions about the hypothetical use of condoms in prison, compulsory versus voluntary testing, and segregation versus integration policies. However, many respondents also expressed more general attitudes to homosexuality, condoms, drug use and needle sharing.

There were two reasons for including these sorts of questions in the research. Firstly, the AIDS Education Programme has been designed to incorporate the discussion of policy options (including condoms, testing and integration or segregation policies). While presenting prisoners with the facts about AIDS, the AIDS Education Programme also intended to initiate discussion about various policies.

Furthermore, AIDS education has been utilised as a strategy which could prepare prisoners for changes in policy about AIDS in prison. In mid-1987, when condoms were to be introduced in N.S.W. prisons the role of AIDS education was to educate prisoners and staff about the use of condoms and discuss the introduction of condoms to prepare them for the change in policy. This was done even though the policy to introduce condoms in N.S.W. prisons was never implemented. In early 1988, the AIDS Unit, AIDS committees and AIDS Programme Organisers in three gaols supported "a snapshot" AIDS testing programme which was to attempt to test all prisoners in these three N.S.W. gaols. AIDS education seminars were run prior to the testing programme. More recently, the AIDS Unit has also been involved in preparing submissions

on proposed compulsory testing and integration policies.

Our observation of the AIDS seminars revealed that there was never any need to **initiate** discussion about AIDS policy. This was a topic that was always brought up by prisoners. In fact, as I have mentioned before, continued questioning about AIDS policy was disruptive to the information sessions in the AIDS seminars.

During the discussion of AIDS policy, it was envisaged that prisoners may gain a well rounded picture of the complexities and practicalities surrounding AIDS prevention in prison and an understanding of their responsibility for changing behaviour (if appropriate). It is essential to the evaluation of the AIDS Education Programme to try to assess its effectiveness in helping prisoners to grasp the rationale for and against these policy options.

Secondly, it is important to know whether the prisoners' responses to the attitude questions would bear some relationship to their knowledge about AIDS or their behaviour. This will require a discussion of knowledge, attitudes, and behaviour, which I will embark on in the next section of the report (see Section 6.0).

An assessment of prisoners' attitudes to AIDS in the prison system is vital to the evaluation of the AIDS Education Programme. However, I will first present a discussion of the presentation of AIDS prevention policy in the media and the position taken by authorities (Minister for Corrective Services and Prison Officers Union) and community "AIDS experts" (usually advisory medical personnel). I will also examine the response of the prisoner magazine "In Limbo". This will provide a backdrop for understanding prisoners' attitudes to AIDS.

### **5.1 An overview of the media response to AIDS prevention in prison: March, 1987 to March, 1988**

The search for workable AIDS prevention strategies in prison has been the subject of much debate for politicians, corrective services management, the prison officers' union, AIDS "experts" in the community, and the general public. Many papers on AIDS policy have been written which express some divergent viewpoints about how AIDS can be managed in the prison system (Albert, 1986; Hammet, 1988; Harding, 1987; Hough and Schwartz, 1985; Kilgour, 1987). It is not within the scope of this report to present a critique of these arguments. These are academic papers which are highly unlikely to have been a source of information about AIDS for most prisoners.

To understand prisoners' attitudes it is necessary to step into the prisoners' shoes for a moment to try to see how they may perceive the political and public debate of AIDS policies in prison. As I have already argued, (see Section

2.1 of this report), prisoners' attitudes are very likely to be influenced by the media. In particular, a majority of prisoners said that the television had been their best source of information about AIDS. It was not within the scope of this research to do any type of analysis of the television media in relation to the AIDS in prison debate. Instead we have substituted an analysis of the print media (daily newspapers), which generally present very similar key issues in news items to those shown on television.

In this section I will present an analysis of media articles about AIDS from public newspapers (such as the Sydney Morning Herald and the Daily Telegraph) and the prisoner magazine "In Limbo". The first analysis will provide us with an overall picture of the AIDS debate as depicted in the public media. The AIDS articles from "In Limbo" will give us some indication of prisoners' responses to the public debate on AIDS.

Firstly, by examining the key arguments, as presented in public newspaper articles from March, 1987 to March, 1988, we can get a fair indication of the arguments which prisoners would have learnt about through the media in that period. I have chosen to look at this time span because the first prisoner interviews were conducted in June, 1987 and the second round of prisoner interviews were completed in February, 1988 (at Bathurst). This time span coincidentally also covers the last year of a state Labor Government under Mr. Akister as Minister for Corrective Services, before the change of government in late March, 1988.

Since March 1987 AIDS articles have been collected from major Sydney newspapers (primarily The Sydney Morning Herald and The Daily Telegraph). As well as this, the Department of Corrective Services employed a private media clipping service to produce photocopies of newspaper articles which were relevant to this Department. Interstate articles were included in this clipping service. From December, 1987 these were scanned for AIDS articles. The analysis is therefore comprehensive for major Sydney newspapers from March, 1987 and is comprehensive statewide from December, 1987.

During this period, the debate about AIDS in prisons as depicted in the news has made only scant reference to some prevention strategies (AIDS education, cleaning needles, rehabilitation for drug users) while paying more attention to condoms, urine testing for drugs, and blood testing for AIDS. In newspaper articles, writers and editors may choose to emphasise some issues using the headline. More generally, the number of articles devoted to each headline over a period of time also gives some indication of the importance that the media places on these issues. The number of articles and the focus of the headlines are shown in Table 11. The articles have been clas-



Table 11: Major issues featured in newspaper headlines (March 1987 - March 1988) showing the no. of articles featuring opinions from community experts versus articles featuring official statements and/or press releases from the State government or opposition parties.		
Headline Issue	Community "Opinions"	Government/opposition "Official statements"
Gaols AIDS incubators	10	-
Condoms	4	2
Drugs crackdown	-	4
Answer to AIDS in gaol	3	-
Sex in gaol	2	-
AIDS education	-	1
Fear of AIDS in gaol	-	1
AIDS testing	1	-
AIDS blood a weapon	1	-
AIDS carriers in gaol	1	-
<b>Total</b>	<b>22</b>	<b>8</b>

sified into those which refer simply to "official" press releases from the Minister/Opposition or state government spokespersons on AIDS, versus those which quote the opinions of community "AIDS experts", and the general public.

From Table 11, we can see that the most frequent headline during this period was stating that gaols were "incubators" for the AIDS virus, posing a threat for the spread of AIDS into the heterosexual community when prisoners are released. From the prisoners' point of view, I would suggest that these kinds of statements in the media could have been a major concern.

New prisoners may have felt that they were entering a hothouse for AIDS. It could also have been infuriating for some prisoners to hear that the community expects prisoners to be spreading the virus while on the 'inside' and to continue to act irresponsibly and spread the disease after release.

The "In Limbo" magazine articles indicate that prisoners were well aware that AIDS could become an epidemic in prison, long before the incubator hypothesis was presented in the public media. In a 1985 issue of In Limbo, the editor notes:

"An AIDS crisis could be upon us ... we live in a very high risk environment, where we have a large no. of 'high risk' people, drug addicts, homosexuals and a few bisexuals. Then there are those amongst us that are normally straight, but enjoy the occasional 'head job' ..."

In early 1987, an article was published from a New York journal commenting on AIDS in their prison system and the "In Limbo" editor has added to the title the words "A Prison Epidemic?" It is not surprising that later issues of "In Limbo" do not comment when the public media state that prisons are incubators for AIDS, since this is something that they had already dealt with.

Nevertheless it must be kept in mind that prisoners may react strongly to the repeated implication that prisoners have AIDS, and this may be reflected in their attitudes.

The next most frequent headlines (from Table 11) were about the introduction of condoms into gaols. Although this issue featured in only six headlines it was also mentioned in almost every other article about AIDS in prison during this period. The introduction of condoms into prison was Corrective Services policy at least until the change of government in March, 1988. The Labor Minister had released a statement in June, 1987 stating that condoms would be made available to prisoners, and this was confirmed by the Minister in November, 1987 and by the Corrective Services Commission in January, 1988. By January, the Commission had also acknowledged the opposition of the prison officers' union, represented by Mr. Pat Armstrong, whose arguments against condoms also featured in the press, and whose opposition effectively prevented the implementation of the government's policy. The condoms debate was therefore split into two camps: the government 'for' and the prison officers 'against'. Prisoners' attitudes as at December, 1987, may be guided by this public debate, since prisoners may simply "take sides". If prisoners' attitudes were 'pro-condoms' they would be siding with the government against prison officers. On the other hand if they were 'against' condoms they would take sides with their traditional enemies, the prison officers.

"In Limbo" magazine has avoided this issue. There are no articles or comments specifically about the condoms debate in prison. At least throughout 1987 and into 1988, there is no mention of sex in gaol as being a risk for the spread of AIDS. Rather the magazine focussed on I.V. drug use as the main AIDS risk in prison, which contradicts the major focus of the public media.

As a result of this media attention to condoms, we found that some prisoners have reacted with private anger in reference to the public debate about condoms. With the media implying and often stating that a large number of prisoners engaged in what was referred to as "homosexual" sex, some prisoners became angry because they believed that this label is derogatory. As we shall see later, this was a common reaction during interviews with prisoners.

The media also presented the public with several different accounts of the way in which condoms would be distributed in gaol. The Minister claimed that they would simply be distributed through condom vending machines. The prison officers' union, represented by Pat Armstrong, claimed that prison officers would be expected to distribute them. NACAIDS advisors, Prof. John Dwyer, and Prof. David Pennington, and the Federal Minister for Health, Dr. Neil Blewett, all strongly urged the distribution of condoms in gaol, without suggesting how this could be done. It was public knowledge, via the public press that \$57,000 worth of condoms were located at Long Bay waiting to be distributed. After experiencing this public debate on condoms in prison and witnessing the government back down under pressure from the custodial union, would prisoners have any confidence in the ability of the Department of Corrective Services to make decisions about AIDS prevention and to act on them? I would suggest not.

Another series of public headlines concentrated on a "crackdown" on drugs in gaol, one month prior to the state election in March, 1988. It was announced by Mr. Akister, that compulsory random urine testing for drugs in gaol would help to stop drug abuse and the spread of AIDS. The then opposition spokesman, Mr. Yabsley, promised compulsory AIDS testing of prisoners. Mr. Akister and the Corrective Services Commission had always had a voluntary AIDS testing policy, but at one time in the press the random drug testing proposal was misrepresented as being AIDS testing in the headline. For prisoners it may have been alarming to know that at some point in the future they could be compulsorily tested for AIDS, drugs or both. However, this was not an issue at the time of conducting the 1987 interviews, and had only just begun to emerge as a concern immediately prior to the Bathurst prisoner interviews in February, 1988.

There was one article in "In Limbo" on AIDS testing, which quoted a letter from Dr. Frank McLeod (Director of the Prison Medical Service) supporting compulsory testing if this were to come about in the future. One other article was about urine testing, and in this the Superintendent provided some clarification of the regulations governing the policy, and the editor gave some critical comments on the purpose of the policy. Although critical of urine testing, there was no

clear position taken by "In Limbo" on compulsory AIDS testing.

It is particularly important to comment on the attention that prison AIDS education has received in the media, even though this has taken a very low profile in the public press. In March, 1987 the Minister for Corrective Services, Mr. Akister, announced the AIDS Education Programme which was published in a very small article in the Sydney Morning Herald. No further headlines or articles featured the AIDS Education Programme throughout 1987 and up to March, 1988. However, AIDS education had been alluded to in other articles. In January, 1988, it was mentioned that AIDS education was given in the form of a peer education programme involving prisoners. Comments on AIDS education in prison were made by Bill Whittaker, head of the AIDS Council of N.S.W., and Professor John Dwyer, adviser to NACAIDS on AIDS in prison, also in early 1988. Both community AIDS experts said that AIDS education in prison could not be effective unless condoms and facilities for cleaning needles were provided. However, precautions can be taught for sex, without the use of condoms, and prisoners can be taught to at least flush their needles with cold water, and local disinfectants which will kill the virus. Although these measures are not as effective, they will still help to stop the spread of AIDS, but these solutions were not recognised in the public debate on AIDS. Thus, the types of messages that prisoners needed to get at that time (safe sex without condoms, and cleaning needles with locally available cleaning agents or don't have sex and don't share needles) were different to the primary message the community experts believed should be given (sex with condoms, use new needles or clean needles with bleach).

Perhaps the most important message of any AIDS Education Programme is that "every individual must change his/her behaviour in order to protect him/herself from AIDS". This is the message that the magazine "In Limbo" has been giving its' readers since 1985. To quote the editor at that time:

"for your sake and the sake of your cellmate, and his mate, and his mate, and so on, don't be a dumb bastard if you're going to play, play safe, play careful."

In 1987, a letter from the Superintendent of the Metropolitan Remand Centre, Mr. Peter Molloy, expressed strong support for AIDS education seminars being run in that gaol. Throughout 1987 and 1988 the In Limbo magazine has itself become an AIDS education medium. Every issue conveys the message to prisoners to stop sharing needles and/or tells them how to clean needles.

Two final comments need to be made about the AIDS in prisons debate as presented in the

media. Firstly, the content of media reports is often emotionally laden to an extent that can distort and bias arguments. Secondly, the arguments themselves are usually presented in isolation from any context which might balance the discussion of these issues. It is not my intention to blame the media for the imbalance in presenting these issues. They are complex issues which are difficult even for those who have a close understanding of the prison system. Almost no factual data about AIDS, I.V. drug use or sex in gaol was available then, nor is it available at the time of writing this report. Following are some quotations from media articles which illustrate the types of sweeping generalisations which have sensationalised and distorted the AIDS problem in prison:

"homosexual rape is the order of the day, ... the fear of AIDS has become a new form of punishment in itself, ... a jail sentence of a few months can mean a shortened lifetime and a virtual death sentence";

"prisons are AIDS incubators that are no more than a hive of homosexual activity and intravenous drug use".

In these types of quotations from the press, statements have been made about the incidence of homosexuality, and drug use and/or AIDS in prison which do not necessarily represent the reality of the situation. No one knows how many prisoners have AIDS, there is no objective estimate of the number of I.V. drug users sharing needles in prison, and we do not know how many prisoners are involved in sex with other inmates which would put them at risk for catching AIDS. However, a research project is near completion which may shed some light on sex and drug use behaviour (Potter and Conolly, report in progress). We know that some prisoners are at risk, but it is essential to acknowledge that many prisoners may not be engaging in high-risk behaviour. Furthermore, the emotionally laden words used in the above quotations colour our perception of the problem. That prison is described as a "death sentence", and a "hive of homosexual activity" does not help the public nor prisoners to think about the problem of AIDS in prisons in a calm or rational manner. The sensationalisation that is common in media reports has the potential to be destructive to the process of AIDS education in prison, and this must be kept in mind in the evaluation of the AIDS Education Programme in prison.

## 5.2 Summary of Community Attitudes to AIDS In the Prison System

To sum up, four main points emerge from this analysis of the public media and "In Limbo" articles. These need to be kept in mind when analysing prisoners' attitudes to AIDS in the prison system in the next section.

1. The most common message presented in the public media, and also acknowledged in the prison magazine "In Limbo", is that prisons are "incubators" for the AIDS virus, or that there is an AIDS "epidemic" in prisons. This labels prisoners as "AIDS carriers" who are a threat to the community.
2. The focus of the public media on condoms and "homosexuality" in prison is in direct contrast to the focus of the prison media on I.V. drug use and cleaning needles. While the public media seem to have simply omitted a fuller discussion of the risks of AIDS spreading through sharing needles in prison, the prison magazine has omitted any discussion of sex in gaol during the March 1987-88 period.
3. The prevention strategies upheld in the public media were provision of condoms for prisoners and/or random drug testing and compulsory AIDS testing. These strategies were given scant attention in the prison magazine. As at March 1988 none of these strategies had been put into effect. AIDS education was largely undermined or ignored by the public media, although endorsed by the prison magazine.
4. The relevant media articles are often sensationalising and give a generalised picture of the AIDS problem in prisons, which is not necessarily accurate.

