

# Prison AIDS Project: Prison Officer Education

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Eileen Adamson  
Senior Lecturer  
AIDS Training  
Corrective Services Academy  
Sydney, New South Wales

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**P**rison officer AIDS training within the New South Wales prison system has experienced many difficulties and changes in the past three years. The main source of problems has been the anxieties and fears of the prison officers themselves, having to face the complex issue of managing HIV positive inmates within the prison system. Many of these anxieties appear to have originated from ignorance and misinterpretation of facts, combined with media publicity concerning AIDS transmission in the workplace. This paper will describe the education programs which have been implemented over the past two years by the Prisons AIDS Project to help officers come to terms with the everyday problems concerned with managing their working life and dealing with AIDS related issues simultaneously.

## Background

As early as March 1987 attempts were made to introduce officers to some form of AIDS education. The group targeted initially was divisional heads, superintendents and other senior officers in the New South Wales Department of Corrective Services. Information sessions and seminars were held on a regular basis. Speakers included Dr Frank McLeod from the Prison Medical Service, Professor Ron Penny, Ms Ita Buttrose who was at the time, head of the AIDS Task Force, Ms Louisa Scagliotti, AIDS Project Manager, and Dr David Sutherland, head of the AIDS Unit at Royal Newcastle Hospital. The purpose of these seminars was to inform senior officers of the known facts, so that they would then develop management strategies to promote AIDS policies and conduct AIDS education within their own institutions. From this initiative, inmate committees were introduced with a custodial officer appointed as AIDS coordinator in each gaol.

In 1987 I became involved with the inmate committee at the Training Centre at Long Bay Gaol. As a ten-year custodial officer, I accepted the role of coordinator in that institution. This involved organising seminars and AIDS information sessions for inmates and also supplying appropriate AIDS literature to staff.

In April 1988 I was seconded to the Prison AIDS Project as a coordinator. My responsibility was to provide AIDS education for prison officers within two target groups. These were:

- current prison officers; and

- newly recruited officers undergoing prison officer training.

### **Information Sessions**

During the period between April 1988 and September 1989 I organised forty-two information sessions across the State. These sessions were usually conducted by experts such as Dr Peter Bruce from Sydney Hospital and Professor David Sutherland from Royal Newcastle Hospital. However, it became apparent after a period of twelve months that there were a number of difficulties with the information sessions for officers.

Firstly, I was always at the mercy of the gaol superintendents for time allocated. This time was usually in the early part of the morning before the unlock of the gaol. On many occasions there was not sufficient time to address the complex issues raised by officers and certainly not enough time to dispel any of the officers' fears or apprehensions concerning the management of HIV positive inmates in the normal gaol routine.

Another difficulty was that superintendents would not agree to make these sessions compulsory. Officers only attended if they desired, even though sessions were held in departmental time, and they were paid to attend. Hence, information did not reach all officers and had minimal impact in alleviating fears, and changing prison officer attitudes with regards to AIDS. In addition, the Department made very little funding available for prison officer education.

There was also a difficulty in addressing occupational health and safety issues and encouraging officers to adopt 'safe work' practices. Officers were issued with 'AIDS Pouches' containing : one pair of rubber gloves, a bottle of Milton bleach and some swabs for initial precautionary measures. However, most used these pouches to carry their cigarettes and joked about the contents of the pouch.

In addition, the Prison Officers Union and the Prison Officer Vocational Branch (POVB) were promoting a policy of segregation at this time. Inmates found to be antibody positive were housed in the AIDS Unit within the Assessment Prison at Long Bay. Officers working in this area of the gaol were volunteers. This meant the majority of officers had no involvement in the everyday management of identified HIV positive inmates.

Many officers did not believe AIDS education was a priority and felt the department should protect them against any risks of transmission. They also refused to recognise that 'high-risk' sexual behaviour in their private lives should be a concern. Many officers believed that only homosexuals or intravenous drug users were at risk. These opinions were difficult to change especially given community attitudes and media reporting.

Evaluative studies carried out by the Research Division in the Department of Corrective Services indicated that although officers had gained some knowledge of AIDS, attitudes had not changed. Officers were still demanding segregation and had not adopted any occupational health and safety strategies to avoid 'high-risk' contaminations (Conolly 1990).

