Research Publication

NSW Prison HIV Peer Education Program
An Evaluation

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Preface

This evaluation was funded by the NSW Department of Health in order for the Prison AIDS Project (PAP) to evaluate its Prison Peer Education Program (PPEP).

The PPEP has been the major strategy adopted by the PAP to combat the spread of the Human Immunodeficiency Virus (HIV) within the NSW correctional system.

The PPEP aims to prevent the spread of HIV amongst the inmate population by enabling inmates to obtain the knowledge, skills and attitudes needed to avoid getting HIV.

This evaluation was monitored by a steering committee comprising the Manager PAP and a representative from the Research and Statistics Unit of the NSW Department of Corrective Services (DCS), with progress relayed to a representative of the NSW Health Department.

I would like to acknowledge the assistance of all past and present PAP staff, in particular Zoe de Crespigny, Gino Vumbaca and Deborah Munro; Margaret Bowery, Maria Kevin, Barbara Thompson and Simon Eyland from the Research and Statistics Unit of the DCS; Reihana Waapli for his assistance while on two weeks work experience with the PAP; as well as all inmates and DCS staff who were involved with this evaluation.

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Executive Summary

The discovery of the Human Immunodeficiency Virus (HIV) and how it is transmitted has had major ramifications throughout the world. In particular it raises many challenges within a correctional centre environment.

In Australia the two main ways HIV is transmitted are through high risk, or unprotected, sexual activity and through the sharing of needles and syringes that have not been cleaned by injecting drug users.

In order to address the challenges HIV presents to those in the correctional centre environment the Prison AIDS Project (PAP) was established in 1987 by the NSW Department of Corrective Services. PAP's objectives are to provide accurate educational and preventative policies, programs and services, for both inmates and staff, in order to minimise the transmission of HIV and other blood borne communicable diseases in NSW correctional centres.

One of the core components of the strategies adopted by PAP was the development and implementation of an inmate prison peer education program (PPEP). This program trains selected inmates about all aspects of HIV, and provides them with skills to be able to take this knowledge back to their peers - hence the term "peer educators".

The Prison HIV Peer Education Program (PPEP) was established by 1991 and this evaluation was instigated in order to assess the effectiveness of the program in meeting its objectives.

PPEP Program Objectives

- to provide inmates with the knowledge and skills necessary to avoid HIV infection;
- to motivate selected inmates to play an active role in HIV prevention activities with other inmates;
- to develop inmate "peer educators" with the ability and the willingness to actively support other inmates who are HIV antibody positive;
- to establish a support infrastructure of correctional centre management, custodial staff, non-custodial staff and inmates who will work together to actively facilitate all HIV prevention activities;
- to provide access to appropriate and up-to-date information, resources and support.

Evaluation Objectives

Nine objectives were preset for the evaluation by the steering committee in order to determine whether these objectives were being achieved. These objectives were, to ascertain:

1. the quality and effectiveness of the PPEP to train inmates to be HIV Peer Educators;
2. the level of retention and use of knowledge by these Peer Educators;
3. the level of knowledge among inmates and correctional centre staff on the PPEP and the role of Peer Educators;
4. the gaps, if any, in the PPEP to effectively target identified groups within the correctional system;

5. the level of knowledge on HIV/AIDS amongst inmates, particularly between those who have attended HIV education sessions and those who have not;
6. the extent to which inmates have access to education about HIV/AIDS;
7. the nature and extent of current HIV risk behaviour of inmates in correctional centres;
8. the behavioural intentions of inmates, in relation to HIV/AIDS, when they are released; and
9. the extent to which inmates believe that the HIV/AIDS education is appropriate to their needs.

Various strategies were used to address each of the objectives set for the evaluation, these ranged from the analysis of pre/post course questionnaires completed by inmates and random surveys conducted with officers and inmates; to a review of the train the trainer component of the program and a detailed review of the program materials.

Overall the evaluation resulted in thirty eight recommendations being made (pages xi to xviii) for the ongoing refinement of the program and to improve its effectiveness.

The major findings arising from the evaluation were:

- the PPEP was found to be an effective tool in educating inmates on HIV and AIDS as it increased their knowledge and understanding of HIV;
- the PPEP attracted a relatively large number of inmates who had not undertaken any educational courses while in a correctional centre and this was mainly attributable to (i) the program being well respected by inmates and holding a good reputation amongst them, (ii) inmates found the course non-threatening and relatively easy to complete, and (iii) that the program was structured using adult education principles and not traditional teaching methods;
- the profile of the PPEP (and the PAP) was not as high as it could be, both on an overall awareness/promotional level, and within the Departmental infrastructure;
- the PPEP was found to significantly contribute to changes in attitudes and a reduction in prejudices that inmates may have had towards HIV and people effected by it. For example, after the course a large majority of inmates (71.5%) felt that HIV antibody positive inmates should not be segregated from the mainstream inmate population. The primary reasons provided for their answers being (i) so as not to discriminate against the HIV antibody positive inmate, and (ii) because they were seen as no threat;
- the PAP needed to maintain the support it provided to the program organisers and AIDS/Health Promotions Committees to ensure they could maintain the essential support activities they provided to many of the PPEP (and other PAP) activities;
- after completing the course, inmates had a relatively high level of understanding of the principles of HIV transmission, with over 98% of them knowing that they could not get HIV from activities involving everyday contact - sharing an apple or cigarettes, kissing, touching or using the same toilet. Furthermore, and more importantly, over 99.4% understood that you could get HIV if you undertook the high risk activities of sharing needles and having sex without condoms;
- information available from the program for evaluation was found to be in some cases

limited. Especially regarding data on the mainstream inmate population;

- inmates knew more about the biomedical aspects of HIV after completing the course, and their levels of understanding of this knowledge significantly increased;
- the program structure and materials had not been consistently up-dated to allow for current information and educational strategies;
- there was an inadequate review structure built into the program which limited the programs ability to establish, on an on-going basis, whether it was meeting the educational requirements of all inmates within the correctional system;
- there was a lack of any appropriate supplementary (extensions) and complementary programs which build on the programs achievements, for example refresher and advanced courses;
- the scope of the PPEP was limited and needed to be expanded. This included, the inclusion of sections dealing with post-release issues and more information on other blood borne communicable diseases;
- found to be limited quality assurance mechanisms built into all aspects of the programs operation, especially regarding the train the trainer component. Often they (i) were not present - such as a criteria for the accreditation of trainers or peer educators, or (ii) were inappropriate - such as having the trainers accredited by the people directly involved in training them.

Recommendations

Following, for ease of reference, is a list of all the recommendations made throughout this report. After each recommendation is a page reference number where the discussion or analysis which led to the recommendation being made is contained. It is essential that these recommendations are read in the context in which they have been made.

1. RECOMMENDED: that a timetable be established to implement the recommendations from this evaluation that are to be adopted. pxi

2. RECOMMENDED: that the PAP provide on-going promotion of the importance of the PPEP and all those involved with it (especially Program Organisers and PPEP trainers), to senior correctional centre staff. This promotion should stress the necessity to provide any staff involved with PAP/PPEP activities with sufficient resources and on-duty time to carry out their obligations. p3

3. RECOMMENDED: continued full support be given to individual correctional centre AIDS/Health Promotion committees, as they are a central component in maintaining effective programs and strategies to help reduce the spread of HIV within the correctional system. p3

4. RECOMMENDED: that a full review be conducted by the PAP and DCS management on the impact of the introduction of structured days and area management on the PPEP, and the ability of the PAP to conduct effective programs; and that alternative strategies or policies be developed and implemented. p3

5. RECOMMENDED: that a register or database be consistently maintained by the PAP of the PPEP courses conducted, their location, the number of participants, the number (and version) of pre/post course questionnaires completed, and the trainers involved in presenting these courses. p7

6. RECOMMENDED: in order to ensure that the optimum amount of information and data is available for on-going evaluation and development of the PPEP; that the importance of administering the pre/post course questionnaires for each PPEP (and returning completed questionnaires to the PAP) be fully explained to trainers as being an important and integral part of the PPEP. p7

7. RECOMMENDED: that a review of the appropriateness of the scheduling of the PPEP in all correctional centres be conducted to see if this scheduling is in-line with the requirements of each centre (given the classification, demographics and turnover present in each centre). p8

8. RECOMMENDED: that the PPEP pre/post course questionnaires ask inmates to provide details of any PPEP courses they have previously undertaken. p8

9. RECOMMENDED: that peer educators only be moved from their correctional centre when its is necessary - for example when there has been a change in classification status; and that the PAP investigate all possible avenues to implement this recommendation. p9

10. RECOMMENDED: that the PPEP be maintained as an on-going strategy/program with continual updating, evaluation and review. p9

11. RECOMMENDED: that an appropriate refresher course be designed, along with admission guidelines (and implemented as required), for those peer educators who have been released and have returned to the correctional system. p9

12. RECOMMENDED: that the section(s) in the PPEP addressing the issues of dealing with the handling of blood and other bodily fluids/"contaminated" items and hazardous situations be reviewed, updated and expanded, as necessary, to ensure more comprehensive information is made available to inmates on the risks of HIV infection associated with these items. p12

13. RECOMMENDED: that the sections in the PPEP and the pre/post course questionnaires relating to the HIV blood test and the stages covering initial HIV infection to seroconversion be reviewed and amended as required. p15

14. RECOMMENDED: that the sections of the program relating to the biomedical aspects of HIV be constantly reviewed, refined and up-dated as necessary. p16

15. RECOMMENDED: that future questionnaires which are developed to evaluate the PPEP include lie scales (or social desirability scales), which are appropriate to the inmate population, in order to provide better information on any changes in inmates attitudes arising from undertaking a PPEP course. p21

16. RECOMMENDED: the PPEP is regularly reviewed, refined and up-dated to ensure the quality of the information provided is maintained or improved on. p21

17. RECOMMENDED: the PAP investigate the development of programs or courses, that are complimentary to the PPEP (for example counselling skills), with other areas within the DCS (such as the inmate Education and Drug and Alcohol units); or with other institutions (for example, NSW TAFE) to ensure the maximum levels of education, skills and knowledge are available, and provided to

inmates for their roles as peer educators. Further more that the PAP actively pursue the implementation of these programs when they are developed. p21

18. RECOMMENDED: that a revision of the (national) PPEP training manual be conducted and this revision should include the following areas:

- updating of information, overheads and statistics in line with current details available, and the development of a mechanism to ensure current information be made available to trainers - for example up-date pages and a newsletter containing "new" developments/information;
- consideration be given to formally including material on issues that arise when inmates are released and return to their community environments;
- that the order of the sessions on the biomedical and epidemiological aspects of HIV be reversed, so that inmates have some understanding of HIV before they are taught about how and why it has developed in different areas of the world, and amongst different groups;
- general review and refinement, and where possible simplification, be made of the terminology used (including examples/ information), and its appropriateness and relevance be analysed. Consideration be given to using appropriate analogies to convey some of the more technical aspects of HIV;
- as appropriate, that the information content of the manual be expanded to incorporate other health issues - for example Hepatitis A to E, Sexually Transmitted Diseases and Herpes;
- a review of the layout of the manual be conducted, to assess its effectiveness, and that where appropriate changes should be made;
- laminated posters be developed on major points covered by the course and the program structure so trainers have them as a resource to use when conducting programs. For example, the program timetable so they can refer to it when topics are covered if they arise in another session, and; "**E**nter **S**urvive **E**nter **S**ufficient quantity" to use as a visual reminder of likelihood of transmission occurring;
- a section be added specifically addressing the importance of use of the correct terminology by inmates when discussing HIV and AIDS;
- if sections of text from the manual are intended to be read literally, that these sections be "realised" and worded appropriately;
- exercises and examples used should predominantly focus on situations relating to incarceration and should be regularly reviewed and up-dated - if possible this should involve some inmate input, either in PPEP courses or through the Lifestyles Unit (a voluntary unit for HIV positive inmates) at the Long Bay Complex;
- that the distinctions be clearly made between policy and practice, and options available to inmates - for example the DCS policy is that bleach be freely available to inmates, if inmates do not have access to bleach for whatever reason, the options available to them and harm reduction strategies available need to be reinforced (such as multiple rinsing of syringes with clean cold water);
- that an information manual to be given to inmates at the completion of the program to serve as a reference source;
- consideration be given to the inclusion of a section dealing with an appropriate case study of a HIV positive person;

- review of the program structure and educational strategies be conducted to ensure they are in line with current requirements and educational strategies;
- consideration be given to the provision of an "advanced" information pack (for example containing relevant journal or magazine articles), on more detailed aspects of HIV, to give to those inmates who display considerably more knowledge on HIV than is expected from the program pp 22-23.

19. RECOMMENDED: items related to the major findings arising from the PPEP Train the Trainer component of this evaluation be adopted, these findings were as follows:-

- the TTT course needs to be more structured, and a clear distinction made between the components of the TTT aspects of the program and the PPEP component, this should also include the development of a detailed timetable;
- more specific training modules need to be developed for the trainers and should include modules on Adult Education & Peer Education, Dealing with Difficult Situations/Group Dynamics and Harm Reduction;
- it is essential that all the material to be presented in the course is covered (in sequence) and discussed in detail so all trainers feel sufficiently comfortable with its content. Trainers should be made aware of potential hot spots/sensitive situations and alternative ways of dealing with them;
- where possible each session should be conducted using correctional centre time to familiarise trainers with the timing and feel of the program;
- each "theory" component of the TTT needs to include current issues and debates, commonly asked questions (for example, change T cells to CD4/CD8; debate around the effectiveness of AZT as a treatment; Eliza & Western Blot tests and why virtually no false positive results), access to drugs, and other questions that may be asked or raised in a PPEP. In addition it needs to be fully explained to trainers why certain procedures need to be covered;
- training should not rely on the skills and knowledge of the people attending the course in order to cover all the areas that need to be covered for the trainers to have the knowledge, skills, and abilities to conduct their own programs. Minimum standards need to be built into the program. This is essential, for consistency in training and also as a safeguard against the situation where a group does not cover all the areas that need to be addressed;
- TTT course materials need to be reviewed and updated. A revised trainers' manual needs to be developed (see Review of Program Materials above). Furthermore it was **strongly recommended** that a formal TTT manual be designed and developed for the TTT course. This would ensure consistency in the running of TTT courses; and that the continuity of the course could be maintained with changes in staff. It would also serve as a source in which to concentrate further refinement and development of the TTT program;
- the trainers manual should be sent out prior to a course with a letter asking people to read through it and make notes of the issues/questions/problems they foresee for them in conducting PPEP, these can then be addressed as they arise throughout the course;
- issues surrounding contraband materials, especially condoms, and departmental

policies need to be more clearly covered;

- consideration should be given to inviting a guest speaker, from, for example, the National Treatments Project (or at least getting comprehensive supplementary notes) to conduct the Treatments section - as they would have the latest information and would be best able to handle the questions fielded by a group;
- a mechanism needs to be put in place to make the PPEP a more dynamic program for both trainers and inmates (e.g., newsletters, update pages, current issues, mechanisms for feedback);
- it should be clearly stated that the philosophy of the PPEP is to be adhered to and that the Peer Education model of adult learning must be used as the basis for program delivery. Especially in the role of inmates in developing their own harm reduction strategies. It is not appropriate for the core information to be delivered in whatever teaching method the trainer wishes to use. That the program is delivered using appropriate adult education techniques is an essential element of the PPEP;
- a review be conducted, and guidelines developed, on the most suitable way(s) to accredit trainers. There should be an independent assessment of their ability to conduct a PPEP after their training by someone other than the people involved in training them;
- follow up needs to be conducted on all accredited trainers in the system. Regional AIDS Co-ordinators should ensure that PPEP trainers who deliver the program in the correctional centres within their region, are delivering the program as documented in the manual and at an acceptable standard of competence;
- the TTT trainer/PPEP Co-ordinator should possess a very strong background in adult education. Experience in designing and implementing non-formal, community-based adult education programs would be advantageous. It is highly recommended that they should also possess qualifications in the field of "adult education";
- minimum standards for PPEP trainers need to be developed. These standards should be consistent across the State, and should include a minimum number of PPEP sessions that need to be covered in order to remain an accredited trainer. pp 24-25

20. RECOMMENDED: that the PAP develop and implement a refresher/update program, for accredited peer educators, in order to maintain the standards of the services they provide. p30

21. RECOMMENDED: that other methods (other than through AIDS/Health Promotions committees), be considered for the distribution of new information to peer educators. While it is noted that, in part, this issue is addressed through the distribution of information to AIDS/Health Promotions committees, it is suggested that perhaps this could be expanded by sending extra copies of materials so they can be circulated amongst say 5 peer educators using a circulation system managed by the individual AIDS/Health Promotions committees. p30

22. RECOMMENDED: that a formal module be developed for use as a HIV/AIDS Induction Information Sessions at all Reception Centres and this module be formally included as part of all Induction Programs. Furthermore, that a mechanism be developed to ensure this module is given to all receptions and that all

those who miss out on it are followed up on an individual basis. p32

23. RECOMMENDED: that all correctional centre AIDS/Health Promotions Committees hold regular awareness raising days within their correctional centres. p32

24. RECOMMENDED: that materials be developed, produced and distributed (in other languages where appropriate) that raise the awareness of inmates of the PAP, PPEP and peer educators. p33

25. RECOMMENDED: that each correctional centre AIDS/Health Committee maintain a physical map of their correctional centre and the location of their peer educators in order to identify any problems relating to physical access to peer educators, and to help with prioritising those listed to undertake the PPEP. p34

26. RECOMMENDED: that any informative literature produced about the PAP, peer educators and the PPEP take into account that HIV is a sensitive subject and that concerns over confidentiality and the often taboo nature of issues relating to HIV need to be taken into account when designing these resources. p35

27. RECOMMENDED: that in the selection of inmates to undertake the PPEP, continued consideration be given to the place nominees hold in their correctional centre's culture and how approachable these inmates will be for others; also that they represent as broad a cross section of the different sub-cultural groups present within the correctional centre. p35

28. RECOMMENDED: that a database of peer educators be fully developed and regularly maintained, and a procedure introduced whereby movements of peer educators within the (and out of the) correctional system are notified to the PAP - this could be done through the maintenance of a register of peer educators by correctional centre AIDS/Health Promotions Committees. The introduction of this systems would also facilitate keeping track of peer educators where they exit and re-enter the correctional system. p35

29. RECOMMENDED: that in areas within the correctional system where it is impractical to conduct the PPEP (for example Periodic Detention Centres), that the PAP formally implement (and ensure the continued development) of a set program of HIV/AIDS/Health Awareness information briefing sessions in order to target inmates who do not have access to the PPEP and/or peer educators for information on these issues. p38

30. RECOMMENDED: that an awareness raising strategy be developed and implemented for officers on the PAP, PPEP and the role of peer educators. p40

31. RECOMMENDED: that once sufficient data is available from the Version 3/4 questionnaires an analysis be conducted into the effectiveness of the PPEP to target the different cultural groups, especially those from Aboriginal or Torres Strait Islander backgrounds, within the correctional system. p44

32. RECOMMENDED: the PAP develop mechanisms and reporting tools to ascertain the effectiveness of the PPEP to target inmates with low levels of literacy; have English as a second language, or; have

developmental disabilities. Furthermore, that the existing programs targeting these groups be reviewed, expanded and implemented as necessary in order to ensure the needs of these inmates for appropriate and effective education on HIV are being met. p44

33. RECOMMENDED: the PAP conduct a detailed review of the appropriateness of the PPEP for female inmates within the correctional system, and instigate any recommendations made by this review. p44

34. RECOMMENDED: that a review be conducted on the availability and accessability of information for inmates (and staff) on HIV, and other blood borne communicable diseases, in order to identify any gaps in the distribution of information and resources to the mainstream inmate population. Furthermore, that once this review has been conducted that appropriate measures are taken to address any shortfalls that are identified. p48

35. RECOMMENDED: in order to ensure that the maximum possible number of inmates who inject drugs while in the correctional system, will clean syringes in a way to prevent the spread of HIV, Hepatitis B/C and the like, that the PAP continues to provide education to inmates on the methods of, and reasons for, the effective cleaning of syringes. Furthermore the PAP considers the development of programs, strategies or campaigns specifically targeted at providing this information (including how to negotiate safe cleaning behaviours). In addition, the PAP (i) continues to ensure the DCS policy on the free access of bleach to inmates is adhered to, and (ii) investigates all other possible strategies that could be adopted to minimise the risk of HIV transmission among the injecting drug users of the inmate population. p57

36. RECOMMENDED: in order to ensure that the maximum possible number of inmates who use tattoo guns while in the correctional system, will clean these guns in a way to prevent the spread of HIV, Hepatitis B/C and the like, that the PAP continues to provide education to inmates on the methods of, and reasons for, the effective cleaning of tattoo guns. Furthermore the PAP considers the development of programs. strategies or campaigns specifically targeted at providing this information (including how to negotiate safe cleaning behaviours). In addition, the PAP (i) continues to ensure the DCS policy on the free access of bleach to inmates is adhered to, and (ii) investigates all other possible strategies that could be adopted to minimise the risk of HIV transmission among those inmates who use tattoo guns, for example, the instigation of a review on the DCS policies relating to tattoo guns and their use within the correctional system. p58

37. RECOMMENDED: that inmates have available to them all possible avenues to be able to avoid infection with HIV (and other blood borne communicable diseases) when involved in sexual and other activities within the correctional system. This involves the adoption of two possible main strategies. The first, is that <u>all</u> inmates are provided with access to information and knowledge on the transmission of HIV (and other blood borne communicable diseases). While the second is that inmates have access to the tools to carry out the education that they have been taught. Once provided with the knowledge and tools required, inmates then have the ability to make informed decisions and actions in relation to the sexual activities that take place. p60

38. RECOMMENDED: in order to ascertain inmates actual and intended behavioural changes while in the correctional system and upon release, that a mechanism be developed by the PAP for obtaining the information required. Furthermore, once this mechanism is developed, that the information obtained is used to address these issues within the PPEP. One possible way, would be to obtain information from inmates who undertake any PPEP refresher or update course. p62

Prison Peer Education Program (PPEP)

Background and Development

The idea for the PPEP began with a program which was designed and implemented by staff and inmates of Bathurst Correctional Centre in 1987. The program was developed to provide inmates of the centre with more information on HIV and AIDS.

