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Issues that concern prison officers about HIV positive prisoners in Western Australia

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ISSUES THAT CONCERN PRISON OFFICERS

ABOUT HIV POSITIVE PRISONERS

IN

WESTERN AUSTRALIA

BY

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USE OF THESIS

The Use of Thesis statement is not included in this version of the thesis.

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Abstract

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In 1988 the Department of Corrective Services established an AIDS Standing Committee to draw up an HIV positive/AIDS policy. The Committee consists of ten members, two of whom are union members who represent the issues that concern 1,227 prison officers statewide. The Policy which was issued in 1989 medically isolated HIV positive prisoners from the mainstream prison population.

The aim of this research is to identify and quantify the issues that concern prison officers about HIV positive prisoners in Western Australia. Such information will act as a medium through which these will be communicated to the AIDS Standing Committee.

Structured questionnaires were mailed to 130 subjects taken from a stratified random sample of both country and metropolitan Western Australian prison officers. The results of these questionnaires identified the issues that concern prison officers about HIV positive prisoners in Western Australia. These results were written in the form of contingency tables and comments from the questions clarified these results.

The research was guided by a theoretical context of participative management. This style of management encourages prison officers to participate in identifying the issues that concern them about HIV positive prisoners. These issues as well as the administrative and union issues will be identified in this research.

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Declaration

"I certify that this thesis does not incorporate, without acknowledgment, any material previously submitted for a degree or diploma in any institution of higher education and that, to the best of my knowledge and belief it does not contain any material previously published or written by another person except where reference is made in the text."

David Cain

November 11, 1994

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The researcher of this thesis would like to acknowledge the encouragement and valuable advice of my supervisor Mr John Duff. This acknowledgment also includes the many other academics who assisted me in conducting this research from Edith Cowan University and the University of Western Australia.

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A special thank you is extended to the 102 prison officers who took the time and effort to complete the mailed questionnaires. Particular appreciation is given for the many valuable comments included in the comments sections of the questions (seven to nineteen inclusive).

Finally, on a personal note, I would like to thank my two best friends Jennifer Zimdahl and Maeve Barry who have constantly encouraged me throughout my studies.

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FOREWORD

FROM JULY 1 1993 THE DEPARTMENT OF CORRECTIVE SERVICES BECAME THE CORRECTIVE SERVICES DIVISION OF THE MINISTRY OF JUSTICE. THERE ARE THREE DIVISIONS OF THE NEW MINISTRY OF JUSTICE, THE OTHER TWO BEING CROWN LAW AND JUVENILE JUSTICE.

PRIOR TO THE COMMENCEMENT OF THIS RESEARCH, WRITTEN PERMISSION WAS SOUGHT FROM THE CORRECTIVE SERVICES DIVISION OF THE MINISTRY OF JUSTICE. SUCH PERMISSION WAS RECEIVED FROM THE RESEARCH ETHICS COMMITTEE. HOWEVER, CERTAIN CONDITIONS APPLY (see Appendix A).

WRITTEN PERMISSION WAS ALSO SOUGHT AND RECEIVED FROM THE EXECUTIVE DIRECTOR OF STRATEGIC AND SPECIALIST SERVICES. HOWEVER, AS AUTHORS OF INTERNAL REPORTS WERE USED BY NAME IT WAS PREFERRED TO SIMPLY USE TITLE. THIS PREFERENCE WAS ADHERED TO AND A SEPARATE LIST OF AUTHORS AND PERSONAL COMMUNICATIONS IS AVAILABLE FOR THE HIGHER DEGREES COMMITTEE OF EDITH COWAN UNIVERSITY.

UNION SUPPORT WAS SOUGHT FROM THE WESTERN AUSTRALIAN PRISON OFFICERS UNION (WAPOU). A LETTER OF SUPPORT WAS RECEIVED FROM THE UNION SECRETARY (see Appendix B).

LIST OF PERSONAL COMMUNICATIONS FOR THE FOLLOWING THESIS BY DAVID CAIN: ISSUES THAT CONCERN PRISON OFFICERS ABOUT HIV POSITIVE PRISONERS IN WESTERN AUSTRALIA.

DAVID BELTON:	*WAPOU secretary.*
AMANDA BLACKMORE:	*Research consultant of Edith Cowan University, Churchlands campus.*
MICHAEL CELENZA:	*Special Projects Officer and Workforce Planner for the Western Australian Ministry of Justice.*
BRIAN CULLEN:	*Regional AIDS Coordinator for Long Bay Prison, NSW.*
MAXINE DRAKE:	*HIV Coordinator for the Western Australian Ministry of Justice.*
Dr. JOHN EDWARDS:	*Perth General Practitioner.*
BRIAN FRITH:	Manager of Yatala Prison in South Australia.
ALLAN HALDANE:	*Retired superintendent of Casuarina Prison in Western Australia.*
GARY IRELAND:	*Human Resources statistician for the Western Australian Division of Corrective Services.*
Dr. KONRAD JAMROZIK:	*Fifth year medical student supervisor.*
HELEN JONES:	*NSW course coordinator for the seminar entitles 'HIV: the virus in focus'.*
MICHELLE KOSKEY:	*Executive Director of the Western Australian AIDS Council.*
Dr. SMITH:	*Clinical virologist for the Western Australian State Health Laboratories.*
IAN VAUGHAN:	*Director of Prisoner Management for the Western Australian Ministry of Justice.*

GLOSSARY OF TERMS

AIDS	Acquired Immune Deficiency Syndrome, a group of diseases caused by damage to the immune system, resulting in particular infections and certain forms of cancer.
ANTIBODY	Protein, produced by B (Lymphocytes) cells in the immune system, that can react with and neutralise specific foreign substances that enter the bloodstream, or antigens.
ANTIBODY TEST	A blood test designed to detect the presence of antibodies to HIV in the blood. The test usually requires two separate tests to confirm that a person who has been exposed to the virus has been infected.
PNEUMOCYSTIS CARINII	An organism which causes pneumonia.
EPIDEMIOLOGIST	A scientist who studies the distribution and determinants of diseases.
HIV	Human Immunodeficiency Virus - virus that eventually causes AIDS Syndrome; can be transmitted by blood, semen and vaginal fluids.
HIV -	A negative result to the HIV antibody test means that there are no measurable antibodies to the virus in the person's blood. This indicates that either the person has not been exposed to the virus or that it is too soon for the antibodies to have been produced.
HIV +	A condition in which antibodies to a virus or other antigen are detected in the blood. In the case of the HIV antibody test, a positive result indicates that a person has been exposed to the virus and is infectious.
IMMUNE SYSTEM	The body's natural defence system, consisting of specialised cells which are found in the lymph glands and produce antibodies to help fight the disease.

KAPOSIS' SARCOMA	A type of skin cancer which is bluish-purple in colour.
OPPORTUNISTIC INFECTIONS	Infections with a healthy immune system would cope with under normal circumstances and which take the opportunity that a damaged immune system presents to establish disease eg - candidiasis (thrush).
VIROLOGIST	A scientist who studies viruses, their growth and diseases caused by them.
WINDOW PERIOD	The time between exposure to the virus, and the appearance of measurable antibodies in the blood. This can take between two weeks and four months to occur.

CHAPTER ONE: INTRODUCTION

HIV is a virus which has attracted a great deal of media attention as well as considerable controversy and sensationalism. Lack of quantity and quality of information about the virus has raised many issues that concerns prison officers within the Division of Corrective Services of the Ministry of Justice. These and other issues will be of greater concern to prison officers when HIV positive prisoners are integrated into the mainstream prison population. This is because prison officers work in a unique and potentially dangerous environment where prisoners frequently assault prison officers and prisoners. Prison officers regularly restrain and separate prisoners from fighting and attend to many first aid treatments caused by suicide attempts or ill health. Such contact has often caused blood to blood contact between prisoner and prison officer which in turn has created a sense of vulnerability for the individual officer and consequently for his or her family. Rape is another issue that concerns not only female prison officers but also male prison officers within the confines of the prison environment.

Background

A person who is HIV negative does not carry the Human Immunodeficiency Virus (HIV) and therefore cannot contract AIDS. A person who is HIV positive does carry the Human Immunodeficiency Virus (HIV). After being diagnosed as being HIV positive the person may develop Acquired Immune Deficiency Syndrome (AIDS). AIDS weakens the body's disease fighting mechanism known as the immune system. This makes the body prone to opportunistic infections such as Pneumocystis Carinii and cancers such as Kaposi's Sarcoma. The person will eventually die. However, this would not be from HIV or AIDS but from opportunistic infections

which the body is too weak to fight off (Dwyer, John, 1993).

The virus has spread rapidly throughout the world. It is impossible to state accurately the prevalence of the virus. This is because many cases, in particular in the third world, are not diagnosed. Therefore only the number of diagnosed, or known cases, can accurately be used to estimate the `minimum' number of `known' HIV cases. McGregor (1994, p. 18) reported from the 10th International Conference on AIDS held in Yokohama Japan in 1994 that there is estimated to be in excess of 16 million `known' adult HIV infections globally.

HIV infection was first identified in the Western World in the United States of America (San Fransisco) in 1981 (Surgeon Generals' Report, 1986). McGregor (1994, p. 18) states the number has grown from one diagnosed adult HIV infection in 1981 to over one million diagnosed adult HIV infections in the United States of America up to the end of 1993.

The first known case of HIV infection in Australia (Sydney) was diagnosed in 1982 (Davis & George, 1993, p. 335). According to Timewell, Minichiello and Plummer (1992, p. 17) "Some epidemiologists believe that Australia has fewer than 20,000 HIV infected people, or a little more than one person in every thousand of population". McGregor (1994, p. 18) supports this statement statistically by confirming in Australia there were 17,737 diagnosed HIV carriers, of whom 4,753 had developed AIDS with 3,212 recorded deaths from the disease - up to the end of 1993.

The Executive Director of the Western Australian AIDS Council states the first known case of HIV infection in Western Australia was diagnosed in 1983

(personal communication, Friday 1 October, 1993). This figure has grown significantly within one decade. There were 668 known HIV carriers diagnosed in Western Australia cumulative to 30 September 1993 (Australian HIV Surveillance Report, 1994, p. 15).

Western Australian prisons

As of 30 June 1993 there was a total bed capacity for 2,128 prisoners in the then fourteen operational prisons within the state of Western Australia. As of 30 June 1993 there were 2036 prisoners held in Western Australian prisons (Department of Corrective Services, 1993a). To supervise these prisoners on a twenty four hour basis a large number of trained prison officers are required. The Special Project Officer of the Ministry of Justice stated there were 1,227 prison officers in Western Australia on 30 June1993 (personal communication, October 25, 1993).

The first known prisoner to be diagnosed as being HIV positive in a Western Australian prison was in 1985 (HIV Coordinator, personal communication, Thursday 12 May 1994). As of 30 June 1993 this figure had increased to six known HIV positive prisoners in Western Australian prisons. Those six known HIV positive prisoners consisted of five known HIV positive prisoners in medical isolation at Casuarina Prison and one held in medical isolation at Bandyup Women's Prison (Department of Corrective Services, 1993a). These figures are by no means an accurate account of the actual number of HIV positive prisoners who may be in prison. They are only an accurate account of the `known' number of HIV positive prisoners in Western Australian prisons. There could be many more prisoners who are HIV positive who do not know their own HIV status.

Today there is more information available to us about how prison officers may contract HIV while carrying out the routine duties. There are two known ways prison officers can contract the virus within the prison environment, by blood to blood contact through assault and from semen as in the case of rape (Dead Set: Prison AIDS Project, 1992). Firstly, if a prison officer is assaulted by a prisoner, blood may be transmitted from an HIV positive prisoner to the prison officer through an open wound.

The Department of Corrective Services (1993a) indicates "There were 39 assaults on Prison Officers during the year which resulted in convictions under the Prisons Act 1981 or the Criminal Code [and] 60 assaults during 1991/92". These figures give only the figures of assaults which resulted in convictions. They do not include the actual number of assaults that did occur.

Medically isolated prisoners can assault prison officers the same as mainstreamed prisoners. There is no guarantee that an HIV positive prisoner in medical isolation would not assault a prison officer if the motivation and opportunity arose. A Casuarina prison officer stated that this was the case in Casuarina Prison where an HIV positive prisoner assaulted a prison officer (personal communication, Friday 19 August 1994).

Secondly, an alternative and more dangerous type of assault is by an injection from a needle and syringe full of HIV positive blood. This occurred in a NSW prison in 1990. The Regional AIDS Coordinator for Long Bay Prison in New South Wales indicated that in 1990 a prison officer was stabbed by a prisoner with a syringe full of HIV positive blood. The officer has since become HIV positive (personal

communication, 1 March 1994). Immediately following this assault many newspaper editorials demanded that prisons "Segregate the AIDS carriers" (Segregate the AIDS carriers, 1990, p. 18). The same prison officer who became HIV positive back in 1990 is "now dying of AIDS....[and is] suing the State of New South Wales, claiming the Corrective Services Department was negligent" (AIDS man tells of needle attack, 1994). It is claimed "the attack could have been prevented by a number of measures including segregating the prisoner, Graham Farlow, who had already attacked one officer and threatened another" (Fife-Yeomans, 1994).

Thirdly, another way a prison officer may become HIV positive is by an HIV positive prisoner raping a prison officer. Rape still occurs in prisons. A prison officer from Casuarina Prison indicated that in 1992 a female prison officer was raped in that prison (personal communication, Friday 19 August 1994).

Situations where assaults and rape occur are referred to as a critical incident. Critical incidents also include a hostage situation, a serious fire, or a riot, which results in a substantial loss of assets (Department of Corrective Services, 1993a). On Monday 4 January 1988 there was a major critical incident in Fremantle Prison which resulted from a major riot leading to a hostage situation, numerous assaults against prison officers, a threat of rape to a male prison officer, a serious fire and a substantial loss of assets to the Department of Corrective Services. Ayris and Murphy (1988, p. 1) states "More than 130 prisoners were holding five warders hostage....Several warders were injured in the riot and were treated at Fremantle Hospital". Prison officers involved in the Fremantle Riot may still have memories of January 4, 1988. If this is so, it would be expressed in the questionnaire instrument. It is the opinion of the researcher that only a prison officer who was actually involved in the Fremantle Riot of 1988 can fully understand how dangerous a prison officer's job can be.