There has been very little attention paid to the AIDS Education Programme in public media. Although this was the major prevention strategy in operation, it has not been actively endorsed by the public media or government press releases. In the mean time news articles painted a picture of an AIDS epidemic in prison which presents a helpless situation for prevention. Arguments have gone back and forth about a limited range of possible prevention strategies (basically condoms, drug testing and AIDS testing), with no action forthcoming up to March, 1988. This confusion about AIDS prevention policy also has a detrimental effect on the credibility of the AIDS Education Programme.

We have seen that, in fact, one-third of prisoners had experienced AIDS education seminars or videos and that this group are more knowledgeable about AIDS. It would be reasonable to expect that this education would

also give them some encouragement to change behaviour and hold out some hope that the spread of AIDS could be prevented in the prison system. However, when we look at prisoners' attitudes to AIDS prevention in prison, it is extremely important to be conscious of the pessimistic, confused and generalised images found in the public media, some of which were recognised by "In Limbo", the prison magazine.

### 5.3 Prisoners' Attitudes to AIDS

There are two questions which will be addressed in this section.

1. What were prisoners' **general attitudes** to AIDS prevention in the prison system as at December, 1987? In particular, how pessimistic or optimistic were prisoners about stopping the spread of AIDS in prison and how much did prisoners fear that they could catch AIDS in prison?
2. What were prisoners' **specific attitudes** in regard to AIDS prevention and control strategies such as: integration/ segregation of HIV positive prisoners, compulsory/voluntary AIDS testing, and condoms in gaol?

These questions will be discussed in turn. Any differences between these attitudes at Time 1 and Time 2, between the gaols, and between the Non-Educated and Educated groups will be examined. If differences in attitude are found it will be difficult to infer any causal relationship between AIDS education and attitudes. Many factors, including media propaganda, may relate to prisoners' attitudes about AIDS. However, even a descriptive analysis of the prisoners' attitudes, (setting aside any group differences), will have implications for the management of AIDS Education Programmes and this will be discussed.

### 5.4 General attitudes to AIDS

As we have found in the previous section, the media painted a negative picture of prisons as incubators for the AIDS virus. In the media there was seen to be little positive action taken to prevent the spread of AIDS in gaol, and only scant reference was made to the AIDS Education Programme. With this background, we might expect that prisoners' attitudes at that time would be pessimistic.

Prisoners were asked whether they thought it was possible to stop the spread of AIDS in the N.S.W. prison system, and whether they would feel safe if they were housed in the same wing as someone who was AIDS positive. Prisoners' responses to these general questions were analysed for the six gaols. Attitudes at Time 1 and Time 2 and for the Educated and Non-Educated groups were compared in separate "chi-square" analyses.

There were no significant differences for any of the comparisons when analysing whether prisoners would feel safe in the same wing as someone who was AIDS positive. For all gaols and all education groups, approximately the same percentage of prisoners would feel safe. Overall 53% of prisoners in the sample said they would feel safe if they were housed in the same wing as someone who was AIDS positive. This finding was consistent to the nearest 1% when we compared Time 1 and Time 2 data (see Table 12).

**Table 12: Percentage of prisoners who said they would feel safe housed in the same wing as a prisoner who was AIDS positive**

	Time 1	Time 2	Total
Yes	53%	54%	53%
No	37%	38%	38%
Unsure	10%	8%	9%
Total Sample size	239	193	432

It is remarkable that the results in Table 12 are so consistent. It would be reasonable to assume that since half the sample said they would feel safe in mid- and late 1987, we would expect that the distribution of attitudes would remain stable into 1988.

Prisoners' reasons for saying they would feel safe were asked about in a very open way during the interview. No attempt will be made here to quantify these responses, but I will outline the types of comments that prisoners made. Firstly, some prisoners said they would feel safe because they would not share needles or have sex at all, while others said that they would not share needles or have sex with an HIV positive inmate. Many prisoners said that they would want to know who was HIV positive or they would not feel safe. In fact some inmates said they would just stay away from anyone who was HIV positive. Many prisoners who said they would **not** feel safe feared that an HIV positive prisoner may spread the virus in a fight or accident where blood was spilled. To quote one inmate:

"This is gaol and in gaol it doesn't take much for someone to go off, .... someone with AIDS would have nothing to lose".

Those prisoners who would not share needles or have sex with inmates are safe from anyone with the AIDS virus in gaol, and it is good that some prisoners say they would feel safe for this reason. Blood spilt in fights or accidents present an extremely low risk especially if the blood is washed off and wounds cleaned immediately and this will need to be addressed in AIDS Education Programmes.

However, it raises some concerns about prisoners' behaviour when they say they would feel safe because they would stay away from inmates who were identified as HIV positive. This

implies that they would not necessarily stop sharing needles and/or having sex with other inmates whom they thought did not have the virus. In fact, most prisoners who say they would feel safe did so only because they said they would stay away from identified HIV prisoners. It was not necessarily because they felt safe with casual contact with HIV carriers, nor that they had adopted safe behaviour in prison. Meanwhile, AIDS could continue to spread through sharing needles and sex with other prisoners who were not identified as HIV carriers. This scenario has implications for segregation and integration policies and this will be discussed in Section 5.6.

Prisoners' responses to whether the spread of AIDS could be stopped in N.S.W. gaols were different for the six gaols and had changed between Time 1 and Time 2, although there was no difference between the education groups. Overall, more prisoners said that it would **not** be possible to stop the spread of AIDS in N.S.W. gaols at Time 2 than at Time 1 ( $X^2 = 12.25$ , d.f. = 2,  $p < .005$ ) (see Table 13).

	Time 1	Time 2
Yes	53%	45%
No	31%	46%
Unsure	16%	9%
Total	239	191

As we might expect, prisoners have become more pessimistic about stopping the spread of AIDS in N.S.W. gaols over the period of June 1987 to December 1987. This amounts to about a 15% swing of prisoners who later said it was not possible to stop the spread of AIDS in N.S.W. gaols. The pessimistic views of these prisoners does not bode well for AIDS Education Programmes. It is very difficult to establish rapport with, and try to teach AIDS prevention to, an audience in which about half do not believe it is possible to stop the spread of AIDS. Prisoners need to be encouraged to think positively, that prevention is possible, before education could even begin to have any effect.

There were some differences between the six gaols at Time 2, and further analysis showed that in some gaols the increased pessimism was more pronounced than others. At Parklea and Silverwater there was no trend in attitude change between Time 1 and Time 2. In the remaining four gaols there was a trend towards more prisoners saying it was not possible to stop the spread of AIDS in N.S.W. gaols at Time 2. However, when separate chi-squared analyses were done for each gaol, comparing Time 1 and Time 2, only the results for Mulawa ( $p < .05$ ) and Cessnock ( $p < .001$ ) were statistically significant. At Mulawa and Cessnock approximately 50% said it would not be

possible to stop the spread of AIDS in N.S.W. gaols. Conversely, at both Parklea and Silverwater approximately 60% of prisoners said that it was possible to stop the spread of AIDS.

Even though there is a only a difference of 10 - 20% between gaols it is worth noting that at Parklea, some prisoners commented that there was only minimal chance that AIDS would be brought into the prison, because there were very few prisoners coming and going from Parklea. It is true that compared to other N.S.W. gaols the prisoner population at Parklea is more static and contains prisoners serving longer sentences. However, it only takes one individual with AIDS coming into Parklea to begin to spread the virus and the prisoners at Parklea may be over optimistic if they think that they are isolated from the problem.

It is also worth noting that even though there was a trend toward a more pessimistic view at Time 2 for most gaols, it is unlikely that this was a reaction to AIDS education, since there was no difference in attitude between the Educated and Non-Educated groups. That this change was most marked at Mulawa, and also at Cessnock, may be indicative of a greater fear about the spread of AIDS at these gaols. At Mulawa, the media campaign may have brought home to these women the very high risk that their drug use may pose to the spread of AIDS. Previous research has found that the number of incarcerated women in N.S.W. with a history of prior heroin use is around 60%, whereas for men this figure is much lower, 30 - 40% (Gorta, 1988). In general, I can only guess that the pessimistic media attention during this period may underly the attitude change found here.

Even though there has been a tendency towards a more pessimistic attitude about whether the spread of AIDS could be stopped, it is interesting to note that there was an overall 40 - 50% of prisoners who said they **did** feel that it was possible to stop the spread of AIDS in N.S.W. gaols. Likewise, a similar percentage said that they would feel safe in the same wing as someone who was HIV positive.

The more positive attitudes of these prisoners could be based on a very real perception by these 40 - 50% of prisoners that the spread of AIDS could be controlled in N.S.W. prisons. On the other hand these prisoners may be denying or under-rating the threat of the spread of AIDS in prison.

**Table 14: Percentage of prisoners who thought HIV positive prisoners should segregated.**

	Time 1	Time 2			Total
		Educated	Pamphlet	Non-Educated	
Yes	78%	71%	84%	76%	330
No	13%	16%	12%	21%	63
Unsure	9%	13%	4%	3%	35

**5.5 Specific Attitudes to AIDS Prevention and Control Policies**

The policy in N.S.W. prisons in the latter half of 1987 was to encourage prisoners to take AIDS tests voluntarily, to segregate identified HIV positive prisoners from the main prison population and to make condoms available to prisoners who wanted them. Although this was the policy, in actual fact few prisoners volunteered for AIDS tests (Appendix D), and there was discussion about making AIDS tests compulsory for prisoners in N.S.W., as in other states of Australia. It was clear that the segregation policy could not last indefinitely unless a larger AIDS unit was made ready. The current unit had only nine beds, and there had been some discussion of re-integrating the inmates housed there. Certainly the AIDS Education Programme was preparing prisoners for the possibility of an integration policy coming into effect in the future. Prisoners had been told that the government intended to make condoms available to them, but the prison officers' union blocked this move. More recently, the current Minister for Corrective Services, Mr. Yabsley has indicated that compulsory AIDS testing and integration policies will be implemented. At the time of writing this report very little action had been taken to implement these policies. Although there have been prevention and control policies for AIDS in N.S.W. prisons, none of these policies was certain to be in effect and/or effective in the future. The AIDS Education Programme had to be able to present prisoners with a clear picture of how these policy options would or did affect the lives of prisoners. Given the distorted and emotionally laden presentation of these issues in the media, it could be no easy task for the AIDS Education Programme to clarify the problem. It was therefore important for the evaluation to ask questions which would determine how clearly prisoners understood the different policy options and what their opinions were and why. Prisoners were asked for their opinions about segregation/integration, compulsory/voluntary testing and condoms in gaol. Prisoners' responses to each of these issues will be discussed in turn.

**5.6 Segregation/Integration of HIV positive prisoners**

Overall, 77% of prisoners said that inmates who were HIV positive would have to be moved away from other prisoners. Only 15% said they should not be segregated and 8% were unsure. There were no significant differences between the gaols, or the educated groups and nor was there any change in attitude between Time 1 and Time 2 (see Table 14).

The majority of prisoners thought that HIV positive inmates should be segregated, and yet we found previously (See Section 5.4) that half of the same sample of prisoners said that they would feel safe in the same wing as someone who was HIV positive. At first glance these results seem incongruous.

From the discussion in the previous section we also know that most prisoners say they would feel safe with identified HIV carriers in their wing because they would know to stay away from them. For prisoners with this attitude, it follows quite clearly that to segregate HIV carriers simply makes it easier for prisoners to stay away from identified carriers. Thus, a segregation policy would be favoured by most inmates because they think the best way to stop the spread of AIDS is to stay away from HIV positive inmates. Even if there was an integration policy, prisoners may well enforce their own form of segregation and/or discrimination, if HIV positive inmates were identified in the prison system.

With this attitude it is unlikely that prisoners will help to stop the spread of AIDS in N.S.W. prisons. If prisoners focus their efforts on staying away from potential HIV carriers, not only does this lay the foundations for conflict and discrimination but it is also ineffective against the spread of AIDS. To stop the spread of AIDS, prisoners must take responsibility for their own behaviour, no matter whom they are housed with.

This brings me to one interesting discussion point. Prisoners, by their very circumstances as incarcerated individuals, do not have the amount of control over their lives as people outside in the community. It therefore seems reasonable for prisoners to expect those who control their lives, to also control the spread of AIDS by adopting such measures as segregation and/or compulsory testing policies. This situation makes it extremely difficult for AIDS educators to drum home

the message that it is the responsibility of each individual to prevent the spread of AIDS. Thus, while this is a critical message for all AIDS Education Programmes, it is a particularly difficult one for prisoners to adopt.

### 5.7 Compulsory/Voluntary AIDS antibody blood testing.

Prisoners were asked whether they thought AIDS blood testing should be compulsory or voluntary. Once again there were no significant differences between Time 1 and Time 2 nor between the six gaols. Overall 77% of the sample thought that AIDS blood testing should be compulsory for prisoners. Only 15% thought it should be voluntary, and 8% were unsure. Again this remained consistent for Time 1 and Time 2, and across all gaols.

However, one significant difference was found for the Educated and Non-Educated groups. A higher percentage of the prisoners who had only read pamphlets thought that testing should be compulsory. Likewise when the trends of attitudes about segregation were re-examined a very similar pattern was noticed, although it was not significant in that case (see Table 15).

**Table 15: Percentage of prisoners in the Educated and Non-Educated groups at Time 2, who agreed with compulsory AIDS blood testing and segregation policies**

	Talk/Video	Pamphlet Only	Non-educated
Compulsory Testing **	72%	96%	70%
Segregation	71%	84%	76%
TOTAL	80	50	63

\*\* Chi-Square = 12.72, d.f. = 2, p < .005.

It is difficult to interpret this finding but I will attempt some rationale. Most of the prisoners who agreed with a segregation policy also agreed with compulsory AIDS testing. It was very common for prisoners to argue that all prisoners should be compulsorily tested so that HIV positive prisoners could be identified and segregated. Some prisoners stated that this would be the only way to control the spread of AIDS in N.S.W. prisons.

Setting aside issues of legality and ethics, compulsory testing and segregation is not a foolproof way of controlling the spread of AIDS in N.S.W. prisons, for two reasons. Firstly, the AIDS blood testing process is unreliable as there is a three month window period before antibodies show up. All prisoners who have carried the virus for three months or more should show up as HIV antibody positive when their results are returned. Recently, there has even been some debate about whether there could be a period of years before some people show positive on a test. This means that some of the prisoners who showed up negative on an AIDS blood test could still carry

the virus. Thus, compulsory testing could not identify all HIV carriers.

Secondly, the movement of prisoners through the prison system makes compulsory AIDS blood testing for all prisoners impractical. Prisoners enter the prison system at the rate of approximately 400 per month **excluding** remand prisoners), and leave at a rate of 700 per month **including** remand prisoners). The average stay is somewhere between 3 months and 6 months. If it were the aim to identify all HIV carriers and segregate them, prisoners would need to be retested after three months to allow for the window period, by which time many would already have left the system. Those that are in the prison system after three months and show up negative after retesting may still carry the virus if they had been engaging in any at risk behaviours while in prison.

There is no practical way of compulsorily testing prisoners for AIDS, in order to guarantee that all HIV prisoners are segregated to a separate area in the prison system. There can never be an AIDS free zone in the N.S.W. prison system, just as there cannot be one in Australian society.