The peer education approach to preventing the spread of HIV was chosen as it aims to build and reinforce inmates' abilities and motivation to manage their own health and well being. This self management approach has been shown to be a powerful way of achieving behavioural and attitudinal change where other methods have failed (Conolly L 1989). It is widely understood amongst trainers that simply providing someone with information does not necessarily lead to a change in their behaviours. It is for these reasons, and its implicit use of the inmate networks which form part of correctional centre culture, that the PAP chose to adopt the peer education model as the most effective way of carrying out HIV educational and preventative strategies.

Following the Bathurst Program, in 1989 through funds received from the NSW Department of Health's AIDS Bureau, the Prison AIDS Project (PAP) commissioned the Centre for Education and Information on Drugs and Alcohol (CEIDA) to develop, implement, evaluate and pilot the PPEP.

Once the pilot program was completed CEIDA was contracted to implement the PPEP in all NSW correctional centres (Phase I). Ongoing development of the program occurred with input from inmates, correctional centre AIDS/Health Promotion Committees, PAP and DCS staff until it evolved into its final form in 1990. By May 1991 the 4 day PPEP had been conducted 50 times in NSW. One program was conducted for inmates with developmental disabilities and three programs were run for Aboriginal and Torres Strait Islander inmates (CEIDA 1990).

CEIDA was contracted in October 1989 to conduct Phase II of the implementation. This consisted of ongoing development of the program and the conducting of Train the Trainer programs for non-custodial staff.

Non-custodial staff were identified as being the most appropriate people to run PPEP courses. This was mainly because they were able to build up better rapport and trust with inmates, and were far less likely to be put in positions of conflict when "sensitive" issues were discussed in the program, such as those relating to inmates' drug use.

Phase II of the implementation saw many expressions of interest by other states in the PPEP. This led to a successful submission to the federal government to train selected correctional centre staff and community AIDS education workers from every state. Those selected were trained in the principles and methods of peer education so that they could deliver the program to inmates in their jurisdictions.

The training package prepared by CEIDA for the National Prisons HIV Peer Education Program consisted of a four day training workshop and a comprehensive training manual which outlined the PPEP and the strategies required to implement successful HIV/AIDS education programs in correctional

centres. The national manual also included material on ways of targeting the program effectively at different groups within the correctional system including women inmates, inmates who are Aboriginal or Torres Strait Islanders, inmates from non-English speaking backgrounds and inmates with developmental disabilities.

The National Prisons HIV Peer Education Program Training manual was adopted as the basis for the NSW PPEP training manual. Additionally, the Train the Trainer component of the National Prisons HIV Peer Education Program was also evaluated (Bowery M 1992).

Six PPEP Train the Trainer workshops were conducted as part of Phase II of the implementation, and these involved 68 participants. These workshops were subject to ongoing evaluation and were deemed to have been very successful in training participants as effective PPEP trainers.

Following completion of Phase II in November 1991, the implementation of the PPEP was finalised and the program was handed over exclusively to the PAP. Since then the PAP has been responsible for the continued running of programs, Train the Trainer workshops and the on-going development of the PPEP. Initially these tasks were handled by the Manager of the PAP and the four Regional AIDS Co-ordinators. In July 1992 funding was approved for the appointment of a PPEP Co-ordinator to take on these responsibilities and in August 1992 this position was filled.

Additionally, the PPEP Co-ordinator has been given responsibility for the overall co-ordination of the program, program quality control and assurance, liaison with staff (especially the Regional AIDS Co-ordinators), resourcing of the program and the development and maintenance of records and administrative matters relating to its day to day operation.

PROGRAM OPERATION

Inmates nominate to undertake the next available course at their correctional centre, usually this is done by placing their name on a list that has been placed on a notice board in a communal area. Generally, there is an excess demand by inmates to do the course, when this occurs the AIDS/Health Promotions Committee (which generally includes inmates, program organisers and staff, and vary in size in each centre), review those who nominate to ascertain who should be given priority. Many factors are taken into account by the committees when selecting inmates to participate in the course. These include the inmates standing and place within the correctional centre culture, their commitment to the program aims, the length of their sentence, their location and their availability.

On the other side of the program's operation lie the Regional AIDS Co-ordinators. They liaise with the accredited PPEP trainers (usually Drug & Alcohol, Education or Clinic staff), each centre's program organiser, correctional centre management/staff, and the PPEP Co-ordinator to determine suitable scheduling of programs. In addition they provide a contact point for all centres in their region and provide resources, organise special events, liaise with AIDS/Health Promotion Committees and deal with any issues that arise. After discussion with the Regional AIDS Co-ordinators, it became evident that often there is insufficient consideration given to those involved with their activities by senior correctional centre staff. They felt this was

because many senior members of staff did not have a full awareness and understanding of the PAP and the PPEP and the role of the staff who support these services.

2. RECOMMENDED: that the PAP provide on-going promotion of the importance of the PPEP and all those involved with it (especially Program Organisers and PPEP trainers), to senior correctional centre staff. This promotion should stress the necessity to provide any staff involved with PAP/PPEP activities with sufficient resources and on-duty time to carry out their obligations.

PROGRAM GOALS & OBJECTIVES

The PPEP aims to prevent the spread of HIV amongst the inmate population by enabling inmates to obtain the knowledge, skills and attitudes needed to avoid getting HIV. In order to meet these aims, the following objectives were set for the program:-

- to provide inmates with the knowledge and skills necessary to avoid HIV infection;
- to motivate selected inmates to play an active role in HIV prevention activities with other inmates;
- to develop inmate "peer educators" with the ability and the willingness to actively support other inmates who are HIV antibody positive;
- to establish a support infrastructure of correctional centre management, custodial staff, non-custodial staff and inmates who will work together to actively facilitate all HIV prevention activities;
- to provide access to appropriate and up-to-date information, resources and support.

A central component to the program is the back-up, support and infrastructure provided by the individual correctional centre AIDS/Health Promotion committees. These committees provide many services and act as intermediaries between the PAP and the inmate peer educators.

3. RECOMMENDED: continued full support be given to individual correctional centre AIDS/Health Promotion committees as they are a central component in maintaining effective programs and strategies to help reduce the spread of HIV within the correctional system.

PROGRAM OUTLINE

The program format is structured into eight sessions, each scheduled to take approximately two and a half hours to deliver. The total duration of the program is four days, however, the program has some inbuilt flexibility allowing it to delivered over varying time periods. The four day time frame is the preferred option for scheduling the PPEP, as this leads to maximum levels of knowledge retention and maintains group cohesiveness.

It should be noted that with the introduction of structured days within correctional centres, and area management throughout the DCS, that the ability of the PAP to conduct effective PPEP courses that fit into the program outline is often compromised.

4. RECOMMENDED: that a full review be conducted by the PAP and DCS management on the impact of the introduction of structured days and area management on the PPEP, and the ability of the PAP to conduct effective programs; and that alternative strategies or policies be developed and implemented.

An outline of each session is provided below.

PRE-COURSE MEETING Where possible a pre-course meeting is scheduled to provide an opportunity for the group and the trainer(s) to meet and discuss the aims of the program, the role of peer educators, the commitment needed to undertake the program and the ongoing role of peer education within the correctional system.

SESSION 1. INTRODUCTION & EPIDEMIOLOGY
This session covers -
- the PPEP, with its aims and objectives outlined;
- completion of the pre-course questionnaire;
- identifying inmates knowledge of HIV;
- issues faced by peer educators in the correctional system;
- history of HIV and its predicted spread patterns in Australia and overseas;
- issues related to injecting drug users (IDU) and correctional centres.

SESSION 2. BIOMEDICAL ASPECTS OF HIV AND UNIVERSAL INFECTION CONTROL GUIDELINES
This session covers -
- modes of HIV transmission;
- the stages of HIV infection;
- types of tests available to diagnose HIV;
- current treatment options;
- infection control guidelines.

SESSION 3. ASSESSMENT OF RISK
This session covers -
- behaviours that put people at risk of being infected with HIV;
- why these behaviours are safe or unsafe;
- an introduction to the communication skills involved in risk assessment.

SESSION 4. SAFE AND SAFER DRUG USE
This session covers -
- concept of "harm reduction";
- safer drug use techniques (including a demonstration of cleaning needles and syringes);
- forces that help and hinder a person who wants to change their drug use.

SESSION 5. SAFE AND SAFER SEX
This session covers -
- sexuality issues, and safe/safer sex practices;
- options for sexual activity available, both within and outside of, correctional centres;
- what helps and hinders a person who wants to change their risk behaviours.

SESSION 6. PRE-TEST SUPPORT SKILLS
This session covers -
- process of testing for HIV;
- advantages/disadvantages of taking a test;
- importance of pre and post test information and education;
- pre-test education techniques are closely considered and practised.

SESSION 7. POST-TEST SUPPORT SKILLS
This session covers -
- what support people need after an HIV test;
- resources and services available for people who test HIV antibody positive;
- the skills needed to provide support.

SESSION 8 - PEER EDUCATION SKILLS
This session covers -
- how to facilitate adult learning;
- activities that peer educators can initiate;
- the resources and support which peer educators may need;
- how a peer educator can plan an HIV prevention strategy that will be useful in their correctional centre.
- completion of the post-course questionnaire.

Evaluation of the Prison Peer Education Program

BACKGROUND AND DEVELOPMENT

In 1990 the Department of Corrective Services (DCS) received a grant from the Health Department (HD) to evaluate the PPEP.

Discussions were held with the HD and the Research & Statistics Unit of DCS on the most effective method of evaluating the program given the available resources. It was decided the evaluation be undertaken in two stages.

***Stage 1** (June/July 1992):* To develop a database to analyse questionnaires completed and collected during PPEP sessions. Approximately 2000 questionnaires had been completed and a sample of 500 questionnaires were selected for analysis. These questionnaires were prepared and entered into a Q&A database by a casual research assistant. The personal computer which had this data stored on it had a major malfunction in May 1993 which resulted in the loss of all information contained on the hard-disk drive, and hence the loss of all stage 1 data.

***Stage 2** (May to November 1993):* A full time researcher was employed to analyse the data contained in the database and to undertake additional research, including liaison with the PPEP Co-ordinator and Regional AIDS Co-ordinators (RAC). It was identified that the researcher would need to travel to correctional centres outside the metropolitan area to ensure that the data represented an accurate reflection of the program statewide. Stage 2 progress was monitored by a steering committee consisting of the Manager PAP, and a representative of the DCS Research & Statistics Unit, with progress relayed to a representative of the HD. The outcome of Stage 2 is the production of this report documenting the current status of the PPEP (and other relevant strategies in correctional centres) with recommendations to address any problems or concerns identified by the evaluation. Prior to the commencement of Stage 2, the **aims and objectives of the evaluation** were set, and they were to determine:-

1. ***THE QUALITY AND EFFECTIVENESS OF THE PPEP TO TRAIN INMATES TO BE HIV/AIDS PEER EDUCATORS;***
2. ***THE LEVEL OF RETENTION AND USE OF KNOWLEDGE BY THESE PEER EDUCATORS;***
3. ***THE LEVEL OF KNOWLEDGE AMONG INMATES AND CORRECTIONAL CENTRE STAFF ON THE PPEP AND THE ROLE OF PEER EDUCATORS;***
4. ***THE GAPS, IF ANY, IN THE PPEP TO EFFECTIVELY TARGET IDENTIFIED GROUPS WITHIN THE CORRECTIONAL SYSTEM;***
5. ***THE LEVEL OF KNOWLEDGE ON HIV/AIDS AMONGST INMATES, PARTICULARLY BETWEEN THOSE WHO HAVE ATTENDED AIDS EDUCATION SESSIONS AND THOSE WHO HAVE NOT;***
6. ***THE EXTENT TO WHICH INMATES HAVE ACCESS TO EDUCATION ABOUT HIV/AIDS;***
7. ***THE NATURE AND EXTENT OF CURRENT HIV RISK BEHAVIOUR OF INMATES IN CORRECTIONAL CENTRES;***
8. ***THE BEHAVIOURAL INTENTIONS OF INMATES, IN RELATION TO HIV/AIDS, WHEN THEY ARE RELEASED; AND***
9. ***THE EXTENT TO WHICH INMATES BELIEVE THAT THE HIV/AIDS EDUCATION IS APPROPRIATE TO THEIR NEEDS.***

Evaluation Objective 1. ascertain the quality and effectiveness of the PPEP to train inmates to be HIV/AIDS Peer Educators.

In order to address this objective three major tasks were identified. Firstly, to conduct a detailed analysis of the data obtained from the Version 1/2 pre/post course questionnaires, in order to assess the level, and standard of information (and training) provided to inmates by the PPEP. Secondly, to undertake a detailed examination of the relevance and quality of the materials used in the PPEP - with the primary focus being the trainers/program manual; and finally, to evaluate the quality and effectiveness of the PPEP Train the Trainer program in order to assess the effectiveness of the program to train the trainers who conduct the PPEP. These three tasks are addressed in detail in the sections below.

Analysis of the Version 1/2 Pre/Post Course Questionnaires

The pre/post course questionnaire was designed to be given to participants in the PPEP at the start and end of each program. The information gathered by it was designed to give an indication on levels of knowledge relating to the principles of transmission of HIV, biomedical aspects of HIV and attitudinal questions relating to situations involving HIV antibody positive inmates. The questionnaire was the same for both the pre and post test sessions and Version 1 (V1) was used from the start of the PPEP in October 1989, until around September 1992 when it was modified to become Version 2 (V2).

Before the analysis it was necessary to compare V1 and V2 questionnaires in order to ascertain the comparability of data collected from both versions of the questionnaires; in addition they were examined to find out the quality of the data/information that they could be expected to provide. This analysis of the questionnaires uncovered that essentially the data they provided was comparable for the purposes of this evaluation. The quality of the information they provided was limited by their very design and the questions and terminology used. For a more comprehensive breakdown of the analysis see Annex 1.

As noted earlier, five hundred V1 pre/post course questionnaires were coded and entered onto a database (see Annex 2) as part of stage 1 of the evaluation, this information was subsequently lost due to a computer hardware failure (with no back-ups having been made). Thus a further task for stage 2 of the evaluation, was to identify the shortfalls in the coding of stage 1 questionnaires, and amend the coding where required. Significant changes were made to the coding format that had been used for stage 1 in order to obtain more useful data for analysis, the stage 1 questionnaires were then re-coded to allow for these changes.

Another shortfall in stage 1 coding was that questionnaires had only been coded for the period October 1989 to May 1991. As stage 2 of the evaluation was conducted from May to November 1993, this meant that the data originally coded for stage 1 missed out on two years of information. This further two years information, however, included V2 questionnaires, so a further task was to design complimentary coding for V2 questionnaires so the data obtained would not only cover the

whole period from October 1989 to June 1993, but was comparable for analysis.

Once the coding was finalised, information from V1 and V2 questionnaires was entered into the statistical package SPSS/PC for data analysis. Nine hundred and forty nine questionnaires were entered in total (808 V1 and 141 V2) covering the period from October 1989 to June 1993, including all correctional centres except for Tamworth and John Morony/Windsor (as no questionnaires were available). This information covered forty three PPEP courses, which provided information from four hundred and ninety one pre-course, and four hundred and fifty eight post course questionnaires. Details of the questionnaires entered and the programs they cover are provided in Annex 3.

Tied to the processes outlined above, another task for the evaluation was to compile, collate and file all questionnaires and evaluation materials available for the PPEP courses run and compile a list of the data/materials available. This lengthy process also involved piecing together a record of all PPEP courses conducted (including the number of participants in each) to the present date - for full details see Annex 4.

5. RECOMMENDED: that a register or database be consistently maintained by the PAP of the PPEP courses conducted, their location, the number of participants, the number (and version) of pre/post course questionnaires completed, and the PPEP trainers involved in presenting these courses.

6. RECOMMENDED: in order to ensure that the optimum amount of information and data is available for on-going evaluation and development of the PPEP; that the importance of administering the pre/post course questionnaires for each PPEP (and returning completed questionnaires to the PAP) be fully explained to PPEP trainers as being an important and integral part of the PPEP.

Further analysis of the representativeness of the sample selected was carried out by looking at the distribution profile of the post-course questionnaires by correctional centre security classification, this revealed a slight over representation of medium security, and under representation of maximum security correctional centres in the sample. However, as the sample was drawn over a period of five years and not at one point in time, it was felt that the sample was as representative as could be expected given the data available. Full details of this analysis are provided in Annex 5.

It was hoped that a review of the appropriateness of the timing of presentation of the PPEP in correctional centres would also be conducted as part of this evaluation. This would have enabled the researcher to ascertain if the PPEP was meeting the requirements of each centre (given its inmate population - demographics, turnover etc). Unfortunately, the tight time constraints set for completion of this evaluation meant that it was not possible to carry out this analysis.

7. RECOMMENDED: that a review of the appropriateness of the scheduling of the PPEP in all correctional centres be conducted to see if this scheduling is in-line with the requirements of each centre (given the classification, demographics and turnover present in each centre).

All data entered from the V1/V2 questionnaires was analysed using the statistical tools provided in the computer software package SPSS/PC. A detailed breakdown of the results obtained from the analysis of the pre/post course questionnaires, including demographic data, is presented in Annex 6.

Measures of statistical significance were calculated using proportionate reduction of error methodology, full details are provided in Annex 7. In simple terms this involved looking at any changes in the results obtained from the pre-course and post-course groups to see if these changes were statistically significant. That is, changes that could not be potentially attributable to the difference in the sample inmate populations who completed pre-course questionnaires and those who completed post-course questionnaires and thus could be attributable to the education provided in the PPEP.

It is important to note, that the pre-course questionnaire data included information from some inmates who had already completed the PPEP and so are higher than would otherwise be expected. It was not possible to separate these results out as the questionnaire did not specifically ask inmates if they had done the PPEP before.

8. RECOMMENDED: that the PPEP pre/post course questionnaires ask inmates to provide details of any PPEP courses they have previously undertaken.

For ease of interpretation and presentation the data and findings are presented below in four sections -

a. Demographic Results;
b. Transmission Question Results;
c. Biomedical Question Results.
d. Attitudinal Indicator Results.

A. DEMOGRAPHIC RESULTS

Details of the post course questionnaire findings and results are outlined below. Each item relates to a specific question that was asked in the questionnaire. Where appropriate, or when statistical differences were present, the results from the pre-course questionnaires have also been included.