AIDS Standing Committee

As part of the Ministry of Justice's strategy, an AIDS Standing Committee was established in 1988. The AIDS Standing Committee consists of:

* Director, Strategic Services Division (Chairman)
* Director, Prison Operations
* Director, Community Based Corrections
* Medical Superintendent
* Superintendent, Casuarina Prison
* Superintendent, Bandyup Women's Prison
* Legal Consultant
* West Australian Prison Officers Union (WAPOU) representatives
* Civil Service Association (CSA) representative (Hill, 1990).

The role of the AIDS Standing Committee is to fulfil a monitoring and coordinating role for all AIDS-related policies. It is responsible for making recommendations to the Executive Director of the Division of Corrective Services as well as liaising with the Western Australian Health Department.

When the AIDS Standing Committee was first established it was to meet at least once a year, or more frequently, if the need arose. The first objective of the AIDS Standing Committee was to draw up an HIV positive/AIDS policy for the Department of Corrective Services, which it did in 1989. The aim of this new Policy was to ensure all HIV positive prisoners were managed in a humane way. One of the main objectives of this Policy was to minimise the risk to prison officers of contracting the virus and to make provision to provide education and training to prison officers.

Since the Policy was first drawn up, the Department of Corrective Services employed an HIV Coordinator who sits on the Committee as an adviser. The HIV Coordinator is currently not included in the Policy document per se.

Western Australian HIV positive/AIDS Policy

Hill (1990, p. 7) states the HIV positive/AIDS Policy will be reviewed on an annual basis by the AIDS Standing Committee. However, the Policy has not been reviewed since 1990. This is identified from the 'Date Reviewed' date which is September 26, 1990 on the first page of the Policy document. It is also seen in the body of the Policy document which still refers to Fremantle Prison (Hill, 1990, p. 1) which was closed down in 1991 and replaced by Casuarina Prison (Hill, 1990, p. 6).

According to the Policy, prisoners who are reasonably suspected or confirmed as being HIV positive or who have refused testing are placed in medical isolation in one of two maximum security prisons, according to their gender. Female prisoners are placed in Bandyup Women's Prison and males are placed in Casuarina (the Policy still refers to Fremantle Prison) Prison (Hill, 1990). This prisoner placement takes precedence over the guide-lines outlined in the Executive Directors Rule 2B entitled "Procedures for the assessment and placement of prisoners within the Department of Corrective Services" (Division of Corrective Services, 1993).

Significance of the study

Since known HIV positive prisoners first entered the Western Australian prison system in 1985 they have been segregated from the mainstream population in maximum security prisons regardless of their actual security rating. Prior to the HIV

positive/AIDS Policy, Fremantle and Bandyup prisons were responsible for writing their own management guide-lines for their HIV positive prisoners. Such guide-lines were in the form of Local and/or Standing orders.

Under the umbrella of the Federal Disability Discrimination Act, the Human Rights and Equal Opportunity Commission ruled that discrimination had occurred against an HIV positive prisoner in Casuarina Prison. The president Sir Ronald Wilson further ruled all HIV positive prisoners would be mainstreamed into the general prison population by 30 November 1994 (McNamara, 1994b) This has given the Ministry of Justice three months to formulate and implement an integration plan for all known HIV positive prisoners in Western Australian prisons.

Prior to this Federal ruling two other HIV positive prisoners had also successfully sued the Ministry of Justice for discrimination through the Western Australian Equal Opportunity Commission (Australian Federation of AIDS Organisations Inc.,1993). The Ministry of Justice was given a six month exemption from this ruling to prepare for its integration (McNamara, 1994b). However, the Federal ruling takes precedence as it gave three months to prepare for the integration of HIV positive prisoners as opposed to the State Equal Opportunity Tribunal which gave six months.

The HIV Coordinator for the Ministry of Justice suggests in the past there had been resistance between the West Australian Prison Officers Union and the Ministry of Justice on the subject of integration versus segregation of HIV positive prisoners (personal communication, Thursday 12 May 1994). This is because the Union is concerned with the welfare of their members and the duty of care the Ministry of Justice owes its prison officers. However, the Ministry of Justice is also concerned

with their duty of care which extends from prison officers and other staff to include both non-HIV positive as well as known HIV positive prisoners. The Ministry of Justice must also comply with both State and Federal legislation as well as many other issues (Hunter, 1993e). This resistance has been forced to a head with the Federal Equal Opportunity Tribunal's ruling that all HIV positive prisoners be integrated into the mainstream prison population by 30 November 1994 (McNamara, 1994b). Prior to the Tribunal's ruling the Ministry of Justice had been developing a corridor plan of selective integration of HIV positive prisoners into designated prisons according to the security ratings of the prisons and the prisoners. Prisoners who were known to be HIV positive could then be placed into a prison according to Executive Directors Rule 2B which outlines the procedures for the assessment and placement of prisoners within the Division of Corrective Services (Division of Corrective Services, 1993). Such placement would then depend on the security rating, length of sentence, type of offence and previous prison record of the prisoner rather than on one issue, because of their HIV status, or perceived HIV status only.

The Corridor Plan consists of three male and two female prisons which would be selected for known HIV positive prisoners. There would be one maximum, one medium and one minimum security prison for male prisoners plus one maximum and one combined medium and minimum security prison for female prisoners. Although there is only one designated female prison in Western Australia, female prisoners may be incarcerated in separate areas of selected predominantly male prisons. The Director of Prisoner Management states the actual identity of the prisons to be included in the Corridor Plan are still under negotiation. Within these prisons there would be freer access for the HIV positive prisoner to facilities such as education, recreation and work (personal communication September 13, 1994).

Research problem

This study has a primary aim of identifying and quantifying the issues that concern prison officers about HIV positive prisoners in Western Australia. Thus, the research question can be stated as follows:

To identify and analyse the issues that concern prison officers about HIV positive prisoners in Western Australia.

Furthermore, the investigation will act as a medium through which these issues that concern prison officers about HIV positive prisoners in Western Australia will be communicated from prison officers to the ten members of the AIDS Standing Committee. As a result of this, the Committee will then have a clearer knowledge of the issues that concern prison officers about HIV positive prisoners. Prison officers will also feel they have participated in the decision making process that affects them in their workplace.

CHAPTER TWO: LITERATURE REVIEW

In 1993 the HIV positive/AIDS Policy was challenged by two HIV positive ex-prisoners through the State Equal Opportunity Commission (Hunter, 1993a). The ex-prisoners won the case and the State Equal Opportunity Tribunal ruled the Ministry of Justice had discriminated against known HIV positive prisoners and furthermore, must integrate all its HIV positive prisoners within six months (McNamara, 1994b).

Soon after the State Equal Opportunity Tribunal ruling another HIV positive prisoner challenged the Ministry of Justice and it's HIV positive/AIDS Policy (McNamara, 1994a). This challenge went to the Federal Human Rights and Equal Opportunity Commission (Australian Federation of AIDS Organisations Inc, 1993). The prisoner won the case (McNamara, 1994b). The Ministry of Justice had again been seen to have discriminated against HIV positive prisoners. As a consequence the Federal Equal Opportunity Tribunal ruled that all HIV positive prisoners will be integrated into the mainstream prison population within three months, by November 30 1994 (McNamara, 1994b). Therefore the AIDS Standing Committee of the Ministry of Justice is in a difficult position of having to consider all of the following nine issues when reviewing its HIV positive/AIDS Policy, to:

(1) Respond to the recent ruling of the State Equal Opportunity Tribunal which makes it an offence to discriminate against a person who is HIV positive or believed to be HIV positive (Hunter, 1994).

(2) Satisfy Federal legislation on HIV discrimination. From 1 March 1993, discrimination based on real or perceived HIV status will be unlawful under the new Federal Disability Discrimination Act (DDA) (Australian Federation of AIDS Organisations Inc, 1993). The DDA is designed to enhance existing state legislation by providing a national response to issues of discrimination.

(3) Satisfy State legislation on the Occupational Health, Safety and Welfare Act. This State legislation describes a duty of care all employers owe their employees (Western Australian State Government, 1984). This duty of care extends beyond employees to include HIV positive as well as non-HIV positive prisoners. Both groups of prisoners need to be protected from risks of injury to their health. A spokesperson for the Attorney General stated "balancing the rights of HIV infected prisoners with the Government's duty of care to warders and other inmates was a difficult management issue" (McGuren, 1994, p. 3).

(4) Satisfy issues that concern members of the WAPOU. The WAPOU secretary stated " From our point of view, the health and safety of officers is paramount" (Hunter, 1994). In New South Wales in 1990 a prison officer was stabbed in the buttock with a syringe full of HIV positive blood by a prisoner. Following the assault the prison officer became HIV positive. Newspaper articles of the time in Australia took the side of prison officers against that of known HIV positive prisoners:

`Segregate the AIDS carriers' (Segregate the AIDS carriers, 1990, p.18).

`Shattered Premier vows tighter jails' (Quinn, 1990, p. 8).

`Brave young warder faces up to HIV' (Kennedy, 1990, p. 1).

`Just because I am HIV positive doesn't mean I am going to die' (Lagan 1990, p. 1).

`Reluctant hero' (Reluctant hero, 1990, p. 46).

(5) Maintain the security of all prisoners in its care as stated in the Western Australian Prisons Act (Department of Corrective Services, 1992).

(6) Satisfy welfare needs of all prisoners in their care as stated in the Western Australian Prisons Act (Department of Corrective Services, 1992).

(7) Maintain morale and the team spirit or esprit de corps among Western Australian prison officers through identifying and meeting their needs.

(8) Maintain good public relations by avoiding criticism of the management of known HIV positive prisoners by the general community, pressure groups, special interest groups i.e. the West Australian branch of the Australian Council for Lesbian and Gay Rights (Casey, 1994) and by the media in general. The rights of known HIV positive prisoners have been placed above that of prison officers, prison staff and non-HIV positive prisoners by the Western Australian newspapers. The following newspaper articles illustrate this:

'HIV Status led to Jail Bias' (Hunter, 1993a).
'HIV pair claim Bias in Prisons' (Hunter, 1993b).
'Attack on HIV Prison Policy' (Hunter, 1993c).
'Jail Worker lashes HIV Policy' (Hunter, 1993d).
'HIV prisoner sues for freer run of jail' (McNamara, 1994a).
'Dangers in ruling on HIV: union' (Fitzpatrick, 1994).

(9) Consider the workers' Compensation and Rehabilitation Act (1981) (cited in Department of Corrective Services, 1993a, p. 1).

Previous research

The Western Australian Ministry of Justice is seen as currently having the same problems as the state of New South Wales when it first mainstreamed its HIV positive prisoners. Therefore, this research will focus on previous research from New South Wales. However, research from other states will also be included.

There has been little research in the area of HIV positive prisoners in Western Australia. Previous research on the perceptions of AIDS among prison officers in Western Australia was carried out in 1989. The survey was conducted in the Perth metropolitan area and used an interview schedule. The research studied the knowledge, attitudes and anxieties of prison officers, prisoners and staff towards HIV positive prisoners in Western Australian prisons (Close, H., Fitzgerald, R., Indemaur, D., and Bockman, D, 1990). The research will be used as a base for this research. However, this research will focus in greater detail on the issues that concern prison officers, about HIV positive prisoners in Western Australia.

Same sex behaviour

Douglass (1990) views the disease as an epidemic that will affect the whole population rather than being isolated to men who have sex with men or women who have sex with women.

In Australian prisons it is widely recognized that same-sex behaviour occurs. However, it should be recognized not all same sex behaviour that occurs in prisons occur on the outside. This is because some relatively heterosexual men and women have 'institutional sex' with same sex partners while they are incarcerated, only

to resume what society dictates is the 'normal' mode of sexual expression when released from prison. Not all same sex behaviour in prisons are mutually voluntary. Some prisoners have been raped while under the duty of care of the Ministry of Justice. Such incidents are rarely reported to the prison authorities by prisoners. The low number of incidents would suggest rapes rarely occur in Western Australian prisons. However, for a prisoner to report being raped would be dangerous to that prisoner when the rapist finds out i.e. when charged for a prison offence. The victim can request to be placed in protection if they wish. The embarrassment of reporting such an incident and the fear of medical isolation if the victim is found to be HIV positive may influence the victims' decision to report the incident. Therefore, the researcher questions the number of rapes (and assaults) that actually occur in prisons against the number of rapes which are reported.

Outside of prisons, education campaigns carry the message to use protection and to practise safe sex. However condoms are not allowed in Western Australian prisons.

Condoms in prisons

Unlike the general community and contrary to the educational sessions prisoners receive on the subject of safe sex, condoms are not available to prisoners in Western Australian prisons. The HIV positive/AIDS Policy states "Condoms shall not be issued or made available to prisoners in prison" (Hill, 1990, p. 6). The lack of condom availability is currently being reviewed by the Ministry of Justice in Western Australia.

A television documentary revealed that in response to the national AIDS Education campaign in 1988, condoms first became available to prisoners in NSW in that year. Following resistance from the union, condoms were banned soon afterwards. The union's resistance was based on the safety of their members. Such safety involved prison officers having condoms thrown at them by prisoners and finding condoms strategically placed in the prisoners cells for prison officers to find during cell searches. However, the real issue may be moralistic, were prison officers do not wish to consider that prisoners are expressing same sex behaviour in their prison (Vox Populi, 1994).

More radical steps took place in NSW where the issuing of condoms to NSW prisoners was recently under review by the Supreme Court. Cuthbertson (1994, p. 22) states that in February 1994, 52 NSW prisoners were granted leave to begin Supreme Court action against the state government's policy of not supplying condoms in gaols. The prisoners demanded:

* That condoms be supplied to NSW prisons and prisoners be allowed to possess and use them.
* A declaration from the Commissioner of Corrective Services, Mr Neville Smethurst, and his Department that the decision not to supply or permit the use of condoms was in breach of care owed by the government to prisoners.
* A declaration from Mr Smethurst that not supplying condoms was an improper exercise of power.
* An order quashing the government's decision to adopt the policy of not supplying condoms.
* An order requiring the government to perform its duty to exercise reasonable care towards prisoners by supplying condoms and allowing their use.

The prisoners lost the case on the grounds that the court could not hear the case collectively, only individually. The prisoners are appealing the decision (Vox Populi, 1994).

Intravenous drug use in prisons

Many prisoners are incarcerated for drug related offences such as selling and supplying drugs, and may be intravenous drug users themselves. Undoubtedly too, illicit intravenous drugs are available in prisons under conditions which encourage the sharing of needles (Waddell, 1993). The sharing of needles is part of the intravenous drug user's subculture, even prior to addicts entering the prison system ("Dead Set: Prison AIDS Project", 1992). A general practitioner in Perth has discussed this issue with some of his patients who are drug addicts and ex-prisoners and states drugs are easier to obtain in prison than syringes and needles. The general practitioner continues by suggesting 5% of Western Australia's Intravenous drug users are known to be HIV positive (personal communication, Friday 29 April 1994).