### **Primary Training**

AIDS training for new recruits was introduced in April 1988 at the Training School of Long Bay Gaol. A training package was designed by myself, in an attempt to meet the needs of officers entering the Department (Adamson 1988a). All officers received general AIDS information and were instructed in 'safe work' practices, under the Occupational Health and Safety Guidelines (Adamson 1988b). This program was researched and evaluated over a two-year period (Conolly 1990). The results of the evaluation showed that:

- the use of a custodial officer to conduct training had a positive impact;
- the contents of the package were comprehensive and relevant to prison officers and the presentation had credibility with the officers;
- delivery in a classroom away from the intrusive distractions and interruptions of the normal working day was a major advantage in training prison officers.

A follow-up questionnaire distributed by the Research Division showed that officers who had received more structured education felt more secure in the workplace and were prepared to use the occupational health and safety procedures they had been taught. In addition, others who were working in the Assessment Prison at Long Bay had volunteered to work in the AIDS unit with HIV positive inmates.

However, over a longer period of time it became evident that junior officers experienced peer group pressure from their senior counterparts especially when they began wearing rubber gloves during cell searches and blood spill situations. A common retort was that 'officers who wore rubber gloves in blood spills were sissies and should not be in the job'. It was very difficult at this time to obtain a directive from the Department to require officers to practise appropriate occupational health and safety measures in the workplace.

The POVB was also insistent on a segregation policy and left no room for negotiation. This situation was further aggravated by local industrial disputes with officers demanding segregation each time an HIV positive inmate was admitted. When these disputes were heard in the Industrial Court, officers claimed they lacked HIV/AIDS education and that the Department of Corrective Services had not addressed their needs. They stated that the information sessions were not enough and they needed more indepth training.

Following these industrial disputes, the manager of the Prison AIDS Project, Ms Louisa Scagliotti, procured funding for the Officers Seeding Program from the New South Wales Health Department (later called the AIDS Management Course). The main aim of the Seeding Program is to provide officers with expertise, skills and knowledge of AIDS and occupational health and safety procedures so they can then act as role models within their gaols, for other officers. These officers would also be recognised by other officers as appropriate resource personnel when problems arose. All officers are thereby provided with a support mechanism to ensure 'safe work' practices are observed. The Department, in conjunction with the Prison AIDS Project, put forward an occupational health and safety policy for officers which carried definite instructions relating to HIV/AIDS and hepatitis B prevention. From February 1988 vaccinations were made available to all officers against hepatitis B.

The Minister for Corrective Services Mr Michael Yabsley has also given instructions for a compulsory testing scheme for New South Wales prisons in the near future and for all HIV positive inmates to be integrated into the system. Officers are feeling very threatened about this situation. Many of their fears and the myths concerning HIV/AIDS have to be addressed in order for this policy to be carried out effectively.

## **AIDS Management Course**

### *Officers Seeding Program*

In February 1990 sufficient funding was approved to provide training for thirty officers and a course coordinator. I was seconded to the Corrective Services Academy to design and implement the course (Adamson 1990).

### *Implementation*

A Needs Analysis was carried out in five of the major gaols in the metropolitan area namely the Remand Prison, Assessment Prison, Reception Prison, Training Centre and Mulawa Training and Detention Centre for women. Officers in these gaols manage some of the most troublesome prisoners in New South Wales. In addition, the unit for HIV positive inmates is part of the Assessment Prison.

The results of the analysis showed that officers had some knowledge about AIDS but still believed AIDS was a disease of intravenous drug users and homosexuals. They believed that segregation of HIV-infected inmates would solve most of their problems. These officers appeared to have very little understanding of the testing process and even less

about the window period. They claimed if the Department of Corrective Services retained a policy of segregation for infected inmates, officers could then volunteer to work with them and mainstream officers and inmates would then be safe. The most vocal officers, were those with at least five years experience in prison and of middle management rank.

It was these officers, who were applying pressure to those newly recruited officers who tried to put occupational health and safety procedures into practice. However, during a group work session it was these officers who claimed to be apprehensive when handling the following situations:

- blood spills;
- needle stab injuries;
- suicides;
- Cardio Pulmonary Resuscitation (mouth to mouth resuscitation);
- self mutilators;
- violent inmates;
- assaults;
- bites;
- open wounds; and
- exposure to body fluids.