For some reason, almost all prisoners who have only read pamphlets think that compulsory testing and segregation are the answer to stopping the spread of AIDS. On the other hand at least some of the educated people did understand that compulsory testing and segregation would not be an answer. This was borne out in the comments given by these prisoners in answer to this question. Some of the Non-Educated prisoners also disagreed with compulsory testing and segregation, but the reasons they gave were different. Many of these prisoners felt that it was an invasion of prisoners' rights to do compulsory testing.

The reasons given above were elicited as qualitative data from open-ended questions and it is therefore not meaningful to compare differences between groups using statistical analysis. However, this does bring me to some hypotheses about the differences between the three groups. Some of the Non-Educated group may be more resistant to policy which they see as an infringement on prisoners' rights (such as compulsory testing.) There may be an underlying attitude of mistrust and a resistance to change in this group, some of whom also refused to participate in AIDS Education Programmes.

Some of the Pamphlet group may have simply had less exposure to information that would help them to grasp the reality of the situation. Most pamphlets contain information about the signs and symptoms of AIDS and safe behaviour, but not about the AIDS blood test or the latency in the development of AIDS. As discussed earlier, prisoners in the Pamphlet group tended to score lower than the Educated group for their

knowledge about the blood test and the development of AIDS.

We have seen that, in general, prisoners' knowledge about the AIDS blood test and the development of AIDS was poor. It was noticed during interviews that some prisoners were preoccupied with questions about the signs and symptoms of AIDS in order to check themselves for AIDS and/or to look out for visible signs in the people around them. These prisoners need further education about the AIDS blood test and an explanation of the problems with compulsory testing and segregation policies. There is an indication from these results that a very small percentage of the Educated prisoners had understood the practical difficulties with compulsory testing and segregation, perhaps because of the talk or video they had seen. Prisoners who had only read pamphlets did not have sufficient knowledge to understand this situation. Without continued education in these areas of knowledge, prisoners may engage in sharing needles and/or unsafe sexual activity with anyone that they think may be "safe". Yet, they have no way of knowing who is or isn't "safe" in the prison system and they must be told that there can never be an AIDS-free zone in prison nor in society. Prisoners must be made aware that it is their behaviour which will allow them to catch AIDS and not just their choice of partner/s.

### 5.8 Condoms

Prisoners in five gaols (excluding Mulawa, the women's prison) were asked whether they thought making condoms available for prisoners would help stop the spread of AIDS in N.S.W. prisons. Overall 58% said they thought the distribution of condoms would help to stop the spread of AIDS in N.S.W. prisons, 27% said no, and 15% were unsure. There was no difference in attitude for any of the gaols or education groups. However, there was a slight drop in the percentage favouring the distribution of condoms at Time 2 (see Table 16). This result was non-significant, but is worth noting since there is a definite trend which is unlike the consistent pattern found when previously comparing attitudes over time.

**Table 16: Percentage of male prisoners who said the distribution of condoms would help stop the spread of AIDS in the N.S.W. prison system**

	Time 1	Time 2
Yes	61%	54%
No	23%	32%
Unsure	16%	14%
TOTAL **	219	170

\*\* Total sample excludes women prisoners from Mulawa.

Even though many prisoners thought condoms might help to stop the spread of AIDS in N.S.W. prisons, not one prisoner said that he himself

would use one. Most of these prisoners said that condoms should be available for those prisoners that want them and that prisoners should be able to get them without being identified. It became very clear during the interviews that prisoners who were sexually active in gaol were outwardly held in contempt by other prisoners.

Male prisoners often commented that they thought sexuality was only a minor risk for the spread of AIDS in prison, compared to drug users sharing needles. Most prisoners acknowledged that some form of sexual contact did occur between male prisoners but said this was not very common.

Some of the prisoners who said they did not think condoms would help to stop the spread of AIDS denied that there was any sexual activity in gaol. Others said that they thought prisoners would not use condoms if they were distributed and still others said that condoms were not a useful protection because they could break.

Throughout the interviewing it became very clear that many prisoners were not confident that condoms would be used in gaol, even though about half of the prisoners agreed that they should be made available. At Time 1, in mid-1987, one-fifth of prisoners said that they did not think the distribution of condoms in N.S.W. gaols would help stop the spread of AIDS, and at Time 2, in late 1987, this had increased to one-third. Perhaps in response to the media coverage of the condoms in gaol debate, more prisoners were inclined to disagree with the need for condoms in gaol.

Certainly, from the comments made during interviews, it was very obvious that to admit to any form of sexual activity in gaol would carry with it a social stigma which would be intolerable for most people in gaol. In most interviews, prisoners only discussed the existence of transsexuals, otherwise known as "cats", and some more established "heavies" or "lifers" who had "boys" and were openly sexually active in gaol. Some prisoners also mentioned that it was possible to get a "blow job" if you wanted it, but condoms would not be of any use in this case.

It is not possible to say how useful condoms would be in stopping the spread of AIDS in prison without any real knowledge of what type of sexual activity is in practice in gaol. We can only take the word of about half of these prisoners interviewed who say that at least some inmates would use them if they were available. We would be foolish to blindly accept the arguments of those inmates who say that sex does not occur between consenting partners in gaol, and that prisoners do not need condoms. They have every good reason to deny the existence of sexual activity in gaol because if it were admitted this would invite stigmatisation and discrimination from peers, and possibly their families, and larger society. The safest option to stop the spread of AIDS in N.S.W.



prisons would therefore be to make condoms available for those that might use them in the hope that they would. This does not mean that this is the most practical solution, given the prison officers' stance against condoms.

The potential for reduction of the risk of spreading AIDS if condoms were introduced has so far been overshadowed by consideration of other problems associated with the introduction of condoms to gaol. Thus condoms have not been introduced into N.S.W. prisons (up to the time of writing this report). However, this should not detract from the results of these interviews, which suggest that condoms could be introduced with the support of over half the prisoner population and may be of benefit to some sexually active prisoners. At the very least the AIDS Education Programme should aim to initiate discussion about sex in gaol so that the risks of spreading AIDS are not hidden because of the discriminatory attitudes expressed by prisoners. At the very best, AIDS Education Programmes should make sure that prisoners know how to use condoms properly, and when to use them in the event that condoms are made available in gaol, or in preparation for sexual activity after release from prison.

### 5.9 Summary of prisoners' attitudes to AIDS in prison

The most important results arising from this analysis of attitudes to AIDS in prison are:

1. There were no differences between Educated and Non-Educated prisoners' attitudes about AIDS.
2. Overall, significantly more prisoners (another 15%) said that it would not be possible to stop the spread of AIDS in N.S.W. prisons at Time 2, when compared to Time 1. More prisoners had become pessimistic about stopping the spread of AIDS, possibly in response to media reports and/or Departmental policy changes and inaction.
3. Approximately half the prisoner population said they would feel safe housed in the same wing as someone who was AIDS positive. However, the main reason given for this attitude was that prisoners said they would stay away from HIV positive prisoners, thus enforcing their own informal segregation within the gaol. They also assumed that they would be able to identify the HIV positive prisoners.
4. The vast majority of prisoners, over 70%, believed that segregation and compulsory AIDS testing to identify HIV positive prisoners would help stop the spread of AIDS in prison. It has been argued that these policies would not necessarily help to stop the spread of

AIDS because of the uncertainty of AIDS test results and the consequent impracticality of ensuring an AIDS-free zone in the prison system.

5. A significantly higher percentage of the Pamphlet group thought that all prisoners should be compulsorily tested, and there was a trend for more of this group to agree with a segregation policy.
6. About half of the male prisoners were in favour of making condoms available in the prison system, although no one said that they personally would use them. Most male prisoners expressed generalised disdain about sexual contact between men in prison, although almost everyone said that it did occur.

### Implications of these findings

1. Prisoners who do not believe that the spread of AIDS can be stopped in N.S.W. prisons may be difficult to educate on the grounds that they may have lost faith in the ability of either the government to control the AIDS problem and/or the AIDS Education Programme to deliver appropriate and credible information. AIDS educators must emphasise to prisoners that their role is **not** to implement or change policy.
2. Since prisoners' attitudes to AIDS have not been affected by AIDS education, the AIDS Education Programme will need to carefully reassess its involvement in the implementation and/or negotiation of changes in AIDS policy (testing, integration/segregation, condoms, bleach). If AIDS educators become involved in the implementation of AIDS policy they may be seen to take sides and this will damage the credibility of the programme. AIDS education would be more effective for helping prisoners to understand the implications of policy **after** it has been implemented.
3. Many prisoners say they would feel safe with an HIV positive inmate in their wing only if they knew who it was so that they could stay away from him/her. It is essential that AIDS education programmes should continue to assure prisoners that casual contact with HIV positive individuals is safe. They also need to be taught that in the event of a scuffle with any prisoners whether known to be HIV positive or not, they can take steps to ensure that they are protected from exposure to the virus.
4. At present, if compulsory testing and segregation policies were implemented, prisoners' attitudes indicate that they would believe they were safe from the spread of AIDS if HIV positive inmates were housed elsewhere. They could be lulled into a false sense of security and

continue to practise unsafe behaviour, believing that they were in an AIDS-free zone. With compulsory testing procedures and mobility of prisoners through the system, even if known HIV positive prisoners were segregated this would not create an AIDS-free gaol. AIDS education must explain to prisoners that they could be at risk of catching AIDS from anyone in the prison system at any time if they engaged in unsafe behaviour.

5. Particular attention may need to be paid to ensuring that pamphlets and AIDS education seminars deliver information about the current Corrective Services AIDS policy as it relates to prisoners.
6. Some male prisoners are open to the idea that condoms be made available, while others are not. AIDS education programmes have the difficult task of giving unprejudiced advice to prisoners about the risks involved in sexual contact between men, while maintaining sensitivity to the general resentment that prisoners feel about this subject. Prisoners should be taught how they could use condoms at least in preparation for use outside gaol, if not in gaol.

Many of the attitudes which prisoners expressed in this research study could create difficulties for AIDS education programmes. I have made some statements about the general approach which educators can take in order to surmount some of these difficulties.

## **6.0 A DISCUSSION OF THE RELATIONSHIP BETWEEN KNOWLEDGE, ATTITUDES AND BEHAVIOUR**

The ultimate goal of any AIDS education programme must be to give people the wisdom to assess their own risk and to take action to protect themselves against infection with the AIDS virus. If they are already infected or believe they could be infected, then education can direct individuals to the appropriate resources for counselling and medical advice. Thus, the "knowledge" given to people in the form of information dissemination must be translated into action or appropriate "behaviour" of the participants in any programme, if the programme is to be considered effective. AIDS educators can give out appropriate and up to date information about AIDS, and thereby increase the level of knowledge of their audience. It seems that, as at December, 1987, the prison AIDS Education Programme has been successful to some degree in this respect. However, people with knowledge of precautionary measures may not necessarily adopt appropriate safe behaviour.

In the prison system, it is also important that AIDS education address the problem of prisoners' attitudes about AIDS. The AIDS Education Programme has been called in to pre-empt policy changes, such as the introduction of condoms in 1987, and more recently, the introduction of a snapshot testing programme. There is an expectation that if prisoners' knowledge is increased then their attitudes will also become more informed.

The relationship between Knowledge and Behaviour, and Knowledge and Attitudes will be discussed in turn.

### **6.1 Knowledge and Behaviour**

In this report few results have been presented which relate specifically to prisoners' behaviour, and in particular drug use and sexual behaviour. However, data have been collected from random samples of prisoners at the same six gaols, using the same knowledge and attitude questionnaire, but with additional questionnaires on drug use and sexual behaviour. This third phase of the research project (which collected data over the months of November, 1988 to February, 1989), will be reported separately. For now, it is only possible to make some observations about the relationship between knowledge and prisoners' anecdotal descriptions of their behaviour.

During the research interviews, most inmates made comments about prisoners' behaviour, and in particular drug-use and sexual behaviour. They would volunteer these comments in order to explain their answers to the attitude questions. Therefore, their comments did not often relate to their own behaviour, but were made as generalisations about the behaviour of all, or most, or select groups, of prisoners.

Prisoners' comments about drug use and sexual behaviour varied and were sometimes contradictory. Some of these comments are illustrated below:

"It'll go on, they'll use needles in gaol..... and sex too.... it will never stop";

"It's up to the people in gaol and a lot don't care, they already know about AIDS and they still don't care";

"Blokes are sharing needles, it's hard to get new needles so what else can they do?";

"They share needles and are not strong enough to say no";

"There's hardly any homosexuality in here";

"There's no homosexual problem... I don't support the programme (to make con-

doms available).... It's an insult to prisoners";

"There's plenty of poofs and some would use them (condoms)";

"Rape will always be a problem";

"Since AIDS, sex in gaol has really slowed down a lot".

In this study we found that the vast majority of prisoners, whether educated or not, did at least understand that sharing needles, sex without condoms and blood to blood contact were the three main transmission methods for the AIDS virus. From the comments illustrated above it appears that even though prisoners have this basic knowledge this would not necessarily induce them to change their behaviour. If we look at these comments more closely we can see that there may be several factors which may override prisoners motivation and/or ability to change their behaviour if they were engaging in unsafe behaviour.

In the following pages I have presented a discussion of the problems that face AIDS educators in prison in the worst possible situation. That is, I have assumed that some prisoners continue to engage in sharing needles and 'at risk' sexual practices despite their knowledge that they could catch AIDS. The problems outlined in this section do not necessarily apply to all prisoners and should not be generalised to the prison population. Drug use and sexual behaviour will be discussed and some rationale about why prisoners may continue to engage in 'at risk' behaviour will be given. This discussion is by no means comprehensive or conclusive.

For some prisoners, to be told that they could catch AIDS by engaging in unsafe sex or sharing needles, may only create a degree of despondency about the future. Prisoners may feel they have nothing to look forward to, nothing to lose and therefore to catch AIDS is of no real consequence. This feeling was expressed by a small number of prisoners.

However, the comment was more often made that it is the "junkies" who do not care about catching AIDS. In all likelihood a sub-group of prisoners of unknown proportions may have some psychological addiction or craving for intravenous drugs, among others. The use of drugs may be far more important to them than any concern about catching AIDS. For these people it may be necessary to satisfy their immediate need for a drug, even if this means they have to share a needle which they know could transmit the AIDS virus. Furthermore, it may be difficult to overcome a psychological addiction for a drug in an environment which can place so many other psychological stresses on individuals.

Research from the United States into the behaviour of intravenous drug users both in prison and in the community showed that "mere knowledge of AIDS is not sufficient for risk eliminations" (Jarlais and Friedman, 1988). From their review of research, Jarlais and Friedman suggested that there were three essential components required for a successful AIDS Prevention Programme for intravenous drug users. These were:

- a) new cognitive and emotional meaning attached to sharing of drug injection equipment,
- b) increased availability of means for behaviour change, and
- c) reinforcement for behaviour patterns.

AIDS Education Programmes can advise people to stop sharing needles and can teach people how to clean needles to make them safer to share. However, prison educators must also take into account the fact that some users may be psychologically "addicted" and/or unable to obtain cleaning solution or new needles. All prisoners should be made aware of the current availability or otherwise of appropriate cleaning solutions. It is equally important that AIDS education should advise people about which cleaning solutions are **not** effective for cleaning needles. There has been some indication from the research interviews that prisoners may try anything to clean needles. One prisoner mentioned that toothpaste had been used and several mentioned shaving lotion.

In dealing with psychological "addiction" or other motivations to use intravenous drugs, AIDS educators in the prison need to understand these problems. The importance of establishing a good rapport between prisoners and educators cannot be overstated. Prisoners need to be made to feel that they can be open about their drug-use behaviour, and that it is good for them to seek further advice and possibly counselling if they cannot manage to adopt safe drug-use behaviour. AIDS educators can only answer people's questions about drug-use risks if these questions are asked in the first place. From our observations of AIDS seminars most of the questions are asked about AIDS policy. Very few prisoners actually admit that they don't know something and put up their hand to ask. With a good rapport, educators in prisons can answer questions, and refer individuals to other resources in the prison system. Without this rapport, AIDS educators have very little hope of ever affecting behaviour change amongst intravenous drug users.