Prisoners who are reasonably suspected of drug use are required to submit a blood or urine sample for testing when entering the prison system. Samples are sent either to the West Australian Chemistry Centre for testing or tested on-site at the prison. In addiction to the tests conducted at the prisons themselves, a total of 387 samples were submitted to the West Australian Chemistry Centre for testing, with 220 positive results (Department of Corrective Services, 1993a).

Prison officers attempting to prevent contraband entering prisons are literally trying to find a `needle in a haystack'. However, without controlling I.V. drug use in prisons HIV could rapidly spread throughout the prison population.

HIV/AIDS education in prisons

Prison officers who may come into contact with a prisoner's blood or body fluids must be educated in how to use an appropriate type of barrier to protect themselves (e.g., gloves, masks, and gowns) to prevent the spread of blood-borne pathogens as described by Brunner & Suddarth (1992, p. 1900-1901) and Davis and George (1993, p. 338).

Prisoners in Western Australia receive education on `safe sex' and `needle exchange/sterilising' procedures. This education is supplied by the Ministry of Justice through the Substance Use Referral Unit (SURU), the medical centres of each prison and occasional workshops conducted through the education centres. Education which is available to the general community such as videos and literature is also available to prisoners. To illustrate this point, at Wooroloo Prison Farm a five minute video on safe sex is shown prior to the playing of the evening videos during the weekend.

Unlike the general community, prisoners are not given access to the items needed to practise this new knowledge of prophylaxis (i.e. condoms and needle exchanges) to practise safe sex with same sex partners and to use sterile syringes and needles. Therefore the Western Australian Ministry of Justice's HIV positive/AIDS Policy leaves abstinence as the only protective strategy available to the prisoner. If prisoners do not abstain from using intravenous drugs and practising same sex behaviour, prisons could soon become major reservoirs of HIV infection. Therefore it is seen that a section of the Western Australian population suffers systematic discrimination, in that they are denied access to the means of protecting their health and life. Access to the means of protecting the health and life is freely available, and even actively promoted, within the community at large. It is ironic that despite such

available prison education, prisoners are not allowed to put into practice what they are taught!

The HIV positive/AIDS Policy governing WA prisons states "Condoms shall not be issued or made available to prisoners in prison....Needles and sterilising equipment shall not be issued or made available to intravenous drug users in prison" (Hill, 1990, p. 6). However, the issuing of condoms, syringes and needles and bleach to prisoners is currently being discussed by the Attorney General (McNamara, 1993, p. 34 and Fitzpatrick, 1994, p. 8).

National placement policies and HIV testing

Western Australia is not alone in its past segregation policy for known HIV positive prisoners. The integration versus segregation policies of other Australian states and territories are outlined as follows:

TABLE 3:1

National placement of HIV positive prisoners in the six states and two territories

STATE/TERRITORY	PLACEMENT POLICY
ACT	INTEGRATION
VICTORIA	INTEGRATION
NSW	INTEGRATION
SA	INTEGRATION
QUEENSLAND	SEGREGATION
NT	SEGREGATION
TASMANIA	SEGREGATION
WA	SEGREGATION

(Ministry of Justices' HIV Coordinator, personal communication, 27 September 1993).

To ascertain whether prisoners are to be segregated they are tested to verify their HIV status. This is required because some prisoners may say they are HIV positive so they can be transferred to either Casuarina Prison if male, or Bandyup Prison if female. The Ministry of Justices' HIV Cooordinator indicated that on one

occasion a prisoner from Albany Regional Prison said he was HIV positive and was immediately transferred to Casuarina Prison. As he was a maximum security prisoner a two officer escort was required and a separate escort vehicle. The cost to the Ministry of Justice was over $1,400 in travel expenses and unnecessary overtime. The prisoner later proved to be HIV negative. The incident caused great inconvenience to the prison officers directly and indirectly involved in the unnecessary prisoner escort. The prisoner later indicated he lied about his HIV status so he could be transferred to a metropolitan prison (personal communication, 27 September 1993). (see Appendix 'C').

In March 1985 the newly developed HIV Antibody Test was first used in Australia. It takes up to three months from the date of initial infection, for the antibodies to rise to a level where the test can detect them. This is called the "window period". After an initial test a further test is taken three months later to compensate for this window period (Timewell et al, 1992, p. 26). Providing the prisoner has not been involved in any 'high risk' behaviour such as unprotected anal intercourse and/or the sharing of unsterilised needles and syringes during IV drug use, the test is reliable. The second test would be worthless if the person who was tested continued to practise 'high risk' behaviour during the 'window period'.

During the 1992-1993 financial year the Department of Corrective Services received a total of 5866 prisoners. Out of this total, 2165 prisoner blood samples were tested for the HIV infection. Only those prisoners assessed as being at risk were tested. There were three positive diagnoses from these tests. None of these prisoners admit to previously being aware they were HIV positive (Department of Corrective Services, 1993a).

The Health Department of Western Australia pays for the tests rather than the Ministry of Justice. The clinical virologist from the State Health Laboratories stated each

test costs $9.60. This amount covers costs only and incurs no profit. If compulsory universal testing of all prisoners were introduced the State Health Laboratories budget from the Health Department of Western Australia could not cover the cost of all the tests (personal communication, Monday 30 May 1994). Subsequently, the Ministry of Justice would have to pay the bill. This would amount to $112,627.20 for two tests per prisoner for the approximately 5866 prisoners received annually.

Compulsory universal testing, as well as other efforts to prevent HIV transmission in prisons have provoked some of the most intractable policy questions. This is probably because of the closed culture of prison systems. Although seroprevalence studies conducted in prisons has shown very low levels of infection, there has been pressure from within the prison systems for compulsory universal testing of prisoners. Compulsory universal testing of all prisoners is undertaken in Queensland, Tasmania, the Northern Territory and South Australia.

A manager of Yatala Prison in South Australia stated compulsory HIV testing is carried out in that state. There are currently 18 known HIV positive prisoners throughout South Australian prisons out of a prison population of approximately 1,200 (personal communication, 25 October 1994). If compulsory testing was introduced into Western Australian prisons there may well be in excess of 18 diagnosed HIV positive prisoners within Western Australias' average prison population of 2,036 prisoners (Department of Corrective Services, 1993a).

In Western Australia testing is voluntary and few volunteer to be tested, but those assessed as "high risk" may be compulsorily tested.

The decision to test 'high risk' prisoners can be subjective and influenced by prejudice and stereotypes. Burns (1990, April, p. 23) suggests "Homosexuality and IVDU have, in the past, been seen as socially unacceptable practices and, consequently, have been ignored in the wider society". Therefore, prisoners may be doubly reluctant to disclose their high risk' group and/or behaviour. McKimmie (1994, p. 11) elaborates by indicating in the community "More than 70% of young males who suspect they are gay have not told their families". Intravenous drug users are also considered to be 'high risk'. It is an offence to use illicit drugs both inside (Department of Corrective Services, 1992) and outside of prison (Department of Corrective Services, 1993b). Therefore, there is little reason to own up to such illegal activity when first incarcerated because of legal and discriminatory repercussions.

Also, when it is public knowledge which people are HIV positive they often face discriminatory attitudes and treatment from health, welfare and social service personnel, employers, police, court personnel and prison staff - people from areas in which they are most powerless and from which they require the most assistance (Commonwealth Department of Community Services and Health, 1991, p. 69). Prisoners are an example of this powerless group.

Selective and voluntary HIV testing may create a false sense of security in relation to workplace health and safety issues among prison officers as well as other prisoners (HIV/AIDS and the nursing profession, 1991). This is because prison

officers and prisoners may be lulled into a false sense of security by thinking all mainstream prisoners are non-HIV positive. No one can truly claim with certainty to be HIV negative.

The National HIV/AIDS Strategy condones voluntary testing on admission and at specified intervals thereafter and calls for testing only when released from prison, with appropriate pre and post test counselling. It also advocates wider prison education programs and access to condoms, which no state prison system presently provides, bleach or disinfectant for drug taking equipment and methadone programs (Ballard, 1994, p. 17).

There is a wide difference of expert opinion on compulsory HIV testing of prisoners from academic sources. Dwyer (1993, p. 198) suggests all prisoners be tested for their HIV status. Grant (1992, p. 136) states "segregation of prisoners identified by universal testing might be very costly. Hill (1990, p. 5) states all prisoners who participated in `high risk behaviour' should be tested. High risk behaviour refers to `unprotected sexual intercourse with an infected person and sharing needles and syringes" (Hill, 1990, p. 2).

The possibility that prison officers may be lulled into a false sense of security that they may believe the HIV infection is far removed from mainstream prisoners, is a concern. Therefore, universal protection of the prison officer against all body fluid spills is needed, as is the case with Universal Precautions. (see Appendix `D').

Universal Precautions has become a political issue. There has recently been an outbreak of HIV among an isolated Aboriginal community in the north-west of Western Australia. Through the television media on May 5, 1994 both the Honourable Peter Foss, the State Minister for Health and Doctor Carmen Lawrence, the Federal Minister for Health support the importance of Universal Precautions.

Medical confidentiality

Medical confidentiality is part of the duty of care the Ministry of Justice owes its employees, known HIV positive prisoners and non-HIV positive prisoners. However, the Ministry of Justice is not obliged to inform its employees, known HIV positive prisoners and non-HIV positive prisoners.

Known HIV positive prisoners are currently housed in medical isolation units in either Casuarina Prison if male or Bandyup Womens' Prison if female. This lasts for the whole length of their sentence. Their specific HIV diagnosis remains relatively confidential from prison officers and other prisoners. Prison officers are only informed which prisoners are HIV positive if it is considered necessary by medical personnel in that particular prison. An example of this necessity would be if a known HIV positive prisoner is to be transported from their current prison to another prison, hospital, court or other temporary place of detention.

The Ministry of Justice is in a dilemma between the rights of the prison officer to know which prisoner is known to be HIV positive versus the prisoners' rights to medical confidentiality. Other prisoners as well as prison officers are aware that known HIV positive prisoners are in medical isolation for a reason. However, it is the particular diagnosis which remains confidential.

This principle of confidentiality of information prison officers obtain from the workplace is strictly observed by the Ministry of Justice. Hill (1990, p. 4) states a breach of confidentiality with regard to an HIV positive suspected or diagnosed case will be regarded most seriously and strict compliance is required.

Participative management

Policies should not be developed in a managerial vacuum and then handed down to prison officers who must then implement these policies and run the prisons. Prison officers have a deep psychological need to feel some level of control over their work environment. This is because an individual's attitude toward work and job satisfaction is influenced by personal goals, values and beliefs, interpersonal relationships, work settings, organisational policies and specific aspects of the job. The Ministry of Justice's policy makers need to include this target audience. Without their support policies lose their effectiveness. By involving prison officers in the decision making process secondary gains can be satisfied. These secondary gains do not only include involvement but also trust, nurturance, identifying and therefore expecting resistance to change, identifying and developing leadership skills among participants, developing education to inform participants of the change, legitimizing change through positive sanctions and identifying inflexibility. Satisfying these secondary gains will eventually lead to positively motivating participants towards 'their' new Policy. Without first identifying the issues that concern prison officers resistance to change may occur. This is why opinion and attitude research often represents the first step in planning or reviewing new or existing policies. By allowing prison officers to participate in the decision making process a win - win situation may occur, where the Ministry of Justice and the prison officers have achieved their goals. Participatory

managers seek to achieve this win - win situation.

Participatory managers seek to assist their workers to attain self actualization by responding to the needs, issues and concerns of the individuals. They delegate and encourage groups and individuals to participate in the solving of their perceived problems, and use incentives such as praise and recognition. (see Appendix `E').

People work better when they believe they have a hand in the decisions affecting them. People work better when they believe they are making progress toward their own life goals; that is, they are getting close to what they want out of life. Managers get better results when they can convince their subordinates that the organizations' goals and the subordinates' goals coincide; that is, that the employee can make the best progress toward his or her own goals by helping work toward the organizations' goals" (Vogt., Velthouse., Cox., & Thames, 1983, p. 19).

In contrast, autocratic managers emphasise the goals of the organisation, with little consideration for the individual workers (Marriner-Tomey, 1988). Fullan and Hargreaves (1991, p. 5) describes the problem of professional isolation which limits access to new ideas, better and often more practical solutions to problems. Whatever changes are carried out to the HIV positive/AIDS Policy when it is reviewed, it will be the prison officers who will put these changes into practice. Therefore, the issues that concern prison officers need to be identified and considered by the AIDS Standing Committee if effective change is sought with the least amount of resistance.

The head administrator of Singapore's Changi Women's Prison identifies the importance of participatory management in introducing change by suggesting "Prison officers are agents of change" (Ong Ee Choon, 1993). A prison officer is seen as a

change agent as he or she collectively or individually generates ideas, introduces the innovation, develops a climate for planned change by overcoming resistance and marshalling forces for acceptance and implements and evaluates the change. An effective change agent must respect and listen to the needs of others in the group.

This approach of participative management is widely used in Australia and is described as 'Participative Work Design' by the Department of Industrial Relations (Department of Industrial Relations, 1988). Participative management is widely practised in many different occupations. Vogt, et al (1983, p. 19) describe how Marriner-Tomey's (1988) model of participatory management can and has been implemented into the nursing profession - world-wide.

CHAPTER THREE: METHODOLOGY

The study of issues that concern prison officers about HIV positive prisoners in Western Australia used two methods; a questionnaire instrument to collect the data and computer analysis of the data using the Statistical Package for the Social Sciences (SPSS for Windows, 1993). A questionnaire instrument was selected as a mode of collecting data because:

* information is required from a large number of people.
* information is required from people dispersed geographically.
* respondents are to be given the security of anonymity.
* insufficient time and resources are available for less impersonal methods of collecting information such as interview schedules.
* there is less pressure for an immediate response of the subject
* as the researcher is a prison officer interview bias may occur.

The collected data was displayed in contingency tables, one table representing the results of each individual question.