- 89.5% of inmates had been in another correctional centre with 72.7% having been in from 1 to 5 other correctional centres. 23.1% had been in 6 to 10 other correctional centres, 2.6% in more than 10, and 1.1% had not been in any other correctional centres. This result is consistent with the high level of movement of inmates within the NSW correctional systems - with approximately 20,000 movements occurring each year. Furthermore it has a two-sided impact on the PPEP. On the positive side, it means that once trained as peer educators inmates can take their knowledge and skills with them to other centres if they are moved. On the negative side, it creates some problems with training, as quite regularly inmates are moved (having been given little or no notice)

while in the middle of undertaking the PPEP. In addition, associated with these movements, are the disruptions to the inmates social/peer networks (an essential element of their training) and the need for them to re-establish themselves in the new centre.

9. RECOMMENDED: that peer educators only be moved from their correctional centre when its is necessary - for example when there has been a change in classification status; and that the PAP investigate all possible avenues to implement this recommendation.

- 50.4% of inmates who undertook the PPEP were to be released by the end of 1992. Another 28.9% will be released by the end of 1996, and only 3.3% were due for release after this date. (17.4% did not answer this question). Again, these results are fairly consistent with NSW inmate population, with a relatively high turnover of inmates (Eyland S, 1993). These results reinforce the need to maintain the PPEP as an on-going strategy/program with continual updating, evaluation and review.

10. RECOMMENDED: that the PPEP be maintained as an on-going strategy/program with continual updating, evaluation and review.

It should also be noted that the inmate population does have a relatively high turnover rate, with around 60% of inmates in full-time custody having known prior imprisonment (Eyland S, 1993). Given this we can assume that when inmates are released that there is not a 100% loss rate of the peer educators, as it is likely a number of them will be imprisoned once more. Unfortunately, it was impossible to estimate these numbers for this evaluation. Version 4 of the post course questionnaire does ask inmates the number of "laggings" they have had and so may provide information on this issue for future evaluations. (Note, the term "lagging" is correctional centre slang for the number of times an inmate has been in a correctional centre, for example, someone could have had two laggings for three sentences, with two of the sentences being served concurrently.) This, however, raises another issue, and that is the need for a refresher program for inmates who have been trained as peer educators, who get released and then return to a correctional centre.

11. RECOMMENDED: that an appropriate refresher course be designed, along with admission guidelines (and implemented as required), for those peer educators who have been released and have returned to the correctional system.

- When asked to list previous educational courses they had undertaken while in a correctional centre the largest group (27.7%) was those inmates who had not undertaken any educational courses. The remainder were grouped into the category which best described the main course or courses they had undertaken. These results are provided in table 1. These results indicate that inmates who become peer educators tend to have undertaken some type of educational course within a correctional centre, and the range of courses taken are quite broad. By comparison, in July 1993, forty nine percent of inmates were enrolled in educational courses with an average of 1.5 courses per inmate enrolled. However, 14.8% of enrolments, were in recreational courses.

These results suggest that inmates who undertake educational courses while in a correctional centre tend to be more likely to undertake the PPEP. However, the fact that it can attract inmates who had not undertaken any courses previously implies it is well respected by inmates and they are not too threatened by the course. This is an excellent result for any program, and it appears this can mostly be attributable to the good reputation the PPEP has amongst inmates, that it is relatively easy to complete (only requiring four days) and that it is structured using adult education principles associated with peer education and program ownership. Thus it does not have the stigma associated with traditional teaching methods which many inmates have had bad experiences with or by which they feel alienated. This reasoning is further reinforced by the results obtained from the Inmate Survey (see Evaluation Objective 3.) and from feedback received from the Regional AIDS Co-ordinators and program trainers.

- Inmates who completed the PPEP left school at an average age of 15 years old, unfortunately no information is available to compare this to the general inmate population.

- When asked what the highest level of education they had attained 49.8% of those completing the PPEP had no formal qualifications. 28.6% had obtained their NSW School Certificate, 10.3% a Trade certificate, 7.3% their NSW Higher School Certificate, 3.3% had obtained a university degree, and 0.9% a diploma. Again, no information is available to compare these results to the general inmate population.

Table 1. Educational Courses taken by Peer Educators in Correctional Centres by Primary Course Listing

Educational Courses Taken (Post Course n = 458)	
Academic/Business + Others	14.0%
Arts/Crafts + Others	5.5%
Agricultural + Others	1.7%
Basic Educational + Others	16.8%
Life Skills + Others	16.2%
Trade Courses + Others	15.0%
Other Courses + Others	2.4%
None	27.7%
Not Stated	0.7%
TOTAL	100%

B. TRANSMISSION QUESTION RESULTS

This part of the questionnaires was set up as a Likert type scale, with respondents being asked eleven questions involving different activities in order to gauge their understanding of the principles of transmission of HIV. Detailed analysis of the quality of the questions asked is contained in Annex 1.

Inmates were asked what they thought the likelihood was of 'catching the AIDS virus' if the activity involved someone else who was HIV antibody positive, and were given a choice of four alternative answers - (1) YES would get HIV, (2) MAYBE could get HIV, (3) UNLIKELY to get HIV, & (4) NO won't get HIV. Answers were scored and coded using a 4 point scale - 4,3,2,1- depending on the correctness of their

response, no score was awarded if no answer was given. Essentially, answers which obtained a score of 3 or 4 were taken as being correct, with those receiving a 0, 1 or 2 as being incorrect. A breakdown of the results obtained is presented in table 2.

While all the results showed an increase in the number of inmates who gave a correct answer after completing the PPEP, for only three of these results was the difference sufficiently great to be statistically significant; and thus attributable to the information that had been acquired by inmates while undertaking the course. The other differences could all be explained by either, the information gained in the PPEP, and/or, the change in the pre and post course questionnaire sample populations (changes due to the effect of the drop-out rate or the impact of new additions where protocol had not been followed - for further detail see Annex 7).

Apart from these factors the results obtained are very impressive. What they show is, particularly after the course, that inmates have a relatively high level of understanding of the principles of transmission. After the program over 98% of inmates knew that they could not get HIV from activities involving every day contact - sharing an apple or cigarettes, kissing, touching or using the same toilet. Furthermore, and more importantly, over 99.4% understood that you could get HIV if you undertook the high risk activities of sharing needles and having sex without condoms. Nearly 90% knew you had little chance of getting HIV by having sex if you used condoms. Following discussion with the Regional AIDS Co-ordinators about why the remaining 10% still felt there was some risk of getting HIV (while using condoms, when having sex), it seems the most plausible explanation relates to inmates' concern over the reliability and safety of condoms.

Table 2. PPEP Pre/Post Course Questionnaire - Transmission Question Results.

Question ↓	*Pre-Course*		*Post-Course*	
Question Score →	3/4	0/1/2	3/4	0/1/2
Sharing an apple	89.8%	10.2%	98.2%	1.8%
Touching dry blood	78.9%	21.1%	84.6%	15.4%
Sharing needles	99.0%	1.0%	100%	-
Sex WITH condoms	83.6%	16.4%	89.9%	10.1%
Sharing cigarettes	95.7%	4.3%	100%	-
Blood splash on skin	42.9%	57.1%	62.0%	38.0%
Kissing	86.1%	13.9%	98.9%	1.1%
Using the same toilet	95.8%	4.2%	99.8%	0.2%
Touching	96.9%	3.1%	99.8%	0.2%
Sex WITHOUT condoms	98.8%	1.2%	99.4%	0.6%
Bloody fights	12.9%	87.1%	30.2%	69.8%

The overall results for the questions relating to the principles of transmission (as measured by the mean or average points scored by the pre-course and post-course groups), also show an improvement, with the mean score increasing from 36.74 points for the pre-course group to 39.26 points for the post-course group. In addition the Median (middle score) and Mode (most frequent score) for the pre-course were both 38.0 points, and both shifted to 40 points for the post course. This indicates a change in "the population" with it shifting further up the point scale and so demonstrates overall increased levels of understanding. In addition,

if we look at the range of scores exhibited by each group we find that, for the pre-course group, results ranged from 10 to the maximum of 44 points. While for the post-course group, results ranged from 26 to the maximum 44 points. These changes in the range of scores further substantiate the improvement in the level of understanding of HIV transmission principles among the inmates who complete the course, as after the course the overall scores obtained by inmates were distributed higher in the range of possible scores.

The results mentioned in the previous discussions reflect the effectiveness of the strategies used in the PPEP to get the messages across to inmates on the risks of, and principles associated with, HIV transmission.

The three questions on the principles of transmission where the results showed changes that were statistically significant, and thus could be solely attributable to undertaking the PPEP (see Annex 7a), were :-

(a) *"Kissing"* (Pre 86.1% → Post 98.9%), this shows prior to the course 14% of inmates did not understand the risk of transmission of HIV through kissing someone was very low or non-existent, and that after the course only 1% still had some doubts surrounding the risk of transmission when kissing;

(b) *"Blood splash on skin"* (Pre 42.9% → Post 62.0%), while this improvement in understanding of the risk of HIV transmission was good, it still indicates some confusion/ doubt over the transmission risks associated with contact with blood, and;

(c) *"Bloody fight"* (Pre 12.9% → Post 30.2%), again this result showed confusion/doubt over the risks of HIV transmission associated with contact with blood. On this point it is also interesting to note the next question with the 'lowest' result was *"Touching dry blood"* (Pre 78.9% → Post 84.6%) and that this also involves inmates understanding of the risk associated with exposure to blood. These three questions relating to exposure to blood highlight an inadequacy in the program to fully address the issues dealing with the handling of blood products/contaminated items and hazardous situations. Examination of the program content confirms this finding.

12. RECOMMENDED: that the section(s) in the PPEP addressing the issues of dealing with the handling of blood and other bodily fluids/"contaminated" items and hazardous situations be reviewed, updated and expanded, as necessary, to ensure more comprehensive information is made available to inmates on the risks of HIV infection associated with these items.

C. BIOMEDICAL QUESTION RESULTS

This part of the questionnaires involved asking the inmates a series of eleven questions most of which related to the biomedical aspects of HIV. This was done in order to gauge their levels of understanding of the more technical aspects of HIV infection, and so to ensure they had an understanding of such things as "the window period", and what the HIV blood test measures. Detailed analysis of the quality of the questions asked is contained in Annex 1.

Answers were scored and coded using a points scale, which ranged from a maximum of 1 to 6 points depending on the question asked and the answer(s) given, with the maximum score possible (in the V1/V2 questionnaires), for the section being 32 points.

Points were awarded for the components of each answer and not necessarily for a particular answer. So what is important in reading the results is the distribution of the answers over the points available for that question. For example, question 21 *"If a person has just caught the AIDS virus how long might it be before they start to feel sick?"*, two answers were acceptable, each worth one point (i) 1 to 3 weeks, and/or (ii) perhaps not at all. Thus for the pre-course questionnaire 5.5% of respondents got at least one of these answers and so were awarded one point, while 2.2% provided both answers and so were awarded two points, for the post-course group the results were 18.3% and 2.8% respectively.

A breakdown of the result obtained from both pre-course and post-course questionnaires is presented in the tables 3 and 4.

Overall, pre-course results showed that the inmates had a very low level of knowledge of the biomedical aspects of HIV prior to undertaking the course, with only two questions where more than 50% of them were able to provide an answer(s) that scored them at least one point. For all answers, except one (best way to clean a syringe), the score with the greatest frequency was one point, again indicating low levels of knowledge, and in addition that this knowledge was of a very limited nature.

The levels of knowledge of inmates on the biomedical aspects of HIV showed a remarkable improvement after inmates had completed the PPEP. There was a complete turn around in the results, with there being only two questions where more than 50% of inmates did not provide an answer that enabled them to score at least one point, and the scores that were achieved for each question were distributed much more widely over the range of scores possible.

Table 3. PPEP Pre-Course Questionnaire - Biomedical Questions Results (n = 491)

Score → Question ↓	*1*	*2*	*3*	*4*	*5*	*6*
Blood on skin	75.4%	4.9%				
Cut during fight	40.5%	7.1%	0.2%			
Best way to clean a syringe (2x2x2)	27.9%	11.2%	34.6%			
Other ways to clean syringe	29.9%	9.4%	–			
Ways to have safe/safer sex in prison	24.8%	8.8%	1.4%	–	–	
Accidental injury - when should you be tested	38.1%	9.6%				
HIV blood test 100% certain	37.3%					
What does HIV blood test for	30.1%					
Time to seroconversion	5.5%	2.2%				
4 Stages of HIV infection	8.4%	1.8%	0.2%	1.6%		
Symptoms of AIDS	24.8%	16.1%	4.9%	1.2%	–	–

In comparing the results for the pre-course and post-course questionnaires two levels of analysis were conducted. Firstly, results were compared for each question where at least one point was scored for each question, and secondly a comparison of the change in the proportion of inmates who achieved different scores for each question was undertaken.

Details of both these reviews is presented below.

Table 4. PPEP Post-Course Questionnaire - Biomedical Questions Results (n = 458)

Score → Question ↓	*1*	*2*	*3*	*4*	*5*	*6*
Blood on skin	88.6%	6.8%				
Cut during fight	59.8%	19.0%	1.3%			
Best way to clean a syringe (2x2x2)	3.3%	2.0%	91.7%			
Other ways to clean syringe	39.7%	39.3%	10.0%			
Ways to have safe/safer sex in prison	23.6%	33.6%	15.9%	2.4%	0.2%	
Accidental injury - when should you be tested	33.4%	16.2%				
HIV blood test 100% certain	43.0%					
What does HIV blood test for	71.6%					
Time to seroconversion	18.3%	2.8%				
4 Stages of HIV infection	6.3%	4.8%	10.9%	61.6%		
Symptoms of AIDS	29.7%	31.4%	17.7%	4.1%	–	0.2%

COMPARISON OF SCORES WHERE AT LEAST ONE POINT WAS AWARDED FOR EACH ANSWER

A brief outline of these results has already been presented above. More importantly, when analysis is conducted on the statistical significance of the changes in the number of inmates who obtained a score of at least one point for each answer, the strengths of the PPEP in educating inmates on the biomedical aspects of HIV is highlighted.

For all the biomedical questions, except one, the changes in the number of inmates who obtained a score of at least one point between the pre-course and post-course questionnaires, were of sufficient magnitude to suggest that the changes were directly related to the education and information obtained from the PPEP. Again, this is an excellent result for the PPEP and proves its effectiveness in educating inmates in the aspects of HIV and AIDS.

It was only the question *"Is the HIV blood test 100% certain"* (Pre 37.3% → Post 43.0%) where the change in the proportion of inmates who obtained at least one point was not sufficient enough to be statistically significant (see Annex 7b); and so could not be attributable solely to the education provided to inmates in the PPEP.

However, it should be noted that the upper limit for the statistical significance test was 43.3%, and so the result obtained of 43.0% only just fell short of being statistically significant. This question also achieved the second poorest result, with only 43.0% of inmates obtaining at least one point for it. The poorest result was obtained for the question *"If a person has just caught the AIDS virus how long might it be before they start to feel sick?"* (Pre 7.7% → Post 31.1%, though this change was statistically significant). These two questions may highlight one of two things, firstly, that the PPEP does not address these items clearly enough, or alternatively, that the questions are not expressed clearly enough and so confuse inmates when they have to respond - see Annex 1. It is likely that either of these factors could be to blame.

13. RECOMMENDED: that the sections in the PPEP and the pre/post course questionnaires relating to the HIV blood test and the stages covering initial HIV infection to seroconversion be reviewed and amended as required.

COMPARISON OF THE CHANGE IN THE PROPORTION OF INMATES WHO ACHIEVED DIFFERENT SCORES FOR EACH QUESTION

Essentially this analysis involved the comparison of the results outlined in each box of the two tables presented above. The change in each box from the pre-course questionnaire to the post-course questionnaire were compared to ascertain if the changes were statistically significant. In all there were twenty nine boxes to compare, and of these sixteen had changes in them that were of statistical significance. Full analysis is provided in Annex 7b.

Statistically significant changes, that is, changes that could not be potentially attributable to the difference in the sample inmate populations who completed pre-course questionnaires and those who completed post-course questionnaires (and thus can be attributable to the education provided in the PPEP), were found in the following cases:

(1) The change in the number of inmates who obtained at least one point for the following questions -

- *"If you get blood on your skin, how can you protect yourself from HIV/AIDS;"*
- *"If you get cut during a fight, how can you protect yourself from HIV/AIDS";*
- *"What are some other ways to clean needles";*
- *"What does the HIV blood test, test for"*, and;
- *"If a person has just caught the AIDS virus how long might it be before they start to feel sick".*

(2) The change in the number of inmates who obtained at least two points for the following questions -

- *"If you get cut during a fight, how can you protect yourself from HIV/AIDS";*
- *"What are some other ways to clean needles";*
- *"What are some ways that people can have safe/safer sex in prison";*
- *"If you have an accidental injury where blood to blood contact has occurred, when should you have a test for the AIDS virus";* and;
- *"Do you know of any signs that might show up if someone does get sick with AIDS".*

(3) The change in the number of inmates who obtained at least three points for the following questions -

- *"What is the best way to clean a needle";*
- *"What are some other ways to clean needles";*
- *"What are some ways that people can have safe/safer sex in prison";*
- *"There are four stages of AIDS. Do you know what these stages are? (Please write down any stages you know of)"* , and;
- *"Do you know of any signs that might show up if someone does get sick with AIDS".*

(4) The change in the number of inmates who could list the four of the stages of HIV infection.

The implications for these results is that not only do more inmates know more about the biomedical aspects of HIV after the course, but that their levels of understanding of this knowledge significantly increases. As this is

often the hardest area to educate people on, yet crucial if they are to have a full understanding of HIV and to be peer educators, it is to be commended that the PPEP is effective in carrying out this task. This further re-enforces the quality of the program offered by the PAP.

SUMMARY OF BIOMEDICAL QUESTION RESULTS

As outlined above the PPEP is an effective tool for conveying information and education on the biomedical aspects of HIV. This finding is further reinforced when the overall average results for these questions (as measured by the mean or average points scored by the pre-course and post-course groups) is reviewed. This review shows a statistically significant improvement in the average scores, with the mean score increasing from 6.4 points for the pre-course group to 14.7 points for the post-course group. In addition the Median (middle score) and Mode (most frequent score) for the pre-course were both 6.0 points, and these increased to 15.0 points and 16.0 points respectively. This indicates a fairly large change in "the population" with it shifting further up the point scale and so illustrates the overall increased levels of knowledge. In addition, if we look at the range of scores exhibited by each group we find that the pre-course group's results ranged from 0 to 18 points, while the post-course group's results ranged from 2 to 24 points. These changes in the range of scores further substantiate the improvements in the levels of understanding of inmates on the biomedical aspects of HIV.

All these results further reflect the effectiveness of the strategies used in the PPEP to get information across to inmates on the biomedical aspects of HIV. This however is not to say that there is no room for improvement.

14. RECOMMENDED: that the sections of the program relating to the biomedical aspects of HIV be constantly reviewed, refined and up-dated as necessary.

D. *ATTITUDINAL INDICATOR RESULTS*

Three attitudinal indicators were built into the pre/post questionnaires and they were designed to gauge any changes in inmates attitudes towards HIV brought about by undertaking the PPEP.

The three questions asked were,

(a) *"If there were some prisoners who had positive HIV test results, should they be moved away from other inmates in the main gaol? Why?";*

(b) *"Would you feel safe in the same wing as an inmate who was HIV antibody positive? Why?"*, and;

(c) *"Do you think you know enough to protect yourself from catching HIV/AIDS?".*

The answers to these questions were compiled and categories devised from the main reasons given for the response. These results were then analysed using cross tabular analysis, and are presented by question below.

(a) SHOULD HIV ANTIBODY POSITIVE INMATES BE SEGREGATED FROM THE MAINSTREAM INMATE POPULATION.

For the pre-course questionnaire 96.9% of inmates provided answers to this question, while 97.6% of inmates provided responses for the post-course questionnaire. Responses are outlined in tables 5 and 6.