Most prisoners believed that drug use, and sharing needles, was the biggest problem for the spread of AIDS in prison. However, the risk of AIDS transmission through sexual behaviour cannot be ignored. Some prisoners commented that

there would always be sex in gaol while others commented that there was none. We do know, without a doubt, that some forms of sexual activity between men does occur in the N.S.W. prison system, as does sexual activity between women. Preliminary findings from the third phase of this research study, where prisoners are asked about sexual and drug use behaviour, already show that prisoners do engage in sexual activity with other prisoners (Potter and Conolly, in preparation). Different types of sex have been mentioned, ranging from fairly long term affairs or homosexual partnerships to sex on demand or for favours and sexual contact during visits. I will leave this topic for fuller discussion in the later report. Suffice to say that sexual activity does occur in the prison system.

I have mentioned some psychological and social factors which may inhibit the ability of intravenous drug users' to manage their drug use such that they could not catch AIDS (psychological "addiction", availability of cleaning solutions). Similarly, there are some social and psychological factors which have the potential to influence prisoners' sexual behaviour and the adoption of safe sex practices (social isolation, sexual inhibition, availability of condoms).

The prison system imposes social isolation which can have extreme impact on prisoners' personal relationships in general, and sexual behaviour in particular. Prisoners have limited contact with any sexual partners, friends or relatives outside gaol. In order to maintain a relatively normal life inside gaol prisoners may need to form new relationships with other prisoners. Individuals in prison may have a greater or lesser degree of need to seek out some form of sexual expression. Some individuals may find abstinence from sexual activity intolerable after only a few weeks, while others may be able to cope with the situation for years. Furthermore, the ways in which individuals, both men and women, cope with this situation could be many and varied.

The difficulty for AIDS Education Programmes is that, for the large part, the sexual behaviour of prisoners as a group is unknown. As in larger society, sexual behaviour is very private. It is usually only discussed between partners, and close friends, if at all. AIDS educators have little knowledge of actual sexual practices in prison but are forced to make sex a topic for public debate. The researchers have witnessed AIDS talks in the prison where the explanations of safer sex, (the use of condoms, mutual masturbation, oral sex) and unsafe sex (anal intercourse and heterosexual intercourse without condoms) have been met with laughter and/or embarrassed silence. In the male audiences, I can only recall one instance where a member of the audience asked a question about the sexual transmission of AIDS, whereas there are usually many questions about drug use and needles.

People simply cannot adopt safe behaviour if they do not know what is appropriate safe sexual behaviour for them and are too afraid to ask. AIDS educators in prison can tell people to practice mutual masturbation, use condoms (after release since none are available in prison), and perhaps oral sex in the hope that these sexual behaviours will be appropriate to their audience. If there is any uncertainty it is up to the individual to ask the educator what he or she should do. If they do not seek out information, they will remain "uneducated" and probably unable to practise safe behaviour.

To add to this, the male prisoners in particular have expressed an unfavourable attitude to sexual relations between men in gaol. These male prisoners made comments like: "it's not for me but they can do what they like, so long as they don't come near me"; "it's disgusting"; "it's unnatural"; "it's just not right"; "they should be moved to another gaol". Prisoners with these attitudes pose further difficulties for AIDS education. The prejudice against male to male sex means that it is even more difficult for men who do engage in this type of sexual activity to seek out information. Likewise, it has often been mentioned that if condoms were made available in prison the "closet queens" would be afraid to "put their head on show" to go and get them.

AIDS Education Programme Organisers need to gain as much knowledge as they can about the sexual behaviour of their audience. For the prison programme, I hope that the current research in progress on sexual and drug use behaviour will provide some insights.

As with drug-use, it is essential that AIDS educators establish good rapport with their audience in order that sex might be discussed openly and frankly. The strategies employed by the current programme, to use "credible" AIDS educators from outside the prison system can go some way towards establishing this rapport. However, there could also be some avenue of referral to enable people with uncertainty about their sexual behaviour to talk to someone in confidence on a one to one basis. It would probably be inadequate to suggest that people consult with psychologists or other staff in the gaol as these people already have a full workload. It might be more satisfactory to refer these prisoners to peers who have completed intensive AIDS courses in the prison system (such as the Bathurst course), and this is one approach which is being trialled in the AIDS Education Programme proposed for 1989 to be run by the Centre for Education and Information of Drugs and Alcohol (C.E.I.D.A.).

One final comment should be made about the relationship between knowledge, attitudes and behaviour. We have seen that prisoners' knowledge about AIDS is generally fairly poor in most areas except perhaps for knowledge of the risks of transmission of the AIDS virus. A majority

of prisoners were able to tell us that sharing needles, sex without condoms, and blood to blood contact were the main risks for the spread of AIDS. They were also able to tell us that touching someone who was HIV positive would be safe. Somewhat fewer inmates said that sharing an apple, sharing a cigarette, and sharing the same toilet was safe. Fewer again said that kissing an HIV positive person was safe.

When prisoners gave the correct answers to these questions about transmission it sometimes transpired that they did not actually **believe** them to be true. Sometimes prisoners would give the correct response and then make comments like "well they say you can't get it that way but they don't really know" or "that's just what they tell you but I don't really believe it". This means that prisoners who have correct knowledge about AIDS may not in fact believe it to be true and therefore may behave in a way that would be inappropriate for someone who supposedly understands the facts.

This problem was particularly apparent in relation to the question of segregation/integration attitudes. Some prisoners who answered the questions about risk correctly also responded negatively when asked whether they would feel safe in the same wing as someone who was HIV positive. They said they would not share needles or have sex with someone who they knew was HIV positive and they knew they couldn't catch AIDS through casual contact, but they said they would still **not** feel safe. When asked why, some common responses were: "I just wouldn't feel comfortable", "I wouldn't like the thought of it, of AIDS being near me," "I know there's no risk, but they can't be sure, even a one in a million chance is too great", "There'd be a riot if they put them in here, the blokes wouldn't have it".

The AIDS Education Programme has the problem of trying to convince people that the information about safe casual contact is true. This information must be seen to be up to date and credible to prisoners but this is not the only problem. Somehow prisoners must be made to feel **comfortable** with HIV carriers.

The AIDS Education Programme has already adopted a strategy of using medical experts from the community to deliver information (using Dr. David Sutherland and now Dr. Peter Bruce as the two main speakers in AIDS education talks). It may also be important for these professional speakers to make it very clear that there are certain aspects of AIDS information which the medical field are still unsure of (the development of AIDS, cures for AIDS, reliable AIDS tests). If the audience is already suspicious of the knowledge of those in the medical field, then it may be best to simply assure the audience that some of their suspicions or doubts are justified but that they should not think that all AIDS information is in doubt. They could be told that there are at

least some things that the medical profession do understand (the risks of transmission and precautionary measures) even though these have not been understood in the past and even though there are many other things about AIDS that are still not understood. Once again, it is essential for speakers to have good rapport and established credibility with prisoners.

Furthermore, in order that prisoners may begin to feel comfortable with HIV carriers it may be important to invite some HIV positive prisoners or other HIV positive individuals to participate in the AIDS Education Programme. These individuals could contribute a great deal as speakers or participants in group discussion.

## 6.2 Knowledge and Attitudes

As we have seen in the previous section (Section 5.0) the AIDS Education Programme had no effect on prisoners' attitudes about AIDS. In theory it seems possible that by increasing prisoners' knowledge about AIDS, prisoners may develop more informed attitudes. The Bathurst Gaol Inmate AIDS Counselling Course did have this effect, but in general this has not been the case.

If prisoners' are knowledgeable about AIDS this does not necessarily imply that they will have "informed" attitudes. Other factors are important to prisoners' attitudes. In theory, we might expect that prisoners who understand that casual contact is safe, would have a positive attitude to integration policy. However, there were many prisoners who knew casual contact was safe, and who knew how to protect themselves from AIDS, but who still said they would not feel safe in the same wing as an HIV positive inmate. In this case some prisoners said they would not feel comfortable in the same wing as someone who was HIV positive, and their attitudes were simply based on a matter of personal choice. Other prisoners said they feared the conflict that could arise between HIV positive prisoners and others, and this shaped their attitude.

Another example is the incongruity between prisoners' knowledge about the AIDS blood test and their attitudes about AIDS testing policy. Very few prisoners understood that the AIDS blood test had a 3 month window period (the time it takes before an individual may show up as positive). However, many of those who understand the uncertainty of the AIDS blood test still had the attitude that compulsory testing of all prisoners would detect all HIV carriers and thereby facilitate the segregation of all HIV positive prisoners. As I have argued previously this is not possible with the current testing technology (see Section 5.7).

It was apparent during interviews that the knowledge prisoners had gained about the AIDS blood test did not immediately inspire them to change their attitudes to testing policy. Other factors, such as a generalised fear of AIDS and a

desire for an AIDS-free goal were more likely to shape these attitudes.

As with behaviour, knowledge about AIDS is a necessary, but not sufficient pre-requisite for the development of informed attitudes about AIDS in prison. The AIDS Education Programme cannot be expected to prepare prisoners for the implementation of AIDS policy if it cannot affect prisoners' attitudes. Other factors which may influence attitudes about AIDS are: prisoners' generalised fear of AIDS, uncertainty about changes resulting from AIDS policy; the attitudes of other prisoners ("peer-pressure"); the media; and personal choice.

### **6.3 Summary of the relationship between knowledge, attitudes and behaviour**

In this section I have presented a discussion of the situation where people who understand the AIDS problem do not necessarily behave accordingly or have "informed" attitudes. Several examples of how this could occur in prisons were put forward based on anecdotal interview data, and it was found that:

1. In a few cases, the motivation to use drugs may necessitate unsafe needle sharing in prison despite knowledge that this could transmit AIDS.
2. Prejudice against sex between men in prison, and inhibitions about discussing sex in public, means that it is difficult for individuals to seek out information about "safe sex".
3. People who know about AIDS and can give correct responses do not necessarily believe what they have been told, and may behave inappropriately because of this.
4. Factors which could determine prisoners' attitudes about AIDS include: prisoners' generalised fear of AIDS, uncertainty about changes resulting from AIDS policy; the attitudes of other prisoners; the media and personal choice.

The implications of the above findings for the AIDS Education Programme can be summarised as follows:

1. The motivation to use IV drugs may override any AIDS education messages. Thus AIDS educators must be able to refer those prisoners who cannot manage their own drug use behaviour to appropriate available services.
2. Attitudes about sex between men prevent open discussion of safe sex in a group situation. It would be preferable for AIDS educators to be able to provide some form of individual consultation so that prisoners may be able to deal with

issues of sexuality and safe sex in private, and in confidence.

3. It is extremely important for the AIDS Education Programme to further develop credibility and rapport with prisoners by developing a broader understanding of the problems facing prisoners, such as the implications of policy change.

## **7.0 PROGRESS OF AIDS EDUCATION FOR PRISONERS FROM MARCH, 1988 TO MARCH, 1989.**

In the previous section results were presented primarily from data collected between March, 1987 and March, 1988. In this section I have provided an assessment of the progress of AIDS education in N.S.W. gaols from March, 1988 to March, 1989.

To begin with, more staff have been appointed to work for the AIDS Education Programme, and some of the gaol-based Programme Organisers have been replaced. From early 1987 the central AIDS co-ordinator has been Ms. Louisa Scagliotti, occasionally replaced by Mr. David Mutton as Acting/AIDS Co-ordinator. In April, 1988 a custodial officer, Ms. Eileen Adamson was seconded to run AIDS Education Programmes throughout the state, paying particular attention to the education of custodial staff but also continuing work with prisoners. Her work with new custodial recruits is undergoing a separate evaluation. An Administrative Officer, Mr. Michael Clough was appointed in March, 1988. These three staff, plus a part-time librarian, Margaret Armstrong, make up the 'AIDS unit' at the central office of the Department of Corrective Services in Sydney.

To facilitate management of AIDS education in prisons, monthly meetings of the "AIDS workgroup" have been held. These were attended by the 'AIDS unit' plus the evaluation researchers with occasional visitors from outside the Department of Corrective Services (primarily from the Prison Medical Service). This meeting was a forum for discussion of AIDS policy (presented by Louisa Scagliotti), AIDS education (presented by Eileen Adamson), AIDS literature (presented by Margaret Armstrong) and AIDS evaluation research findings (presented by Lisa Conolly). Problems in any one of these areas were presented to the group, solutions were discussed, and the administrative assistant (Michael Clough) listed the relevant actions to be taken.

The work carried out by each individual in the unit was undertaken independently, with liaison to the AIDS Project Co-ordinator or Administrative Assistant when necessary. Each member of the unit may at any time make contact with one or more of the gaol-based Programme Organisers. However, the primary responsibility for liaison with the Programme Organisers for the purposes of AIDS education was taken by Eileen Adamson,

AIDS Education Programme Co-ordinator from April, 1988. Therefore to examine the progress of AIDS education from March 1988 to March 1989, an interview was conducted with Ms. Adamson and data were analysed from questionnaires returned by the gaol-based Programme Organisers.

The work of Eileen Adamson, AIDS Education Programme Organiser for the state, was tabulated from detailed notes she had kept in her diary (Appendix E). From May, 1988 to March 1989, she had organised a total of 33 AIDS education talks for prisoners across 14 institutions (including 12 prisons and 2 periodic detention centres). Just over half of these talks were given at five institutions located at Long Bay, with the Central Industrial Prison being paid special attention, having eight talks in all. Other institutions outside Long Bay where talks had been held were: Cooma, Silverwater, Mulawa, Norma Parker, Goulburn, Berrima and Parklea. The majority of talks were given by outside doctors, all of whom have now had much experience giving AIDS lectures inside prison walls (Dr. Peter Bruce, Dr. David Sutherland and Dr. Robert Norton). However, to add to this succession of talks, relevant AIDS educational plays have been written and performed by prisoners at the Metropolitan Remand Centre (M.R.C.) on the 11th November, 1988 and at the Malabar Training Centre (M.T.C.) on 12th December, 1988. There has also been an ongoing education programme at the M.R.C. organised by their AIDS committee. Dr. Peter Bruce has been giving fortnightly lectures on Wednesday evenings to incoming prisoners at the gaol. There has also been a pilot peer-education programme for prisoners at the M.T.C. modelled on the Bathurst Gaol Inmate AIDS Counselling Course (Lyons, 1988). This will be expanded to all gaols but will be run by the Centre for Education and Information on Drugs and Alcohol (C.E.I.D.A.).

There had been one training session for gaol-based Programme Organisers in February, 1988, but subsequent follow-up training became impossible because of acute staff shortages in the gaols. Since this time, some Programme Organisers have stayed with the programme while others have dropped out, to be replaced by custodial staff who have greater interest in the position. Just before Christmas, 1988, there were 26 people who were working as Programme Organisers in 23 of the 26 separate institutions throughout the state. In Broken Hill and Berrima no Programme Organiser had been appointed. Conversely, at the Metropolitan Reception Prison, Grafton and Mulawa, two staff members were helping out with the AIDS Education Programme even though only one carried the official title of AIDS Programme Organiser.

Just before Christmas, 1988, questionnaires were posted out to the 26 staff involved in the

AIDS Education Programme in the 21 institutions. These staff were also telephoned to remind them to return the questionnaire, if they had not already done so. Seventeen Programme Organisers returned the questionnaire, and their responses can give us some indication of the progress they had made with AIDS education. Of the nine non-respondents, two claimed they were no longer the AIDS Programme Organiser, five were phoned and still did not return the questionnaire, one proved too difficult to contact and did not return my calls, and another was on extended leave.