Questionnaire Instrument

A mailed questionnaire made it possible to include country prison officers as well as metropolitan prison officers in the sample. This was because country prison officers have not been included in any previous HIV research in Western Australia. To obtain a high return rate many issues were considered and tasks carried out. Deschamp & Tognolini (1983, p. 18) suggests questionnaires should avoid asking questions about emotionally sensitive issues. Therefore a pilot test was conducted to

assess the sensitivity

of the questions contained in the questionnaire instrument. During the pilot test several questions were removed from the questionnaire instrument. Some of these questions were considered to be emotionally sensitive, personal and/or identifiable thereby a breach of a...ymity. It was seen that to remove these questions would help to increase the response rate from the subjects. As the researcher sought a high return rate from the subjects the questions were removed. To compensate for the removal of such questions question 15 was included in the questionnaire instrument to ensure no issue of concern to prison officers was overlooked. The questions on gender and marital status were included in the questionnaire to ensure the sample represented these groups equally. These questions were placed at the beginning of the questionnaire to act as ice breakers to encourage respondents.

To further assist in achieving the high return rates of respondents the face sheet and questionnaire was brief, colourful, objective and to the point. The questionnaire began with items that requested simple and non-contentious information so that respondents would find it easy to get started. The respondents reading the face sheet and completing the questionnaire instrument are rendering a service and they were addressed in a way that reflects this. All instructions were in the form of requests rather than directions.

A tendency common among people new to designing questionnaires is to ask too many questions (Deschamp & Tognolini, 1983, p. 2). More problems are created by overly long questionnaires than from questionnaires which omit important questions. Very long questionnaires are likely to have a low response rate (Deschamp & Tognolini, 1983, p. 23). Therefore the questionnaire instrument was short and all

nineteen questions were essential to the research topic. (see Appendix `F').

Previous return rates for questionnaires from prison officers have been low. During a survey on roster design among prison officers at Canning Vale Prison in July 1993, 141 questionnaires were distributed. There were 44 questionnaires returned indicating a response rate of 31.2% (Cain, 1993b, p. 3). In a similar study on the effects of job design on physical and mental health among prison officers 903 questionnaires were distributed to prison officers statewide. There were 410 questionnaires returned indicating a response rate of 45.4% (Morrison., Fitzgerald & Dunne, 1993, p. 15). Deschamp and Tognolini (1983, p. 29) suggests that "a response rate of at least 60-70 per cent is needed to draw any valid conclusion from a survey". Therefore the response rate was seen in this survey as being of a relatively high priority.

Ideally, the target population should `participate' in the design of `their' questionnaire instrument. Otherwise, it is the researcher's issues that are included in the questionnaire instrument rather than the issues of the target population. This would have biased the questionnaire. Prison officer participation was considered the best way to ensure the issues identified and placed in the questionnaire instrument were accurately representative of the sample which in turn would be representative of the target population. It was also anticipated that by encouraging prison officers to participate, the response rate would be higher. Strategies were sought to encourage prison officers to participate in the design of the questionnaire.

Firstly, prison officers were invited to respond to an article written in the official journal of the Western Australian Prison Officers Union of Workers (Cain, 1993a). This article invited prison officers to write to the author expressing current

issues about HIV positive prisoners affecting them in their workplace. The information received assisted the researcher to design the first draft of the questionnaire.

Several of the questions used in this questionnaire instrument was then refined by modifying questions taken from other questionnaires.

Deschamp & Tognolini (1983, p. 22) suggests "It is vital that the draft questionnaire is tested before it is duplicated and issued". The questionnaire was tested in a pilot study with eight prison officers. Selected questions were removed from the first draft questionnaire during the pilot study.

Certain demographic questions such as the prison officers' age or length of service were removed because it may identify the individual prison officer thereby destroying anonymity. Certain personal questions were removed to ensure a high response rate. Such personal questions included a prison officers educational background, whether they would be prepared to work with a known HIV positive prison officer, whether prison officers should be tested for their HIV status and views on same sex behaviour.

Questionnaires require a lot of critical thinking, preferably by more than one person, to reduce the possibility of bias. Therefore several drafts of the questionnaire instrument were written with the assistance of several key people before the final draft was ready to be posted. Guide-lines from Deschamp & Tognolini (1983) and Gay (1992) were used in the design of the questionnaire instrument. Research consultants of Edith Cowan University were consulted for advice. The Ministry of Justice's acting Director of Prison Operations, the Director of the Strategic Services Division and the

HIV Coordinator were also consulted.

Several changes were made to the questionnaire by the personnel mentioned, prior to their approval of the questionnaire. The Secretary and assistant Secretary of the West Australian Prison Officers Union were also consulted and the questionnaire was approved without revision.

Finally, the questionnaire was approved by the Edith Cowan University Higher Degrees Committee. The final draft of the questionnaire consisted of nineteen questions and had received input from as many interest groups as possible including all thirteen superintendents of Western Australian prisons. (see Appendix `G').

However, a safety clause was placed in the questionnaire to ensure that no issue that concerned prison officers about HIV positive prisoners in Western Australia was overlooked. This safety clause was an open ended question; question fifteen which stated `If HIV positive prisoners were removed from `medical isolation' and mainstreamed tomorrow, what would your main concern be?'.

A comments section was also added to questions seven through to nineteen inclusive. This was to allow respondents to elaborate on their responses to the closed ended questions. Often a respondent feels frustrated that they are not given the opportunity to explain why they responded in such a way, or they may simply wish to add some further information.

A covering letter was included with the questionnaire instrument. The appearance of the covering letter was aesthetic and eye catching. It communicated exactly what was required of the respondents, briefly and clearly. Instructions were

courteous, simple and unambiguous (Deschamp & Tognolini, 1983, p. 22).

All covering letters were individually signed by the researcher in blue ink so as to give a personal touch to the questionnaire. The covering letter was stapled to the three page questionnaire and a stamped addressed envelope was attached to the questionnaire. (see Appendix `H').

The questionnaires were posted on Monday 23 May 1994 to fit into the `non leave period' for prison officers between 19 May to 17 June 1994. This would decrease the possibility of some subjects being away on holiday thereby increasing the possibility of a high return rate. Each questionnaire was sent to each subject's home address with the stamped addressed envelope enclosed for a quick and easy return of the filled questionnaire. Each stamped addressed envelope used for returning the questionnaire was coded with an identifying number so that a follow up letter could be sent to all subjects who had not returned their questionnaires within one month of them being posted. The reason why each questionnaire was numbered was outlined in the covering letter.

Population

The target population was Western Australian prison officers. For the purpose of the survey prison officers includes shift prison officers, first class prison officers (F.C.P.O.), senior officers (S.O.) and industrial officers. The Human Resources Statistician of the Division of Corrective Services states there are currently 1,227 prison officers within the state of Western Australia (personal communication, Monday 1 August, 1994). These prison officers are distributed throughout the 13 operational prisons. These prisons are:

Casuarina Prison

Canning Vale Prison

Bandyup Women's Prison

Bunbury Regional Prison

Pardelup Prison Farm

Eastern Goldfields Regional Prison

Roebourne Regional Prison

C.W. Campbell Remand Centre

Wooroloo Prison Farm

Karnet Prison Farm

Albany Regional Prison

Greenough Regional Prison

Broome Regional Prison

The (acting) Workforce Planner of the Ministry of Justice indicated both Wyndam and Barton's Mill prisons have closed down (personal communication, Thursday 2 December 1993). The Metropolitan Security Unit (MSU) and East Perth Lockup (EPLU) were not included in this survey as neither are designated to be a prison. Prison officers working in these areas do not supervise prisoners over a twenty four hour period as other prison officers do in the thirteen designated prisons.

Sample

The sample size should ideally include every individual from the targeted population. Due to time restraints and financial restrictions a sample size of 130 subjects were used. Country and metropolitan prison officers were represented in the same proportions in the population sampled. This was to ensure country prison officers were not overlooked in the survey so as to ascertain if they identified similar or different issues to metropolitan prison officers. Therefore 130 questionnaires were sent to a stratified random sample of approximately ten percent of the prison officer population statewide. The technique of systematic random sampling was used. Address labels of every prison officer in the State was used. Every tenth address label was selected to be a subject in the survey.

A letter of notification and copy of the questionnaire was sent to each superintendent of the State's thirteen prisons on Monday 16 May 1994, prior to the distribution of the questionnaires to the subjects. The Ministry of Justice and the Union were informed the questionnaires would be mailed to the stratified random sample on Monday 23 May 1994. The face sheet requested that the questionnaires be returned by Thursday June 30 1994 so that data could be analysed. If the questionnaires had not been returned by Thursday June 30 1994, a follow up letter, another copy of the questionnaire and a stamped addressed envelope were posted to the non-responding subjects on that date. (see Appendix 'I').

Data Analysis

The investigator analysed the data on a personal computer using the 'SPSS (Statistical Package Social Sciences) for Windows Release 6.0 Student Version' (SPSS for Windows, 1993). All results of the questionnaires are presented in contingency tables in numerical and percentage form. A Chi Square test was used to ascertain whether there is any significant difference between country and metropolitan sub-samples on the nineteen questions.

Informed consent

HIV is an emotive issue among prison officers due to the virus largely occurring among homosexual men (Australian HIV Surveillance Report, 1993) combined with the often dangerous and violent community in which prison officers work (Grant, 1992, p. 239).

To avoid stereotyping, the term homosexuality shall refer to same sex behaviour. This is because many of these prisoners revert from institutional sexual expression inside prison to opposite sex behaviour once they return to the community.

Informed consent was achieved from respondents through their reading the covering letter and returning the completed questionnaire instrument. The covering letter invited the sample to participate in the study and explained the purpose of the study. Participation was voluntary and respondents had the right to withdraw or decline from answering specific questions or including comments in the comments sections provided. Procedural guide-lines were offered to ensure that anonymity could be maintained.

CHAPTER FOUR: PRESENTATION OF THE RESULTS

There were 130 questionnaires sent out and 102 returned as follows.

TABLE 4:1

Questionnaires sent out	No. returned	Percentage returned
Country 46	28	61%
Metro 84	74	88%
Total 130	102	78.46%

Questions 7 to 19 inclusive had a comments section included for the researcher to include any additional comments. Some returned questionnaires included several comments in some or all of these comments sections while others were left completely or partially empty. A summary of the comments follow the contingency tables for these questions. Each individual question was tested for any significant difference between country and metropolitan prison officers. The Chi Square test was used in each case. The contingency tables, comments and Chi Squares are as follows:

1: What is your marital status?

TABLE 4:2

Status:	No.	Percentage:
Single	4	3.9%
Married (including defacto)	85	83.4%
Separated, divorced or widowed	13	12.7%
Total	102	100%

There was no significant difference observed between country and metropolitan prison officers on this question (Chi Square = 2.31143, df = 2, $p < .31483$).

2: What is your gender?

The female to male response rate of returned questionnaires were:

TABLE 4:3

Gender:	No.	Per centage
No. of male prison officers:	85	83.3%
No. of female prison officers:	17	16.7%
Total number of prison officers:	102	100.00%

There was no significant difference observed between country and metropolitan prison officers on this question (Chi Square = .98456, df = 1, p < .32108).

The actual number of male and females prison officers currently employed by the Ministry of Justice is:

TABLE 4:4

Prison officers:	No.	Per centage
No. of male prison officers:	1053	85.82%
No. of female prison officers:	174	14.18%
Total number of prison officers:	1227	100.00%

The proportion of male to female prison officers within the Ministry of Justice is similar in proportion to the actual respondents.

3: How would you rate the amount of information on HIV/AIDS received from the Division of Corrective Services? (Modified from Carducci., Frasca., Calamusa., Bendinelli., & Avio., 1990, p. 183).

TABLE 4:5

Information:	No.	Percentage
Not enough	54	52.9%
Just enough	32	31.5%
Too much	3	2.9%
No information received	13	12.7%
Total	102	100%

There was no significant difference observed between country and metropolitan prison officers on this question (Chi Square = 4.34654, df = 3, $p < .22639$).

4: Do prison officers talk among fellow prison officers about HIV/AIDS issues? (Modified from Di Clemente., Forrest & Mickler, 1990, p. 207).

TABLE 4:6

Talk:	No.	Percentage
No	8	7.8%
Seldom	32	31.4%
Occasionally	53	52.0%
Often	9	8.8%
Total	102	100%

There was no significant difference observed between country and metropolitan prison officers on this question (Chi Square = .44367, df = 3, $p < .93108$).

5: Have you ever known a person who is/was HIV+? (Modified from Lawrence & Lawrence, 1989, p. 99).

TABLE 4:7

Known HIV	No.	Percentage
Yes, inside prison	55	53.9%
Yes, outside prison	9	8.8%
No	38	37.3%
Total	102	100%

There was no significant difference observed between country and metropolitan prison officers on this question (Chi Square = .55876, df = 2, $p < .75625$).

6: Do you believe the number of HIV positive prisoners will increase in the future? (Modified from Di Clemente., Forrest & Mickler, 1990, p. 207).

TABLE 4:8

HIV increase:	No.	Percentage
Yes	102	100%
No	0	00%
Total	102	100%

7: Do you believe prison officers should be informed which prisoners are HIV+? (Modified from Close, et al, 1990, p. 145).

TABLE 4:9

Informed	No.	Percentage
Always	99	97.1%
Never	0	0.0%
In certain circumstances	3	2.9%
Total	102	100%

There was no significant difference observed between country and metropolitan prison officers on this question (Chi Square = 2.38680, df = 1, $p < .12236$).

Comments included with this question are as follows:

'they better because they could face massive law suits if they don't - prison officers have no training with these people'.

'HIV is a notifiable disease (to WA Health Dept) - any person involved in day to day care/supervision of HIV positive prisoners should be aware so precautions can be taken'.

'should an officer contract AIDS via a prisoner and the Ministry had not advised staff I would consider the Ministry to be negligent in its responsibilities for O.H.S.W. for staff'.

'precautions would have to be taken at certain times when handling HIV positive

prisoners i.e. subduing'.

`you are informed of Hepatitis B and C why not HIV - knowledge of any health problems - officers can assist prisoners when in need'.

`This could be noted in a registry, available for perusal for those who wish to know for personal safety reasons'.

`I believe once you enter prison for whatever crime your civil liberties in this matter are lost'.

`if a prisoner is sexually active, violent, drug user within the prison, yes - to protect other prisoners and officers - if there's no problem, then to be kept confidential'.

`always, because of the risk of blood spills through various aspects of prison life'.

`for our own safety in case of any emergency, blood spill etc'.

`when dealing with prisoners on an everyday basis it is extremely important to know'.

`while doing escorts, cell extractions etc'.

`we are made aware of Hepatitis carriers so why differentiate?'

`I believe the majority of prison officers are professional enough to handle confidentiality adequately, if required'.

`forewarned is forearmed'.

`they have every right to this information'.