Table 5. PPEP Pre-Course Questionnaire - Attitudinal Indicator *"Should HIV positive inmates be separated from the main".*

SHOULD HIV POSITIVE INMATES BE SEPARATED	*PRE-COURSE RESULTS (n = 491)*			
REASON GIVEN FOR ANSWER	*TOTAL*	*NO*	*UNSURE*	*YES*
None	22.4%	6.5%	12.4%	3.5%
Depends on their attitude	11.4%	3.3%	6.3%	1.8%
Afraid of getting HIV	1.2%	–	–	1.2%
So as not to discriminate	9.2%	8.6%	0.4%	0.2%
Don't know enough about it	2.4%	0.4%	1.8%	0.2%
As they are no threat	22.6%	21.8%	0.4%	0.4%
For their own safety	3.2%	0.2%	0.8%	2.2%
For safety of others	2.0%	0.2%	–	1.8%
To stop transmission	22.4%	0.4%	0.6%	21.4%
TOTALS	100%*	41.4%	22.7%	32.7%

* - Includes 3.2% where no answer was provided to this question.

For the pre-course questionnaire the most frequently given responses were "No, because they are no threat" accounting for 21.8% of responses; and "Yes, in order to stop transmission" with 21.4%. From these results we can see that inmates attitudes to segregation of HIV antibody positive inmates before undertaking the PPEP were fairly evenly split - 41.4% saying NO, 22.7% being UNSURE, and 32.7% saying YES.

The post course results show a different story, here the cells in the table with the highest response rates do not support segregation of HIV antibody positive inmates. The highest two being "No, as they are no threat", and "No, so as not to discriminate against them". Furthermore, when you look at the overall results there is an overwhelming change in attitudes evident - 71.5% saying No, 13.0% being Unsure, and only 12.8% saying Yes. In addition, of those who said they were unsure 6.6% stated this was because it would depend on the inmates' attitude.

Tests to measure whether the changes in the attitudes were statistically significant were conducted, to see whether they could be attributable to inmates undertaking the PPEP. These tests showed that for the following results (which are boxed in tables 5 and 6) the change between the pre-course results and post-course results were statistically significant and so could be attributable to inmates undertaking the PPEP (see Annex 7c).

- No (Pre 41.4% → Post 71.5%);
- Yes (Pre 32.6% → Post 12.8%);
- Unsure (Pre 22.7% → Post 13.0%);
- No, so as not to discriminate against them (Pre 8.6% →Post 18.3%);
- No, as they are no threat (Pre 21.8% → Post 36.5%);
- No, but it depends on their attitude (Pre 3.3% → Post 8.5%), and;
- Yes, in order to stop transmission (Pre 21.4% → Post 6.3%).

Full details of this analysis are provided in Annex 7.

Therefore, on the question of whether HIV antibody positive inmates should be segregated from the main it can be seen that PPEP has had a significant impact on attitudes. There is a very strong change evident, so that after the course the majority of inmates feel that HIV antibody positive inmates should not be segregated from the general inmate population. The primary reasons given for this were, so as not to discriminate against the HIV antibody positive inmates, and because they were seen as no threat. The reason for this change in attitudes can only be

explained by the course content and the issues it covers, along with the information on HIV it provides.

Table 6. PPEP Post-Course Questionnaire - Attitudinal Indicators *"Should HIV positive inmates be separated from the main".*

SHOULD HIV POSITIVE INMATES BE SEPARATED	*POST-COURSE RESULTS (n=458)*			
REASON GIVEN FOR ANSWER	*TOTAL*	*NO*	*UNSURE*	*YES*
None	14.4%	7.4%	5.5%	1.5%
Depends on their attitude	16.2%	8.5%	6.6%	1.1%
Afraid of getting HIV	0.7%	–	0.45%	0.2%
So as not to discriminate	18.8%	18.35%	–	0.45%
Don't know enough about it	–	–	–	–
As they are no threat	37.2%	36.5%	–	0.7%
For their own safety	2.1%	0.4%	0.2%	1.5%
For safety of others	1.3%	0.2%	–	1.1%
To stop transmission	6.9%	0.2%	0.4%	6.3%
TOTALS	100%*	71.5%	13.0%	12.8%

* - includes 2.4% where no answer was provided to this question

It should be noted, as part of the course the (current) DCS policy on segregation is explained to inmates. Basically this states that provided an HIV antibody positive inmate is not a threat or menace to themselves or anyone else that they should not be segregated. Thus inmates are aware that there is a safety back-up in place if HIV antibody positive inmates decide they want to cause harm or trouble, and given this there should be no other reason why HIV antibody positive inmates need to be segregated from the mainstream correctional centre population.

(b) FEEL SAFE IN THE SAME WING AS AN HIV ANTIBODY POSITIVE INMATE.

For the pre-course questionnaire 96.5% of inmates provided answers to this question, while 97.5% of inmates provided responses for the post-course questionnaire. Responses are outlined in tables 7 and 8.

For the pre-course questionnaire the most frequently given response was "Yes, as they are no threat" with 46% of inmates giving this response, the remainder of the responses are scattered throughout the table. The next three highest are those who said they were Unsure (9.8%) or Yes (9.2%), and gave no reason for their answer; and those who said they would not feel safe in the same wing as an HIV antibody positive inmate as they were afraid of getting HIV (9.2%). From these results we can see that inmates' attitudes to sharing the same wing as an inmate who was HIV antibody positive prior to undertaking the PPEP are in favour of doing so with 60.9% saying Yes, 17.9% being Unsure, and 17.7% saying No. If you consider that a further 6.7% (4.3% Unsure + 2.4% No) said their answer depended on the HIV antibody positive inmate's attitude, then almost 68% of inmates felt safe about having to share a wing with an HIV antibody positive inmate.

This is a very good response and probably relates to the support/protection networks that inmates have around them. These networks are an inherent part of the inmate culture and they are generally the preferred option used by inmates to resolve problems (rather than using more "formal" channels). Thus if an inmate did feel threatened by a HIV antibody positive inmate they could always turn to other inmates for support. Hence, their concern for their safety if they had to share a wing with an inmate who is HIV antibody positive is not as

great as perhaps may otherwise be expected. In order to ascertain inmates feelings when faced with a more confronting situation, versions 3 and 4 of the pre/post course questionnaires asks inmates if they would feel safe from getting HIV if they had to share the same cell as an inmate who was HIV antibody positive. It is hoped that this will provide more accurate details on inmates actual feelings when faced with a more "personally challenging" situation.

Table 7. PPEP Questionnaire Pre-Course Results - Attitudinal Indicators *"Feel safe in same wing as an inmate who is HIV positive".*

FEEL SAFE IN SAME WING AS AN INMATE WHO IS HIV POSITIVE	*PRE-COURSE RESULTS (n=491)*			
REASON GIVEN FOR ANSWER	*TOTAL*	*NO*	*UNSURE*	*YES*
None	22.3%	3.3%	9.8%	9.2%
Depends on their attitude	10.6%	2.4%	4.3%	3.9%
Afraid of getting HIV	11.0%	9.2%	1.2%	0.6%
So as not to discriminate	1.0%	–	–	1.0%
Don't know enough about it	3.1%	1.0%	1.8%	0.2%
As they are no threat	46.8%	0.4%	0.4%	46.0%
For their own safety	–	–	–	–
To stop transmission	1.2%	0.8%	0.4%	–
So they can't use it as a threat or weapon	0.6%	0.6%	–	–
TOTALS	100%*	17.7%	17.9%	60.9%

* - Includes 3.4% who did not provide answers to this question

The data available from V3 questionnaires appears to support these conclusions. When asked *"Would you be afraid of getting HIV if you had to share a cell with another inmate who had HIV?"*, results from the pre-course (n=136, Annex 8) data revealed only 45.4% of inmates answered "no", 26.3% answered "yes", and 11.0% answered they were "unsure".

The V1/V2 post-course results show an improvement over the pre-course results, with 82.1% of inmates feeling safe sharing the same wing as an HIV antibody positive inmate - 70.1% of these saying it was because they felt the HIV antibody positive inmate would be no threat.

If you allow for those inmates whose answer depended on what attitude the HIV antibody positive inmate had (1.1% No + 4.8% Unsure) then 88% of inmates felt safe about having to share a wing with an HIV antibody positive inmate. This is a very good result and shows a substantial increase (around 20%) in the number of inmates who felt safe about sharing a wing with an HIV antibody positive inmate.

Furthermore, when you look at the overall results this change in attitude is again evident - 82.1% saying Yes, 6.9% being Unsure, and only 8.5% saying No. Those who said they were unsure 4.8% stated this was because it would depend on the inmates' attitude.

Tests to measure whether the changes in the attitudes were statistically significant were conducted, in order to ascertain whether the changes could be attributable to inmates undertaking the PPEP. These tests showed that for the following cells (in the tables above), the change between the pre-course results and post-course results were statistically significant and so could be attributable to inmates undertaking the PPEP.

- None (Pre 22.3% → Post 10.2%);
- No (Pre 17.7% → Post 8.5%);
- Yes (Pre 60.9% → Post 82.1%);
- Unsure (Pre 17.9% → Post 6.9%);
- Yes, as they are no threat (Pre 46.0% → Post 70.1%).

Full details of this analysis are provided in Annex 7d.

Table 8. PPEP Post-Course Questionnaire - Attitudinal Indicators *"Feel safe in the same wing as an inmate who is HIV positive".*

FEEL SAFE IN THE SAME WING AS AN INMATE WHO IS HIV POSITIVE	*POST-COURSE RESULTS (n=458)*			
REASON GIVEN FOR ANSWER	*TOTAL*	*NO*	*UNSURE*	*YES*
None	10.2%	1.5%	1.7%	7.0%
Depends on their attitude	9.4%	1.1%	4.8%	3.5%
Afraid of getting HIV	5.0%	4.6%	0.4%	–
So as not to discriminate	1.5%	–	–	1.5%
Don't know enough about it	–	–	–	–
As they are no threat	71.2%	1.1%	–	70.1%
For their own safety	–	–	–	–
To stop transmission	–	–	–	–
So they can't use it as a threat or weapon	0.2%	0.2%	–	–
TOTALS	100%*	8.5%	6.9%	82.1%

* Includes 2.5% where no answer was provided to this question.

Therefore, on the question of whether inmates feel safe sharing the same wing as an HIV antibody positive inmate it can be seen that PPEP plays an important role in changing attitudes. After the course the number of inmates who feel safe about sharing a wing with an HIV antibody positive inmate increased by around 20% - to a high 88% acceptance. Importantly, this was because 70.1% of them felt the HIV antibody positive inmate would be of no threat to them. This change in attitudes can only be explained by the course content and the issues it covers, along with the information on HIV it provides. The initial high levels of acceptance however may be attributable to inmates own support/protection networks within their centre.

(c) KNOW ENOUGH TO PROTECT YOURSELF FROM GETTING HIV/AIDS.

The last question on the V1/V2 questionnaires asked inmates if they knew enough to protect themselves from getting HIV/AIDS. The results obtained from the analysis of the data are presented in table 9.

Table 9. PPEP Pre/Post Course Questionnaires - Attitudinal Indicators *"Know enough to protect yourself from catching HIV/AIDS"*

Response given	*Pre-course (n=491)*	*Post-course (n=458)*
None	3.1%	2.4%
No	22.2%	0.4%
Unsure	22.4%	0.9%
Yes	52.3%	96.3%

These results clearly show a substantial change in the inmates' perceptions of the knowledge they have in order to prevent themselves from getting HIV. Needless to say this change in their perceptions is statistically significant and so can be attributed to the inmates having undertaken the PPEP. After completing the course, 96.3% of them felt they knew enough to stop themselves getting HIV.

Obviously this is a clear message that the PPEP is an effective and efficient tool to use to enable inmates to acquire the knowledge and understanding of HIV so that they know how to prevent transmission. Whether, or not this knowledge is put into practice and leads to changes in risk behaviours is beyond the scope of this evaluation.

SUMMARY ATTITUDINAL INDICATORS

The analysis carried out on the attitudinal indicators, clearly shows that the PPEP plays a significant role in changing inmates attitudes to HIV and people who are HIV antibody positive. This can be seen as one of the programs many strengths, and further reinforces it's effectiveness in educating inmates about HIV. As with all educational strategies and programs it is important, that the course is regularly reviewed, refined and up-dated to ensure the quality of the information provided is maintained or improved.

15. RECOMMENDED: that future questionnaires which are developed to evaluate the PPEP include lie scales (or social desirability scales), which are appropriate to the inmate population, in order to provide better information on any changes in inmates attitudes arising from undertaking a PPEP course.

16. RECOMMENDED: the PPEP is regularly reviewed, refined and up-dated to ensure the quality of the information provided is maintained or improved upon.

17. RECOMMENDED: the PAP investigate the development of programs or courses, that are complimentary to the PPEP (for example counselling skills), with other areas within the DCS (such as the inmate Education and Drug and Alcohol units); or with other institutions (for example, NSW TAFE) to ensure the maximum levels of education, skills and knowledge are available and provided to inmates for their roles as peer trainers. Furthermore that the PAP actively pursue the implementation of these programs when they are developed.

REVIEW OF PROGRAM MATERIALS

As part of this evaluation an extensive review was conducted of the materials used for the PPEP. The primary focus of this review was the PPEP trainers manual which contains all the information on HIV given to inmates by the PPEP trainers, and is used by them as the core resource to run programs.

As already mentioned, in the section outlining the background and development of the PPEP, as part of Stage 2 of the implementation of the PPEP, the National Prisons HIV Peer Education Manual was developed. Essentially, this was the manual used as the basis of the Train the Trainer component of the program where non-custodial staff were trained to be PPEP trainers. The manual was then used by these trainers to conduct their own programs.

With the appointment of the PPEP Co-ordinator, in August 1992, the national manual was reviewed to produce a "new" manual which was to replace it.

This "new" manual was a substantially edited version of the national manual with much of the material in the national manual not being incorporated. Of the material that was carried over there were only minor, additions and amendments made. Many of these changes were not consistent with the programs objectives and philosophies'. For example, in one of the exercises dealing with sexuality issues, different references were used as cues for the inmates to think about different sexual experiences they may have been involved in. In this exercise the cue relating to sexual experiences involving men was removed, therefore (by omission) it was not recognised as a valid type of sexual experience or behaviour.

The "new" manual was in the process of being used to replace the national manual when this evaluation was conducted. A review of this "new" manual and its implementation, along with the impact it had on the quality of the PPEP, was therefore a necessary part of this evaluation.

After careful review, including a comparison with the national manual, and attending a Train the Trainer program where it was used (for full details see next section) a complete analysis of this "new" manual was made.

The changes made to the national manual and the program were of a significant enough nature to severely compromise the original intention of the program. Therefore an urgent review of the program was made as part of this evaluation, and meetings were held with the Manager PAP and other PAP staff to address these issues. Strategies targeting these issues were developed and are currently being implemented by the PAP.

One of the strategies devised was for the PPEP to revert back to using the national manual as the basis of the PPEP, and that this manual be revised and up-dated, in line with recommendations made by this evaluation, and as appropriate.

Therefore a full review of the national manual was carried out, and a summary of the findings is contained in the recommendation below.

18. RECOMMENDED: that a revision of the (national) PPEP training manual be conducted and this revision should include the following areas:

- updating of information, overheads and statistics in line with current details available, and the development of a mechanism to ensure current information be made available to trainers - for example up-date pages and a newsletter containing "new" developments/information;
- consideration be given to formally including material on issues that arise when inmates are released and return to their community environments;
- that the order of the sessions on the biomedical and epidemiological aspects of HIV be reversed, so that inmates have some understanding of HIV before they are taught about how and why it has developed in different areas of the world, and amongst different groups;
- general review and refinement, and where possible simplification, be made of the terminology used (including examples/ information), and its appropriateness and relevance be analysed. Consideration be given to using appropriate analogies to convey some of the more technical aspects of HIV;
- as appropriate, that the information content

of the manual be expanded to incorporate other health issues - for example Hepatitis A to E, Sexually Transmitted Diseases and Herpes;

- a review of the layout of the manual be conducted, to assess its effectiveness, and that where appropriate changes should be made;
- laminated posters be developed on major points covered by the course and the program structure so trainers have them as a resource to use when conducting programs. For example, the program timetable so they can refer to it when topics are covered if they arise in another session, and; "**E**nter **S**urvive **E**nter **S**ufficient quantity" to use as a visual reminder of likelihood of transmission occurring;
- a section be added specifically addressing the importance of use of the correct terminology by inmates when discussing HIV and AIDS;
- if sections of text from the manual are intended to be read literally, that these sections be "realised" and worded appropriately;
- exercises and examples used should predominantly focus on situations relating to incarceration and should be regularly reviewed and up-dated - if possible this should involve some inmate input, either in PPEP courses or through the Lifestyles Unit (a voluntary unit for HIV antibody positive inmates) at the Long Bay Complex;
- that the distinctions be clearly made between policy and practice, and options available to inmates - for example the DCS policy is that bleach be freely available to inmates, if inmates do not have access to bleach for whatever reason, the options available to them and harm reduction strategies available need to be reinforced (such as multiple rinsing of syringes with clean cold water);
- that an information manual to be given to inmates at the completion of the program to serve as a reference source;
- consideration be given to the inclusion of a section dealing with an appropriate case study of a HIV antibody positive person;
- review of the program structure and educational strategies be conducted to ensure they are in line with current requirements and educational strategies;
- consideration be given to the provision of an "advanced" information pack (for example containing relevant journal or magazine articles), on more detailed aspects of HIV, to give to those inmates who display considerably more knowledge on HIV than is expected from the program.

PPEP Train the Trainer (TTT) Program

In order to assess the ability of the PPEP to provide quality and effective training to inmates to be HIV/AIDS peer educators it was necessary to look at the training provided to the trainers who are responsible for conducting the program. To this end an extensive review of the TTT program held at Muswellbrook from 3 to 6 August 1993 was conducted. It was felt that this program would be representative of the quality of the program(s) offered by the current PPEP Co-ordinator to non-custodial staff who are interested in becoming accredited trainers for the program. It should be noted that this TTT program was run using the "new" program manual that had been produced by the PPEP Co-ordinator, and that many comments in this section refer to inadequacies found with this "new" manual.

See the section above on the review of the PPEP materials for further details.

The review of the TTT was a two part process.

Firstly, an evaluation questionnaire for the participants to complete and return was designed. In order to ensure frank and honest responses were obtained from participants, and to maintain confidentiality, all participants were provided with return stamped envelopes to send back to the evaluator. When all responses were received and compiled a report was prepared outlining the responses received (see Annex 9).

The second part of the TTT evaluation involved observing (and participating in) the program in order to evaluate the quality of the TTT to equip trainers with the knowledge, skills and abilities to conduct their own PPEP's. Following this part of the TTT evaluation a report was prepared and written covering the "observed" component of the TTT program.

The findings from both reports were presented, in a meeting, to the PPEP Co-ordinator and Manager PAP on 31 August 1993.