It became evident officers had not been reporting these incidents in an appropriate manner or seeking proper medical attention. None of the officers involved in heavy blood spills or needle stab injuries had sought testing or any form of counselling. Many admitted after such incidents that their greatest fear was contracting HIV. They maintained it was the Department of Corrective Services' responsibility to protect them from infection rather than themselves taking responsibility for their own private and working lives. The AIDS Management Course was implemented in order to break down barriers and alter behaviours in the workplace.

#### *Course criteria*

The criteria for the course was determined by the Needs Analysis. If the course was to be successful then it had to target officers who had some credibility within the gaol and who also had a good rapport with other officers.

The criteria targeted officers who:

- held the rank of Senior Prison Officer;
- held the rank of First Class and had more than two years experience in wing management;
- had a commitment to training junior officers about occupational health and safety in the workplace;
- displayed a commitment to working with HIV positive inmates; and
- displayed a commitment to AIDS issues within their respective gaols.

Fifteen officers were to take part in each course with a total of thirty officers participating. It was decided to target the metropolitan gaols and select six officers from each gaol thus establishing a 'critical mass' and a support mechanism to cut through the effect of peer group pressure. Officers applying to do the course were to do so on a voluntary basis with the final selection being determined by the course coordinator. This was to ensure officers were not forced to participate.

### *Behavioural objectives*

The course objectives were clearly defined, and all areas of the Needs Analysis taken into consideration. It was of the utmost importance that the course cover all aspects of AIDS and occupational health and safety issues. For officers to become proficient in managing HIV inmates they had to be taught skills that would create for them a sense of competence and confidence when faced with complex situations. Prison Officers' training in the past has followed the philosophy of 'act first and think later'. It now had to be changed to 'think first and act later'.

### *Evaluation strategy*

It was necessary to set up an evaluation procedure for the course, to ascertain if the training objectives had been achieved and if any learning had indeed taken place. To assess the learning level of the participants, the evaluation was carried out in the following manner.

Phase one involved a pre-test (AIDS questionnaire no. 1) covering HIV/AIDS and hepatitis B transmission and epidemiology. This was administered prior to the course and revealed a lack of knowledge about AIDS epidemiology, the window period and testing procedures.

Phase two assessed knowledge of occupational health and safety (AIDS questionnaire no 2) The questionnaire related to occupational health and safety and covered all areas concerned officers had outlined in the Needs Analysis. The questionnaire was administered directly after the sessions on occupational health and safety. Participants scored 100 per cent accuracy.

Phase three was a post-test (AIDS questionnaire no. 1). It was administered on the last day of the course and showed an improvement in participants' knowledge. Participants scored 98 per cent accuracy.

### *Reaction evaluation*

A re-evaluation questionnaire was given to all participants at the end of the course. Responses were discussed with the participants. The participants indicated that the content of the course was relevant to their working environment, that the course was well-prepared and was easily understood. They felt it was an advantage to have a custodial officer design training packages and be a member of the Academy staff. They felt only one of their own could understand the problems they face on a day-to-day basis.

### *Performance level*

The follow-up questionnaire and interviews are still in train. However, it is anticipated that the evaluation should be completed and documented by the end of 1990 and published at the beginning of 1991.

Data available from the major New South Wales gaols is showing some promising results. Officers appear to be more aware of AIDS issues and are taking responsibility not only for themselves, but for all gaol personnel in providing occupational health and safety information and equipment. This has occurred mainly in metropolitan gaols where gaol management has addressed the importance of providing appropriate equipment under recent occupational health and safety legislation.

### *Gaol management*

Addressing AIDS education within the prison system has always been a major problem and one that has been ignored until crises have arisen (Scagliotti 1990). Superintendents only recognised the need for AIDS education when faced with industrial unrest in response to the reception of an HIV positive inmate or where some form of blood spill or assault had taken place and disrupted normal gaol routine.

A major cause of concern during the development of the AIDS Management Course was the possible lack of enthusiasm by superintendents in releasing officers to participate in the course. I addressed this problem by visiting the gaols that had personnel involved in the training, and presenting an overview of the contents of the training package to senior management at each institution. This was only possible for gaols within the Sydney area owing to the commitments of training. Superintendents who were not addressed in this manner, but had been informed in writing, did have some reservations about releasing officers. On many occasions they merely paid 'lip service' to the project and, in the long-term, did not encourage staff to participate.