`yes, as nurses do'.

`personal/officer/family protection'.

`as awareness and information increases prejudice decreases'.

`always, furthermore, officers should be aware of other officers with the virus'.

8: Do you believe condoms should be made available to male prisoners? (Modified from Close, et al, 1990, p. 132).

TABLE 4:10

Condoms:	No.	Percentage
Yes	32	31.4%
No	70	68.6%
Total	102	100%

There was no significant difference observed between country and metropolitan prison officers on this question (Chi Square = .01064, df = 1, p < .91786).

Comments included with this question are as follows:

'even if available it is doubtful any prisoner is likely to openly declare his homosexual tendencies'.

'this would be a lowering of moral standards'.

'I cannot see what harm issuing a condom can do'.

'will only add to management problems and sexual promiscuity'.

'we should educate - encourage ways to relieve sexual needs'.

'legal for consenting males (over 21 in WA)'.

'not an issue for prison officers - could be considered as a confidential request from prisoner to medical staff'.

`this poses problems of potential for co-prisoner, female and male staff rapes with no seminal evidence of same having occurred - try conjugal visits???'

`you would have to be naive to say it doesn't happen'.

`it would have to be the safest option, cover your arse'.

`yes, and female prisoners also - as they also get up to mischief'.

`safe sex should be the concern of all in and out of prison'.

`yes, seems like common sense, any precautions or safe practice is a good thing'.

`encourages illegal practices and possibly promotes sexual assaults'.

`It only leads to condoning homosexuality'.

`It is not this Departments' business to encourage sexual activity within prison by supplying condoms'.

`staff don't promote sodomy in this or any other prison for that matter'.

`sex happens we can't stop it'.

`if supplied, we are not condoning their act, we all know it goes on inside prison'.

`if condoms are made available we are no better than those we look after, how can we condone a homosexual relationship?'

`should be available through prison canteens'.

`can't be seen to encourage homosexual activity in prison'.

`the government should not be seen to be promoting homosexual behaviour is good'.

9: Do you believe syringes should be made available to prisoners? (Modified from Close, et al, 1990, p. 133).

TABLE 4:11

Syringes:	No.	Percentage
Yes	2	2.0%
No	90	88.2%
In certain circumstances	10	9.8%
Total	102	100%

There was no significant difference observed between country and metropolitan prison officers on this question (Chi Square = 3.47220, df = 2 p < .17621).

Comments included with this question are as follows:

'if all known addicts were together perhaps then issue would be OK'.

'syringes will always be discarded by prisoners when finished with'.

'we have a problem with home made syringes'.

'may lead to spread of HIV, Hep B & C through shared needles'.

'syringes could be used as a weapon against staff in an altercation'.

'very risky considering drug problem in prisons - diabetics etc should be accommodated by hospital staff only under their supervision'.

'no, its like condoning drug use, officers would be open to needle prick injuries'.

`no, this would encourage drug use and assaults on staff'.

`in certain circumstances under medical supervision - its better to be safe than sorry and `it would stop dirty syringes being passed illegally around the prison'.

`we are already at risk with illegal syringes, why make it worse?'

`dangerous possibilities abound'.

`Diabetics, under strict supervision'.

`medical reasons only i.e. sugar Diabetes'.

`if addicts need to be injected for whatever reason only trained medics should carry this out in a proper medical facility'.

`no, methadone programme for addicts only'.

`drug offenders have no right to continue using illegal substances whilst incarcerated under any circumstances'.

`you cannot condone any illegal act'.

`if we give them needles, why try to stop the drug going inside'.

10: Do you believe syringe sterilising bleach should be made available to prisoners? (Modified from Gaughwin, Douglas, Davies, Mylvaganam, Liew & Ali, 1990, p. 62).).

TABLE 4:12

Bleach:	No.	Percentage
Yes	7	6.9%
No	91	89.2%
In certain circumstances	4	3.9%
Total	102	100%

There was no significant difference observed between country and metropolitan prison officers on this question (Chi Square = .67864, df = 2, p < .71225).

Comments included with this question are as follows:

'if they have managed to smuggle a syringe in, we can't stop them using it, so it might as well be clean'.

'new syringes to be used at all times'.

11: Do you believe it should be compulsory for prisoners to be tested for their HIV status when they first arrive in prison? (Modified from Greig & Cheney, 1992).

TABLE 4:13

HIV status:	No.	Percentage
All prisoners	85	83.3%
High risk prisoners	16	15.7%
No prisoners	1	1.0%
Total	102	100%

There was no significant difference observed between country and metropolitan prison officers on this question (Chi Square = 3.27734, df = 2, p < .19424).

Comments included with this question are as follows:

'I have been the target of a prisoner who tried to bite me with the intent of giving me AIDS - he later proved to have Hep C'.

'not only for HIV but also for Hepatitis and other communicable diseases'.

'there are a percentage of actively practicing 'situational' homosexuals in mainstream that do not fall into high risk categories'.

'all prisoners have blood taken on admission, these should include AIDS tests'.

'I do not believe we are not really aware of the amount of HIV positive prisoners there are in prison'.

`I would like to be tested'.

`costs does not appear to be a factor these days (i.e. drug tests in prison - neg or poss prisoners do not pay)'.

`I believe HIV tests should be compulsory for all citizens as TB used to be'.

`To test all prisoners on entry to the system will go some way to stopping the spread within prisons if the policy of segregation...is adhered to - in addition it is a social tool to monitor the spread in the community at large'.

`may be difficult to identify a homosexual or bisexual prisoner unless they volunteer the information'.

`homosexuals and I.V. drug users are not the only ones who can contract AIDS'.

`a large percentage of prisoners entering prisons these days are in the `high risk' category'.

`for Hepatitis as well'.

`currently we rely too much on the prisoners' honesty when they are admitted to prisons'.

`all prisoners should compulsory submit to a blood test on entering prison - if they refuse then separated and given no gratuities'.

`they have given up their rights in society therefore they should all be tested'.

`these people do lie about their circumstances and therefore it is hard to ascertain who is high risk'

`a married man would seldom if ever, admit to having a homosexual relationship outside of his marriage'.

`the practice of homosexuality is on the increase, so yes'.

`yes, for the general health - preventative of both clients and staff'.

`all prisoners - then we know who is and is not HIV positive'.

`it is only during routine tests that AIDS is detected'.

`I believe staff should be encouraged to be tested as well'.

`anyone serving a sentence of less than twelve months - it would be a waste of time and money'.

12: Do you believe it should be compulsory for prisoners to be tested for their HIV status if they exhibit `high risk' behaviour (i.e. copulation or I.V. drug use)? (Modified from Gaughwin, Douglas, Davies, Mylvaganam, Liew & Ali, 1990, p. 62).).

TABLE 4:14

High risk behaviour:	No.	Percentage
Yes	94	92.2%
No	8	7.8%
Total	102	100%

There was no significant difference observed between country and metropolitan prison officers on this question (Chi Square = .97434, df = 1, p < .32360).

Comments included with this question are as follows:

`not an issue if all prisoners are tested'.

`we need to keep our working environment as low risk as possible'.

`yes, for their own safety too'.

`yes, if prisoners exhibit `high risk' behaviour within the prison you can be sure they did it on the outside too, although they may not have admitted to it upon entry'.

`compulsory testing of all inmates every twelve months'.

13: Do you believe prisoners in the 'high risk group' but do not have the HIV infection (i.e. homosexuals and I.V. drug users) should be 'medically isolated'? (Modified from Close, et al, 1990, p. 138).

TABLE 4:15

High risk group:	No.	Percentage
Yes	12	11.8%
No	90	88.2%
Total	102	100%

There was no significant difference observed between country and metropolitan prison officers on this question (Chi Square = .04102, df = 1, $p < .83949$).

Comments included with this question are as follows:

'if prisoners are not HIV positive, what would we be isolating them for?'.

'isolation is discriminatory and could result in adverse behaviour'.

'prisoners should be treated as equal as possible'.

'isolate and treat as positive'.

'no, lets try and lessen the hysteria'.

'no, simple screening is enough - it should be 6 monthly and most prisoners are surprisingly willing to be screened for VD, HIV Hep B & C'.

'should not be allowed to work in food preparation areas'.

`no, you would be isolating a huge percentage of the prison population, impractical, not enough facilities and unnecessary'.

`no, it would cost too much'.

`no reason to isolate them'.

`they should be regularly tested say every three months and all staff made aware of who they are as with asthma suffers they should have some sort of warning on cells (in case mace has to be used) in case of blood spillage etc'.

`not until they show up as HIV positive - I believe `high risk' prisoners should have ongoing tests'.

`no, but tested at regular intervals'.

`we should be made aware of these types of people but they should remain in the mainstream'.

`statistics prove that it is not only `high risk groups' that are at risk of contracting HIV'.

`no, their behaviour should be closely monitored'.

14: Do you believe prisoners who are HIV+ should be 'medically isolated'? (Modified from Greig & Cheney, 1992).

TABLE 4:16

Medical isolation:	No.	Percentage
Yes, all known HIV+ prisoners	64	62.7%
Yes...high risk behaviour	29	28.5%
No.	9	8.8%
Total	102	100%

There was no significant difference observed between country and metropolitan prison officers on this question (Chi Square = 1.49022, df = 2, $p < .47468$).

Comments included with this question are as follows:

'prisoners generally prove themselves to be irresponsible - I do not believe HIV prisoners would be any different'.

'not working as dishwashers etc'.

'in some form of medical prison away from normal prisons - prison officers are not trained to deal with HIV'.

'I believe HIV prisoners who demonstrate sensible behaviour should be allowed out of isolation'.

'even though they are isolated doesn't mean they can't have recreation and other things available to other prisoners'.

`after being charged, behaviour continues - prisoner segregated'.

`there was a couple of prisoners at Fremantle who were sexually promiscuous that needed to be isolated as they were a very large risk to others'.

`any prisoners who are a management problem due to violent or erratic behaviour'.

`if a prisoner is assessed as being responsible then maybe he could be placed in the mainstream - this would depend on the attitude of the prisoner and the prison population to HIV positive people'.

`non-homosexual/drug users who create no problems in the system should not be victimised - providing officers know their medical condition'.

`you cannot guarantee to stop homosexuality in prison therefore these prisoners should be isolated'"

`yes, however I don't believe there is enough bed spaces set aside for HIV positive prisoners'.

`No, they should be monitored and if they show signs of "willingness" to further contaminate other options should be available in that situation'.

`If it does not cause problems in the mainstream they should not be isolated'.

`yes, for the good order and government of the prison - benefits staff and prisoners alike'.

15: If HIV positive prisoners were removed from 'medical isolation' and mainstreamed tomorrow, what would your main concern be?

This question was the only open ended question included in the survey. It was included to reduce the possibility of overlooking any issue. Each response was grouped into one of nine categories. Some participants answered with more than one response while others answered with one response and others did not answer the question at all:

TABLE 4:17

Main concern:	No.	Percentage
Welfare of prison officers	23	22.5%
Increase spread of HIV in prison	15	14.7%
Welfare of mainstream prisoners	7	6.9%
Knowing HIV status of prisoners	10	9.8%
Assaults in prisons	22	21.6%
Welfare of HIV+ prisoners	9	8.8%
Finding a new job	5	4.9%
Legally proving how HIV contracted	1	1.0%
No main concern	10	9.8%
Total	102	100%

There was no significant difference observed between country and metropolitan prison officers on this question (Chi Square = 12.62815, df = 8, $p < .12530$).

16: Are you prepared to work in areas where HIV+ prisoners are placed? (Retired superintendent of Casuarina Prison, personal communication, Tuesday 5 April 1994).

TABLE 4:18

Work in HIV+ area:	No.	Percentage
Yes	78	76.5%
No	24	23.5%
Total	102	100%

There was no significant difference observed between country and metropolitan prison officers on this question (Chi Square = .54529, df = 1, $p < .46025$).

Comments included with this question are as follows:

`no, if I did not have family obligations perhaps I would'.

`would depend on Rules and Orders relating to them'.

`no matter what the `experts' say I won't trust anyone with HIV'.

`no, risk of deliberate attempt at infection'.

`yes, part of the job'.

`yes, only after good counselling'.

`I have already, but not amongst violent ones'.

`perhaps through education by outside medical professionals would be a must'.

`providing the prisoner is stable and non-violent'.

`specialised area of supervision required here'.

`yes, as long as all officers are educated and supplied with the necessary safeguards'.

'I have no great fear of AIDS - cautious but not afraid'.

`provided the prisoners were not of the highly dangerous/mental/officer hating variety'.

`I am not prepared to expose myself in this occupation to this circumstance'.

`You can handle the situation quite well if you know before hand what's going on'.

`provided all safety measures are adhered to'.

'I believe properly trained nursing staff should handle HIV positive prisoners'.

`They are a fact of life and the Department requires me to work anywhere'.

`yes, after correct training and equipping an area to handle such prisoners'.

`yes, providing I have all available knowledge and am properly informed by the Department'.

`only if mandatory or forced upon me'.

`there is no way anybody can be fully protected if something could go wrong'.

`for appropriate periods of time'.

'with appropriate protection'.

17: What do you think are the most likely ways a prison officer could become HIV+ in prison (May have more than one answer to this question)? (Modified from Close, et al, p. 87).

This question invited more than one response.

TABLE 4:19

Become HIV+	No.	Percentage
Assaults	91	89.2%
Rape	54	52.9%
Needle stick injury	96	94.1%
Resuscitation	32	31.4%
Cell and strip searches	17	16.7%
No way	00	0.0%
Other	2	2.0%
Total number of responses	238	

There was no significant difference observed between country and metropolitan prison officers on question 17 (Chi Square = .00615 , df = 1 , $p < .93748$.).

Comments included with this question are as follows:

`hidden needles found during cell searches'.

`other, riots and revenge paybacks'.

`the Department don't give a stuff if you contracted HIV because your just a number to them'.

`handling injured prisoners i.e. football cricket gym etc'.

`being in the wrong place at the wrong time - the luck of the game'.

`for a prisoner to bite an officer'.

`blood to blood contact is a direct way'.

`rape, as it is easily transmitted'.

`voluntary sexual contact'.

`any activity that has the potential to pass on the virus - documented cases have occurred in doctors' surgeries, do we know all the modes of transmission at this time?'

`spitting in the face'.

18: How concerned are you of becoming HIV+ from inside the prison? (Modified from Close, et al, 1990, p. 107).