19. RECOMMENDED: items related to the major findings arising from the PPEP Train the Trainer component of this evaluation be adopted, these findings were as follows:-

- the TTT course needs to be more structured, and a clear distinction made between the components of the TTT aspects of the program and the PPEP component, this should also include the development of a detailed timetable;
- more specific training modules need to be developed for the trainers and should include modules on Adult Education & Peer Education, Dealing with Difficult Situations/Group Dynamics and Harm Reduction;
- it is essential that all the material to be presented in the course is covered (in sequence) and discussed in detail so all trainers feel sufficiently comfortable with its content. Trainers should be made aware of potential hot spots/sensitive situations and alternative ways of dealing with them;
- where possible each session should be conducted using correctional centre time to familiarise trainers with the timing and feel of the program;
- each "theory" component of the TTT needs to include current issues and debates, commonly asked questions (for example, change T cells to CD4/CD8; debate around the effectiveness of AZT as a treatment; Eliza & Western Blot tests and why virtually no false positive results), access to drugs, and other questions that may be asked or raised in a PPEP. In addition it needs to be fully explained to trainers why certain procedures need to be covered;
- training should not rely on the skills and knowledge of the people attending the course in order to cover all the areas that need to be covered for the trainers to have the knowledge, skills, and abilities to conduct their own programs. Minimum standards need to be built into the program. This is essential, for consistency in training and also as a safeguard against the situation where a group does not cover all the areas that need to be addressed;
- TTT course materials need to be reviewed and updated. A revised trainers' manual needs to be developed (see Review of Program Materials above). Furthermore it was **strongly recommended** that a formal TTT manual be designed and developed

for the TTT course. This would ensure consistency in the running of TTT courses; and that the continuity of the course could be maintained with changes in staff. It would also serve as a source in which to concentrate further refinement and development of the TTT program;

- the trainers manual should be sent out prior to a course with a letter asking people to read through it and make notes of the issues/questions/problems they foresee for them in conducting PPEP, these can then be addressed as they arise throughout the course;
- issues surrounding contraband materials, especially condoms, and departmental policies need to be more clearly covered;
- consideration should be given to inviting a guest speaker, from, for example, the National Treatments Project (or at least getting comprehensive supplementary notes) to conduct the Treatments section - as they would have the latest information and would be best able to handle the questions fielded by a group;
- a mechanism needs to be put in place to make the PPEP a more dynamic program for both trainers and inmates (e.g., newsletters, update pages, current issues, mechanisms for feedback);
- it should be clearly stated that the philosophy of the PPEP is to be adhered to and that the Peer Education model of adult learning must be used as the basis for program delivery. Especially in the role of inmates in developing their own harm reduction strategies. It is not appropriate for the core information to be delivered in whatever teaching method the trainer wishes to use. That the program is delivered using appropriate adult education techniques is an essential element of the PPEP;
- a review be conducted, and guidelines developed, on the most suitable way(s) to accredit trainers. There should be an independent assessment of their ability to conduct a PPEP after their training by someone other than the people involved in training them;
- follow up needs to be conducted on all accredited trainers in the system. Regional AIDS Co-ordinators should ensure that PPEP trainers who deliver the program in the correctional centres within their region, are delivering the program as documented in the manual and at an acceptable standard of competence;
- the TTT trainer/PPEP Co-ordinator should possess a very strong background in adult education. Experience in designing and implementing non-formal, community-based adult education programs would be advantageous. It is highly recommended that they should also possess qualifications in the field of "adult education";
- minimum standards for PPEP trainers need to be developed. These standards should be consistent across the State, and should include a minimum number of PPEP sessions that need to be covered in order to remain an accredited trainer.

Evaluation Objective 2. ascertain the level of retention and use of knowledge by Peer Educators.

In order to find out the level of retention and use of knowledge by Peer Educators it was necessary to develop and design a follow-up questionnaire. The main reason this strategy had to be adopted was that there was no data or information collected (or available) to address this issue.

Some data may have been able to be collected had the Version 1/2 pre-course questionnaire asked inmates if they had already completed the PPEP. These results could then have been separated out and the levels of retention of those who had already undertaken the PPEP could have been analysed. Unfortunately, this was not possible, a further repercussion of this was that all the pre-course questionnaire results were biased by those who had already completed a course, and so were higher than may otherwise be expected. Furthermore it was virtually impossible to find an estimate for the number of inmates who had done the course more than once as the statistics collected for the program did not allow for this item. Thus, it was not possible to adjust the pre-course questionnaire results to account for this.

Time constraints were a further restriction on answering this question, with only a limited period to design the questionnaire, distribute it to peer educators, collect it and analyse the results. It was decided that the most effective way of doing this was for the Regional AIDS Co-ordinators to distribute the questionnaires through their attendance at individual centres AIDS/Health Awareness Committee meetings. The questionnaire distributed was a combination of the Version 3 pre/post course questionnaires (see Annex 10), and as such the results are not directly comparable to those obtained from the analysis of the Version 1/2 questionnaires. They do however provide some useful and relevant information.

Completed follow-up questionnaires were received from only twenty six inmates who were Peer Educators. Two from Lithgow, seven from Mulawa and seventeen from Cooma. While this is only a small sample of the Peer Educators within the system, it is the only data available to provide an indication of the levels of retention of knowledge and the use of that knowledge by Peer Educators.

Of the 26 Peer Educators who completed the follow-up questionnaire, 25 (96.2%) had only completed the PPEP once, the other respondent had completed the PPEP twice. In total then 27 PPEP's were attended by those completing the questionnaire.

Of the 27 programs they attended,

- 12 were held at Cooma correctional centre;
- 6 were held at Mulawa correctional centre;
- 3 were held at Parramatta and Lithgow correctional centres, and;
- 1 was held at each of Maitland, Norma Parker and Long Bay correctional centres.

The years in which inmates undertook the PPEP was provided for 25 (92.6%) of the programs attended by the group. With:

- 2 occurring in 1989;
- 3 occurring in 1990;
- 9 occurring in 1992, and;
- 11 occurring in 1993.

From this we can see that the majority of those completing the follow-up questionnaire had completed the PPEP within the previous two years.

Twenty one of the respondents listed what their best source of information had been for finding out about HIV. Ten stated it was from HIV/AIDS resource materials, 8 from the PPEP and 3 from their involvement in AIDS/Health Promotion Committees. All these sources are linked, either directly or indirectly, to the work of the PAP. We can conclude then that the work of the PAP is seen by peer educators as providing them with the best resources to find out about HIV/AIDS.

The remainder of the results have been split into three sections. The first dealing with knowledge and the peer educators retention of this knowledge, the second, their attitudes, and finally the comments they provided on being a peer educator and the use of their knowledge.

KNOWLEDGE

The transmission questions asked in the follow-up questionnaire covered 14 situations where the principles of HIV transmission had to be applied. The maximum score achievable was 56 points - 4 points for each situation. All respondents completed the transmission questions section and the average score for the group was 47.3 points. Scores ranged from a low of 42, to a high of 51, points.

These results indicate a quite high retention of knowledge relating to the principles of HIV transmission by peer educators. The areas which the peer educators still had problems with were those relating to situations involving blood and blood contact. As discussed under Objective 1, this can probably be attributed to a flaw in the PPEP whereby the risks of transmission associated with dealing with hazardous situations/items and bodily fluids is inadequately dealt. It has already been recommended that the PPEP be changed to include a more comprehensive section covering these issues.

Results from analysis of the Version 3 questionnaires confirm these conclusions. For inmates who had previously undertaken the PPEP (n=22), the results from the pre-course questionnaires for the transmission questions gave a mean of 47.0, with scores ranging from 38 to 52 points (maximum 53), with the median and mode both 48 points. Again the majority of the questions which showed the poorest results were those relating to the risks of transmission associated with dealing with hazardous situations/items where bodily fluids were involved.

We can conclude then that the average score was not as high as may be expected, but this is probably due to flaws inherent in the PPEP and not because inmates have not retained the knowledge (relating to the principles of transmission) they acquired when undertaking the program.

Respondents did not achieve such good results when answering the questions in the follow-up questionnaire relating to their knowledge on the biomedical aspects of HIV. Examples of these questions include the window period; what the blood test measures; ways to clean needles/fits; ways to have safe sex; dealing with hazardous situations e.g., blood spills; stages of HIV infection; and symptoms associated with acute infection.

For the biomedical knowledge section of the

questionnaire a maximum of 48 points could be obtained (different points awarded for each question). The average score received by those completing the follow-up questionnaire was only 20.2 points.

There were no specific areas which stood out as causing problems, with responses varying greatly over the range of questions asked. This seems to indicate that the peer educators' level of retention of information differs over time, not only in the type of information retained, but the detail of information retained. Given the peer educators completing the questionnaire had undertaken the course at some stage in the last four years (with most in the last two years), this seems to be the most plausible explanation for these results. Unfortunately the time constraints imposed on this evaluation meant further analysis of this data was not possible.

ATTITUDES

One thing that did not seem to change over time was the attitudes peer educators held towards HIV and people who are HIV antibody positive.

For the question *"If inmates are HIV antibody positive should they be kept apart (Segro) from other inmates? Why do you think this?"* the following responses were obtained.

- Twenty three peer educators said "No", the reasons they gave were,
  - four said as long as they had a good attitude;
  - five said because they were no threat, and;
  - ten said so as not to discriminate against them.
- One peer educator said "Yes" and this is because they felt "it was for their own safety".
- Two peer educators said "Maybe" both stating "it would depend on their attitude".

This shows a very high level of acceptance by peer educators for the integration of HIV antibody positive inmates within the correctional system. This seems to be directly related to the peer educators relatively high level of understanding of the issues surrounding HIV, and it can be inferred that in most cases this can be attributable to the training they received to become peer educators.

This view is further reinforced if we look at their attitudes when asked *"Would you be afraid of getting HIV if you had to share a cell with another inmate who had HIV?"*.

- Twenty four peer educators said "No", not all gave reasons why, but 16 indicated this was because there was no risk and that they had been educated; and 3 stated it was their own responsibility to protect themselves.
- One Peer Educator said "Maybe" because they felt "there is still some risk"; and one said "Unsure" but gave no reason for their answer.

Therefore, as attitudes did not change over time, we could say that there is a link between the initial education on HIV/AIDS they received through the PPEP and their on-going acceptance of HIV antibody positive inmates.

Importantly, all except one of the peer educators who filled out the follow-up

questionnaire felt that they knew enough to stop themselves getting HIV. Whether the peer educators used this knowledge and had changed their behaviour(s) was beyond the scope of the analysis undertaken.

Twenty three of them thought that they would be safe from getting HIV once they got out of correctional centre. Only 20 gave reasons as to why they thought this, and all said it was because they knew about HIV and its transmission. Interestingly in this response most equated safe drug use with access to new fits and safer sex with having access to condoms - items that are contraband in correctional centres. This indicates that not only are the safe activities messages getting across to peer educators, but they are also relating these messages to the environment they will find themselves in when they are released. Whether this results in permanent behaviour changes is beyond the scope of this evaluation.

Comments & Use of Knowledge

Three very similar categories emerged from the reasons that were given for what the peer educators felt their role was within the correctional system. (i) twelve felt it was "to educate others"; (ii) eleven felt it was to "help, educate and support anyone that approached them about HIV/AIDS, while maintaining confidentiality", and (iii) three felt their role was to "spread awareness on HIV/AIDS". These results indicate that the peer educators all had a good basic understanding of their roles as peer educators.

The final question on the questionnaire asked respondents if they had any comments on being a peer educator. Most completed this section with comments ranging from a few words to paragraphs. These comments have been grouped as appropriate and these groupings are outlined below (figures in brackets indicate the number of inmates who provided a similar response):

- good course and should be run everywhere, both on the inside and the outside (2);
- it is good to help others and very satisfying personally (2);
- enjoyed the course, learnt lots which I can now pass on (3);
- "enjoy being able to be on the AIDS committee";
- "course educated me and so I've now got a better understanding of HIV and the issues/hysteria surrounding it";
- "very worthwhile, even if it helps only one person not get HIV. Also it's taught me to be tolerant and understanding about HIV";
- no (2);
- there needs to be a refresher/update course and/or more updated information supplied to peer educators at regular intervals (5);
- "peer educators should have a conference to meet and network and share information";
- "it's a big responsibility, as usually much more comes up when inmates talk to you" (not just HIV related);
- "good to be one, though sometimes it's trying";
- "confidentiality is vital" (6);
- "inmates are the most appropriate people for other inmates to talk to".

From these results we can see that these inmates have a very high regard for the PPEP, and use the information they obtained in the program in constructive ways.

SUMMARY

Overall, the results from the follow-up survey revealed that peer educators generally have a good retention of knowledge and use it as required in their roles as peer educators.

The knowledge the peer educators acquired while undertaking the PPEP (and while being peer educators), about the principles of HIV transmission, seems to be the most easily retained by them. While the more complex information passed on in the PPEP, relating to the biomedical aspects of HIV, does not appear to be so easily retained.

These findings however may relate to the course content, as discussed in the findings under Objectives 1 and 4 of this evaluation.

It should also be remembered that because of time constraints it was only possible to obtain data from 26 peer educators for this analysis and that a more extensive analysis (involving more peer educators) may not produce the same results.

However, the findings from this analysis of the follow-up questionnaires does support some of the findings contained in the analysis of the pre/post course questionnaires (see under Objective 1.) and therefore cannot be simply dismissed.

20. RECOMMENDED: that the PAP develop and implement a refresher/update program, for accredited peer educators, in order to maintain the standards of the services they provide.

21. RECOMMENDED: that other methods (other than through AIDS/Health Promotions committees), be considered for the distribution of new information to peer educators. While it is noted that, in part, this issue is addressed through the distribution of information to AIDS/Health Promotions committees, it is suggested that perhaps this could be expanded by sending extra copies of materials so they can be circulated amongst say 5 peer educators using a circulation system managed by the individual AIDS/Health Promotions committees.

Evaluation Objective 3. ascertain the level of knowledge among inmates and correctional centre staff on the PPEP and the role of Peer Educators.

To ascertain the level of knowledge among inmates and correctional centre staff on the PPEP and the role of peer educators it was necessary to conduct two surveys. The first of officers, and the second of inmates. It should be noted that after consultation with the PAP Manager it was decided it would be of most benefit to find out the levels of awareness amongst officers (rather than non-custodial staff or all staff) as they are the ones who deal directly with inmates in their roles as peer educators in the correctional centres. Thus it would be more important to ascertain their levels of awareness of the PPEP.

Both surveys were conducted using systematic sampling (with a random start) methodology and followed the same basic protocols.

First, lists of names and locations were acquired for all inmates in full-time custody and all current departmental custodial staff.

Sampling intervals were calculated in order to obtain the desired samples of 192 inmates and 214 officers. Approximately ten percent more officers were chosen to survey, as it was expected they would have a lower response rate than the inmates.

Names were selected from the appropriate lists using a random start and using the sampling intervals calculated.

In order to maximise the opportunity for high response rates, approval was sought and granted to offer an incentive for those that returned their survey. On the bottom of each letter of introduction was printed a return slip which individuals could fill out their details and send back with their completed surveys. Return slips were then entered into raffle draws - a $50 cheque for officers and $50 to be deposited into their buy-up account for the inmates.

In addition with the inmate survey a letter was sent to all governors detailing the survey, and listing the names of inmates involved in their correctional centre - along with copies of the relevant approvals.

Copies of all materials distributed and a detailed breakdown of results are contained in Annex 11.

SUMMARY OF FINDINGS

INMATE SURVEY RESULTS

One hundred and nine responses were received from the distribution of one hundred and ninety two surveys. This provided a response rate of 56.77%, which equates to approximately two percent of all full-time custodial inmates. While this sample may not be quite large enough to be fully representative of the levels of awareness of inmates of the PPEP and the role of peer educators, the results do provide an overall indication of inmate awareness of these issues.

Results are outlined below by question.

Question 1 - 'HOW MANY inmates do you know who have done the Prison HIV Peer Educators course (the AIDS course) in this Correctional Centre?

From table 10 we can see that 32.1% of respondents knew of no peer educators within their correctional centre. Of the remaining 67.9% they all knew of at least one peer educator, with an impressive 11.9% knowing of more than 20.

Table 10. PPEP Inmate Survey - Number of peer educators known within the correctional centre. (n=109)

NUMBER	*Responses*	*%*
None	35	32.1%
1 - 5	33	30.3%
6 - 10	18	16.5%
11 - 20	10	9.2%
More than 20	13	11.9%

After discussion with PAP staff it appears that these results are realistic and are representative of the overall situation within the correctional system.

The results indicate that peer educators hold a relatively high profile within the correctional centre system. It should also be noted, that on becoming accredited peer educators, inmates are provided with a distinctive identification patch (previously a T-shirt with a PAP logo on it) to sew onto their clothing, which also assists in providing them with high visibility/profile within correctional centres.

Given such a high profile, even if an inmate did not know any peer educators, if they talked to friends, it seems more than likely that someone would know a peer educator, and so could advise them on how to make contact.

Several possible explanations can be presented as to why 32.1% knew of no peer educators, and these need to be addressed in order to ensure maximum possible exposure, and therefore effectiveness, of the program is maintained. These are:

a) they missed out on an Induction Information Session on HIV/AIDS at time of reception. Note, currently only informal sessions are conducted for new receptions and these are not run in all centres;

22. RECOMMENDED: that a formal module be developed for use as a HIV/AIDS Induction Information Sessions at all Reception Centres and this module be formally included as part of all Induction Programs. Furthermore, that a mechanism be developed to ensure this module is given to all receptions and that all those who miss out on it are followed up on an individual basis.

b) little contact with other inmates;

23. RECOMMENDED: that all correctional centre AIDS/Health Promotions Committees hold regular awareness raising days within their correctional centres.

c) No material/resources distributed advertising the PPEP, peer educators and the PAP;

24. RECOMMENDED: that materials be developed, produced and distributed (in other languages where appropriate) that raise the awareness of inmates of the PAP, PPEP and peer educators.

d) inmates newness to the correctional system, resulting in low levels of exposure to the PPEP and peer educators. This factor reinforces the importance of all the recommendations made above which relate to the exposure the PPEP, peer educators and the PAP have with the correctional system.

Question 2 - 'WHAT DO YOU THINK Peer Educators are there for?'

One hundred and seven participants (98.2%) responded to this question.

The explanations they provided were categorised into one of four logical groups that arose with the analysis. These results are outlined in table 11.

These results show that 37.6% of those who responded to the survey had a basic understanding of the reason peer educators are trained, as their responses fitted into the group 'To educate people/inmates on HIV/AIDS'.

A further 47.7% had a high level of understanding of why peer educators are trained, as their responses fitted into the group 'Talk confidentially about HIV and its transmission and associated issues'.

Combining these results gives us 85.3% of respondents who had at least a basic level of understanding as to the reason peer educators are trained. This is an excellent result and reflects highly on the profile of the PPEP and peer educators within the correctional system.

Table 11. PPEP Inmate Survey - What inmates believe peer educators are there for. (n=109)

Reason PE there	*Responses*	*%*
'Educate inmates about HIV/AIDS'	41	37.6%
'Talk confidentially about HIV & its transmission & associated issues'	52	47.7%
'Don't Know / No Idea'	12	11.0%
'To talk to'	2	1.8%
No answer provided	2	1.8%

Only, 1.8% of respondents had a low level of understanding of the role of peer educators stating that they were there 'to talk to'. A further 11.0% did not know or had no idea of the role of peer educators. These two results suggest that there is still room for improvement in increasing the level of awareness within the correctional system on the role of peer educators (see the recommendations made for Question 1 above).

Question 3 - 'Have you ever TALKED to a Peer Educator, how helpful were they?'

One hundred and eight participants (99.1%) responded to this question and the results are presented in table 12.

Table 12. PPEP Inmate Survey - Helpfulness of peer educators. (n=109)

Talked to PE, how helpful were they	*Responses*	*%*
'No'	62	56.9%
'Yes, very helpful'	26	23.8%
'Yes, quite helpful'	9	8.3%
'Yes'	5	4.6%
'I am a Peer Educator'	3	2.8%
'No, but I'd like to'	2	1.8%
"Yes, but sometimes info. outdated"	1	0.9%
No answer provided	1	0.9%

From these results, more than half (56.9%) had not talked to a peer educator, and a further 1.8% had not talked to a peer educator but would like to. Unfortunately no information was collected on why those who had not spoken to a peer educator had not done so. Thus, the reasons why the majority of inmates had not spoken to a peer educator are only open to speculation. Three significant reasons are outlined below.

a) Lack of access to Peer Educators - from the earlier analysis 67.9% of respondents knew of at least one peer educator, from this we can conclude that lack of access is probably not a major reason for inmates not talking to peer educators. There may however be problems with access to known peer educators within their centre, as they may be known but in a different unit or wing, and so hard to reach.

25. RECOMMENDED: that each correctional centre AIDS/Health Committee maintain a physical map of their correctional centre and the location of their peer educators in order to identify any problems relating to physical access to peer educators, and to help with prioritising those listed to undertake the PPEP.

b) Don't know any peer educators - As 32.1% of respondents didn't know any peer educators, this factor may be a significant factor relating to why 56.9% of respondents had not talked to one. However, 1.8% specifically stated that they had not talked to a peer educator but that they would like to. This result seems to suggest that this may not be a major reason as to why inmates had not spoken to a peer educator and the factors discussed above and below may be more relevant to this analysis.

c) No reason/need to talk to a Peer Educator - this may be for a number of reasons -

(i) they already have a sound understanding of HIV and its transmission - possibly may be a peer educator themselves (though only 2.8% of respondents self identified as such);
(ii) perceive themselves not to be at risk;
(iii) they're ignorant of HIV and have no knowledge or understanding of HIV, and;
(iv) afraid or apprehensive about talking to a peer educator, this could be because -
- don't wish to self disclose or discuss matters relating to HIV with others;
- fear of breach of confidentiality;
- embarrassment associated with talking about HIV;
- don't like or get on with any of the peer educators accessible to them.