The AIDS coordinators from the Prison AIDS Project attempted at great lengths to liaise with the management at the gaols they visited, but they had difficulties convincing them to release officers. When it became evident that a certain amount of apathy was being displayed, it became necessary to spell out management's responsibilities to officers under the Department's occupational health and safety policy. This stated that superintendents had to provide a safe environment for staff in the performance of their duties.

### *Funding*

Departmental funding was allotted to the Prison AIDS Project so gaols could be provided with an overtime allowance to replace the officers participating in the course. Even though funding has been available since May 1990 superintendents are still reluctant to release officers, because the guidelines set down by the department for gaols to re-coup overtime expenses are somewhat ambiguous and there is pressure on superintendents to minimise their use of overtime funds. One of the strategies I have used to overcome this problem has been to approach superintendents on an individual basis, giving my assurance the overtime funds would be forthcoming.

### *Impact of isolation*

Many gaols are strategically placed in country areas, not easily accessible to the Academy. Visiting these institutions is time-consuming and unrealistic if training schedules are to be met. As the course developed, many such problems have arisen, with officers in outlying areas disadvantaged because of their geographical position.

Grafton Gaol has been one of the hardest gaols to target. Officers at the Gaol have been refused access to the AIDS Management Course even though numerous applications have been received from officers wishing to participate. The problem arose because officers needed to be absent from the gaol over a five-day period which, in the current financial climate is an unrealistic requirement. After much deliberation, it has been decided Grafton Gaol should be targeted as a special project, incorporating officers from the Glen Innes Afforestation Camp, with the idea of taking the training to them. This has been scheduled for early November 1990.

### **The Custodial Officer as Trainer**

The research conducted by Conolly (1990) expressed the view that a custodial officer would be more effective in the role of trainer and give the course more credibility

than a person from outside the Department of Corrective Services. This view was also held by personnel within the Department. However it is necessary to consider the full implications of such a statement. A custodial officer will only be effective in this role if he or she:

- has a good working knowledge of prison environment;
- has some credibility with staff;
- is able to establish good rapport with custodial managers;
  
- is able to liaise with custodial managers and convince them the course can provide their staff with the expertise and skills necessary to manage the complexities of the AIDS issue; and
  
- is able to convince staff the training they will receive will be beneficial to their working and private lives.

### **The Corrective Services Academy**

The Corrective Services Academy was considered to be the most appropriate place to design and implement the AIDS Management Course. As course coordinator I was seconded to that establishment in February 1990 and came under the direction of Mr Ian Loudon the Assistant Principal of the Academy and head of the Staff Development Section.

Previously the Academy was only involved in AIDS education of officers during the primary training segments for new recruits. These were conducted approximately every six weeks for one and a half hours. The courses developed before this time did not have an AIDS component as many of the instructors did not see a need for this form of training. Most were of the opinion that AIDS education was not a priority. However, this opinion has changed dramatically over the past six months. AIDS training segments are now incorporated in all relevant courses involving custodial and departmental personnel. In addition, facilities and expertise at the Academy enable the design and production of training packages of a high standard. The AIDS Management Course which places a strong emphasis on objectives and evaluation was designed there.

### **Conclusion**

Prison AIDS Project personnel have played a major role in helping to advertise the AIDS Management Course and encouraging staff to participate. They should be commended for their efforts. The project has also recognised that it is not only important that custodial staff receive AIDS information and education, but that training is directed at the source of the problem and staff are trained in the skills necessary to manage the complex issues relating to AIDS in prison. The AIDS Management Course is the first of many to be developed. When dealing with such a complex issue as AIDS it is important to continue to explore other ways to maintain the momentum amongst custodial staff.

The introduction of compulsory testing into New South Wales prisons in the near future, I believe will present some problems. In order to combat these problems the Prison AIDS Project will be introducing a 'Life Skills' program. The aim of this program is to provide a 'time out' period for prisoners who are having difficulties in coming to terms with their antibody status. The custodial staff who elect to work in this area will need to be specially trained to manage such a delicate problem. This training will be the next challenge facing the Prison AIDS Project. It will also be a new concept in AIDS education for custodial staff.

Education about AIDS issues in prisons cannot only be seen as a way to provide information for custodial staff but must address the more difficult task of providing officers with skills to manage all the complexities associated with AIDS. The New South Wales Department of Corrective Services is beginning to recognise that AIDS in prisons is an important issue and one that must be addressed with strategies which enable staff to perform their duties with the utmost confidence.

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