TABLE 4:20

Concern:	No.	Percentage
Very concerned	27	26.5%
Slightly concerned	52	51.0%
Not concerned	20	19.6%
Not sure	3	2.9%
Total	102	100%

There was no significant difference observed between country and metropolitan prison officers on this question (Chi Square = 3.07665, df = 3, $p < .37996$).

Comments included with this question are as follows:

'I am aware of contracting HIV outside the prison as well'.

'I once had occasion to give direct mouth to mouth resuscitation to an unconscious prisoner - medical authorities at the time refused to give me any information as to whether the prisoner was HIV positive'.

'There is doubt in my mind exactly how much information is not available to the general population'.

'currently to my knowledge there are no known cases at my place of employment - however, I would be concerned if there are HIV prisoners'.

`there is no cure'.

`I am aware that a NSW prison officer has already contracted HIV after being assaulted with a needle'.

`it only takes one nutcase with HIV to stick you with a syringe with contaminated blood'.

`I can control my own behaviour, not others'.

`like all other risks we take in our job being overly concerned is more likely to lead to a heart attack - being `aware' is another thing'.

`more concerned with Hep C'.

`dealing with attempted suicide cases and restraining violent prisoners'.

`I am more at risk of contracting Hepatitis while working in a prison environment'.

`very low concern in the Goldfields as opposed to the metro area'.

`adequate precautions available in the workplace'.

19: If you caught the HIV/AIDS infection what would your major concern be (please tick one box only)? (Edith Cowan University research consultant, personal communication, Thursday 12 May 1994).

TABLE 4:21

Caught HIV	No.	Percentage
Dying	31	30.4%
Financial	7	6.9%
Family contracting the disease	49	48.0%
Social isolation	13	12.7%
Other	2	2.0%
Total	102	100%

There was no significant difference observed between country and metropolitan prison officers on this question (Chi Square = .95587, df = 4, p < .91641).

There was a significant difference observed between marital status and this question (Chi Square = 24.92628, df = 8, p < .00160). There were 46 married (including defacto) respondents out of a possible 85 respondents whose major concern was their family contracting the infection.

Two respondents answered more than one category for this question. However, from the comments section one category for their 'major concern' was identifiable and recorded accordingly.

Comments included with this question are as follows:

`I would never feel happy hugging and kissing my friends and relations and know they would feel the same'.

`I do not believe the public is well enough educated about HIV and thus the social isolation occurs'.

`If I were wasting away I'd rather die'.

`no amount of money is worth my life'.

`reduced quantity and quality of life'.

`change of lifestyle'.

`greater concern over contracting Hepatitis'.

`the HIV/AIDS virus takes time to be detected and due to this you don't have any'.

`control over its spread until you know - and then its too late'.

`leaving my three children motherless is my concern'.

`my family's future without me'.

`as this Department does not believe that HIV exists they would try to prove you contracted it out of working hours'.

`prolonged treatment and misery i.e. pain'.

`if I caught HIV I would isolate myself totally from my family and take every action against the person causing my infection as well as against my employer'.

`stigma relating to ones' sexuality'.

CHAPTER FIVE: DISCUSSION

This study has researched the issues that concern prison officers about HIV positive prisoners in Western Australia. The survey has shown that the concerns of prison officers about HIV positive prisoners in Western Australia are much the same as those presented by the Union. The main concern of the West Australian Prison Officers Union is for the protection of the members. This is seen in the Union support for the continued medical isolation of known HIV positive prisoners. The responses from the comments sections of the questions gave substance to the survey results. These results will assist the AIDS Standing Committee in reviewing its HIV positive/AIDS Policy by being able to take into account the views expressed by prison officers.

There were 130 questionnaires posted to the identified sample, 46 to country and 84 to metropolitan prison officers. There were 78.46 per cent or 102 questionnaires returned This consisted of 61 per cent or 28 from country and 88 per cent or 74 from metropolitan prison officers. Country prison officers are often overlooked in surveys within the Ministry of Justice. This may be due to the large number of prison officers employed Statewide, the geographical dispersion of these prison officers, maintaining the ethical issue of anonymity, time restraints and financial restraints. This survey was successful in ensuring that country prison officers were not overlooked. Country and metropolitan prison officers were represented in the same proportions in the population sampled.

From the data contained in the returned questionnaires it is possible to compare country and metropolitan prison officers. On none of the 19 questions did the Chi square test show differences between the two groups.

Not only did prison officers return a relatively high number of questionnaires but eight also participated in the pilot study. Therefore, this high return rate may be a consequence of the participation in the design of the questionnaire as well as concern by prison officers about HIV inside prisons.

The pilot study indicated that a number of questions were too sensitive and were removed from the questionnaire instrument during the pilot study. While the additional information would have been useful, the response rate would almost certainly have been much lower had these questions been included. However, the reduced number of questions contained in the final version of the questionnaire instrument does not affect the basic position which emerges and which is to be presented to the AIDS Standing Committee.

The results of the survey are presented in three main sections. The first section discusses overall concern of prison officers on the subject of HIV in prisons. The second section discusses the influence of previous experience on prison officers' concerns about HIV in prisons. The third section discusses the influence of information on the issue of HIV in prisons on prison officers' concerns about HIV in prisons.

The first two questions in the questionnaire instrument were used as `ice breakers` to encourage respondents to complete the questionnaire. Question 1 asked the respondents' marital status. Question 1 was also included to support responses to question 15 and 19. Question 15 asked the respondents if HIV positive prisoners were removed from `medical isolation' and mainstreamed tomorrow, what their main concern be. Question 19 asked the respondents what their major concern would be if they caught the HIV/AIDS infection. Question 2 asked the respondents' gender. Question 2 was also included to ensure both male and female prison officers were represented in the same proportions as the population sampled.

In this first section of this discussion chapter the overall concern of prison officers on the subject of HIV in prisons is discussed. The results to questions 4 and 18 showed prison officers are concerned about the issue of HIV in prisons. Question 4 asked respondents if prison officers talk among fellow prison officers about HIV/AIDS issues. The responses indicated 92.2 per cent of respondents talked about HIV/AIDS issues, the extent varied from `often' to `occasionally' to `seldom'. Question 18 asked respondents how concerned they are of becoming HIV positive from inside prison. The responses indicated most respondents are only slightly concerned. However, following the integration of HIV positive prisoners into the mainstream prison population after November 30 1994, this response may alter.

The extent of this concern was also reflected in the high return rate of questionnaires, which suggests prison officers wish to have some input into the conditions in which they work. A higher return rate was achieved from metropolitan prison officers indicating that metropolitan prison officers were more willing to voice their concerns. A lower return rate from country prison officers is consistent with greater reticence in expressing their concerns. The two prisons that currently house

known HIV positive prisoners are based in the metropolitan area. Country prisons do not house known HIV positive prisoners. However, after 30 November 1994 this will change. It is suggested by the results that country prisons may not have confronted the issue of mainstreaming HIV positive prisoners fully. Some resistance from country prisons might be expected if they are affected by the implementation of the Corridor Plan.

In this second section the influence of previous experience on prison officers' concerns about HIV in prisons is discussed. The results from questions 5 and 16 would influence the issues that personally concern the respondents in the survey.

Question 5 asked the respondents whether they had ever known a person who is/was HIV positive. Many respondents indicated past or present experience of supervising known HIV positive prisoners. Some prison officers also indicated they knew a person who is/was HIV positive outside of prison A few prison officers indicated they only knew a person who is/was HIV positive from outside of prison. However, overall the results indicate most prison officers have already worked with HIV positive prisoners at either Bandyup Women's Prison and/or at the medical isolation unit of either Fremantle and/or Casuarina Prison. Question 16 asked respondents if they were prepared to work in areas where HIV positive prisoners are placed. There was 49 per cent of respondents who knew a person who is/was HIV positive and were prepared to work in areas where HIV positive prisoners are placed. This was compared to 8.9 per cent of respondents who did not know a person who is/was HIV positive and were therefore not prepared to work in areas where HIV positive prisoners are placed.

In this third section of this discussion chapter the influence of information on the concerns of prison officers about HIV in prisons is discussed. Questions 3, 6, 7, 8, 9, 10, 11, 12, 13, 14, 16 and 17 all concern information of HIV issues. The extent of a person's information would have considerable influence on their views on certain issues.

Question 3 asked the respondents how they would rate the amount of information on HIV/AIDS received from the Division of Corrective Services. The results indicated there was not enough information on HIV received from the Division of Corrective Services. Question 4 indicated that most prison officers talk about HIV/AIDS issues. Therefore there is considerable risk of misinformation being circulated throughout the Western Australian prison system. Further, it is suggested from the results of this research that prison officers are concerned with their lack of information rather than the information already in their possession.

Question 6 asked the respondents if they believe the number of HIV positive prisoners will increase in the future. The results indicated all respondents believed the number of HIV positive prisoners would increase in the future. This is despite recent research statistics that show otherwise within Australia. The Australian HIV Surveillance Report (1994, p. 13 & 15) show a marked decrease in the number of new HIV diagnoses and cases of AIDS in Australia between 1992 and 1993. This decline is continuing in Australia in 1994, particularly among the homosexual community (Fewer HIV cases in Australia, 1994). However, the number of `known' HIV positive prisoners may increase in the future if all prisoners were tested on entry to prison and following `high risk' behaviour while in prison.

Question 7 asked the respondents if they believe prison officers should be informed about which prisoners are HIV positive. All respondents indicated prison officers should be informed which prisoners are known to be HIV positive. This response suggests the testing of all prisoners when entering the prison system and when prisoners exhibit 'high risk' behaviour. Question 11 asked the respondents if they believed it should be compulsory for prisoners to be tested for their HIV status when they first arrive in prison. Question 12 asked the respondents if they believed it should be compulsory for prisoners to be tested for their HIV status if they exhibit 'high risk' behaviour. However, even with compulsory testing upon entering prison and following high risk behaviour, prison officers may be lulled into a false sense of security. Even if a prisoner's HIV test result is negative they may in fact be positive due to the three month window period.

The responses to questions 7, 11 and 12 may explain the response to question 16. Question 16 asked the respondents if they were prepared to work in areas where HIV positive prisoners are placed. The results revealed most respondents are prepared to work in areas where HIV positive prisoners are placed. Comments from the comments section of question 16 indicated this is provided prison officers are aware of who is HIV positive. Further comments from question 16 expressed concern about the behaviour and mental stability of HIV positive prisoners. Finally, respondents indicated appropriate education is needed for prison officers working in areas where known HIV positive prisoners are placed.

Compulsory HIV testing of prisoners serving in excess of a three month sentence would not be considered discriminatory if all these prisoners are tested. The three month period is required to accommodate two tests within the 'window period'. The first test is taken on admission to prison and the second test is taken three months

later. The reason for this is to give the appropriate amount of time for the body to produce antibodies which would be detected by the HIV blood test three months after possible exposure to the virus. Therefore, there is little point in testing prisoners serving an effective sentence of three months or less.

During the three month Window Period the prisoner must abstain from unsafe I.V. drug use and from practising unsafe sex. If this is not adhered to the Window Period is contaminated and the two tests must be taken again, three months apart. This is because during the window period a prisoner would need to abstain from sharing needles and syringes if using IV drugs and from being sexually active without protection. The second test may indicate a negative result when the prisoner could be building up HIV antibodies from a recent infection of HIV, thus being HIV positive without testing positive. At present, the Ministry of Justice does not pay for the tests. Currently it is the Health Department of Western Australia.

Dr Smith, the clinical virologist from the State Health Laboratories stated each test costs the Health Department of Western Australia $9.60 or a non-profit cost recovery basis. However, if compulsory universal testing of all prisoners were introduced, the budget of the State Health Laboratories from the Health Department of Western Australia could not cover the cost of all the tests. Subsequently, the Ministry of Justice would have to pay the bill. This would amount to approximately $112,627.20 for an average of 5,866 receivals annually (Department of Corrective Services, 1993a, p. 17).

In Victoria all prisoners are offered testing on admission, and reluctant prisoners are counselled and encouraged, resulting in a compliance rate of about 98%. In Queensland those prisoners assessed as "high risk" are re-tested at 12 monthly intervals. If this were introduced into Western Australian prisons, the annual cost for HIV testing would increase still further. Such testing may open up law suits against the Ministry of Justice on the grounds of the duty of care the Ministry of Justice owes to all prisoners. If a prisoner is incarcerated for an offence and becomes HIV positive while serving that sentence a court of law may view the Ministry of Justice as being careless in maintaining their duty of care owed to all prisoners. Therefore if a prisoner is tested as being non-HIV positive after both tests and positive at a later date, while still in prison, he or she may sue the Ministry of Justice.

Their duty of care includes prison officers and other employees within the Ministry of Justice. Education and other resources would assist in satisfying this duty of care. Universal Precautions could be taught to all prison officers within the Ministry of Justice. This knowledge could then be utilised by prison officers correctly using other resources such as Blood Spill Kits, Air Vivas and Pocket Air Masks. This would reduce the concern that many prison officers have about mainstreaming HIV positive prisoners.

Question 8 asked the respondents if they believed condoms should be made available to male prisoners. The results revealed most prison officers do not wish to have condoms issued to prisoners. Comments on this question indicate condoms may pose problems in cases of rape with seminal evidence. Other comments suggest the medical centre distribute condoms along with education on safe sex practice and counselling as required. Overall, the comments were moralistic and judgemental on

homosexuality and sodomy rather than health and safety of prison officers by creating a safer work environment by reducing the spread of HIV in prisons. The issue of condoms in Western Australian prisons should be left alone until the completion of HIV education among prison officers in Western Australian prisons.

The wording of the question on condoms may have been ambiguous. Comments on the question indicate the negative response was to the prison officers' involvement in distributing the condoms. If the question was rephrased "Do you believe condoms should be made available to male prisoners via each prisons' medical centre with education and possible counselling" more prison officers may have said 'yes'.

Sexual activity of an HIV positive prisoner with other prisoners who may not know of their HIV status is an area that concerns prison officers. Such behaviour may lead to the Ministry of Justice being sued because of the duty of care it owes to all prisoners as well as prison officers.

The negative response to the issuing of condoms may prove to be a dilemma for the Ministry of Justice. This is because of the current situation in NSW where 52 prisoners and ex-prisoners are suing the NSW Department of Corrective Services for not making condoms available while they were or are in prison. This places the Ministry of Justice in a dilemma. If the Ministry of Justice issues condoms it is admitting that sexual activity does occur inside of its prisons. If it does not issue condoms, then they may be sued by individual prisoners, as is the case in NSW.