As these reasons are only speculative it is hard to focus on any recommendation to address the issues they raise. However it is,

26. RECOMMENDED: that any informative literature produced about the PAP, peer educators and the PPEP take into account that HIV is a sensitive subject and that concerns over confidentiality and the often taboo nature of issues relating to HIV need to be taken into account when designing these resources.

Issues relating to personality conflicts between peer educators and other inmates will always be present.

27. RECOMMENDED: that in the selection of inmates to undertake the PPEP, continued consideration be given to the place nominees hold in their correctional centre's culture and how approachable these inmates will be for others; also that they represent as broad a cross-section of the different sub-cultural groups present within the correctional centre.

However, the results indicated that 23.8% of respondents had spoken to peer educators and that they had found them 'very helpful'; and a further 8.3% had found them 'quite helpful'.

Four point six percent of respondents had spoken to peer educators but gave no indication of how helpful they had found them.

From this we can deduce that at least 32.1% of inmates had spoken to peer educators and found them at a minimum quite helpful.

The issue concerning the supply and demand of peer educators is one that cannot be fully answered.

In terms of supply, it is possible to develop and maintain a computerised database of currently accredited peer educators, their locations and training details within the correctional system.

28. RECOMMENDED: that a database of peer educators be fully developed and regularly maintained, and a procedure introduced whereby movements of peer educators within the (and out of the) correctional system are notified to the PAP - this could be done through the maintenance of a register of peer educators by correctional centre AIDS/Health Promotions Committees. The introduction of this system would also facilitate keeping track of peer educators when they exit and re-enter the correctional system.

On the demand side, the demand for peer educators is not easily identifiable. Not only is it virtually impossible to estimate at any one time the percentage of inmates who have a demand for peer educators, it is obvious that this demand constantly changes over time.

Therefore, primary objectives of the PPEP should be that (i) as many inmates have access to peer educators and, (ii) as much information is provided to inmates to make them aware of the PAP, PPEP and the role of peer educators. Recommendations covering these items have already been identified in the discussion above.

It should be noted in this section that one inmate provided the response "Yes, although sometimes their grasp of information wasn't that good and the information they'd been provided was outdated". This response raises

the issue of the quality and effectiveness of the PPEP to train inmates to be HIV/AIDS peer educators, these issues are addressed earlier in this report under objective 1.

Furthermore, it is not feasible or realistic, to expect to have extremely highly trained peer educators (who have ready access to all current resources) and who are able to answer all questions that are presented to them.

Question 4 - 'WHAT DO YOU KNOW about the Prison HIV Peer Education Program (the AIDS course)?'

One hundred and five responses were recorded for this question representing 96.3% of all those surveyed.

Table 13. PPEP Inmate Survey - Knowledge on the PPEP. (n=109)

Know about PPEP	*Responses*	*%*
'Nothing'	44	40.4%
'Course offered to inmates about HIV/AIDS & how to be peer educators'	29	26.6%
'Very little/ Not much	13	11.9%
'Completed the PPEP'	11	10.1%
'Like to know more'	6	5.5%
'Only what I've heard from others'	1	0.9%
'Educates you on HIV and its transmission	1	0.9%
No answer provided	1	0.9%

Again responses were separated into logical groups as they arose in the analysis of the results and are presented in table 13.

While 40.4% of respondents knew nothing about the PPEP, 26.6% had a good understanding of what the PPEP was about. By adding the 10.1% who had completed a PPEP to those who had a good understanding of the PPEP (26.6%), it can be seen that more than one-third of the respondents (36.7%) had a high comprehension of what the PPEP is about.

A further 5.5% wanted to know more, and 11.9% knew very little/not much about the PPEP.

These results further support the notion of the development of a program to raise awareness levels on the PAP, PPEP and the role of peer educators as previously identified.

Question 5 - 'Do you think that the Prison HIV Peer Education Program is important to you, why do you think this?'

Only ninety nine responses were received to this question representing 90.8% of the total returns - 9.2% chose to provide no answer.

Three types of response were received and the reasons provided for these responses are outlined below (figures in brackets refer to the percentage of responses who gave this or a similar reason).

(1) NO, 20.2% of responses belonged in this category, reasons given included -

- none (3.7%);
- not an injecting drug user and am in a monogamous relationship (5.5%);
- not homosexual and not a user (4.6%);

- already have a greater knowledge (0.9%);
- I haven't got HIV (1.8%);
- it's against my religious teachings (0.9%);
- "I'm nearly 50, and AIDS, drugs & STD's are products of the up coming generations" (0.9%);
- it doesn't effect me (1.8%).

Generally these responses reflected respondents perceptions that they were not at risk of getting HIV, and hence they did not feel that the PPEP was important to them. These attitudes can be seen to be a product of ignorance and the belief that HIV (and the PPEP) is linked to risk groups and not risk behaviours.

(2) YES - 69.7% of responses fell into this category, reasons they gave included -

- as it increases knowledge and awareness of HIV/AIDS (20.2%);
- it increased my understanding of HIV and it's transmission (20.2%);
- HIV affects us all (8.3%);
- could increase my understanding of HIV/AIDS (8.3%);
- prevention/education is better than cure (8.3%);
- peer educators give inmates someone to talk to (2.8%);
- no reason (0.9%);
- training inmates as peer educators on HIV is the best way to get the education message across (0.9%);

The majority of responses were of this type. This reflects inmates understanding that HIV/AIDS is a relevant issue that can affect everyone and therefore they recognise the need and importance of the provision of HIV/AIDS education to inmates - in the form of the PPEP.

(3) MAYBE, only 1 (0.9%) responded in this way. "Maybe, perhaps if I knew something about it". Hopefully awareness raising campaign(s), as recommended earlier within this report, would help this person make their decision. (see analysis provided for question 1 of the Inmate Survey Results)

Summary - Inmate Survey

The results from the inmate survey provide some interesting data. A majority of inmates know of at least one peer educator within their correctional centre, and have an understanding of the peer educator's role.

While only a minority had actually spoken to a peer educator a number of explanations were presented as to why this may be the case. Of those that had spoken to a peer educator most found them to be helpful.

The results for what inmates knew about the PPEP were split almost evenly, with about half having a sound understanding of what the course is about, and the other half knowing nothing or very little of its content.

Encouragingly, nearly 70% of respondents felt the PPEP was important to them and this was mainly because they saw HIV as an important and relevant issue.

A number of recommendations, as outlined above, for improving inmates awareness of the PPEP arose from the inmate survey.

OFFICER SURVEY RESULTS

Thirty eight responses were received from the two hundred and thirteen surveys mailed out to officers. This represents a relatively poor response rate of 17.8%, and should be kept

in mind when reading the results presented below. Unfortunately, this means that the responses received cannot be taken to be representative of all officers awareness and understanding of the PPEP or the role of peer educators. The results presented below should only be used as a guide.

Copies of all materials distributed and a detailed breakdown of results are contained in Annex 12.

It is important to note that the officer survey covered all workplaces in which officers work and so included Periodic Detention Centres, Long Bay Hospital and the Court system, these areas accounted for 16.4% (or 35 officers) out of the sample selected. Due to the time requirements of the PPEP (i.e., a four day program), it is not, and has not been practical (or appropriate) to target the program for these areas. Thus the results are biased by the fact that 9 out of the 37 responses received were from officers working in areas that are not targeted by the PPEP.

The PAP has recognised the need for education of inmates in those areas where it is impractical to conduct the PPEP, and has already implemented, and is continuing to develop, ad-hoc HIV/AIDS/Health awareness information briefing sessions for these areas.

29. RECOMMENDED: that in areas within the correctional system where it is impractical to conduct the PPEP (for example Periodic Detention Centres), that the PAP formally implement (and ensure the continued development) of a set program of HIV/AIDS/Health Awareness information briefing sessions in order to target inmates who do not have access to the PPEP and/or peer educators for information on these issues.

Officers were asked four questions and responses for each were sorted into the logical categories that arose from the analysis.

The responses received for each of these questions is outlined below.

Question 1 - "What do you KNOW about the inmate Prison HIV Peer Education Program (the AIDS course)?"

Responses were provided by 35 officers to this question. These were categorised as detailed in table 14.

Table 14. PPEP Officer Survey - Knowledge of PPEP. (n = 38)

Know about PPEP	*Responses*
'Nothing'	11
'Course to educate inmates about HIV/AIDS & to be peer educators'	14
'Very little/ Not much	7
'Confused with officer AIDS training program'	2
'Program trains non-custodial staff to educate inmates'	1
No answer provided	3

Just over half (22) of the officers who returned their survey knew nothing or very little about the PPEP, with two of them thinking it was the officer AIDS training program. As 9 of the respondents did not work in areas where the PPEP is run, this still leaves 13 officers not knowing anything about it. This indicates a relatively low level of knowledge among officers in general of the PPEP.

On a more positive note, 15 officers returning their surveys had a good level of knowledge of the PPEP.

Question 2 - "What do you THINK the ROLE of inmate Peer Educators is in your Correctional Centre?"

All 38 officers who returned surveys responded to this question. These were categorised as detailed in table 15.

Table 15. Officer Survey Results - Understanding of the role of peer educators. (n = 38)

Role of PE's	*Responses*
'Educate Peers on HIV/AIDS'	25
'Peer Educators not at my work place'	4
'Have No Idea'	8
'Confused with the officer AIDS training program'	1

Interestingly, while most respondents knew little about the PPEP, 25 of them had a good idea of the role of peer educators. After discussion with the Regional AIDS Co-ordinators it is felt that this can probably be attributed to the relatively high profile peer educators have within correctional centres, and the existence of AIDS/Health Awareness Committees (which generally have an officer representative), within most centres.

Nine respondents did not have any peer educators at their facility, which left 4 respondents having no idea of the role peer educators played.

Question 3 - "What do you THINK of the inmate Prison HIV Peer Education Program?"

All 38 officers who returned surveys responded to this question. Responses are detailed in table 16.

Table 16. PPEP Officer Survey - Officers Views on the PPEP. (n = 38)

Think of PPEP	*Responses*
'Good Idea'	14
'Have No Idea'	8
'Definitely worthwhile'	8
'Essential Program'	6
'Satisfactory/Starting to date'	2

Twenty eight of the respondents thought the PPEP was either a good idea, essential program or definitely worthwhile. This displays a high level of acceptance for the PPEP among these officers, with many noting the importance of a program to educate inmates on HIV/AIDS in order to maintain a safe environment within correctional centres.

Two officers who responded felt the program was only satisfactory and was "starting to date". As, the program (as it stands) is around five years old, and has had few changes and updates made to it, these comments hold some validity.

Eight of the officers who responded knew nothing about the PPEP and so had no viewpoint on the PPEP, this compares with 9 of the 38 responses received from officers who worked in areas where the program was not

run. So generally, even in areas the program was not run, most officers felt the program was a good idea.

Question 4 - "Do you THINK that the Prison HIV Peer Education Program is important to you? and why do you think this?"

Thirty one of the 38 officers who returned the survey completed this question.

The majority of respondents (26) felt the program was important to them. Eighteen respondents thought it was important because HIV/AIDS is an important issue, especially regarding Occupational Health & Safety issues, for everyone (officers and inmates). Seven of them thought it was important because it plays an important educational and awareness raising role; and one respondent thought it was important even though it was not run in their area.

Only 3 officers thought the PPEP was not important to them. One thought it was not important for them personally, though it was for inmates. Another felt it wasn't important because, for safety reasons, officers should treat all inmates as potentially having HIV, and so the course was of little relevance. Finally, the other respondent in this group thought it maybe important if officers knew more about it.

Two officers felt they didn't know enough about the program to comment on the importance of it.

Summary - Officer Survey

Although the officer survey suffered from a low response rate, and there was an over-representation of officers who worked in areas where the PPEP was not run, some interesting information was gained from those responses that were received.

Generally, even though officers did not know much about the PPEP itself, a majority did have an understanding of the role of peer educators. This was mainly attributed to the high profile of peer educators and the work of AIDS/Health Promotions Committees in each centre.

Officers responding thought the PPEP was a good idea or an essential/definitely worthwhile program, with most noting the importance of the PPEP to educate inmates on HIV/AIDS in order to maintain a safe environment within correctional centres.

Nearly half of the respondents thought the PPEP was important because HIV/AIDS is an important issue for both officers and inmates; a further 7 thought it was important because it plays an essential educational and awareness raising role. Only 3 respondents felt the program was not important. Thus, overall the program rated quite well among those officers surveyed. The biggest drawback seems to be a lack of awareness of the program itself.

30. RECOMMENDED: that an awareness raising strategy be developed and implemented for officers on the PAP, PPEP and the role of peer educators.

It is noted that comments were received relating to the PPEP becoming out of date and a number of recommendations throughout this report address this issue in detail.

Evaluation Objective 4. ascertain the gaps, if any, in the PPEP to effectively target identified groups within the correctional centre system.

The major problem incurred when trying to ascertain the gaps in the PPEP to effectively target identified groups within the correctional centre system was the availability of data and information. This process was severely limited by two things, firstly, the design of the V1/V2 pre/post questionnaires, and secondly, the availability of comparable data on the general inmate population. Each of these issues is addressed in turn below.

SHORTFALLS IN THE V1/V2 PRE/POST COURSE QUESTIONNAIRE DESIGN

After identifying the problems and shortfalls with the earlier questionnaires design - see Annex 1. A new questionnaire (asking comparable questions), was produced and piloted for use in this, and future, evaluations. It was identified that it should also contain some sections that address knowledge and understanding of other health issues, such as Hepatitis B and C. Additional questionnaire items, designed to meet some of the data requirements needed in order to evaluate the program more effectively were also added.

The pilot of the Version 3 questionnaires was conducted for PPEP courses run in June and July 1993.

Version 3 questionnaires (see Annex 13.) were used for courses conducted from July 1993 to November 1993. Selected parts of the data obtained from these questionnaires has been used to address some of the objectives of this evaluation (where no other data was available), for example, Objective 7 - the nature and extent of current HIV risk behaviour of inmates in correctional centres.

After analysis of this data, the longer term use of the questionnaires required changes to be made, and a Version 4 (see Annex 14.) was produced for use in the on-going evaluation and collection of data on the PPEP.

The implementation of the use of the Version 4 questionnaire for all PPEP is to coincide with the production of a new PPEP trainers manual.

AVAILABILITY OF DATA ON THE GENERAL INMATE POPULATION

A data search was conducted, and data collected, on the attributes of the inmate population for use for comparative purposes.

The major sources of data uncovered in this process were the *"Prison Census"* and *"Visualising the Trends"*, publications produced by the DCS Research and Statistics Unit.

Analysis of these data sources uncovered that they included demographic data relating to inmates in full-time custody relating to:

- marital status;
- aboriginality;
- known prior imprisonment;
- classification;
- state of court;
- age and gender;
- most serious offence;
- level of court sentencing;
- aggregate sentence;
- proportion of federal offences;
- legal status;

- breaches of parole;
- type of sentence;
- country of birth, and;
- local government area of last address.

Furthermore data was available on the distribution of the inmate population by correctional centre and security type.

Apart from gender, no comparable data had been collected from the V1/V2 questionnaires. Therefore no direct comparisons could be made between those inmates who started (and completed) the PPEP and the general inmate population. This was a major obstacle in identifying the gaps in the PPEP to effectively target identified groups.

Further data was collected through the V1/V2 pre/post course questionnaires on the number of inmates who has undertaken educational courses (by type), their highest level of education and the age at which they left school. At present there is no other data on the general inmate population easily available on any of these items.

The little data that was available, on the participation in educational courses by inmates, is presented under the demographic analysis of the V1/V2 pre/post course questionnaires contained under Objective 1 of this evaluation.

It should be noted however that the Inmate Development Services Branch of the department is in the process of developing an induction questionnaire for new inmates, and the development of a database for this information. Once on-line this should enable the production of ad-hoc reports that will provide details on the general inmate population with which to compare to those who undertake the PPEP. This will make the process of identifying shortfalls in the PPEP to effectively target identified groups far easier for any future evaluations of the program.

ADDITIONAL DATA OBTAINED IN THE EVALUATION

As already fully reported under Objective 3 of this evaluation, follow-up questionnaires were distributed and received from twenty six inmates who were peer educators - two from Lithgow, seven from Mulawa and seventeen from Cooma.

These questionnaires asked inmates to specify their cultural background, and the responses are detailed in table 17.

Table 17. PPEP Follow-Up Questionnaire - Peer Educators Cultural Background (n=22)

Cultural Background	*Responses*
Australian	17
European	4
Aboriginal/TSI	2
USA	1
New Zealand	1
Not Stated	1

Therefore of those peer educators that questionnaires were obtained from, 7.7% self-identified as having an Aboriginal or Torres Strait Islander (TSI) cultural background. From the 1993 Prison Census we find that 10.6% of inmates in full-time custody are identified as being Aboriginal/TSI. This seems to indicate that while there is some gap in targeting these groups it appears that this gap may not be as large as may have otherwise

been expected. Whether the program is effective in educating people of Aboriginal or Torres Strait Islander background is another issue. Given that the follow-up questionnaire only identified three inmates from this background it was not appropriate to conduct any analysis on this group.

However, the V3 questionnaire does provide more details and this is covered in the following section.

SELECTED DATA FROM VERSION 3 PRE/POST COURSE QUESTIONNAIRES RELATING TO CULTURAL BACKGROUND

The results from the V3 pre-course questionnaire provided details for 136 inmates who had undertaken the PPEP between June and November 1993. Inmates were asked what their cultural background was and 61% stated it was "Australian", the next largest group were those whose cultural background was "Aboriginal or Torres Strait Islander" accounting for 17.6% of inmates, and the third highest group were those with an "Italian" cultural background (5.1%). Of the remainder there was at least one inmate from each of the following cultural backgrounds: Cambodian; Chinese; Croatian; English/Scottish; Fiji; Greek; Irish; Lebanese; Maori; New Zealand; Polish; Romanian; Slavic; Serbian; Tongan; Vietnamese, and Yugoslavian.

From this sample we can see that the PPEP appeals to inmates from a wide variety of cultural backgrounds. As this sample only covers a six month period and not all correctional centres/areas, it can only be used as a guide.

Inmates were also asked in V3 of the questionnaire what work both their father and mother did, it is hoped that when more data is available through the V4 questionnaires, that this will give an (albeit very general), indication of the different socio-economic backgrounds that inmates who undertake the PPEP come from. The results from the V3 pre-course sample (n=136) are presented in table 18.

Table 18. PPEP V3 Pre-Course Questionnaire - *"What work did your father do/mother do"*. (n=136)

TYPE OF WORK FATHER DID-	%
Not Stated	9.6
Armed Forces	4.4
Blue Collar/Not an Office Worker	62.5
Medical/Nursing	0.7
Don't Know/Not Applicable	6.6
Professional	5.1
White Collar/Office Worker	11.0
TYPE OF WORK MOTHER DID-	**%**
Not Stated	8.8
Blue Collar/Not an Office Worker	14.7
House Worker	48.5
Medical/Nursing	9.6
Don't Know/Not Applicable	5.9
Professional	2.2
White Collar/Office Worker	10.3

Again these results can only be taken as a guide to the socio-economic backgrounds of inmates who undertake the PPEP.

It should be noted that data for the general inmate population is available for Aboriginality and country of birth. Unfortunately, there was insufficient time to carry out an analysis on these factors in this evaluation. This analysis may provide further information on how effectively the PPEP is targeting different groups within the correctional system.

31. RECOMMENDED: that once sufficient data is available from the Version 3/4 questionnaires an analysis be conducted into the effectiveness of the PPEP to target the different cultural groups, especially those from Aboriginal or Torres Strait Islander backgrounds, within the correctional system.

32. RECOMMENDED: the PAP develop mechanisms and reporting tools to ascertain the effectiveness of the PPEP to target inmates with low levels of literacy; have English as a second language, or; have developmental disabilities. Furthermore, that the existing programs targeting these groups be reviewed, expanded and implemented as necessary in order to ensure the needs of these inmates for appropriate and effective education on HIV are being met.

33. RECOMMENDED: the PAP conduct a detailed review of the appropriateness of the PPEP for female inmates within the correctional system, and instigate any recommendations made by this review.

Evaluation Objective 5. ascertain the level of knowledge on HIV/AIDS amongst inmates, particularly between those who have attended AIDS education sessions and those who have not.

