

Management of HIV in Community Based Corrections

Tony Clunies-Ross
Acting Regional Manager
Office of Corrections (Community Based)
Shepparton, Victoria

The Office of Corrections in Victoria administers the State's prison system and a range of community-based programs for offenders and ex-prisoners. These programs aim to:

- facilitate the smooth reintegration of prisoners into the community;
- develop and reinforce pro-social norms;
- aid the development of independent living skills; and
- redirect offenders towards socially acceptable and useful forms of behaviour.

At the same time offenders are supervised to minimise their risk to the community, and to ensure that the conditions of their orders are met. Failure to comply with the terms of an order will result in the offender being proceeded against, and this may lead to his or her incarceration.

Currently there are three types of orders which are managed by Community Based Corrections. There are two post-custodial programs, pre-release and parole. An offender who has not been to prison will fall under the jurisdiction of the Office of Corrections only if placed on a Community Based Order as the result of his or her court appearance. Each of these orders include a combination of supervision, unpaid community work and self-development conditions. Persons suffering from drug, alcohol, psychological or medical problems will be conditioned to seek appropriate assessment and treatment.

No offender will be placed on a Community Based Order unless that person has been assessed by a Community Corrections Officer and the court is satisfied that he or she is a suitable person for the program, and that facilities are available for the order to be implemented.

The objective of Community Based Corrections is contained in a document entitled 'Corrections and The Way Ahead - Corporate Direction 1990-95'. It states:

The objective of Community Based Corrections is to provide, develop and promote integrated, cost-effective, community-based correctional services which, whilst having regard to community interests and expectations, expand the proper use of alternatives to imprisonment and without unwarranted intrusion, ensure effective supervision and facilitate an offenders personal development.

Community Based Corrections acknowledges the need for corrections to be involved in community and social policy development:

- to share its knowledge of offending behaviour with the community; and
- to advocate on behalf of the offending population for equity of access to community services in order to develop the opportunities for offenders to be rehabilitated.

Community Based Corrections should also intervene in offender's personal lives where some effective outcome is achievable and where the intervention can effect a change in offending behaviour. Clearly then, Community Based Corrections has a role to play in assisting disadvantaged groups obtain access to the resources they need in order to lead fulfilling lives.

An HIV Policy for Community Based Corrections

With the increasing incidence of HIV infection within the community, a policy was developed and adopted in 1989 which addresses the management of infected persons within Community Based Corrections. Because of the frequent link between intravenous drug use and offending behaviour, Community Corrections staff have access to a large number of individuals who engage in high-risk behaviours. Its role can therefore emphasise preventative and safe behaviours as well as aiming to assist offenders who have already contracted HIV. This policy is as relevant to all communicable diseases as it is to HIV. However, because of the hysteria which has sometimes surrounded HIV infection, an AIDS manual was incorporated into the policy which assists staff to understand the related issues, how they impact upon case management practices, and the community resources which can be accessed for the benefit of HIV-infected persons.

The policy examines the following areas:

- education and training;
- management of offenders;
- confidentiality;
- supervision and counselling;
- community organisations;
- infection control.

Education and training

The provision of accurate and up-to-date information to offenders and staff is of prime importance in reducing the spread of HIV and other communicable diseases, and ensuring a sensible attitude towards them.

By and large, offenders will have had less exposure to accurate educational material and information about the transmission of communicable diseases than the community in general. There is therefore an onus on Community Corrections staff to ensure that programs available within Community Based Corrections include a session or sessions on communicable diseases, their transmission and their prevention.

Each of the State's ten regions have an officer on staff who has completed an extensive AIDS training course, and who is available to other Community Based Corrections staff for consultation and training.

Management of offenders

Offenders who are known to have a communicable disease will be considered on the basis of their individual needs in accordance with a case plan, as would any other offender. They can be treated no differently to offenders who suffer from any other significant medical problem. Offenders with HIV infection will not be categorised or isolated in terms of their

supervision, or in terms of any program they are required to undertake. There is, however, an emphasis on developing and maintaining their links with the specialist services which exist within the general community specifically for people with HIV/AIDS.

Confidentiality

The offender's right to confidentiality is to be respected by both staff and management in relation to all medical conditions, including communicable diseases. The issue of safety must be balanced against the issues of privacy and protection of persons who are, or are considered to be, infected with HIV or any other communicable disease. However, as the actual risk of transmission is so slight, the perceived risk of contracting HIV from an offender must not be used as a pretext for discriminatory treatment.

Community Based Corrections staff are required to prepare reports for courts and for the Adult Parole Board, and it does need to be acknowledged that information regarding health can be relevant to proper consideration of a case. However, the proposed inclusion of information relating to an infectious disease must be discussed with the treating doctor, with the consent of the offender.