The responses from the 17 Programme Organisers who returned questionnaires show that while some were able to organise extensive AIDS education others had done very little (Appendix E). The amount of time spent on AIDS education varied from nil to five hours per week during paid work time. Eleven Programme Organisers also said that they worked after hours, without pay. For these staff the time spent on AIDS education varied from one hour per month to five hours per week. Only four Programme Organisers said there was an AIDS committee of prisoners and staff who met regularly in their gaol. Two others said that a prisoner only committee existed in their gaol, but they were not invited to attend. Another three Programme Organisers said there was an AIDS committee but that it met "irregularly" or only "when required". Six Programme Organisers said there was no AIDS committee in operation in their gaol (see Appendix E).

The fact that many Programme Organisers have not established an AIDS committee does not bode well for the AIDS Education Programme in 1989. With the proposal for prisoner Peer Education Programmes to be run by the Centre for Education and Information on Drugs and Alcohol (C.E.I.D.A.) in all gaols in 1989, AIDS action committees were to be formed in all gaols to facilitate this programme. The success of this peer education strategy may be in jeopardy if these committees are not established or alternative management/organisational backup is not provided.

For the purpose of this report, suffice to say that up to March 1989 AIDS Education Programmes have continued in the form of talks for prisoners in at least 12 N.S.W. gaols, and that some Programme Organisers had managed to find time to organise committee meetings, distribute AIDS information and organise some talks.

For the three month period that AIDS education was evaluated in late 1987, there had been an equivalent rate of talks and some of the same speakers had been used at that time (Dr. David Sutherland). That is, there had been no less than a dozen talks across eleven institutions in three months in late 1987, compared to 33 talks across twelve institutions (excluding P.D.C.'s) in twelve months (or a rate of eight or nine talks every three months). If we take into account the fact that five

other Programme Organisers reported they had also organised a talk during 1988, this would only add another dozen talks at the most. Overall, there would have been approximately forty-five talks over twelve months from March 1988 to March 1989, a rate of about eleven or twelve talks over three months. This is the same rate as the three month period in late 1987 when about twelve talks were held. It is therefore likely that in the third phase of the evaluation we would not expect to find many more prisoners who had been to AIDS talks than we had found in December, 1987.

In late 1988 and early 1989, interviews were conducted with a random sample of 154 prisoners from the same six N.S.W. gaols (Emu Plains, Silverwater, Mulawa, Cessnock, Parklea and C.I.P.). At this point in time 62 prisoners, or 40%, had been to talks about AIDS in six N.S.W. gaol since late 1987 (see Table 17).

**Table 17: No. of prisoners exposed to an AIDS talk since mid-1987, by gaol.**

	Attended a talk since July 1987.	Total interviewed
Emu Plains	5	17
Silverwater	21	24
Mulawa	9	16
Cessnock	4	34
Parklea	8	19
C.I.P.	15	44
<b>Total</b>	<b>62</b>	<b>154</b>

The figure of 40% is somewhat inflated because the interviews at Silverwater coincidentally commenced the day after an AIDS talk had been put on, which most prisoners attended. A more realistic estimate of the percentage of prisoners in N.S.W. gaols who have been exposed to AIDS talks can be calculated if we exclude Silverwater. For the five remaining N.S.W. gaols, 41 prisoners had been to a talk about AIDS since 1987, representing 31% of all prisoners in these gaols. In late 1987 we had found that 27% of prisoners in six N.S.W. gaols had been to talks, and this has only increased very slightly to 31% of prisoners in five N.S.W. gaols in early 1989.

It is also possible that since 1987 the quality of talks may have improved such that AIDS talks now have greater impact on prisoners' knowledge and attitudes about AIDS. To test this, the knowledge and attitudes of the 21 'educated' prisoners at Silverwater were analysed, since the majority of inmates at this gaol had recently been to a talk presented by Dr. Peter Bruce.

Overall this group had an average knowledge score of 11.7 (out of 20), which is significantly higher than the average knowledge score of the Educated group of prisoners interviewed in 1987 ( $X = 9.4$ ,  $t = 2.82$ ,  $p < .005$ ,  $d.f. = 34$ ). However, this was an improvement of only 2 points, on average. A closer examination of the scores revealed that this increase in knowledge was

largely attributable to a significant increase in prisoners' knowledge about the symptoms of AIDS ( $t = 6.9$ ,  $p < .001$ ,  $d.f. = 41$ ). This increase in knowledge is understandable since a major feature of Dr. Bruce's talk is to show slides of the various illnesses which can occur in AIDS patients. However, there was no increase in knowledge of the AIDS blood test or the development of AIDS, and only a marginal increase in knowledge of the risks of transmission (remembering that the knowledge of risks was already the best understood area of knowledge in 1987).

Attitudes to AIDS in prison were compared, and only one significant difference in attitudes was found. After Dr. Bruce's talk a higher percentage of the prisoners at Silverwater were "unsure" about whether HIV positive prisoners should be segregated ( $X^2 = 8.47$ ,  $p < .025$ ,  $d.f. = 2$ ) and less said that HIV positive prisoners should definitely be segregated. (Table 18).

**Table 18: Educated prisoners' responses to the question "If a prisoner has a positive AIDS test should he be moved away from other inmates in the gaol?"**

	Silverwater, 1989	"Educated", 1987
Yes	8 (38%)	57 (71%)
No	6 (29%)	13 (16%)
Unsure	7 (33%)	10 (13%)

This is an important finding, as it may indicate that since 1987 educated prisoners are not as rigid in their belief that HIV positive prisoners should be segregated. However, prisoners explanations for their attitudes were qualitatively the same in 1989, as in 1987, even though there are now less who definitely support a segregation policy. No other attitudes were either qualitatively or quantitatively different. Therefore the results presented in this report based on data collected earlier are still relevant to the discussion of prisoners' knowledge and attitudes about AIDS in 1989.

### 7.1 Programme Organisers' perceptions of their role

Included in the questionnaire posted to Programme Organisers were five open-ended questions asking about their role as AIDS educators in the prison system. For these five questions, the responses of the 17 Programme Organisers who returned the questionnaires are reproduced in full in Appendix E. Many of the respondents gave very detailed answers and their thoughts about AIDS education often reflected a deep commitment to it, and an understanding of the problems they faced delivering AIDS Education Programmes in prison. I will attempt to summarise some of the main points arising from their responses. However, I would also strongly urge the reader to examine the answers given in Appendix E, as no summary could do them all justice.



All Programme Organisers saw that their role was to become involved in some form of AIDS education where information about AIDS could be passed on at least to prisoners, if not also to staff. Some Programme Organisers mentioned the distribution of pamphlets, others mentioned organising lectures or videos and still others simply said they had to organise "programmes". Only some Programme Organisers also felt that their role would involve "meetings" and/or liaison with outside visitors, speakers or the central AIDS Unit.

When the Programme Organisers were asked what they felt they had been able to do in their role and what their major achievements were, some organisers mentioned difficulties and said they had done very little. In fact, most organisers stated that they were unable to achieve as much as they thought they should have. To add to this, most Programme Organisers expressed uncertainty about the value of the AIDS Education Programme so far, and about its potential for helping to stop the spread of AIDS in the future. Most organisers seemed to be aware that although they could provide information to prisoners, this did not guarantee that they would change their behaviour and thereby reduce the spread of AIDS. Perhaps the general message underlying the responses could be summed up very simply in the words of one Programme Organiser:

"We must keep trying, but being a realist I must face facts and I doubt that anything we do will stop the spread of AIDS in prisons. Saying this will not stop me from trying."

Programme Organisers were also asked whether they had come across any difficulties because of **disapproval from staff and inmates**. Half of the organisers said no, but there were eight who said that staff and/or prisoners had expressed disapproval of AIDS education. Their comments are listed in full below:

'Staff and prisoners say ..."it's a waste of time", "they got it let them fix it" "I've no sympathy for junkies or pooftas";

'Inmates with a history of being dependent on drugs show no interest in the programme and often become vocal in their disapproval of any information or assistance to understand the problem of AIDS in prisons.. (my) response to this behaviour - keep on trying';

'Not enough is known about the AIDS virus... staff think it's mere speculation as things change as the months go by.. I respond by saying we must at least be

guided by the information presently available';

'There's been no express disapproval, mainly a feeling of indifference. This is especially noticeable in the more senior ranks, and executive staff.';

'Apathy rules amongst staff';

'Yes staff say... "let the c\_\_\_\_\_s kill themselves". My response is "surely you don't mean that"... Inmates say... "Not more AIDS stuff... we don't need it!";

'(Staff make) remarks such as "why worry about the queers and junkies." I try to encourage them to read literature or view AIDS related tapes';

'Some (staff) refer to it as "Bullshit".. I tell them quietly that this is a serious problem and invite them along to the next meeting. Inmates make comments such as "Bullshit", "we've had enough information". "I don't care about AIDS if I am after a shot". "I don't care whose needles I use".

These comments are indicative of some very significant problems that Programme Organisers must face. The problem of attracting interest from prisoners has been discussed earlier in this report (Section 6.0). However, without the co-operation of other staff, it is difficult for Programme Organisers to establish even the most basic programme. They are forced to make 'AIDS' an issue to be taken seriously and debated in an environment where at least some individuals say they do not care and do not want to co-operate or even listen to what the AIDS educators have to say.

This problem was also very obvious to all of the research interviewers who went to gaols to discuss AIDS. Some custodial staff were extremely unco-operative and openly expressed disapproval of the AIDS Education Programme. Comments much like those given by the Programme Organisers have also been evident during formal interviews with custodial staff (Conolly, 1988b). Prisoners also often expressed anger or frustration about the AIDS Education Programme during interviews.

No education programme could be expected to succeed in a situation where many staff and prisoners see the AIDS Education Programme as "bullshit". The credibility of the AIDS Education Programme, after 2 years of operation, is a problem which must be addressed since this is crucial to the success of the programme. However, it seems that some of the problems in establishing credibility are actually beyond the control of the

AIDS Unit or AIDS Education Programme Organisers.

After over 600 research interviews with prisoners, observation of AIDS education seminars, and our constant media watch for issues related to AIDS in prison, the most striking fact about AIDS in prison is its highly political profile. In fact, as I have mentioned before, questions asked about AIDS policy often interfered with AIDS education seminars and were a source of anger and frustration amongst staff and prisoners alike. AIDS educators are currently unable to answer these questions satisfactorily as AIDS policy has undergone constant debate and change over the last two years. Furthermore, the AIDS policies which have been implemented have not complemented AIDS education strategies in prison.

In the community, individuals are encouraged not to share needles and needle exchange programmes are provided. In the community, individuals are advised to use condoms, and condoms have been made available and have undergone scientific testing. However in prisons, in 1987, prisoners were told they were going to get condoms and this did not happen. Prisoners have more recently been told to clean needles with bleach but they do not have access to bleach. These problems have seriously undermined the credibility of the AIDS Education Programme in prison.

In order to recover from this, AIDS policy must first be clarified, communicated to prisoners and staff, and successfully implemented. Only then is it possible for the AIDS Education Programme to explain the current policy, to develop realistic precautionary measures, and to communicate these, with credibility, to their audience.

## **7.2 Summary of the progress for AIDS Education Programmes for prisoners up to March, 1989**

The nature of the AIDS Education Programme had not changed markedly, in 1989, with the exception of the proposal for more prisoner peer education training programmes, and the performance of plays by inmates. Apart from these two exceptions, I would suggest that all recommendations arising from the analysis of data collected in late 1987 and early 1988 are still very relevant to the future of the AIDS Education Programme in 1989.

Several points can be made about the progress of AIDS education for prisoners from March 1988 to March 1989:

1. The Programme Organisers from only four gaols reported that they had regular meetings of an AIDS committee with representation from prisoners.

2. A rate of approximately eleven or twelve talks for prisoners have been run every three months. Approximately the same rate of AIDS education talks continued to be organised by AIDS Programme Organisers in 1988 and early 1989, as they had been in late 1987.
3. Most talks for prisoners were given by outside doctors and some by the central AIDS Education Programme Organiser. The types of speakers did not change from late 1987 to early 1989.
4. Two new education strategies started in 1988, with the commencement of peer education courses for prisoners (inspired by a course run by the Drug and Alcohol worker at Bathurst Gaol in early 1988) and the performance of plays by inmates in late 1988.
5. There had been a slight increase in the percentage of prisoners who had been to talks about AIDS; from 27% in late 1987, to 31% in early 1989.
6. A talk given recently by Dr. Bruce at Silverwater Work Release Centre has had some significant impact on prisoners' knowledge of the symptoms of AIDS and some change in attitudes to segregation. However, overall the results echo those reported from the 1987 data. Thus the effect of AIDS education seminars has remained much the same over the past two years.
7. In general, Programme Organisers were uncertain about the value of AIDS education in prisons. They did not always feel that they had achieved as much as they could have, but most demonstrated a high degree of commitment to continue with AIDS education programmes.
8. Only four gaols reported that they had regular meetings of an AIDS committee with representation from prisoners.
9. After 2 years of uncertainty about AIDS policy in prison, the credibility of the AIDS Education Programme is under question, through factors beyond its control, such as confusion about AIDS policy.

## **8.0 SUGGESTIONS FOR FURTHER RESEARCH**

In this study we have investigated prisoners' exposure to AIDS education, knowledge about AIDS, attitudes to AIDS in prison, and sexual and drug use behaviour. Prisoners' behaviour will be reported fully in a follow up report after stage three of the project, as the present report gives only anecdotal accounts of behaviour. Exposure, knowledge, attitudes and behaviour were considered to be the most essential areas to investigate in order to evaluate the AIDS Education Programme. Together they make a 1 1/2 to 2 hour interview, and it would not have been feasible to

include any more questions about other areas. However, having completed the first and second phases of the research and being halfway through writing up the third, it has become apparent that many other factors could be invaluable to the evaluation of AIDS Education Programmes in a prison setting. These are listed below:

### 1. Peer group networks

Peer group AIDS education for prisoners was a strategy developed by the Bathurst Inmate AIDS Counselling Course conducted in February, 1988 (Lyons, 1988). Compared to the general AIDS education reported here, this course was an outstanding success (Conolly, 1989). It was able to educate some prisoners intensively such that they in turn could educate their peers. The effectiveness of such a programme is dependent upon the types of peer networks that exist in the prison system. Further research could answer questions like: Are there any key prisoners who carry authority amongst their peers and if so how many and how far does their influence extend?; How does the structure of the prison environment affect the communication networks between prisoners? The answers to these questions would be invaluable to any programme which attempted to use peers to educate each other.

### 2. Psychological profile of those "at risk"

We have found in this report that prisoners who know they could be at risk for AIDS may have difficulty in changing their behaviour. This may be partially due to the limitations placed on them by the prison system (no clean needles or cleaning solution, no condoms) but given this situation it is even more vital that these individuals confront their drug use and/or sexual behaviour and deal with it in such a way that they will not be at risk for AIDS. In order for the AIDS Education Programme to improve its chances of affecting a behaviour change in these prisoners, they must have a good understanding of the psychological profile of those who are "at-risk". Psychological factors which may be worthy of investigation are: psychological addiction, sexual preference, self-esteem, psychosocial stressors which affect behavioural self control, responsibility for behaviour and motivation to change behaviour.

### 3. Evaluation of services for HIV positive prisoners

An important function of the AIDS unit of the N.S.W. Department of Corrective Services has been to address the needs of HIV positive prisoners. This has included AIDS education, accommodation and the co-ordination of services for HIV positive prisoners. In 1988, a project was proposed to evaluate services for HIV positive prisoners and assess the needs of these prisoners. The proposal is for a longitudinal study of HIV positive prisoners. Funding for this project was still being negotiated at the time of writing this report.