Extensive data was available to ascertain this issue in the form of the V1/V2 pre-course questionnaires. That is, information on inmates knowledge on HIV/AIDS, prior to having undertaken the PPEP. Furthermore the questionnaire(s) specifically asks inmates the following questions:

i) *"Have you ever been to any talks about HIV/AIDS in gaol before?";*
ii) *"Have you seen any HIV/AIDS videos in gaol?";*
iii) *"Have you seen any HIV/AIDS pamphlets in gaol?"*, and;
iv) *"Have you read any of the pamphlets?".*

From these questions it was possible to further separate the data to see if any differences were apparent between those who had attended AIDS education sessions and those who had not.

It should be noted in reading the results that the pre-course questionnaires V1 and V2 did not ask participants if they had undertaken a PPEP course before; thus the results from the pre-course questionnaires are higher than would otherwise be expected, as they have been biased by those inmates who had already undertaken a PPEP, but who's results could not be separated out.

It should also be noted that there was no data available for any inmates who had not been involved in (at a minimum), starting to undertake the PPEP. This means that they may have higher than average general levels of understanding and knowledge about HIV/AIDS as they had shown an interest in undertaking the program. As no comparative data was available for this analysis the extent of this factor could not be estimated.

Analysis was undertaken on pre-course questionnaires only. (n=491)

Three questions were chosen to break down the data:

i) *"Have you ever been to any talks about HIV/AIDS in gaol?";*
ii) *"Have you seen any HIV/AIDS videos in gaol?";*
iii) *"Have you read any HIV/AIDS pamphlets in gaol?".*

The question relating to seeing any HIV/AIDS pamphlets was ignored as it was logically more appropriate to separate those who had not just seen a HIV/AIDS pamphlet, but those who had actually read one.

- 75 respondents (15.3%) said 'No' to all three questions.
- 171 respondents (34.8%) answered 'Yes' or 'Unsure' to all three questions.
- 416 respondents answered 'Yes' or 'Unsure' to at least one of these questions accounting for 84.7% of responses.

Results from each group were compared.

In the analysis, TRSCORE is the cumulative score obtained from the questions relating to

the principles of transmission of HIV. While, KTSCORE is the cumulative score obtained relating to knowledge of the biomedical aspects of HIV/AIDS.

Table 19. PPEP Pre/Post Course Questionnaire - Comparison of the Means by Exposure to HIV Information.

GROUP	TRSCORE	KTSCORE
No to all	35.014	4.750
Yes/Unsure to at least one	37.048	6.639
Yes to all	37.534	7.909
ALL PRE-COURSE	36.740	6.355
ALL POST-COURSE	39.259	14.698

Table 20. PPEP Pre/Post Course Questionnaire - Comparison of the Ranges by Exposure to HIV Information.

GROUP	TRSCORE	KTSCORE
No to all	10 - 43	1 - 13
Yes/Unsure to at least one	24 - 44	1 - 18
Yes to all	28 - 44	1 - 18
ALL PRE-COURSE	10 - 44	1 - 18
ALL POST-COURSE	26 - 44	4 - 22

From this analysis and these results we can see that the level of knowledge on HIV/AIDS amongst inmates related to their exposure, or access, to information and resources relating to HIV.

Table 21. PPEP Pre/Post Course Questionnaire - Comparison of the Modes/Medians by Exposure to HIV Information.

GROUP	TRSCORE	KTSCORE
No to all	36.0/36.0	2.0/4.0
Yes/Unsure to at least one	38.0/38.0	6.0/6.0
Yes to all	39.9/38.0	8.0/8.0
ALL PRE-COURSE	38.0/38.0	6.0/6.0
ALL POST-COURSE	40.0/40.0	15.0/16.0

Consistently the group with the lowest results, were those who had replied 'NO' to the 3 key questions, the next best performers were those who have had access to at least one medium and finally those who performed best were those who had access to all types of resources.

Furthermore when results were compared to those obtained from the post-course questionnaires, the results showed that the levels of understanding on the knowledge of HIV among inmates further increased once they had undertaken the PPEP.

For further details relating to the levels of knowledge of inmates on HIV/AIDS see the comparison of the V1/V2 pre/post course questionnaires contained under objective 1 of this evaluation.

Evaluation Objective 6. ascertain the extent to which inmates have access to education about HIV/AIDS.

Data relating to the extent to which inmates had access to education about HIV/AIDS was available from the pre-course questionnaires. That is, information on inmates access to education about HIV/AIDS, prior to having undertaken the PPEP.

It should again be noted in reading the results that the pre-course questionnaires V1 & V2 did not ask participants if they had undertaken a PPEP course before; thus the results from the pre-course questionnaires are higher than would otherwise be expected.

It should also be noted that there was no data available for any inmates who had not been involved in (at a minimum), starting to undertake the PPEP. This means that they may have had higher access levels (or awareness of access) to education about HIV/AIDS than average - as they had shown an interest in undertaking the program. As no comparative data was available for this analysis the extent of this factor cannot be estimated.

The questionnaire(s) specifically asked inmates the following questions:

i) *"Have you ever been to any talks about HIV/AIDS in gaol before?";*
ii) *"Have you seen any HIV/AIDS videos in gaol?";*
iii) *"Have you seen any HIV/AIDS pamphlets in gaol?",* and;
iv) *"Have you read any of the pamphlets?".*

The questionnaire(s) also asked inmates what they thought was the best source of information on HIV/AIDS.

From the pre-course questionnaire data (n=491) the following results are available.

- 41.3% of respondents said they had attended 'talks' on HIV/AIDS while in a correctional centre.
- 56.6% of respondents said they had seen 'videos' on HIV/AIDS while in a correctional centre.
- 84.1% of respondents said they had seen 'pamphlets' on HIV/AIDS, but only 71.1% reported that they had read these pamphlets.

Data showing the best sources of information on HIV/AIDS were grouped into logical categories. The top five groups were as follows:

1) 'AIDS Resource Materials' (for example pamphlets, videos, posters, HIV/AIDS related publications etc.) with 25.3% of respondents listing these as their best source of information;
2) 'None/No Input', 23.2% of respondents reported that they could not list their best source of information (or did not have one);
3) 'Friends' (that is friends, family, partners) were ranked third as the best source of information with 15.3% giving this answer;
4) 'Media' (for example documentaries, specials, current affairs programs/reports, newspaper/magazine articles/features etc.) accounted for 12.6% of responses for the best source of information on HIV/AIDS;
5) Correctional centre 'AIDS/Health Promotions Committees' were the best source of information on HIV/AIDS for 10.2% of respondents.

Given correctional centre AIDS/Health Promotions Committees and much of the AIDS

resource materials distributed within correctional centres can be directly attributable to the work of the PAP and the PPEP, we can see that they play a vital role as the major source of external information for inmates on HIV/AIDS within the correctional centre system. In fact 35.5% of respondents listed these items as their best source of information - 'Friends', 'Media' and 'None/No Input' 51.1%.

Further weight can be added to this finding if we look at the best sources of information listed by inmates who have completed the PPEP. From the post-course questionnaires (n=458) the top 5 groups were given as follows:

1) 'PPEP' with 58.7% of participants listing the program as their best source of information on HIV/AIDS;
2) 'AIDS Resource Materials' accounting for 15.9% of responses;
3) 'None/No Input' ranking third with 10.0%;
4) 'AIDS/Health Promotions Committees' with 5.0%, and;
5) 'Media' being listed by 3.3% of respondents as their best source of information on HIV/AIDS.

From these results we can see that resources relating to the work undertaken by the PAP is regarded by 79.6% of respondents as their best source of information on HIV/AIDS.

It is however of concern that prior to undertaking the course just over one fifth (23%) of inmate could not list any best source of information regarding HIV.

34. RECOMMENDED: that a review be conducted on the availability and accessability of information for inmates (and staff) on HIV, and other blood borne communicable diseases, in order to identify any gaps in the distribution of information and resources to the mainstream inmate population. Furthermore, that once this review has been conducted that appropriate measures are taken to address any shortfalls that are identified.

Evaluation Objective 7. ascertain the nature and extent of current HIV risk behaviour of inmates in correctional centres.

In order to ascertain the nature and extent of current HIV risk behaviour of inmates in NSW correctional centres it was necessary to develop a tool to obtain this information.

This was required as the V1/V2 questionnaires contained no questions relating to these issues and so provided no insight for analysis.

There were two possible avenues available to obtain information on the nature and extent of current HIV risk behaviours by inmates in NSW correctional centres.

The first, was to take advantage of the fact that these issues are usually discussed within the course of a PPEP, and so interview trainers to ascertain their understanding of the situation(s) within their correctional centres. This methodology was deemed unacceptable for a number of reasons:

- relied on the recollection of trainers on the scope and nature of discussions for each individual program they had conducted;
- no way to compare and standardise the results obtained from the trainers into reliable measures;
- time, and resourcing constraints, meant that it was unfeasible to conduct interviews with trainers to address the issues of current HIV risk behaviours among inmates in correctional centres, and;
- group discussions that take place, may have been biased by many factors involving the dynamics occurring within any particular group. Factors such as, trust between the inmates themselves and that held for the program trainer; status of group members; the light in which HIV risk activities were held both within the group and the particular correctional centres culture.

The second option available was to incorporate into the V3 questionnaire a number of questions for inmates to complete. This was chosen as the best strategy available to try and collect some information on the inmates HIV risk activities.

After discussion with the Regional AIDS Co-ordinators it was felt most appropriate if any questions asked were done so in the post-course questionnaire only, as it would be the best time to obtain accurate information from inmates. This was for three main reasons, (i) inmates would have established a rapport and trust with the trainer and amongst themselves; (ii) inmates would have the knowledge on safe cleaning procedures and so could provide estimates if they were being followed, and (iii) they would have a better understanding of the importance and relevance of providing accurate information.

Careful consideration was given to the design of this part of the questionnaire having regard to the sensitive and often taboo (and unspoken) nature of HIV risk behaviours and inmates concern over confidentiality. See Annex 13.

In order to address these two concerns, inmates were asked to answer the questions given their *"experience and understanding about what happens in prison now"*. Asking inmates about their own activities was unfeasible as this would raise all the issues

surrounding self-disclosure. Furthermore, any materials taken in and out of a PPEP course, for security reasons, must be available for inspection by staff at the correctional centre involved, thus inmates would be extremely reluctant to disclose the kind if information sought for fear of being identified from the questionnaires should they be inspected.

Inmates were asked twelve questions for which they could circle one of the following six answers:

- *Have No Idea;*
- *All of Them;*
- *About Three Quarters of Them;*
- *About One Half of Them;*
- *About One Quarter of Them;*
- *None of Them.*

For the two questions relating to the cleaning of syringes/fits, and tattoo guns inmates were also asked why they thought inmates didn't clean these items.

Where estimates on the number of inmates undertaking HIV risk activities were provided by inmates (that is, all but the response *Have No Idea)*, the average estimate was calculated by multiplying the estimate provided, by the number of inmates who felt it was representative, and then, aggregating the result for each estimate and dividing by the total number of inmates who provided an estimate.

Results obtained from each question are outlined below. It should be noted, that the V3 post-course questionnaire sample was only 114 questionnaires and more importantly for some questions only 23-25 inmates felt able to provide an estimate of the number of inmates undertaking an activity. For these reasons the results presented can only be taken as indicative of the possible level of current HIV risk behaviours among inmates in correctional centres. Further analysis will have to wait until sufficient V4 questionnaires are completed (and the responses analysed), in order for a larger sample of the inmate population to be collected. However, this method of estimating the number of inmates who undertake HIV risk behaviours will always be limited by the accuracy of inmates perceptions of these behaviours.

As the results presented only reflect the perceptions of inmates who had completed the PPEP and filled out a V3 post-course questionnaire, they may not necessarily have any relationship to the actual HIV risk activities undertaken by inmates. However, they provide the only indicators available in order to address this issue for the purposes of this evaluation.

It is for these reasons that no explanatory analysis is provided for each question. A summary of the results, and the indications they provide on the nature and extent of current HIV risk behaviour of inmates while in correctional centres, is provided at the end of the section.

1. "How many inmates while in prison, would inject drugs (shoot up) when they're available?"

The results obtained after analysis are presented in table 22. From these we can see that 11% of inmates did not answer this question, a further 31% of them "Had No Idea", which left only 58% (66 inmates) who felt able to provide an estimate for the number of inmates who injected drugs, when available, while in a correctional centre. The average estimate calculated for this group was 49%.

Table 22. PPEP V3 Post-Course Questionnaire - Inmate Risk Behaviours *"Inject drugs while in prison".*

RESPONSE	NUMBER (n=114)	%
None of Them	-	-
About One Quarter of Them	27	23.7%
About One Half of Them	14	12.3%
About Three Quarters of Them	25	21.9%
All of Them	-	-
Have No Idea	35	30.7%
No Answer Given	13	11.4%

That is, on average, for those 66 inmates who completed a V3 post-course questionnaire and provided an estimate, they felt 49% of inmates would inject drugs while in a correctional centre when they were available.

2. "Of the inmates who inject while in prison, how many would SHARE their needles/syringes/fits?"

The results obtained after analysis are presented in table 23. These show that 11% of inmates did not answer this question, a further 29% of them "Had No Idea", which left only 60% (68 inmates) who felt able to provide an estimate for the number of inmates who shared their syringes, when they injected drugs (when available), while in a correctional centre. The average estimate calculated for this group was 72%. That is, on average, for those 68 inmates who completed a V3 post-course questionnaire and provided an estimate, they felt 72% of inmates would share syringes when injecting drugs (when available), while in a correctional centre.

Table 23. PPEP V3 Post-Course Questionnaire - Inmate Risk Behaviours *"Share syringes while in prison".*

RESPONSE	NUMBER (n=114)	%
None of Them	-	-
About One Quarter of Them	9	7.9%
About One Half of Them	14	12.3%
About Three Quarters of Them	20	17.5%
All of Them	25	21.9%
Have No Idea	33	28.9%
No Answer Given	13	11.4%

3. "Of the inmates who inject while in prison, how many would CLEAN their needles/syringes/fits EVERYTIME in a way to prevent the spread of HIV and Hepatitis B & C?"

The results obtained after analysis are presented in table 24. These show that 11% of inmates did not answer this question, a further 33% of them "Had No Idea", which left only 56% (64 inmates) who felt able to provide an estimate for the number of inmates who would clean their syringes everytime in a way to prevent the spread of HIV and Hepatitis B and C when they injected drugs (when available), while in a correctional centre. The average estimate calculated for this group was 54%. That is, on average, for those 64 inmates who completed a V3 post-course questionnaire, and provided an estimate, they felt only 54% of inmates would clean their

syringes everytime in a way to prevent the spread of HIV (and Hepatitis B and C) if using, while in a correctional centre.

Table 24. PPEP V3 Post-Course Questionnaire - Inmate Risk Behaviours *"Clean syringes everytime while in prison".*

RESPONSE	NUMBER (n=114)	%
None of Them	2	1.8%
About One Quarter of Them	16	14.0%
About One Half of Them	23	20.2%
About Three Quarters of Them	17	14.9%
All of Them	6	5.3%
Have No Idea	37	32.5%
No Answer Given	13	11.4%

In addition, for this question, inmates were asked to provide a reason as to why they felt inmates did not clean their syringes everytime, in a way to prevent the spread of HIV and Hepatitis, when using, while in a correctional centre. The main reasons they provided were as follows:

- No reason given - 58.8%;
- Didn't answer question(s) - 11.4%;
- Not educated - 9.6%;
- No bleach/equipment available - 7.9%;
- Can't be bothered - 6.1%;
- No time/afraid of being caught - 2.6%;
- Other reasons - 3.5%.

Therefore around 70% of the inmates who completed the V3 post-course questionnaire did not provide any reason as to why they felt inmates, who used while in a correctional centre, did not clean syringes everytime in a way to prevent the spread of HIV and Hepatitis B and C. Of those that did provide an answer, the main reasons they felt inmates did not clean syringes everytime was because, (i) they were not educated; (ii) they couldn't be bothered, and (iii) there was no bleach/equipment available.

4. "How many inmates while in prison, would use tattoo guns?"

The results obtained after analysis are presented in table 25. From these we can see that 13% of inmates did not answer this question, a further 31% of them "Had No Idea", which left only 56% (64 inmates) who felt able to provide an estimate for the number of inmates who used tattoo guns while in a correctional centre. The average estimate calculated for this group was 40%. That is, on average, for those 64 inmates who completed a V3 post-course questionnaire and provided an estimate, they felt 40% of inmates would use tattoo guns while in a correctional centre.

Table 25. PPEP V3 Post-Course Questionnaire - Inmate Risk Behaviours *"Use tattoo guns while in prison".*

RESPONSE	NUMBER (n=114)	%
None of Them	-	-
About One Quarter of Them	34	29.8%
About One Half of Them	22	19.3%
About Three Quarters of Them	8	7.0%
All of Them	-	-
Have No Idea	35	30.7%
No Answer Given	15	13.2%

5. "Of the inmates who use tattoo guns while in prison, how many would share them with others?"

The results obtained for this question are presented in table 26. These show that 13% of inmates did not answer this question, a further 32% of them "Had No Idea", which left only 55% (63 inmates) who felt able to provide an estimate for the number of inmates who used and shared tattoo guns while in a correctional centre. The average estimate calculated for this group was 68%. That is, on average, for those 63 inmates who completed a V3 post-course questionnaire and provided an estimate, they felt 68% of inmates who used tattoo guns while in a correctional centre would share them.

Table 26. PPEP V3 Post-Course Questionnaire - Inmate Risk Behaviours *"Share tattoo guns while in prison".*

RESPONSE	NUMBER (n=114)	%
None of Them	-	-
About One Quarter of Them	15	13.2%
About One Half of Them	12	10.5%
About Three Quarters of Them	11	9.6%
All of Them	25	21.9%
Have No Idea	36	31.6%
No Answer Given	15	13.2%

6. "Of the inmates who use tattoo guns while in prison, how many would CLEAN them EVERYTIME in a way that prevents the spread of HIV and Hepatitis B & C?"

The results obtained after analysis are presented in table 27. These show that 12% of inmates did not answer this question, a further 38% of them "Had No Idea", which left only 50% (57 inmates) who felt able to provide an estimate for the number of inmates who used tattoo guns and would clean them everytime, in a way to prevent the spread of HIV and Hepatitis B and C, while in a correctional centre. The average estimate calculated for this group was 54%. That is, on average, for those 57 inmates who completed a V3 post-course questionnaire, and provided an estimate, they felt only 54% of inmates who used tattoo guns would clean them everytime in a way to prevent the spread of HIV (and Hepatitis B and C) while in a correctional centre.

Table 27. PPEP V3 Post-Course Questionnaire - Inmate Risk Behaviours *"Clean tattoo guns everytime while in prison".*

RESPONSE	NUMBER (n=114)	%
None of Them	3	2.6%
About One Quarter of Them	17	14.9%
About One Half of Them	14	12.3%
About Three Quarters of Them	12	10.5%
All of Them	11	9.6%
Have No Idea	43	37.7%
No Answer Given	14	12.3%

In addition, for this question inmates were asked to provide a reason as to why they felt inmates who used tattoo guns did not clean them everytime in a way to prevent the spread of HIV while in a correctional centre. The

main reasons they provided were as follows:

- No reason given - 66.6%;
- Didn't answer question(s) - 12.3%;
- Not educated - 6.1%;
- No bleach/equipment available - 6.1%;
- Can't be bothered - 4.4%;
- Don't know how to - 2.6%;
- Other reasons - 1.8%.

Therefore around 79% of inmates did not answer this question or provide any reason as to why they felt inmates who used tattoo guns while in a correctional centre, did not clean them everytime in a way to prevent the spread of HIV and Hepatitis B and C. Of those that did provide an answer, the main reasons they felt inmates did not clean tattoo guns everytime were the same given when they were asked why inmates didn't clean syringes. That is, because, (i) they were not educated; (ii) they couldn't be bothered, and (iii) there was no bleach/equipment available.

7. "How many inmates while in prison would undertake NO form of sexual release/activity?"

The results obtained after analysis are presented in table 28. From these we can see that 12% of inmates did not answer this question, a further 45% of them "Had No Idea", which left only 43% (49 inmates) who felt able to provide an estimate for the number of inmates who would undertake no form of sexual release or activity while in a correctional centre. The average estimate calculated for this group was 36%. That is, on average, for those inmates who completed a V3 post-course questionnaire and provided an estimate, they felt 36% of inmates would undertake NO form of sexual release or activity while in a correctional centre.