Offenders with a communicable disease who require a lengthy period of hospitalisation may have the program components of their order suspended or, with the consent of the judiciary, varied or deleted. Alternative means of supervising the offender, such as by way of regular contact with the treating doctor, are considered. However, simple knowledge that an offender has HIV are not grounds for suspending, varying or deleting any program requirement.

Supervision and counselling

The role of the Community Corrections Officer is to link offenders who are affected by a communicable disease to appropriate resources, and to provide basic information concerning the disease. It may be appropriate for Community Based Corrections staff, in conjunction with the health care service doctor, to assist in the counselling of the offender, or to refer him or her to an appropriate agency. Community Corrections Officers can assist the offender to communicate with health care staff and advocate on their behalf if necessary. Safe behaviours should also be promoted. It must be stressed, however, that in the end offenders must accept responsibility for their own behaviour, including protecting themselves from infection, and obtaining professional counselling or treatment if infection is suspected or confirmed.

Community organisations

This section is specifically relevant to those agencies for whom offenders undertake unpaid community work in accordance with the conditions of their orders. These agencies are asked to treat any incident which results in the spillage of blood with routine infection control techniques. Agencies are advised to include in their first aid kits, disposable gloves, resuscitation masks, bleach and any other items which will reduce the possibility of disease transmission. It is emphasised that such a strategy is purely a preventative measure, which will protect agency staff in the unlikely event of HIV-infected blood being spilt at their premises.

Where it is known that an offender has HIV, care needs to be taken in organising an appropriate worksite so as to minimise the risk of an accident or mishap occurring whilst the offender is undertaking a community work program.

Infection control

This section outlines the steps to be taken in the event of blood spillage. All blood spills are to be treated as if infectious. The equipment required is to be packaged together and included in the first aid kits located at each Community Corrections Centre. This self-contained package is labelled 'Blood Spills Kit', and will also include a laminated copy of the instructions for its use.

The AIDS Manual

The AIDS Manual is incorporated into the Communicable Diseases Policy. This manual is divided into eight sections:

- What is AIDS?;
- How is it transmitted?;
- How is it prevented?;
- Testing;
- Symptoms and signs of HIV infection;
- Information and resources;
- Implications for Community Based Corrections staff; and
- Implications for offenders.

The Manual will be subject to review and updating as new information about the disease comes to light. The section which addresses work implications for staff examines strategies for incorporating safe sex and safe using counselling, into the supervision of offenders. It recommends making bleach sachets available at Community Based Corrections locations, and this in fact now occurs on a state-wide basis. This section also looks at cultural and religious differences, and how they may impact upon discussion of such issues within the context of offender supervision. Finally, the section requires the reallocation of cases where the Community Corrections Officer identifies the need for safe behaviours counselling, but feels unable or uncomfortable about doing this.

The final section of the Manual discusses the social, medical, emotional and financial implications of HIV infection for the affected person. It is intended to highlight to the Community Corrections Officer the areas of difficulty which the offender is likely to encounter, facilitating a discussion of these issues in supervision, and thus a swift and appropriate response as problems arise and are identified.

Incidence of HIV Infection in Community Based Corrections

It is difficult to identify accurately the number of persons who are HIV positive and being supervised by Community Based Corrections in Victoria. A survey of regions conducted in October 1990 revealed no more than eighteen known HIV-infected persons within a total client population of 5600. This compares with forty-nine known HIV-infected prisoners being held within the State's institutions at the same time, out of a total prison population of 2300.

There are several reasons for the difficulty in obtaining accurate data within Community Based Corrections. First, offenders are only known to be HIV positive if they are prepared to volunteer that information. There is no way of knowing how many choose to keep their condition secret for fear of discrimination or other repercussions, although with time a skilled Community Corrections Officer can succeed in encouraging the offender to discuss his or her predicament. Second, it is realistic to assume that there are many people with HIV/AIDS within the community who have not been tested, and therefore are not themselves aware of their illness. Testing is available within Victoria's prisons to all persons entering the system. It is not compulsory, yet attracts a 98 per cent compliance rate. No such testing is offered to Community Based Corrections clients, nor could it be made available given the absence of medical staff and facilities. However, as a matter of policy, safe behaviours counselling is incorporated into offender supervision, and persons identified as being in the high-risk category will be encouraged to seek testing through an appropriate body.

Ongoing Strategies

Community Based Corrections in Victoria maintains an ongoing commitment to addressing the needs of disadvantaged groups. In the area of HIV infection, there are a number of avenues through which policy formulation and information gathering and updating can occur.