Question 9 asked the respondents if they believe syringes should be made available to prisoners. The results indicated prison officers did not support the issuing of syringes to prisoners. This result may be the in response to a NSW prison officer who was stabbed with a syringe full of HIV positive blood and has recently developed AIDS. Therefore the issue of syringes is seen to be a dangerous health and safety issue by prison officers which would lead to an even more dangerous working environment..

Question 10 asked the respondents if they believe syringe sterilising bleach should be made available to prisoners. This question is of less significance now that new information reveals it is not 100 per cent effective against the destruction of the virus.

Question 13 asked the respondents if they believed prisoners in the `high risk group' who have not tested HIV positive should be `medically isolated'. The majority of respondents did not support non-HIV positive prisoners in the high risk group (homosexuals and/or IV drug users) being medically isolated. This indicates that the majority of prison officers are aware of the difference between `high risk behaviour' and `high risk groups'.

Responses throughout the comments section of the survey expressed concern over the placement of known HIV positive prisoners in the mainstream prison population. This was also reflected in the responses to questions 14 and 15. Question 14 asked the respondents if they believed prisoners who are HIV positive should be `medically isolated'. The results revealed that most prison officers support the medical isolation of known HIV positive prisoners. However, comments indicated concern for

the behaviour of known HIV positive prisoners. Such behaviour included assaults or threats of assaults, predatory or sexually active prisoners and I.V. drug users. However, prisoners who are found guilty of assault, rape and/or the use illicit drugs are separated from the mainstream prison population and placed in punishment cells.

The issue of mainstreaming versus medical isolation was the focus of the questionnaire instrument in anticipation of a change in legislation on this discriminating style of management of known HIV positive prisoners. Such a change will occur on November 30, 1994. This is because since the circulation of this questionnaire instrument a recent ruling by the Federal Disability Discrimination Act (DDA) makes it an offence to discriminate against HIV positive prisoners. This discrimination ruling includes the medical isolation of known HIV positive prisoners in Western Australian prisons. Other issues were also raised in the study which concern prison officers.

Question 17 asked the respondents what they think are the most likely ways a prison officer could become HIV positive in prison. The respondents identified needle stick injuries, assaults and rape as the most likely ways of a prison officer becoming HIV positive in prison. With current media attention focusing on a NSW prison officer suing the Department of Corrective Services following a needle stick injury, this way of becoming HIV positive in prison is understandable. Assaults are a common occurrence in prisons and have occurred against prison officers as well as prisoners.

To summarise, chapter five discussed the results of the survey in three main sections:

The first section discussed the overall concern of prison officers about HIV prisoners in Western Australian prisons. It was identified that prison officers are concerned about HIV positive prisoners in Western Australia.

The second section discussed previous HIV experience and whether it influenced prison officers' concerns about HIV prisoners in Western Australian prisons. It was identified that concerns of prison officers on the issue of HIV prisoners in prisons are influenced by previous HIV experience.

The third section discussed HIV information and whether it influenced prison officers' concerns about HIV prisoners in Western Australian prisons. It was identified that concerns of prison officers on the issue of HIV prisons are influenced by HIV information.

CHAPTER SIX: RECOMMENDATIONS

The following recommendations were compiled from the results of the survey which was filled out by 102 prison officers Statewide. They represent the issues that concern prison officers about HIV positive prisoners in Western Australia. The AIDS Standing Committee should be made aware of these recommendations. Therefore they will be presented to the AIDS Standing Committee on the conclusion of this research.

1: **It is recommended that prison officers be encouraged to participate in the decision making process of reviewing the current HIV positive/AIDS Policy.** This recommendation was made in response to questions 1 and 2 and because of the different number of respondents from country and metropolitan prisons. The reason for this was seen in a particular comment from question 18 which states "very low concern in the Goldfields as opposed to the metro area" (p. 75). Decisions that affect the employees in their work environment should have input from the same employees to increase participation and reduce resistance. This would achieve the objectives of the employers, the Ministry of Justice (administrators) as well as the objectives of the employees (prison officers). In specific terms it would firstly have a functional effectiveness on the Ministry of Justice by increasing productivity and enhancing efficiency. Secondly, in employee terms or human values it would enhance job satisfaction and identify leadership potential of employees.

2: **It is recommended that workshops on HIV in prisons be conducted in selected prisons within the Corridor Plan.** This recommendation was made in response to the results of questions 3, 4, 6, 7, 8, 9, 10, 11, 12, 13, 14, 16, 17 and 19. The researcher urges the Ministry of Justice to commence workshops on HIV in the

prison environment prior to the integration of HIV positive prisoners into the mainstream prison population. Another reason for these workshops is because prison officers appear to be unfamiliar with the procedure of Universal Precautions as a preventative measure against contracting the HIV infection. The workshop needs to include details of what is meant by 'high risk behaviour', how to protect themselves from assaults, how to use blood spill kits, how to dispose of body waste matter, used condoms, 'HIV testing' and the 'window period'. The workshop would also include information on how to define the difference between being HIV negative, HIV positive and AIDS. Knowledge of HIV positive/AIDS transmission would also be included. Literature would be distributed on Occupational Health, Safety and Welfare legislation, Executive Directors Rule 3Q on Infectious Diseases, Departmental Policy number 4 on HIV positive/AIDS prisoners and current Local and Standing Orders on the management of HIV positive/AIDS prisoners. Such expenditure for staff training may avoid further legal action being taken against the Ministry of Justice.

3: **It is recommended that volunteer prison officers be assigned as a case managers to known HIV positive prisoners, thereby adopting the role of guardian.** This recommendation was made in response to questions 5 and 16. There was 49 per cent of respondents who knew a person who is/was HIV positive and were prepared to work in areas where HIV positive prisoners are placed. This was compared to 8.9 per cent of respondents who did not know a person who is/was HIV positive and were not prepared to work in areas where HIV positive prisoners are placed. Therefore suitable volunteers could be taken from the 49 per cent of prison officers who knew a person who is/was HIV positive and were prepared to work as case managers in areas where HIV positive prisoners are placed. It is indicated from all the comments sections of the questionnaire instrument that high risk behaviour of

HIV positive prisoners is a concern to prison officers. Guardians could monitor high risk behaviour such as assaults, I.V. drug use or sexual activity and counsel the HIV positive prisoner. These guardians could regularly attend meetings of the AIDS Standing Committee to discuss such behaviour of the HIV positive prisoner in their care. This would assist the Committee by having some practical input from the HIV positive prisoner via their guardians. Training in counselling skills would also be an advantage for case managers.

4: **It is recommended that the Ministry of Justice appoint an informed prison officer to participate in HIV education among prison officers.** This recommendation was made in response to question 5 and a comment from question 17 which states "the Department don't give a stuff if you contracted HIV because your just a number to them" (p. 70). An analysis of the written comments of all the relevant questions suggest that many concerns could be clarified by empathy and accurate knowledge of an informed fellow prison officer. Fellow prison officers may have greater trust in listening and discussing issues with a fellow prison officer. Also, that prison officer may show empathy for the issues that concern prison officers in an environment they have worked in themselves. That person would act as a mediator between prison officers and the AIDS Standing Committee.

In NSW the current HIV coordinator for Long Bay Prison is a prison officer who actively participates in HIV training packages for prison officers as well as prisoners. Feedback from prison officers attending the workshop on the issue of condoms must also be included so as to assist the Ministry of Justice in avoiding what is happening in the Supreme Court of New South Wales where 52 prisoners are suing the Department of Corrective Services for an infringement of their civil rights. The huge negative response to the issuing of syringes and needles into prisons is

appropriate when considering the assault that occurred in Long Bay Prison in 1990 where a prison officer later became HIV positive. The huge negative response to the issue of bleach is a flow on to the syringes issue although this is irrelevant now as it is known that bleach is ineffective against HIV. Ultimately, condoms should be made available to prisoners through the medical centre of each prison with counselling offered from trained medical staff. New prisoners and currently incarcerated HIV positive prisoners should be assessed for the possibility of 'high risk' behaviour while in prison. If the behaviour is high risk then that prisoner may be initially segregated from the mainstream population and counselled until a change in behaviour is anticipated.

5: **It is recommended that voluntary testing be carried out on prisoners serving an effective sentence of three months or more.** This recommendation was made in response to question 11. It is a concession between adhering to the Window Period of three months, maintaining civil liberties of prisoners if compulsory testing were introduced and the cost-effectiveness of voluntary testing if 100 per cent compliance was achieved. If 100 per cent compliance was achieved then this recommendation would reduce the number of prisoners tested from 5866 by 2,028 thereby costing the Ministry of Justice $73,689.60 as opposed to $112,627.20 (a saving of $38,937.60) annually (Department of Corrective Services, 1993a, p. 17).

6: **It is recommended that needles, syringes and bleach not be made available to prisoners.** This recommendation was made in response to questions 9, 10 and 15. Needles and syringes could be used as a weapon against prisoners or prison officers and is referred to in the comments section of question 9 "syringes could be used as a weapon against staff in an altercation" (p. 55). Another reason for not recommending needles, syringes and bleach is because it may be seen as the final

abandonment of the `war against drugs' in prisons. This is also stated in the comments section of question 9 "you cannot condone an illegal act" (p. 56). In an environment designed to uphold the law, to condone illegal drug use would be a contradiction in terms. If needles and syringes were made available to prisoners they should be destroyed after each use, or else not used at all. This is because in a prison setting effective sterilisation is not available to prisoners. The Australian National Council on AIDS casts doubts on the effectiveness of the 2x2x2 needle cleaning technique (cited in Moore, December 1993 to January 1994). During a seminar entitled `HIV: the virus in focus' the course coordinator suggested the use of bleach to sterilise syringes and needles was ineffective against the fight to destroy the HIV virus (personal communication, Thursday 18 August, 1994). Prenesti (1994, p. 9) confirms "chemical disinfection is not a reliable system for routine processing of instruments".

7: **It is recommended that the AIDS Standing Committee be renamed the HIV Standing Committee.** The Committee discusses the management of HIV positive prisoners and makes no particular reference to prisoners who are known to have developed AIDS. The lack of reference to prisoners who are known to be HIV and who have AIDS is also noted in the HIV positive/AIDS Policy.

8: **It is recommended that the HIV positive/AIDS Policy be renamed the HIV Positive Policy.** The Policy has not been reviewed since it was first written. The Policy discusses the management of HIV positive prisoners and makes no particular reference to prisoners who are known to have developed AIDS.

From these recommendations it is evident that accurate information is the key to reducing the issues that concern prison officers about HIV positive prisoners in Western Australia.

CHAPTER SEVEN: CONCLUSION

This study researched the issues that concerned prison officers about HIV positive prisoners in Western Australia. The results of the study showed that the West Australian Prison Officers Union support the medical isolation of known HIV positive prisoners. The survey showed that the concerns of prison officers about HIV positive prisoners in Western Australia are much the same as those presented by the Union. The responses from the comments sections of the questions gave substance to the survey results. These results will assist the AIDS Standing Committee in reviewing its HIV positive/AIDS Policy by being able to take into account the views expressed by prison officers.

With Federal legislation influencing the compulsory integration of HIV positive prisoners by 30 November 1994, the issues identified in this study will assist with the process of integration. It is important to identify issues but also to give prison officers a feeling that they have participated in the review process that influences themselves and their workplace. The participation of prison officers in the reviewing of the HIV positive/AIDS Policy will reduce resistance when the new Integration Policy is implemented. Successful mainstreaming of known HIV positive prisoners within the Corridor Plan will only be achieved by participative management.

It is also suggested that the concerns of prison officers will be reduced with increased communication such as accurate and adequate information on HIV from the Ministry of Justice.

This research has stated there is conflicting responsibility in regards to the duty of care to both HIV positive and non-HIV positive prisoners and prison officers. This

may mean that total mainstreaming in the future is not an option because the Ministry of Justice must balance all the competing interests.

This research is limited by reason of several emotionally sensitive questions being removed from the questionnaire instrument during the pilot test. The reason for their removal was to increase the return rate of questionnaires. However, their removal does not affect the overall results of the research.

This research has identified four areas of inquiry that require further study.

Firstly, it is recommended that further research include the illicit use of home made tattoo guns in prisons. The issue of prisoners using home made tattoo guns to tattoo each other and the risk of contracting HIV during the procedure was not raised in either the pilot study or the initial invitation to all prison officers to participate in the research. Perhaps this is not an issue among prison officers or perhaps it has simply been overlooked by the prison officers involved in this research.

Secondly, it is recommended that further research be conducted among prisoners who have been or still are I.V. drug users. Anonymity would need to be guaranteed to encourage a high response rate. The researcher should be a person who is not employed by the Ministry of Justice. To illustrate this point a uniformed prison officer conducting this research may receive a less favourable response rate than a university or contract researcher.

Thirdly, it is recommended that further research be conducted among prisoners on the subject of sexual expression while in prison. A fifth year medical student

supervisor indicated this research is currently being conducted by two medical students from the Department of Public Health of the University of Western Australia (personal communication, Tuesday 26 July 1994).

Fourthly, it is recommended that further research among HIV positive prisoners and ex-prisoners be conducted at a national level. The reason for such research at a national level is to ensure an adequate sample size is achieved. Known HIV positive prisoners are small in number throughout Australia's prisons. The number of ex-prisoners who survive the HIV infection may even be smaller. The research would focus on the issues of mainstreaming verses segregation (medical isolation) of HIV positive prisoners in prisons and its effects on the individual prisoner.

Finally, it is of interest to note that despite all of the above issues that concern prison officers about HIV positive prisoners in Western Australia most prison officers are still prepared to work with HIV positive prisoners. However, certain conditions apply, mainly universal compulsory HIV testing, being informed which prisoners are known to be HIV positive and accurate HIV information.

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APPENDIX `A'

ETHICS COMMITTEE SUPPORT

DEPARTMENT OF CORRECTIVE SERVICES • WESTERN AUSTRAL
441 MURRAY STREET, PERTH W.A. TELEPHONE: (09) 263 7500
P.O. BOX 154, WEST PERTH 6872. FAX: (09) 263 7651

YOUR REF:
OUR REF: 02636E

Mr D Cain
[redacted]

Dear Mr Cain

RESEARCH PROPOSAL: **An Evaluation of Strategies on the Changing Attitudes of Prisoner Officers towards HIV Prisoners**

Thank you for your letter dated 13 May 1993 regarding your revised proposal as above. It was submitted to members of the Department's Research Ethics Committee together with your assurances on ethical considerations in your letter of 14 April 1993.