## 9.0 CONCLUSION

It would be fair to say that to convince people to change established patterns of behaviour is no easy task for any AIDS Education Programme. In dealing with the topic of "AIDS", educators and audience alike must confront issues of sexuality and drug use which are not normally the subject of public debate. In the prison system educators must also be greeted by an audience who are suspicious of authority, and who face a range of social and psychological problems which inhibit their ability to seek out information and/or act on the information they are given. Furthermore, the nature of the prison system is such that it poses difficulties for the organisation of AIDS Education Programmes due to staff shortages, the mobility of the prison population, and social barriers to effective communication between staff and prisoners.

This research has found that AIDS education talks have reached approximately one-third of the prison population, and that these prisoners had a significantly higher level of knowledge about AIDS than prisoners who have not been educated. However, there was no significant difference between the educated and non-educated prisoners' attitudes to AIDS in the prison system. This seems to indicate that AIDS education programmes had not engendered a more positive or realistic attitude which would prepare prisoners for changes in policy, such as the integration of HIV positive inmates. It has also been noted that prisoners who do acquire correct knowledge about AIDS may not necessarily adopt safe behaviour or appropriate attitudes.

The AIDS Education Programme, and in particular the information seminars, have not yet proven to be an effective means by which to ensure that prisoners adopt safe behaviour. It is essential that AIDS educators take stock of their position in the light of this evaluation, and in the light of a report of the sexual and drug use behaviour of prisoners (Potter and Conolly, report in progress) which highlights many of the "behavioural" problem areas for HIV prevention

amongst prisoners. It is particularly important to make the point here that the prison "subculture" and interpersonal relations amongst prisoners who are engaging in high risk behaviour means that it is **not** realistic to expect people to adopt safe behaviour quickly or easily. The process of negotiating safe behaviour only **begins** with acquiring knowledge, and to this end the AIDS Education Programme has at least made some headway. However, knowledge about AIDS is not enough to guarantee safe behaviour.

Despite the difficulties being faced by the AIDS Education Programme the education strategy is invaluable. Firstly and most obviously, the prison system contains individuals who are potentially a high-risk for infection with AIDS through sharing needles and unsafe sexual practices. Although we do not yet know what proportion of the population would fall into this category, the "at-risk" population must be encouraged to change their behaviour through education programmes. It is equally important to educate those individuals who are forced into close cohabitation with those who are at risk. Many prisoners may not be at risk through their own behaviour, but they must understand how they can protect themselves in case of blood to blood contact (e.g. fights, accidental injury). They also need to know that they have no need to fear catching AIDS through any other means. It is not possible to identify a-priori who is at risk and who is not. Therefore the AIDS Education Programme must continue to try to reach **all** prisoners in the hope that individuals will, in time, learn to protect themselves despite the constraints of prison life.

Finally, in prison, HIV (the AIDS virus) is not simply a virus which needs to be contained. It is also currently a "political issue". While AIDS has this dubious status it is vital that AIDS Education Programmes provide a clear description of AIDS policy options. When the policy of the Department of Corrective Services is unclear, then the credibility of the AIDS Education Programme is severely undermined. To a large extent the behaviour of prisoners, and staff, will be guided by their understanding of the political issues, and as we have shown in this study, some prisoners' attitudes can be fairly easily interpreted as a reaction to media reports. AIDS Education Programmes should give prisoners the political insight to see through media sensationalism so they can develop informed attitudes, which are the basis for a realistic behavioural response to AIDS in prison.

## 10.0 RECOMMENDATIONS

The recommendations arising from this report cover four broad areas which need to be addressed by the current AIDS Education Programme in the N.S.W. Department of Corrective Services. These are: Organisation, Credibility, Content and Presentation.

### 10.1 Organisation

1. The management of the AIDS Education Programme has undergone some changes since 1987. More staff have been recruited to the central "AIDS Unit", and "AIDS workgroup" meetings have been the most formal management tool for the programme. The following recommendations are put forward as guidelines for the development of procedures to monitor the progress of the AIDS Education Programme in the future.
  - (a) An outline of the aims and objectives of the AIDS Education Programme (Scagliotti, 1987a, 1987b) should be updated and developed, taking into account the findings of this evaluation.
  - (b) The role of the AIDS Unit and the AIDS Education Programme in the implementation and/or development of AIDS policy must be clearly delineated (see Recommendation 4(a)), so that involvement in AIDS policy does not conflict with or undermine the aims and objectives of the AIDS Education Programme.
  - (c) The organisational structure of the AIDS Unit and the AIDS Education Programme needs to be reassessed, paying particular attention to the role of Programme Organisers (see Recommendations 2(a) - 2(e)) and gaol based AIDS Committees (see Recommendations 3(a) - 3(c)).
  - (d) The "AIDS Unit" should provide quarterly or half-yearly reports of its progress in the area of AIDS education. This would consist simply of a timetable of lectures, seminars and other information which had been distributed or details of other programmes which have been funded by the AIDS Project. Whenever possible attendance rates should be recorded. These reports would assist Senior Officers of the Department, Gaol Superintendents and Programme Organisers to obtain an overview of the programme, and monitor its progress.
2. Programme Organisers need to ensure, as far as possible, that custodial staff and prisoners in the gaol/s are educated about AIDS and can protect themselves from the virus. Unless they can gain the support of other staff and can encourage prisoners to become involved in AIDS committees, the Programme Organisers will not be able to operate effectively in the gaol.

- (a) The ability of Programme Organisers to "initiate, organise and implement" AIDS Education Programmes should be reassessed, with a view to redefining the role of Programme Organisers.
  - (b) If an appropriate role can be clearly defined for Programme Organisers, the AIDS Unit should provide the necessary training to the Programme Organisers, preferably with certification.
  - (c) The duties of AIDS Programme Organisers should be officially incorporated in a statement of duties for these officers.
  - (d) The amount of time that Programme Organisers are expected to spend on AIDS education should be clearly specified and recognised by Senior Management of the Department and of each institution.
  - (e) Monthly or quarterly reporting requirements for Programme Organisers should be structured into the duties of this position. This would emphasise the importance of their work and facilitate regular communication with the AIDS Unit. However, this would not be useful unless the AIDS Unit also reciprocated with feedback to the Programme Organisers.
3. The setting up of gaol-based AIDS committees with representation from both staff and prisoners was seen to be the key organisational strategy for the implementation of AIDS Education Programmes. Over the past two years very few committees have actually operated on a regular basis, and in December, 1988 there were reported to be only four committees in operation with representation from both staff and prisoners. The use of these gaol-based AIDS committees should be re-examined paying particular attention to the following points.
- (a) The objectives of the AIDS committees should be re-examined in conjunction with a re-assessment of the role of the Programme Organisers (recommendation 2(a)).
  - (b) The representation of both staff and prisoners on AIDS committees may not be appropriate in all gaols, and this objective may have hindered the setting up of committees in some gaols. If the aim is to continue to try to set up committees, the AIDS Education Programme should consider the feasibility of separate prisoner and staff committees each

of which may invite representation from outside their group when they have occasion to do so.

- (c) The function of the currently operating AIDS committees should be investigated by the AIDS Unit with a view to determining what factors contribute to a working AIDS committee. A report should be produced on the current committees as a precursor to the implementation of recommendation 3(a).

## 10.2 Credibility

4. It is essential for the AIDS Education Programme to establish rapport, credibility and understanding with its audience. This has been a recurring theme throughout this report which affects all aspects of the programme. Prisoners need to feel that their problems are understood, that their questions will be taken seriously, and that they can trust the AIDS educators to give them credible and reliable information. The following recommendations would help the AIDS Education Programme to meet this requirement.
- (a) Prisoners cannot benefit from AIDS Education Programmes while they are preoccupied with debates about AIDS policy. The AIDS Education Programme must incorporate a clear message about its position in relation to AIDS policy to try to avert any confusion, and to avoid being continually preoccupied with policy issues.
  - (b) To establish credibility, whenever possible government policy should complement the message of the AIDS Education Programme or vice versa. For instance, it is pointless to encourage prisoners to clean needles with bleach if no bleach is available in gaol. Either bleach should be made available, or prisoners should be taught other safety measures.
  - (c) AIDS Education Programmes must be given the freedom to operate using material which may not normally be endorsed by government policy nor prison regulations, but which is nevertheless necessary for AIDS education. For instance: open discussion of needles, drug use and sexuality in prison must be permitted, with the use of actual syringes or condoms in demonstration if necessary, even though the possession of these

implements are against regulations for prisoners.

- (d) Liaison between the Minister's Office, the Director- General, the AIDS Unit, and the AIDS Education Programme Organisers is essential to the credibility of the AIDS Education Programme. AIDS Education Programme Organisers should be kept continually up to date with information about the AIDS policy debate. It is vital to their credibility that AIDS Education Programme Organisers can demonstrate to their audiences that they know "what's going on" in their own Department.
- (e) To establish rapport, educators and educational information must demonstrate an understanding of the problems that prisoners face in general, and with AIDS in particular. This would be best facilitated by establishing regular communication with inmates and seeking feedback about AIDS education material and programmes.

### 10.3 Content

- 5. Although educated prisoners did have a higher level of knowledge about AIDS than Non-Educated prisoners, the research identified some gaps in all prisoners' knowledge which still require attention.

- (a) It is recommended that the AIDS Education Programme should continue to search for effective means to communicate AIDS information in the following areas:-

- All prisoners must be educated that the risk of catching AIDS through casual contact is minimal. There is a special need to continue to educate prisoners in country gaols in this regard.
- Most prisoners need to be taught that the AIDS blood test takes three months to identify HIV antibodies in the blood. It is important for prisoners to understand these facts if they are to be encouraged to take the blood test.
- Prisoners need to understand that HIV positive people do not necessarily develop any illness for many years but that once AIDS develops it is an extremely difficult and protracted illness.
- Knowledge of appropriate prevention strategies was limited. Most prisoners simply knew to

use condoms and not to share needles. However, condoms are not available in prison and there is no access to new needles so it is more than likely that they are still shared. Teaching other safe sex practices (without use of condoms) and cleaning needles with appropriate and available solutions (if bleach is not available) should be a priority for AIDS education in the prison system.

- 6. AIDS Education Programmes have so far not been shown to be effective in changing prisoners' attitudes about AIDS. There is little evidence from this research that the AIDS Education Programme can influence prisoners' attitudes and thereby pave the way for the smooth transition to any change in policy. When AIDS educators become involved in the implementation of policy this politicises their message and disrupts the credibility of the programme. However, it is still possible that the AIDS Education Programme may assist prisoners to adapt to policy changes after they have been implemented.

- (a) The use of AIDS Education Programmes to act as a precursor to the introduction of policy change should be re-assessed.

- (b) If the AIDS Education Programme is to help prisoners to adapt to various AIDS policies, the following information should be clearly communicated, as prisoners have not yet demonstrated that they understand the implications of some AIDS policies.

- Compulsory HIV antibody testing could never be guaranteed to identify all HIV carriers.
- If known HIV carriers were segregated there could still never be an "AIDS-free zone" in gaol, just as there could never be one in Australian society.
- If HIV positive inmates are integrated in the prison population there is no way that prisoners will be able to tell who they are unless they identify themselves, or are identified by authorities.
- If HIV positive inmates are integrated in the prison system, there is no need to treat them any differently to any other person. Appropriate precautions should be taken with all prisoners since anyone could be carrying the virus.

#### 10.4 Presentation

7. All available educational methods must be utilised in order to make suitable material available for prisoners.
  - (a) Pamphlets need to be developed specifically for prisoners, to ensure that they are relevant and attractive to prisoners. In particular a 'traditional' style pamphlet for prisoners should be produced to complement the recent Streetwise Comic ("Gaolwise").
  - (b) Videos, especially those produced specifically for prisoners (such as the Bathurst Video) could be screened more often outside the context of a talk.
  - (c) Talks could be presented especially at points of entry to and/or exit from the prison system, so as to track the mobile prison population.
  - (d) Talks should be presented to smaller groups of prisoners whenever possible (less than 20). This would give each prisoner a better opportunity to ask questions and have them answered.
  - (e) One-to-one education and/or counselling support should be available for all prisoners who have questions about AIDS and/or difficulty adopting safe behaviour in the prison system. To this end, resources should be made available for prisoners trained as peer-educators to carry out their role (e.g. allocation of a private area in the gaol to counsel prisoners, easy access to new information about AIDS).

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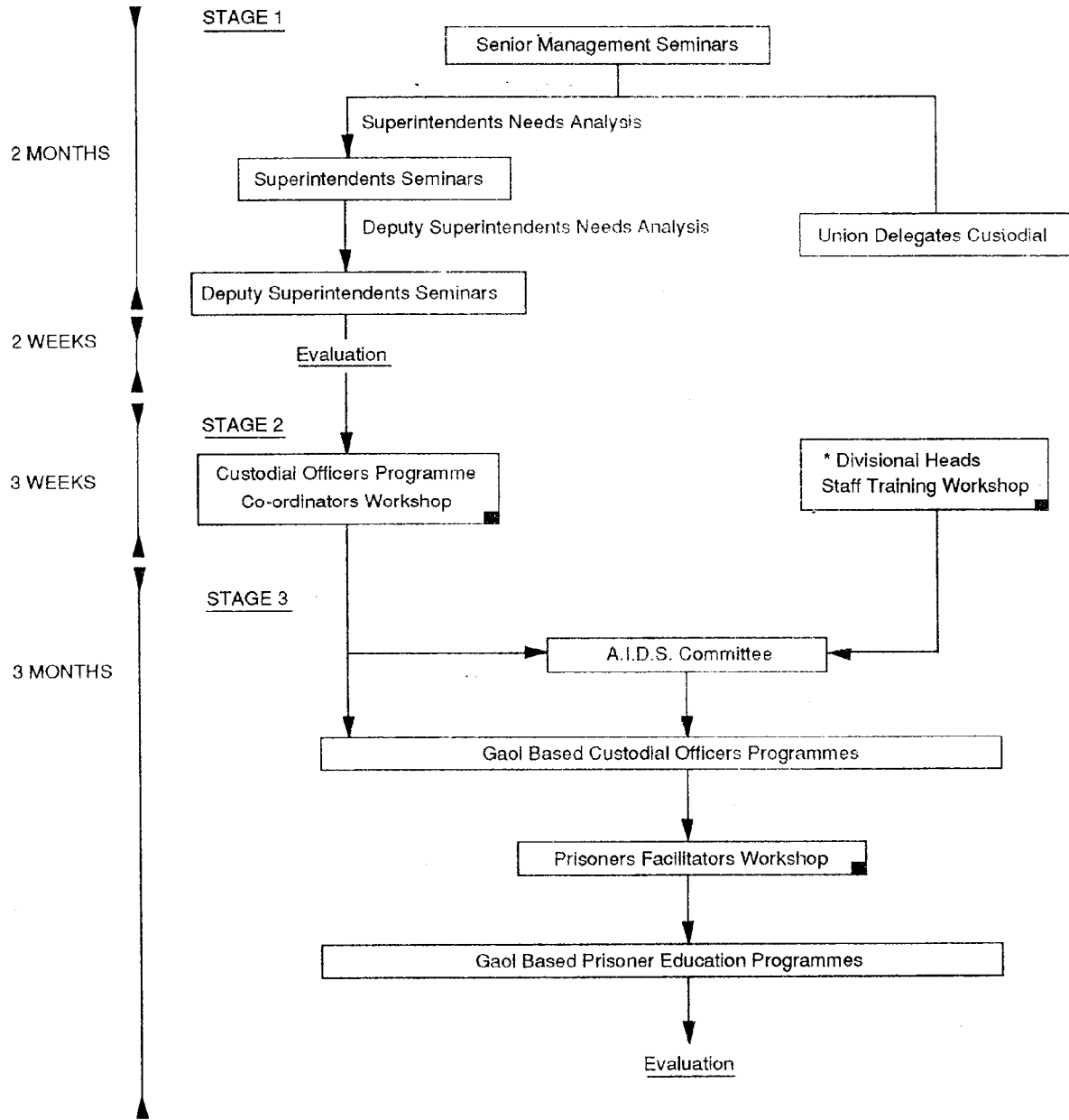


# APPENDIX A

## A.I.D.S. EDUCATION & TRAINING PROGRAMME FOR STAFF & PRISONERS

### PRIMARY PHASE

#### GAOL BASED



\* Divisional Heads include P.D.C.