The Corrections Health Board is an initiative of the Corrections Health Service which investigates and makes recommendations on a range of health related issues as they affect prisoners, offenders and correctional staff. The Communicable Diseases Committee is a sub-committee of the Corrections Health Board, and is comprised of representatives from Community Based Corrections, prisons, the Victorian Public Service Association, and the Corrections Health Service. There are currently two medical practitioners who serve on the committee, representing prisons and the Health Department respectively. The Corrections Health Service employs an AIDS educator to work within the corrections system, and she also has membership of the Communicable Diseases Committee.

To date much of the Committee's work has focused on prisoner reception and management. However it has also developed an education program for all corrections staff which deals with HIV, infection control and prevention. The availability of bleach to prisoners and offenders owes its existence to the Communicable Diseases Committee. It is also the Committee's job to facilitate the dissemination of new information about the virus through to correctional staff. This will occur in conjunction with senior management and the AIDS educator. The Communicable Diseases Policy had to be approved by the Communicable Diseases Committee and the Corrections Health Board before being adopted by Community Based Corrections.

It is evident that both the Committee and the Board fulfil an extremely useful role in terms of HIV management in both prisons and Community Based Corrections, and do so in a most pro-active fashion.

At a higher level, every government department in Victoria, eighteen in total, is represented on an Inter-Departmental Committee on AIDS. To date, this Committee has completed two major tasks; the Victorian Government response to the National HIV/AIDS Strategy, and a position paper concerning the needs of staff who are HIV positive. The

Inter-Departmental Committee has much broader terms of reference than to focus specifically on the needs of the HIV-infected offender. However, with the Office of Corrections' Executive Director, Sue Wynne-Hughes, as departmental representative on the committee, there will be enormous opportunity for input and discussion on related issues.

There is also considerable interaction between senior management and non-government organisations which work in the interests of prisoners and offenders. Of particular relevance is the Victorian Association for the Care and Rehabilitation of Offenders (VACRO), which has produced the AIDS Community Resource Kit, a package promoting safe behaviours which is handed to every person being released from a Victorian prison. Such an initiative highlights the important role which community groups have to play in preventing the spread of HIV, even within the context of a structured government operation.

Problems for Community Based Corrections Staff

It would be naive to suggest that Community Based Corrections has found the answers to all the questions that have been raised in relation to this sensitive and misunderstood disease. Information and education can go a long way towards helping staff to better comprehend and manage offenders who are infected. It cannot, however, remove the pre-existing bias nor discomfort brought about by discussing the virus and safe behaviours with offenders, particularly where safe sex is concerned. Hopefully, this will not be too much of a problem, provided that staff are prepared to acknowledge their feelings, and agree to request that their supervisor allocate or reallocate HIV offenders to staff who feel more comfortable in dealing with these issues.

A far bigger problem, one with which I am very familiar as a country-based manager, is the difficulty in obtaining access to specialist services for HIV-infected persons who do not live within the metropolitan area. Community Based Corrections staff must by definition be generalist workers. It is often impractical for them to take on specialist skills and functions, and whilst there is opportunity for counselling and support to be offered to the client group, the need to link the offender into long-term HIV-specific community supports is paramount. Currently, however, offenders who reside in the country regions of Victoria have no option but to travel to Melbourne if they wish to avail themselves of the specialist services which exist.

Travelling from country centres to a capital city on a regular basis is demanding at the best of times. However, to a person with HIV whose health is deteriorating, it is near impossible and possibly destructive. A telephone counselling service such as Direct Line has an important role to play, but it is no substitute for face-to-face contact. The retraining of existing health care staff is of limited value within the context of shrinking resources.

The fact that HIV-infected persons continue to be a small minority group within the community makes it difficult to justify the establishment of permanent specialist facilities in country areas. It is also quite proper that a large part of the health budget be directed towards prevention in this case. Failure to properly educate persons who engage in high-risk activities could have catastrophic results. However, there is a need for a specialist outreach service to be established and promoted in country areas so that those who are now infected and isolated, geographically as well as socially, can be offered as decent an existence as their disease will allow them.

Conclusion

The Office of Corrections in Victoria has a high level of commitment towards the sensitive management of both prisoners and offenders on community based programs who are affected by HIV. The policy which is in force is progressive and realistic. The mechanisms

which are in place to ensure that staff and offenders are provided with up-to-date, accurate information about the virus, should ensure that we are able to provide our HIV client group with the best possible advice and guidance concerning the treatment of this disease.

There is no justification for treating offenders who are suspected of having contracted HIV differently to any other group of offenders. Ongoing education and training of staff will continue to form the cornerstone of the response to communicable diseases within Community Based Corrections. The spread of the AIDS virus is within our control.

References

Office of Corrections 1990, *Corrections and the Way Ahead - Corporate Direction 1990-95*, Office of Corrections, Victoria.