It has been suggested that the title of your proposal would be better expressed in part as "Changing the Attitudes" rather than "the Changing Attitudes". The third objective states that you will design a 'before' questionnaire in relation to a course held in 1992 which does not appear to be logical. However, I understand that an existing questionnaire was administered to participants prior to that course.

A potential area of difficulty is designing interview questions. You may wish to refer to previous work done by Ms Helen Close, Dr David Bockman, Mr David Indermaur and myself in this area.

Approval to proceed with your proposal is granted subject to the following conditions :

- the confidentiality and anonymity of prison officers is upheld
- participation by prison officers in completing questionnaires is entirely voluntary
- the research is supervised by Ms Maxine Drake in addition to your academic supervisors
- access to prison officers is at the convenience of the prison and does not incur any addittional costs
- the Department's assistance is acknowledged in the report and a copy is provided to the Department
- permission to publish any report on the study is subject to Departmental review.

I would like to take this opportunity to wish you well with your study.

Yours sincerely

[redacted]

Robert E Fitzgerald
DIRECTOR STRATEGIC SERVICES
8 June 1993

APPENDIX `B'

UNION SUPPORT

WESTERN AUSTRALIAN PRISON OFFICERS UNION OF WORKERS

PRESIDENT: C.S. ANDERTON

SECRETARY: D.R. BELTON

TELEPHONE: 272 3222

63 RAILWAY PARADE,
MOUNT LAWLEY, 6050
TELEPHONE 272 3222
FAX No. (09) 271 2666

October 12, 1993

Mr. David Cain
[redacted]

Dear David,

I am writing to advise that the Union is supportive of your Honours Degrees project, "A Study of Issues and Concerns of Prison Officers toward HIV+ Prisoners".

We wish you every success with the project.

Yours sincerely,

[redacted]

DAVID BELTON
SECRETARY

APPENDIX `C'

NATIONAL TESTING/PLACEMENT POLICIES

NATIONAL TESTING/PLACEMENT POLICIES

STATE/TERRITORY	TESTING POLICY	PLACEMENT POLICY
WA	Compulsory testing only for those prisoners assessed as 'high risk'. Voluntary for others.	Living quarters are located in Casuarina Prison's Infirmary Unit. However a corridor policy exists whereby limited access to education, work and recreation is provided and prisoners may, if they so wish, visit and interact with other prisoners in Unit 6 of the main prison. On these occasions they are accompanied by a prison officer.
Victoria	Voluntary testing 98.6% compliance rate. No need to alter or create legislation.	Two prisons that HIV prisoners can go to: 1 maximum - Pentridge and 1 medium/minimum - Loddon. Mainstreamed in Loddon only.
NSW	Compulsory entry/exit. Legislation already in place. Further voluntary testing during sentence on request.	Mainstreamed in single cells, but some access, if status declared, to multiple occupancy.
SA	Entry test compulsory - no further tests during sentence. Provision in existing Prisons Act.	Mainstreaming in all respects.
QUEENSLAND	Compulsory on entry. Positive tests are segregated. Commissioner's Rules provides Legislative power.	Segregated to a Central Unit.
NT	Compulsory on admission and then every 3 months. Legislated to allow this 6 years ago. HIV part of a series of tests done on blood.	Segregation preferred by Union. Mainstreaming preferred by Administration. No HIV prisoners to date.
ACT	Remand facility only. Average muster 15. Voluntary testing.	Mainstreaming.
TASMANIA	Compulsory testing. Act amended to allow testing to take place and to better protect Medical staff. No ongoing testing.	Administration preference for integration but industrial insistence on segregation in the infirmary. Limited access to work, education and recreation.

(Multiple sources, 1993).

APPENDIX 'D'

UNIVERSAL PRECAUTIONS

UNIVERSAL PRECAUTIONS TO PREVENT TRANSMISSION OF HIV

* Sharp items (e.g. needles) should be considered potentially infective and be handled with extraordinary care to prevent accidental injuries.

* Disposable syringes and needles and other sharp items should be placed in puncture-resistant containers located as near as is practical to the area in which they were used.

* Protective barriers (e.g., gloves, gowns, masks, and protective eyewear)must be used to prevent exposure to blood, body fluids containing visible blood, and other fluids to which Universal Precautions apply.

* Immediately and thoroughly wash hands and other skin surfaces that are contaminated with blood, body fluids containing visible blood, or other body fluids to which Universal Precautions apply.

* To minimize the need for emergency mouth-to-mouth resuscitation, mouth pieces, resuscitation bags, or other ventilation devices must be located strategically and available for use in areas where the need for resuscitation is predictable.

* Persons who are pregnant are not known to be at greater risk of contracting HIV infection than those who are not pregnant; however, if a person develops HIV infection during pregnancy, the infant is at increased risk of infection resulting from perinatal transmission. Because of this risk, pregnant persons must be especially careful and maintain proper precautions.

* In non-aseptic environments blood and body fluids may be flushed down the toilet.

* Contaminated items that cannot be flushed down the toilet should be wrapped securely in a plastic bag and placed in a second bag before being discarded in a manner consistent with local regulations for solid waste disposal.

* Spills of blood or other body fluids should be cleaned with soap and water or a household detergent. Freshly prepared solutions of sodium hydrochloride (household bleach) in concentrations of 1:10 dilution are effective disinfectants. Persons cleaning spills should wear gloves.

(Brunner & Suddarth, 1992, p. 1376).

APPENDIX 'E'

WORKER PARTICIPATION

WORKER PARTICIPATION

Involvement. No one person knows everything, therefore respect the knowledge and wisdom of others and involve all who will be affected by the change in its development from the beginning. Listen carefully. People will usually cooperate and accept innovations that they perceive as non-threatening and beneficial.

Motivation. People participate in activities toward which they are motivated. Generally, people are motivated if they feel that their contributions would be valuable for the outcome of the project, if their contributions are listened to, and if they feel respected.

Planning. This includes considering where the system is inflexible as well as what, how, and when change can be brought about.

Legitimization. Any change, to be accepted, must be sanctioned by the people in control of the organization, by the participants in the project, and ultimately by those who will be affected.

Education. Change typically implies reeducation or the switch from one way of thinking to another.

Management. The change agent finds a balance between leading and developing the leadership capacities of participants. It is helpful to manage by delegation of responsibility so that others may develop their talents.

Expectations. A variety of expectations should be held by change agents (a catalytic protagonist of the change process): Expect the outcome to be somewhat different than what was originally planned; expect resistance and unforeseen problems; also expect unbelievable reactions from participants.

Nurturance. Recognition and support for participants is imperative. People need to be acknowledged for what they do right, and they also need to discuss in private how their actions interfered with the project.

Trust. The key element in implementing change is developing trust. Participants must trust the change agent to think carefully before involving them in projects, and the change agent should trust the participants to do a good job.

(Lancaster & Lancaster, 1982, p. 6-23).

APPENDIX 'F'

QUESTIONNAIRE

QUESTIONNAIRE ON THE ISSUES AND CONCERNS OF PRISON OFFICERS ABOUT HIV POSITIVE PRISONERS.

1: What is your marital status?

Single [ ] Married (including defacto) [ ] Separated, divorced or widowed [ ]

2: What is your gender?

Male [ ] Female [ ]

3: How would you rate the amount of information on HIV/AIDS received from the Division of Corrective Services?

Not enough [ ] Just enough [ ] Too much [ ] No information received [ ]

4: Do prison officers talk among fellow prison officers about HIV/AIDS issues?

No [ ] Seldom [ ] Occasionally [ ] Often [ ]

5: Have you ever known a person who is/was HIV+?

Yes, inside prison [ ] Yes, outside prison [ ] No [ ]

6: Do you believe the number of HIV positive prisoners will increase in the future?

Yes [ ] No [ ]

7: Do you believe prison officers should be informed which prisoners are HIV+?

Always [ ] Never [ ] In certain specified circumstances [ ]

Comments:_____

8: Do you believe condoms should be made available to male prisoners?

Yes [ ] No [ ]

Comments:

_____

9: Do you believe syringes should be made available to prisoners?

Yes [ ] No [ ] In certain circumstances [ ]

Comments:

_____

10: Do you believe syringe sterilising bleach should be made available to prisoners?

Yes [ ] No [ ] In certain circumstances [ ]

Comments:_____

11: Do you believe it should be compulsory for prisoners to be tested for their HIV status when they first arrive in prison?

All prisoners [ ]
High risk prisoners (i.e. homosexuals and I.V. drug users) [ ]
No prisoners [ ]

Comments:_____

12: Do you believe it should be compulsory for prisoners to be tested for their HIV status if they exhibit `high risk' behaviour (i.e. copulation or I.V. drug use)?

Yes [ ] No [ ]

Comments:_____

13: Do you believe prisoners in the `high risk group' but do not have the HIV infection (i.e. homosexuals and I.V. drug users) should be `medically isolated'?

Yes [ ] No [ ]

Comments:_____

14: Do you believe prisoners who are HIV+ should be `medically isolated'?

Yes, all known HIV positive prisoners [ ]
Yes, but only for continued `high risk behaviour' i.e. sexual predator & IV drug use []
No [ ]

Comments:_____

15: If HIV positive prisoners were removed from `medical isolation' and mainstreamed tomorrow, what would your main concern be?

Concern:_____

16: Are you prepared to work in areas where HIV+ prisoners are placed?

Yes [ ] No [ ]

Comments:_____

17: What do you think are the most likely ways a prison officer could become HIV+ in prison (May have more than one answer to this question)?

Assaults causing blood to blood contact [ ]
Rape [ ]
Needle stick injury [ ]
Mouth to mouth resuscitation [ ]
Cell and strip searches[ ]
No way [ ]
Other [ ]

Please specify:_____

18: How concerned are you of becoming HIV+ from inside the prison?

Very concerned [ ] Slightly concerned [ ] Not concerned [ ] Not sure [ ]

Comments:_____

19: If you caught the HIV/AIDS infection what would your major concern be (please tick one box only)?

Dying [ ]
Financial [ ]
Family contracting the infection [ ]
Social isolation [ ]
Other [ ]

Please specify:_____

Thank you for completing the questionnaire. Could you please place it in the stamped addressed envelope and post it to me before Thursday 30 June 1994. If you would like a summary letter outlining the findings of this survey or have any questions please contact me at home on 344 6718 or write to me at Wooroloo Prison.

APPENDIX `G'

LETTER TO SUPERINTENDENTS

SUPERINTENDENT
CANNING VALE PRISON

SURVEY INTO THE ISSUES AND CONCERNS OF PRISON OFFICERS ABOUT HIV POSITIVE PRISONERS

This submission is to inform you of a survey which I am conducting among my fellow prison officers on the above topic. The survey is in my own time and at my own expense.

Questionnaires will be sent to 10% of the 1,300 prison officer population in this state. A stratified random sample is to be made so that every prison officer will have an equal chance of being selected. The sample will be equally divided between country and metropolitan/outer-metropolitan prisons. Therefore, for the first time ever in this state, research on this emotive topic will include prison officers from country prisons. Questionnaires will be posted to the selected prison officers on Monday 23 May 1994.

The survey has been approved by the Edith Cowan University Ethics Committee, the West Australian Prison Officers Union and the Ministry of Justice. A pilot study has been carried out among prison officers to ascertain validity and reliability.

The survey is to assist the AIDS Standing Committee in knowing the issues and concerns of prison officers when reviewing the HIV positive/AIDS Policy No. 4.

Thank you for your time and courtesy. If you have any questions or comments on the survey please contact me on my home phone number on [redacted] or write to me at Wooroloo Prison.

DAVID F. CAIN
FIRST CLASS PRISON OFFICER
WOOROLOO PRISON
MONDAY 16 MAY 1994

Enc: questionnaire.

APPENDIX 'H'

COVERING LETTER

PLEASE GIVE ME 10 MINUTES OF YOUR TIME.

ISSUES AND CONCERNS OF PRISON OFFICERS ABOUT HIV POSITIVE PRISONERS

DEAR COLLEAGUE:

As you are aware, the Ministry of Justice's Corrective Services Division has an AIDS Standing Committee which meets at least once a year to review the HIV positive/AIDS Policy number 4. There are ten representatives on this committee, two of which are from the West Australian Prison Officers Union.

Prison officers are instrumental in implementing any changes to the policy that affect their work area. You are one of 130 randomly selected officers invited to participate in a survey to ascertain first hand, the issues and concerns of prison officers about HIV positive prisoners by completing the questionnaire attached. This survey is also part of the researcher's honours thesis through Edith Cowan University. All returned questionnaires on this emotive subject will be completely **confidential**. However, each questionnaire is marked with a number to prevent follow up letters being sent out unnecessarily. It is stressed that the Western Australian Prison Officers Union and the Ministry of Justice have documented their support of this survey.

The questionnaire consists of nineteen questions which should take no more than ten minutes to complete. It is requested that all questionnaires be returned to me at my home address in the enclosed stamped addressed envelope by Thursday 30 June, 1994. At the conclusion of this survey the researcher will send a summary letter outlining the findings of this survey to all prison officers who request one, and send a copy of the research thesis to the AIDS Standing Committee. If you have any questions on the survey please contact me at home on [redacted] or write to me at Wooroloo Prison.

DAVID F. CAIN
FIRST CLASS PRISON OFFICER
WOOROLOO PRISON
MONDAY 23 MAY 1994

enc: questionnaire .

APPENDIX 'I'

FOLLOW UP LETTER

Tel: [redacted]

TOWNHOUSE EIGHT
[redacted]

FOLLOW UP LETTER

FELLOW OFFICER:

Through the process of random sampling you were one of 130 officers who were sent a questionnaire in the post requesting your participation in a survey into the "issues and concerns of prison officers about HIV positive prisoners". As yet I have not had the questionnaire returned.

As a fellow prison officer I know that you meant to respond, as many of your colleagues have already done. However, the questionnaire may have been misplaced or never been received. Therefore I have enclosed a further copy of the questionnaire and a stamped addressed envelope for your convenience, to complete and return.

It is stressed that prison officers are now being invited to become more involved in the decision making process that effects them in their work area. If prison officers do not take this opportunity to participate in the decision making process then management and the union may `assume' they have your best interests at hand.

Prison officers play a vital role within the Division of Corrective Services by being instrumental in implementing any changes to the HIV positive/AIDS Policy number 4. Therefore, as you are `on the firing line' your issues and concerns about the subject is eagerly sought. All returned questionnaires will be treated as confidential.

If you have already responded, please disregard this reminder and thank you for your cooperation.

DAVID CAIN
FIRST CLASS PRISON OFFICER
WOOROLOO PRISON
FRIDAY 17 JUNE 1994