■ Staff Training Package.

## APPENDIX B

The two questionnaires outlined in this Appendix were administered as a semi-structured interview schedule. This meant that questions could be repeated and explained to ensure that respondents understood what was being asked of them. Prisoner Questionnaire 1 was later modified into a more readable and comprehensive questionnaire. However both versions are given here.

### Prisoner Questionnaire 1

1. What does the AIDS blood test tell you about your health?
2. Is the AIDS blood test 100% certain?  
YES/ NO/ UNSURE
3. If a person has a positive test result, will he get full blown AIDS? YES/ NO/ UNSURE  
Why? (Please explain your answer).
4. A person with AIDS can be called Category A, Category B, or Category C. What does each category mean?
5. What are some of the ways that you know of that people can catch AIDS?
6. What are some ways to avoid catching AIDS?
7. Here is a list of everyday activities which may or may not pass on the AIDS virus.

Please tell me how likely you think it is that someone could catch AIDS from each activity.

8. If a person has just caught the AIDS virus, how long might it be before he started to feel sick?
9. Do you know any signs that might show up if someone does get sick with AIDS?
10. It is very hard to tell if someone has AIDS. Here is a list of health problems. Some of these are common in later stages of AIDS, and some would probably not be due to AIDS.  
Please tell me how likely you think it is that these health problems could be due to AIDS.
11. Do you think it is possible to stop the spread of AIDS in this gaol? YES/ NO/ UNSURE  
Why? (Please explain your answer)
12. What could be done to help stop the spread of AIDS in this gaol?  
(Please tell me as many things that you can think of that might help)
13. Could condoms be used to help stop the spread of AIDS in this gaol?  
YES/ NO/ UNSURE  
Why? (Please explain your answer)
14. Are there any prisoners in this gaol who you think should have the AIDS blood

Q7.	YES would get AIDS	MAYBE would get AIDS	UNLIKELY to get AIDS	NO wouldn't get AIDS	Do not know
a. Sharing a sandwich	YES	MAYBE	UNLIKELY	NO	?
b. Touching	YES	MAYBE	UNLIKELY	NO	?
c. Sharing Needles	YES	MAYBE	UNLIKELY	NO	?
d. Sex WITH condom	YES	MAYBE	UNLIKELY	NO	?
e. Working together	YES	MAYBE	UNLIKELY	NO	?
f. Kissing	YES	MAYBE	UNLIKELY	NO	?
g. Using same toilet	YES	MAYBE	UNLIKELY	NO	?
h. Bloody fights	YES	MAYBE	UNLIKELY	NO	?
i. Sharing cigarettes	YES	MAYBE	UNLIKELY	NO	?
j. Sex WITHOUT condom	YES	MAYBE	UNLIKELY	NO	?

Q10.	YES could be AIDS	MAYBE could be AIDS	UNLIKELY to be AIDS	NO wouldn't be AIDS	Do not know
a. Tiredness	YES	MAYBE	UNLIKELY	NO	?
b. Swollen glands	YES	MAYBE	UNLIKELY	NO	?
c. Yellowish eyes	YES	MAYBE	UNLIKELY	NO	?
d. Cuts don't heal	YES	MAYBE	UNLIKELY	NO	?
e. Sore muscles	YES	MAYBE	UNLIKELY	NO	?
f. Diarrhea	YES	MAYBE	UNLIKELY	NO	?
g. Itching all over	YES	MAYBE	UNLIKELY	NO	?
h. Sweating at night	YES	MAYBE	UNLIKELY	NO	?
i. Hair loss	YES	MAYBE	UNLIKELY	NO	?
j. Purple blotches on skin	YES	MAYBE	UNLIKELY	NO	?

- test, but have not had one?  
 YES/ NO/ UNSURE  
 Why haven't they had a test?
15. What would be the best way to organise AIDS blood tests for prisoners in this gaol?
  16. If a prisoner has a test, who do you think should be told the result?
  17. Should other inmates be told?  
 YES/ NO/ UNSURE
  18. Should Prison Officers be told?  
 YES/ NO/ UNSURE
  19. Should the Superintendent be told?  
 YES/ NO/ UNSURE
  20. How many prisoners do you think would be AIDS positive in this gaol?
  21. How many prisoners do you think would be at risk of catching AIDS in this gaol?
  22. If a prisoner has a positive test result, should he be moved away from other prisoners in the gaol?  
 YES/ NO/ UNSURE
  23. If the prisoner had to be moved, where could he be moved to?
  24. Would you feel safe being in the same wing as someone who was AIDS positive?  
 YES/ NO/ UNSURE  
 Why? (Please explain your answer)

\*\*\* Thankyou \*\*\*

### Prisoner Questionnaire 2

1. Did you know that an AIDS Education programme was being run in the N.S.W prison system?  
 YES/ NO/ UNSURE
2. Have you been to any talks on AIDS in this gaol?  
 YES/ NO  
 How long have you been in this gaol?  
 (if yes) What sort of talk was it? Where was it held? When was it?

3. Have you been to talks on AIDS in any other gaols?  
 (If yes) What sort of talk was it? Where was it held? When was it?
4. In the last few months have you seen an AIDS video in gaol?  
 YES/ NO/ UNSURE  
 (If yes) What sort of video was it?  
 Where did you see it?
5. Have you seen an AIDS pamphlet in gaol?  
 YES/ NO/ UNSURE  
 (If yes) Where did you get it from?  
 Did you read it?  
 YES/ NO
6. Have you learnt any new things about AIDS lately?  
 YES/ NO/ UNSURE  
 (If yes) What have you found out?
7. Where did you get the best information about AIDS?
8. Here is a list of activities which may or may not pass on the AIDS virus.  
 I want you to tell me how likely you think it is that someone could catch AIDS from each activity.
9. Are there any other ways that are not on this list that someone could catch AIDS?
10. What are some ways to avoid catching AIDS?  
 (Probe) What are some ways that people can have safe sex?  
 (Probe) Are there any safe ways that people can clean needles?  
 (Probe) What should someone do if they are splashed with blood?
11. Is the AIDS blood test 100% certain?  
 YES/ NO/ UNSURE  
 (If no) Why?
12. What does the AIDS blood test tell you?  
 (Probe: What does the AIDS blood test actually test for?)
13. Will everyone with a positive test result die of AIDS?  
 YES/ NO/ UNSURE  
 (If no) Why?

Q8.	YES would get AIDS	MAYBE could get AIDS	UNLIKELY to get AIDS	NO wouldn't get AIDS	Do not know
a. Sharing an apple	YES	MAYBE	UNLIKELY	NO	?
b. Touching dry blood	YES	MAYBE	UNLIKELY	NO	?
c. Sharing needles	YES	MAYBE	UNLIKELY	NO	?
d. Sex WITH condom (if doesn't break)	YES	MAYBE	UNLIKELY	NO	?
e. Sharing cigarettes	YES	MAYBE	UNLIKELY	NO	?
f. Blood splash on skin (unbroken skin)	YES	MAYBE	UNLIKELY	NO	?
g. Kissing	YES	MAYBE	UNLIKELY	NO	?
h. Using same toilet	YES	MAYBE	UNLIKELY	NO	?
i. Touching	YES	MAYBE	UNLIKELY	NO	?
j. Sex WITHOUT condom	YES	MAYBE	UNLIKELY	NO	?
k. Bloody fights	YES	MAYBE	UNLIKELY	NO	?

14. If a person has just caught the AIDS virus how long might it be before starting to feel sick?
15. A person with AIDS can go through different stages of illness. Have you heard of any of the stages of AIDS?  
YES / NO / UNSURE  
(If yes) Do you know what any of the stages are?
16. Do you know of any signs that might show up if someone does get sick with AIDS?
17. Here is a list of health problems. All of these problems could be due to many different things, but some of them are common in the early stages of AIDS. Please tell me if you know of the health problems which are common in the early stages of AIDS (circle YES). Could you also tell me which health problems are not common in AIDS patients (circle NO). If you do not know, that's fine (Circle UNSURE).

a) Sneezing	YES/	NO/	UNSURE
b) White spots in mouth	YES/	NO/	UNSURE
c) Diarrhoea	YES/	NO/	UNSURE
d) Hair Loss	YES/	NO/	UNSURE
e) Sweating at night	YES/	NO/	UNSURE
f) Tiredness	YES/	NO/	UNSURE
g) Swelling in joints	YES/	NO/	UNSURE
h) Purple blotches on skin	YES/	NO/	UNSURE
i) Swollen glands	YES/	NO/	UNSURE
j) Yellowish eyes	YES/	NO/	UNSURE

18. Do you think it is possible to stop the spread of AIDS in the N.S.W. prison system?  
YES/ NO/ UNSURE  
Why? (Please explain your answer)
19. Could condoms be used to help stop the prisons? YES/ NO/ UNSURE  
Why? (Please explain your answer)
20. Is there anything else that could be done to help stop the spread of AIDS in the N.S.W. prison system?  
(Probe) Is there anything that could be done to help stop prisoners from catching AIDS through sharing needles?  
(Probe) Is there anything that could be done that might help stop prisoners having unsafe anal sex?
21. What would be the best way to organise AIDS tests for prisoners? (Probe) Should everyone be tested? Should it be compulsory or should it be voluntary?
22. How many prisoners do you think would be AIDS positive in this gaol?

23. How many prisoners do you think could be at risk of getting AIDS in this gaol?
24. If a prisoner has a positive AIDS test, should he be moved away from other inmates in the gaol?  
problems are you also tell me which health problems are
25. Would it be possible to allow any AIDS positive prisoners to stay with other inmates in this gaol?  
YES/ NO/ UNSURE  
(Ask everyone) Why?
26. Would you feel safe being in the same wing as an inmate who was AIDS positive?  
YES/ NO/ UNSURE  
(Ask everyone) Why?
27. Have you done an interview similar to this one before?  
Y/N  
\*\*\*\*\* THANKYOU\*\*\*\*\*

### INTERVIEWER'S INTRODUCTON

"Hi, sorry to call you up out of the blue like that. Unfortunately it's the only way to get to see people in here... Have a seat and I'll explain what this is all about."

If they look worried or anxious; "it's okay, you're not in trouble or anything,"

"I'm a Researcher, which means that I ask a lot of people a lot of nosey questions to find out what they think! Usually we ask about programmes in the gaol, to try and make sure that programmes are running properly, and things like that."

"I would have liked to talk to everyone in the gaol but there are just too many people so I can't... This is a list of everyone in the gaol (show list) and all I did was circle every 5th (substitute appropriate number) person and you are one of them!"

I want to ask you what you know about AIDS, but don't worry, I won't ask you anything personal at all. It's just to make sure you understand about it and make sure the AIDS Education Programme is going O.K."

"If there are any questions you don't want to answer you don't have to. Is that O.K. with you?"

"Also, there are no names on the questionnaires (show questionnaires), so you can say whatever you like. I only needed your name to call you up, but I will destroy this list when I have seen everyone. Is that all O.K.?"

"Well here goes, but remember you can stop me at anytime if you want."

## APPENDIX C

### Summary of Sampling Statistics

Broad Characteristics of the six N.S.W. gaols chosen for inclusion in the sample are shown in Table C1. The sample included prisoners randomly selected from each institution. We aimed to select 15% of the prison population in each gaol.

Table C2 shows the sample statistics for each gaol, and the dates that interviews were conducted. Over these six N.S.W. gaols, we were

able to interview 77% of those selected from our initial sample. This response rate is good when we consider the many legitimate reasons that prisoners could not be interviewed.

The reasons for non-response are shown in Table C3. There were a variety of very practical reasons why prisoners could not be interviewed. Many were transferred or had gone to court and these respondents did **not** form one select group who might have biased the sample by their exclusion. Therefore, we have concluded that the results of this research are likely to be representative of all in these six gaols.

GAOL	SECURITY	SEX	OTHER FEATURES
Parklea	Maximum	Male	Mainly long stay prisoners
C.I.P.	Maximum	Male	Mainly transitory prisoners
Mulawa	Medium	Female	Largest women's gaol
Cessnock	Medium	Male	Largest country gaol
Silverwater	Minimum	Male	Includes Work Releasees
Emu Plains	Minimum	Male	-

GAOL	Sample	No. interviewed	Response %	Total Gaol	% pop	Date of interviews
Mulawa	24	19	79%	121	16%	18/11,19/11,20/11
Silverwater	49	34	69%	246	14%	25/11,26/11,28/11
Cessnock	52	51	98%	380	13%	28/10,29/10,30/10
Parklea	42	32	76%	210	15%	1/12,2/12,3/12,4/12
Emu Plains	27	19	70%	109	17%	16/12,17/12,18/12
C.I.P.	64	40	62%	387	10%	8/12,9/12,10/12,11/12
Total	258	195	76%	1453	13%	-
M.R.C.	41	23	56%	369	6%	1/10,2/10
Bathurst	40	31	77%	202	15%	23/2,24/2

	MUL	EMP	SIL	PKL	C.I.P.	CESS
Refused	-	3	2	3	5	1
Transfer	-	1	1	-	4	-
Discharge	-	-	-	-	2	-
Court	1	-	-	-	-	-
Gone (Fine default)	2	-	-	-	-	-
Sick	1	-	-	1	1	-
No response to page	1	1	1	3	5	-
Unable to contact	-	3	-	-	-	-
Temporary absence	-	-	10	-	-	-
On a visit	-	-	1	-	-	-
Drug Unit	-	-	-	2	-	-
Out of time	-	-	-	-	7	-
TOTAL	5	8	15	9	24	1
Non-response rate	21%	30%	31%	21%	38%	2%

## APPENDIX D

Numbers Tested for A.I.D.S. (from  
N.S.W. Department of Corrective  
Services Annual Report, 1987-88)

Institution	Initial Test	Repeat Test
Bathurst	47	2
Cessnock	56	9
Cooma	9	3
Emu Plains	9	5
Glen Innes	7	-
Goulburn	85	15
Grafton	27	2
Kirkconnell	11	-
Maitland	57	18
Mannus	9	-
Mulawa	67	29
Norma Parker	4	2
Oberon	8	5
Parramatta	105	101
Silverwater	26	3
Long Bay Complex:		
C.I.P.	60	23
M.R.C.	35	5
M.R.P.	56	40
M.T.C.	16	8
Long Bay Prison		
Hospital Ward B	17	4

## APPENDIX E

**Programme Organisers' reports of  
progress in AIDS education up to late  
1988, and early 1989.**

**Table E1: Lectures given to inmates organised by Eileen Adamson, central AIDS Education  
Programme Organiser, from 23/4/88 to 30/3/89.**

DATE	INSTITUTION	SPEAKER
30/5/88	M.R.P.	Dr. Peter Bruce
31/5/88	C.I.P.	Dr. Peter Bruce
4/7/88	M.R.P.	Dr. David Sutherland
4/7/88	C.I.P.	Dr. David Sutherland
4/7/88	M.T.C.	Dr. David Sutherland
4/7/88	S.C.U.	Dr. David Sutherland
11/7/88	Cooma	Dr. Peter Bruce
16/7/88	Silverwater W.R.	Eileen Adamson
19/7/88	Mulawa	Dr. Peter Bruce
19/7/88	Norma Parker	Dr. Peter Bruce
20/7/88	Goulburn	Dr. Peter Bruce
20/7/88	Berrima	Dr. Peter Bruce
23/7/88	Malabar P.D.C.	Eileen Adamson
30/7/88	Silverwater P.D.C.	Eileen Adamson
8/8/88	C.I.P.	Dr. Robert Norton
8/8/88	M.R.P.	Dr. Robert Norton
18/8/88	Norma Parker W.R.	Dr. Peter Bruce
22/8/88	Berrima	Dr. Peter Bruce
11/9/88	M.R.C.	Inmates' play performance
12/9/88	C.I.P.	Dr. Peter Bruce
17/9/88	Malabar P.D.C.	Dr. Peter Bruce
17/9/88	Malabar P.D.C.	Dr. Peter Bruce
24/9/88	Silverwater P.D.C.	Dr. Peter Bruce
26/9/88	C.I.P. Protection	Dr. Peter Bruce
26/9/88	S.C.U.	Dr. Peter Bruce
21/10/88	C.I.P.	Eileen Adamson
7/11/88	C.I.P.	Dr. Peter Bruce
12/12/88	M.T.C.	Inmates' play performance
23/1/89	Parklea	Dr. Peter Bruce
6/2/89	Silverwater	Dr. Peter Bruce
21/1/89	C.I.P.	Dr. Peter Bruce
24/2/89	C.I.P.	Dr. Peter Bruce
27/2/89	Goulburn	Dr. Peter Bruce
6/3/89	Mulawa	Dr. Peter Bruce
10/3/89	M.T.C.	Dr. Peter Bruce
17/3/89	M.R.C.	Dr. Peter Bruce

**Table E2: Programme Organisers' reports of the time they spend and the support available to them, for organising AIDS Education Programmes in their gaol.**

Programme Organisers' Time		Committee Meetings	No. of Other Helpers	
Paid Time	After hours		Staff	Inmates
2-3 hrs/wk	Nil	No committee	Nil	Nil
0.5 hrs/wk	Nil	When required	Nil	Nil
2 hrs/wk	1.5 hrs/wk	Every fortnight	Two	Three
As necessary	As necessary	No committee	All	Nil
1.5 hrs/wk	3hrs/mth	Prisoners only	Nil	Nil
1hr/wk	Nil	Every month	Nil	Nil
2-4 hrs/wk	3-4 hrs/mth	Every month	Nil	Two
0.5 hrs/wk	1hr/mth	No committee	One	Nil
4 hrs/wk	8hrs/mth	Prisoners only	One	Some
2hrs/wk	Nil	Every month	One	Some
1 hr/wk	4-5 hrs/mth	No committee	Nil	One
1 hr/wk	2hrs/wk	Irregularly	One	Nil
Missing data	Missing data	Monthly	One	One
Nil	2 hrs/wk	No committee	Nil	Nil
0.5 hr/wk	0.5 hr/wk	Two meetings only	Five	Nine
5 hrs/wk	5 hrs/wk	No committee	Nil	Nil
Missing data	-	-	-	-

### Programme Organisers' Perceptions of their role

The following is an exact replication of answers which the Programme Organisers gave to five open-ended questions about their role, their achievements, and their thoughts about the importance of AIDS education. The gaol where each Programme Organiser worked is not tabulated as data were collected for research purposes only and confidentiality was assured.

For each question, responses from all 17 Programme Organisers are listed. The question and their answers are reproduced in full. Occasionally a Programme Organiser left a question blank and this is simply recorded as "missing data". All responses are numbered from 1 to 17, so that the reader may identify the responses of Programme Organisers to several questions. That is, Programme Organiser No. 1 responded to the first question by saying "setting up for meetings..." and later the same Programme Organiser responded to the second question by saying "set up Programmes....".

#### WHAT DO YOU SEE AS THE MAIN THINGS YOU SHOULD BE DOING AS THE AIDS PROGRAMME ORGANISER IN YOUR GAOL?

1. "Setting up for meetings, getting groups to come in for meetings, place paper and documents to all wings."
2. "Advising inmates of security requirements that may apply to any actions they want to take to help with their education of other inmates. To assist prisoners put together their education programme."
3. Missing data.

4. "To provide an interesting and informative AIDS education programme tailored to the needs of ....(this gaol)."
5. "To make available all current information on AIDS, to our residents and staff as soon as it becomes available. To encourage residents and staff to read the information and to be available to either answer the queries or redirect the queries to the relevant experts."
6. "Distributing AIDS information (printed matter) as required. Talking to inmates (one to one) on the subject. Organising official Departmental lectures or video programmes."
7. "... (this gaol), due to it's position in the continent programme, receives inmates from gaols which already have working AIDS committees. It is therefore better for the programme at... (this gaol) to be aimed at the local criminal reception."
8. "I used to think that just making the inmates aware of the problem by education was sufficient. But education and raising their level of awareness means nothing if we can't make them change their ways and attitudes. Decades of lifestyles can't be changed very easily."
9. "To make the Staff and the inmates more aware on AIDS in the N.S.W. Gaol system."
10. "Facilitate education on AIDS for officers and inmates. Develop tactics to make this possible. Integration of AIDS (life style) education into the overall management plan for institution."
11. "Disseminating information. All new inmates coming into prison should be



given information available. To officers and their families; seminars should be conducted to let them know the dangers and myths that abound."

12. "Making inmates constantly aware."
13. "Prepare programmes. Organise lectures, seminars, arrange supply and distribution of written and visual material. Evaluate feed back. Liaisons with co-ordinator and organisers."
14. "Channelling all available information to both officers and inmates."
15. "Due to the high turn over of inmates I should have a basic program to put on say once every 3 to 4 weeks."
16. "Forming Prisoner Committees, paving the way for guest speakers and lectures e.g. co-ordinators etc., placing posters and information updates in all areas for officers and prisoners."
17. "Making inmates, officers and support staff aware of the dangers of AIDS."

#### **WHAT HAVE YOU BEEN ABLE TO DO IN YOUR ROLE AS AIDS PROGRAMME ORGANISER IN YOUR GAOL?**

1. "Set up programmes within (this gaol) and have meetings with outside visitors."
2. "So far, get the programme started."
3. Missing data.
4. "Provide an AIDS Education programme. Modified the existing gaol reception procedure."
5. "Provide all inmates and staff with current up to date literature, videos and information. Provided a basic booklet for all residents to use. Organised a training session to be given to all residents of the unit once a month. Organised a lecture by "the experts" for the staff and inmates. Be available to anyone who needs information or assistance."
6. "See previous question."
7. "Very little, due to holidays and Christmas period. However, I have continued to send out literature and a seminar by Dr. Sutherland is programmed for the early part of 1989."
8. "I have been able to have an empathetic rapport with certain inmates and come to understand their lifestyles and habits (i.e. drugs and sexual preferences) and the difficulties they will face upon release, in coping with the AIDS epidemic. Being a sexual deviate from way back and having undergone the stress of blood testing helps as well."
9. "I think that we have become more aware of AIDS ourselves, and I think that the inmates think more about it now."
10. "Distribute pamphlets. Assist at meetings. Organise sessions."
- 11.

"Organise a 'pack' to give to all new receptions. Show video's about AIDS approximately weekly."

12. "Not much. Show video to both inmates and staff."
13. "Several lectures have been held. Regular viewing of tapes. Receptions are given instructions on AIDS related conditions."
14. "Explain to staff and prisoners about the AIDS syndrome."
15. "Very little due to high turn over of inmates and overall apathy."
16. "Have had one group meeting i.e. ...with Ms Adamson. Have had one early morning meeting for officers (with Dr. Bruce and Eileen Adamson). Have had two meetings with prisoners."
17. "Make MILTON bleach tablets available to inmates. Video's shown on a regular basis. Speakers visiting the gaol. All officers can have HEP B shots free through the programme."

#### **WHAT DO YOU SEE AS YOUR MAJOR ACHIEVEMENTS AS THE PROGRAMME ORGANISER IN YOUR GAOL?**

1. "Trying to get prisoners involved in the AIDS programme, as ... (this gaol) has a big turnover of prisoners and prisoners don't want to get involved."
2. Missing data.
3. Missing data.
4. "Breaking down some prisoner/prison officer barriers. Introduction of an education programme for prisoners."
5. "Being available with up to date information at any time the prisoners or staff require it. The introduction of a training session for inmates. The introduction of an easily understood booklet for inmates to read."
6. "Getting information around the gaol for people to see, and having the opportunity to talk with inmates personally."
7. "None as yet."
8. "To make AIDS a freely discussed subject both among staff and inmates."
9. "Some inmates have spoken to us after we have shown AIDS tapes, so that goes to show that they have been thinking about it, which never happened before we took this program on. And two inmates have approached me about an AIDS test. I have referred them to the clinic sister after seeing the AIDS film."
10. "The prisoner committee."
11. "Starting, getting a few inmates interested enough to help."
12. "None."
13. "I don't consider that I have made any major achievements but I feel that I have

been of some help to many inmates and some staff."

14. "The result of our information sharing is the acceptance of HIV infected inmates into the mainstream of the gaol."
15. "Nil".
16. "To inform both officers and prisoners about the AIDS Crisis in our society and the whole world."
17. "MILTON bleach tablets available to inmates. Hep 'B' shots available to officers."

### **DO YOU THINK THE AIDS EDUCATION PROGRAMME HAS HELPED TO STOP THE SPREAD OF AIDS IN N.S.W. GAOLS SO FAR?**

In response to this question, 9 Programme Organisers were unsure, 6 said Yes and 3 said No. A more detailed description of their answers is given below.

1. UNSURE - "I would think that some prisoners have got a lot out of the programme and would make them think about using needles and having sex with other prisoners."
2. UNSURE - "It may have made some inmates think about their future. I believe not enough is being done in this area."
3. NO - "Because most prisoners haven't yet seen other inmates with AIDS in the late stages of the disease. It may change when the reality of AIDS can be seen."
4. UNSURE - "Sometimes I wonder."
5. NO - "A study of the habit of cigarette smoking and the education programme provided to inform the public of the dangers of this habit has been proved to be not effective - even after being in place twenty years. Education programmes do just that - provide information, they do not necessarily change a persons behaviour."
6. UNSURE - "It may have assisted in some ways but the message must get through harder. Many inmates are still apathetic towards the subject."
7. YES - "By making inmates, as with the general public aware that the virus is hard to contract and that you must do certain things to contract it. By identifying this it is then up to the inmate, as it is in normal society, to change his or her habits."
8. NO - "Sexually active AIDS carriers that have passed through this institution are still practising unsafe sexual activities, both in and out of gaol. The ones on the outside are protecting themselves and partners/clients. Sex is a way of life and I find it ludicrous that the Department

doesn't issue condoms to help prevent the spread. It is really stupid that we are expected to teach inmates the theory of safe sex (to prevent spread of AIDS) but don't supply the means. Like teaching kids how to write but not giving them crayons. Like inmates and sex, the kids will improvise and succeed."

9. YES - "May have made some inmates more aware of AIDS."
10. UNSURE - "There are no statistics available to allow an answer to this question."
11. YES - "The long 'termers' tend to know the dangers associated with AIDS - this is mainly through the lectures etc. The myths tend to be shattered although there is still a lot that is not known."
12. UNSURE - "I am not in possession of the figures which could confirm or deny this proposition."
13. YES - "Through AIDS programmes prisoners are becoming more aware of the dangers of the spread of AIDS. This has resulted in some prisoners taking extra precautions."
14. UNSURE - "We don't know how far AIDS has spread in N.S.W. gaols."
15. UNSURE - "Nobody can be sure because we don't know the extent of the problem, but it has definitely brought more awareness of what can happen."
16. UNSURE - "There has been too much shilly shallying and passing the buck. Decisions must be made and officers, medical, and prisoners must be educated and not have their heads buried in the sand or in bureaucratic "red tape"."
17. YES - "I show the videos periodically and have had the lecturers in the gaol to speak to both officers and inmates, so I do think this has helped, plus the bleach tablets."

### **DO YOU THINK THE AIDS EDUCATION PROGRAMME COULD HELP TO STOP THE SPREAD OF AIDS IN N.S.W. GAOLS IN THE FUTURE?**

In response to this question, 8 Programme Organisers were unsure, 7 said Yes, and 2 said No. A more detailed description of their answers is given below.

1. UNSURE - "Who knows what will happen in the future, all we can do is run the programmes, it must help some prisoners in the future."
2. YES - "Constant upgrading of information. People need to know what will happen to them. I believe that education will slow down the spread of AIDS but not stop it. Education will help but some are always prepared to take the risk no matter how high."

3. YES - "As above" (see answer to previous question).
4. YES - "I think it's a long uphill battle."
5. UNSURE - "Inmates are antisocial and are narcissistic by nature, thinking only of themselves. We must keep trying but being a realist I must face facts and I doubt that anything we do will stop the spread of AIDS in prisons. Saying this will not stop me from trying."
6. UNSURE - "If a common approach is used in all gaols, maybe, with determination, it will."
7. UNSURE - "AIDS education, as any over publicised item, becomes boring. the general problem is that as you become overexposed to it you tend to turn off and it becomes normality. The education required is of the young before they have developed the adult habits by which the virus can be contracted".
8. NO - "I don't feel it is possible to stop the spread of AIDS anywhere. It relies on human integrity and judgement which are often lacking, even more so in gaols. Education is only valuable when used with the appropriate tools, one of which is freely available condoms, which are also legal. If the Department began issuing cleaning kits for "fits" they may as well issue "fits", as this will even further reduce the spread of AIDS. I also feel the heroin junkies should be registered and supplied with heroin (both inside and out) as they need it. This would disassociate criminals from heroin, reduce crime and the number of people convicted of drug related crimes, reduce the number of inmates in gaol and therefore reduce the spread of AIDS in gaols (neat eh!). But while heroin is still illegal I feel the Department has a responsibility to the public to make drug use as hard as possible for inmates to undertake."
9. YES - "People are still ignorant of AIDS but with the education programme currently being undertaken by the AIDS Committee in N.S.W. Prisons the population will become more aware of reasons for the spread of AIDS."
10. UNSURE - "As for previous question."
11. UNSURE - "The attitude that this will happen to someone else prevails, the more information, education, that goes into the system, the inmates tend to become apathetic. It is needed for the new receptions however they too have an attitudinal problem (young ones) towards 'telling' them how to live their life. The problem is turning from education to attitudes. Unfortunately goal produces the attitudes contrary to what is needed."
12. UNSURE - "Possible. We would need a data base from which to work to monitor performance."
13. YES - "There will always be a percentage of prisoners who don't care or are prepared to take risks. By educating and informing prisoners how they can protect themselves this percentage must be reduced."
14. NO - "We cannot be sure prisoners take any notice of the information that's given to them. Compulsory testing may tell us how many inmates are infected."
15. YES - "We must try even if we think it's useless it must be doing some good."
16. UNSURE - "There are some prisoners who, whilst using drugs are totally irresponsible. These persons must be segregated from the rest of the prison population. Someone responsible must make these difficult decisions. Other prisoners who show responsibility, and these are many, must be given up to date information on a regular basis by the best informed persons on the AIDS crisis. All prisoners entering on remand should be informed in a classroom situation on a weekly basis of the dangers of this disease. More drug free units should be made available."
17. YES - "I think that if we educate inmates and officers and support staff in the way AIDS is spread surely it must help to stop the spread of this disease."