Table 28. PPEP V3 Post-Course Questionnaire - Inmate Risk Behaviours *"Undertake no form of sexual release or activity while in prison".*

RESPONSE	NUMBER (n=114)	%
None of Them	20	17.5%
About One Quarter of Them	9	7.9%
About One Half of Them	3	2.6%
About Three Quarters of Them	13	11.4%
All of Them	4	3.5%
Have No Idea	51	44.7%
No Answer Given	14	12.3%

8. "How many inmates while in prison, would masturbate on their own?"

The results obtained after analysis are presented in table 29.

Table 29. PPEP V3 Post-Course Questionnaire - Inmate Risk Behaviours *"Masturbate on their own while in prison".*

RESPONSE	NUMBER (n=114)	%
None of Them	-	-
About One Quarter of Them	2	1.8%
About One Half of Them	-	-
About Three Quarters of Them	20	17.5%
All of Them	58	50.9%
Have No Idea	21	18.4%
No Answer Given	13	11.4%

From these we can see that 11% of inmates did not answer this question, a further 18% of them "Had No Idea", which left 71% (80 inmates) who felt able to provide an estimate for the number of inmates who would masturbate on their own while in prison. The average estimate calculated for this group was 92%. That is, on average, for those inmates who completed a V3 post-course questionnaire and provided an estimate, they felt 92% of inmates would masturbate on their own while in prison.

9. "How many inmates while in prison, would masturbate with others?"

The results obtained after analysis are presented in table 30.

Table 30. PPEP V3 Post-Course Questionnaire - Inmate Risk Behaviours *"Masturbate with others while in prison".*

RESPONSE	NUMBER (n=114)	%
None of Them	1	0.9%
About One Quarter of Them	21	18.4%
About One Half of Them	3	2.6%
About Three Quarters of Them	1	0.9%
All of Them	-	-
Have No Idea	75	65.8%
No Answer Given	13	11.4%

From these we can see that 11% of inmates did not answer this question, a further 66% of them "Had No Idea", which left only 23% (26 inmates) who felt able to provide an estimate for the number of inmates who would masturbate with others while in a correctional centre. The average estimate calculated for this group was 29%. That is, on average, for those 26 inmates who completed a V3 post-course questionnaire and provided an estimate, they felt 29% of inmates would masturbate with others while in a correctional centre.

10. "How many inmates while in prison, would have oral sex?"

The results obtained after analysis are presented in table 31.

Table 31. PPEP V3 Post-Course Questionnaire - Inmate Risk Behaviours *"Have oral sex while in prison".*

RESPONSE	NUMBER (n=114)	%
None of Them	1	0.9%
About One Quarter of Them	19	16.7%
About One Half of Them	2	1.8%
About Three Quarters of Them	3	2.6%
All of Them	-	-
Have No Idea	76	66.7%
No Answer Given	13	11.4%

From these we can see that 11% of inmates did not answer this question, a further 67% of them "Had No Idea", which left 22% (25 inmates) who felt able to provide an estimate for the number of inmates who would have oral sex while in a correctional centre. The average estimate calculated for this group was 32%. That is, on average, for those 25 inmates who completed a V3 post-course questionnaire and provided an estimate, they

felt 32% of inmates would have oral sex while in a correctional centre.

11. "How many inmates while in prison, would have anal sex?"

The results obtained after analysis are presented in table 32. From these we can see that 11% of inmates did not answer this question, a further 68% of them "Had No Idea", which left only 21% (23 inmates) who felt able to provide an estimate for the number of inmates who would have anal sex while in a correctional centre.

Table 32. PPEP V3 Post-Course Questionnaire - Inmate Risk Behaviours *"Have anal sex while in prison".*

RESPONSE	NUMBER (n=114)	%
None of Them	1	0.9%
About One Quarter of Them	19	16.7%
About One Half of Them	2	1.8%
About Three Quarters of Them	1	0.9%
All of Them	-	-
Have No Idea	78	68.4%
No Answer Given	13	11.4%

The average estimate calculated for this group was 29%. That is, on average, for those 26 inmates who completed a V3 post-course questionnaire and provided an estimate, they felt 28% of inmates would have anal sex while in a correctional centre.

12. "How many inmates while in prison, would have other types of sex? (examples - massaging/rubbing)"

The results obtained after analysis are presented in table 33. From these we can see that 11% of inmates did not answer this question, a further 61% of them "Had No Idea", which left only 28% (31 inmates) who felt able to provide an estimate for the number of inmates who would have other types of sex (such as massaging/rubbing), while in a correctional centre.

Table 33. PPEP V3 Post-Course Questionnaire - Inmate Risk Behaviours *"Have other types of sex (e.g., massaging/rubbing) while in prison".*

RESPONSE	NUMBER (n=114)	%
None of Them	1	0.9%
About One Quarter of Them	20	17.5%
About One Half of Them	5	4.4%
About Three Quarters of Them	2	1.8%
All of Them	3	2.6%
Have No Idea	70	61.4%
No Answer Given	13	11.4%

The average estimate calculated for this group was 39%. That is, on average, for those 31 inmates who completed a V3 post-course questionnaire and provided an estimate, they felt 39% of inmates would have other types of sex (such as massaging/rubbing), while in a correctional centre.

DISCUSSION OF RESULTS

The results presented above provide some interesting indicators on the nature and extent of current HIV risk behaviours within the correctional system. It should be stressed that these indicators will always be limited by the parameters surrounding the methodology used to develop them, and so only provide the perceptions of inmates (who have completed the PPEP and filled out a V3 post-course questionnaire) of the nature and extent of current HIV risk behaviours undertaken within the correctional system.

Therefore, these results may not necessarily have any relationship to the actual HIV risk activities undertaken by inmates. However, they provide the only indicators available relating to the current HIV risk behaviours being undertaken by inmates in the NSW correctional system.

The average estimates calculated for the inmates who provided answers to the questions relating to HIV risk behaviours associated with drug use while in prison were as follows:

- 49% of inmates injected drugs, when they were available;
- 72% of inmates who injected drugs, when they were available, shared their syringes;
- 54% of inmates who injected drugs, when they were available, would clean their syringes everytime in a way to prevent the spread of HIV and Hepatitis B and C, and;
- the three main reasons they did not clean their syringes everytime were (i) they were not educated, (ii) they couldn't be bothered, and (iii) there was no bleach/equipment available to do so.

35. RECOMMENDED: in order to ensure that the maximum possible number of inmates who inject drugs while in the correctional system, will clean syringes in a way to prevent the spread of HIV, Hepatitis B/C and the like, that the PAP continues to provide education to inmates on the methods of, and reasons for, the effective cleaning of syringes. Furthermore the PAP considers the development of programs. strategies or campaigns specifically targeted at providing this information (including how to negotiate safe cleaning behaviours). In addition, the PAP (i) continues to ensure the DCS policy on the free access of bleach to inmates is adhered to, and (ii) investigates all other possible strategies that could be adopted to minimise the risk of HIV transmission among the injecting drug users of the inmate population.

The average estimates calculated for the inmates who provided answers to the questions relating to HIV risk behaviours associated with the use of tattoo guns while in prison were as follows:

- 40% of inmates used tattoo guns;
- 68% of inmates who used tattoo guns shared them;
- 54% of inmates who used tattoo guns, would clean them everytime in a way to prevent the spread of HIV and Hepatitis B and C, and;
- the three main reasons they did not clean their tattoo guns everytime were (i) they were not educated, (ii) they couldn't be bothered, and (iii) there was no bleach/equipment available to do so.

36. RECOMMENDED: in order to ensure that the maximum possible number of inmates who use tattoo guns while in the correctional system, will clean these guns in a way to prevent the spread of HIV, Hepatitis B/C and the like, that the PAP continues to provide education to inmates on the methods of, and reasons for, the effective cleaning of tattoo guns. Furthermore the PAP considers the development of programs. strategies or campaigns specifically targeted at providing this information (including how to negotiate safe cleaning behaviours). In addition, the PAP (i) continues to ensure the DCS policy on the free access of bleach to inmates is adhered to, and (ii) investigates all other possible strategies that could be adopted to minimise the risk of HIV transmission among those inmates who use tattoo guns, for example, the instigation of a review on the DCS policies relating to tattoo guns and their use within the correctional system.

The average estimates calculated for the inmates who provided answers to the questions relating to HIV risk behaviours associated with sexual activity and practices while in prison were as follows:

- 36% of inmates undertook no form of sexual release or activity;
- 92% of inmates would masturbate on their own;
- 29% of inmates would masturbate with others;
- 32% of inmates would have oral sex;
- 29% of inmates would have anal sex, and;
- 39% of inmates would have other types of sex (e.g., massaging/rubbing).

The results indicate that there is only a small minority of inmates who do not undertake any form of sexual release or activity while in a correctional centre. A significant proportion of inmates undertake sexual activities that involve other inmates - 29% to 39% depending on the activity. When this occurs there is always some risk of HIV transmission, albeit often very low, for all these activities.

A great deal of discussion was conducted with PAP and other staff (especially the Regional AIDS Co-ordinators), surrounding the issues that arise when inmates undertake sexual activities with each other and the repercussions this has on the prevention of HIV transmission within the correctional system.

There are three main scenarios that cover the situations where sex can take place between two or more inmates:

1) Voluntary, consenting sex, that is where an inmate has sex with another inmate(s) of their own accord because they want to have sex with the other inmate(s) involved;
2) Semi-consensual sex, that is where an inmate has sex with another inmate(s) of their own accord (be it for whatever reason) and because the other inmate(s) wants to have sex with them;
3) Sexual assault, that is where an inmate is forced to have sex with another inmate(s) when they do not wish to do so.

It must be noted that no matter which scenario we choose, there is a risk of HIV transmission in each case. The extent of the risk depends on the type of sexual activity involved. There seems to be little doubt that no matter what is done, that each of these three scenarios exist and will continue to exist within the correctional system framework.

Therefore, what is important is that inmates have available to them all possible avenues to

be able to avoid infection with HIV and other blood borne communicable diseases. This involves the adoption of two main strategies.

The first, is that all inmates are provided with access to information and knowledge on the transmission of HIV (and other blood borne communicable diseases). While the second is that inmates have access to the tools to carry out the preventative strategies that they have been taught. That is; access to condoms and water based lubricants. Once provided with the knowledge and tools required, inmates then have the ability to make informed decisions and actions in relation to the sexual activities that take place.

If both these strategies are adopted, inmates can prevent themselves getting HIV, or giving it to others, when involved in high risk activities such as anal sex.

Much discussion seems to centre around whether the provision of condoms to inmates condones, or encourages inmates to have, anal sex. This discussion often appears to be centred around moral issues or objections. However, regardless of these objections, HIV is a major health issue and it is essential that it be seen as such. Whether the provision of condoms will "encourage" inmates to have anal sex is irrelevant, as some inmates do, and will continue to have, anal sex be it voluntary or semi-consensual.

Therefore, what is vital, is that it is ensured that any anal sex which takes place within correctional centres has associated with it the lowest possible risk of HIV transmission. Again this is not simply a matter of providing inmates with condoms and water based lubricants, they also need to be provided with access to information on how and why to use them, and how to negotiate their use. Educative tools, that address the issue of condom use, targeting changing inmates behaviour patterns are an essential component of these strategies.

The next issue that seems to arise in connection with this topic, relates to the cases of sexual assault. The argument is that some perpetrators of sexual assault, will still not use condoms and so there is no point in having them available. What this argument overlooks is that if inmates are provided with proper education they will realise that they are at risk of getting HIV whether they are the insertive or receptive partner during anal sex. Thus, even in the case of sexual assaults, it will be in the interest of the perpetrators to use a condom.

Traditionally, the topic of sexual assault has been dealt with by telling inmates it is wrong, illegal and that "they shouldn't do it", these messages are products of an authority imposing its rule. They do not explain to inmates (i) the risks of HIV transmission involved in undertaking different forms of sexual activity; (ii) how these risks can be minimised, and (iii) the risks they are placing themselves and others under when they engage in different types of sexual activity.

The supply of condoms to inmates also relates to the likelihood of transmission of HIV through oral sex. In Australia the likelihood of getting HIV from oral sex is low, as there is a relatively high level of dental and oral hygiene within our society. When oral and dental hygiene is poor the risk of HIV transmission through oral sex is greatly increased, as bleeding gums, abscesses and other complaints significantly increase the risk of direct transmission.

Generally, inmates have a relatively low level of oral and dental hygiene, and this is usually related to the lifestyles they have led, with years of neglect of their oral and dental health. This is further exacerbated by the difficulty sometimes experienced by inmates in obtaining timely dental care while within the correctional system.

Therefore, the risk of getting HIV from oral sex, for inmates, is relatively greater than for other groups. As inmates do, and will continue to engage in, oral sex, it is also important they have access to condoms, and appropriate education, to reduce the likelihood of transmission of HIV and other blood borne diseases when they undertake oral sex.

37. RECOMMENDED: that inmates have available to them all possible avenues to be able to avoid infection with HIV (and other blood borne communicable diseases) when involved in sexual and other activities within the correctional system. This involves the adoption of two possible main strategies. The first, is that all inmates are provided with access to information and knowledge on the transmission of HIV (and other blood borne communicable diseases). While the second is that inmates have access the tools to carry out the education that they have been taught. Once provided with the knowledge and tools required, inmates then have the ability to make informed decisions and actions in relation to the sexual activities that take place.

Evaluation Objective 8. ascertain the behavioural intentions of inmates, in relation to HIV/AIDS, when they are released.

Given the time constraints placed on this evaluation it was not possible to conduct one on one closed interviews with a representative sample of inmates from within the correctional system. This would have been the most effective way of trying to ascertain the behavioural intentions of inmates, in relation to HIV/AIDS, when they were released.

However, this would only be looking at the behavioural intentions of inmates, any results obtained would only have provided an indication, not an estimate, of the actual risk behaviours that may be undertaken by inmates when released. The biggest problem faced when trying to ascertain either the actual or intended behavioural activities of inmates, in relation to HIV, when they are released, is how to obtain this information from them. Even if information is obtained on their behavioural intentions, and it is accurate, what purpose would it serve. Perhaps a more appropriate strategy would be to assume, on having completed the PPEP, that the vast majority of inmates would indicate that they intended to practice safe/safer HIV risk activities. Then once a refresher program has been established inmates could be asked questions on their actual safe/safer activities (both on the inside and outside), and why they did/did not practice safe/safer activities. The information thus obtained would then provide more useful information on the barriers present for inmates in making behavioural changes in relation to HIV risk activities. This information could then be used to address these issues within the PPEP.

There are, however, a couple of indicators that relate to inmates' feelings on HIV that were asked in the V3 questionnaire.

Firstly, inmates who undertook the PPEP, were asked *"Do you know enough to stop yourself getting HIV? YES NO UNSURE".* From the pre-course questionnaire the following results were obtained from 136 inmates.

- 57.4% answered 'yes';
- 28.7% answered 'unsure';
- 9.6% answered 'no', and;
- 4.4% did not answer this question.

From the post-course questionnaire the following results were obtained from the 114 inmates who completed the PPEP.

- 96.5% answered 'yes';
- 0.9% answered 'no', and;
- 2.6% did not answer this question.

From these results we can again see a significant increase, in the number of inmates who felt they knew enough to stop themselves getting HIV once they had completed the PPEP (see objective 1). Whether this increase translates to changes in HIV risk activities is beyond the scope of this evaluation.

Secondly, inmates who had completed the PPEP, were asked *"Will you be safe from getting HIV once you get out of prison? YES NO MAYBE UNSURE Why do you think this?".* The results obtained are presented in table 34.

From these results we can see the majority of inmates (52.6%) felt they were safe from getting HIV once they had left the correctional system. The main reasons provided for these

responses were (i) they intended to only practice safe/safer sex and drug use activities once they were released; and (ii) that they were in a monogamous relationship. Nearly one fifth (9.6%) of those who answered 'yes' gave no reason for why they felt they would be safe from getting HIV upon release.

Table 34. PPEP V3 Post-Course Questionnaire - Feel safe from getting HIV once outside by reason given.

SAFE FROM GETTING HIV ONCE OUT OF PRISON	*POST-COURSE RESULTS (n=114)*				
REASON GIVEN FOR ANSWER	*TOTAL*	*YES*	*NO*	*MAYBE*	*UNSURE*
None	25.3%	9.6%	7.0%	6.1%	2.6%
Life's Uncertain	22.9%	-	12.3%	5.3%	5.3%
In a monogamous relationship	6.2%	5.3%	0.9%	-	-
HIV is no threat	0.9%	0.9%	-	-	-
At risk from old habits	2.7%	0.9%	0.9%	0.9%	-
Will practice safe/safer drug use & sex	34.2%	29.8%	2.6%	1.8%	-
Will practice safe/safer sex	7.0%	6.1%	0.9%	-	-
No answer provided	0.9%	-	-	-	-
TOTALS	100%	52.6%	24.6%	14.1%	7.9%

Around 25% of inmates who completed the PPEP, did not feel they would be safe from getting HIV when they were released from prison. Just over one quarter (7%) of those who replied "no" gave no reason for their answer, while most (12.3%) said they did not think they would be safe from getting HIV, because life was full of uncertainty.

The remainder of the inmates either felt they maybe (14.1%), or were unsure (7.9%) of whether they would be safe from getting HIV once they were released from prison. Again large proportions of each of these two groups gave no reason for their answer (Maybe 6.1%, Unsure 2.6%). The main reason given by each group was because life was full of uncertainty (Maybe 5.3%, Unsure 5.3%).

These results give us a broad indication of the feelings and intentions of the inmates who had completed the PPEP, regarding HIV, once they are released from the correctional system. They show that around 36% felt safe from getting HIV because they intended to practice safe/safer activities when released. Furthermore they also provide an indication of the feelings and factors that influenced their sense of being at risk of getting HIV once released. The most prominent reason being they felt life was too uncertain, accounting for nearly 23% of responses.

It is important to remember that these results only provide an indication of the intentions upon release (in relation to HIV), of those inmates who had completed V3 PPEP post-course questionnaires, and thus cannot be taken to be representative of the intentions or feelings of all inmates, relating to HIV, when they are released.

38. RECOMMENDED: in order to ascertain inmates actual and intended behavioural changes while in the correctional system and upon release, that a mechanism be developed by the PAP for obtaining the information required. Furthermore, once this mechanism is developed, that the information obtained is used to address these issues within the PPEP. One possible way, would be to obtain information from inmates who undertake any PPEP refresher or update course.

that the HIV/AIDS education is appropriate to their needs.

The V1/V2 questionnaires only contained one question relating to the extent to which inmates believe that the HIV/AIDS education is appropriate to their needs. That was *"What has been the best source of information about HIV/AIDS for you?"*. Analysis for the responses obtained for this question is contained under objective 6 of this evaluation.

Additional information was available from the V3 post-course questionnaires which asked inmates the following questions:

- *"Where else can you get information on HIV/AIDS while in prison ?";*
- *"Which parts of this course did you find the BEST for finding out about HIV?";*
- *"Which parts of this course DID NOT HELP you in finding out about HIV?";*
- *"What other things do you think could be put in the course to make it more useful for you as a peer educator?";*
- *"How could you change this course to relate to how things actually work in prison?", and;*
- *"Any other comments on this course?".*

The responses obtained for each question from the 114 inmates who completed a V3 post-course questionnaire are presented below.

"Where else can you get information on HIV/AIDS while in prison ?"

For this question the following results were obtained:

- Corrections Health Service (40%);
- AIDS/Health Promotions Committee (17%);
- no answer provided (13%);
- AIDS resource materials (11%);
- drug and alcohol Services (10%);
- inmate peer educators (8%), and;
- friends (1%).

"Which parts of this course did you find the BEST for finding out about HIV?"

For this question the following results were obtained:

- all of it (62%);
- no answer provided (16%);
- group discussions (8%);
- videos (6%),and;
- other sections (8%).

"Which parts of this course DID NOT HELP you in finding out about HIV?"

For this question the following results were obtained:

- nil (84%);
- no answer provided (14%), and;
- games (2%).

"What other things do you think could be put in the course to make it more useful for you as a peer educator?"

For this question the following results were obtained:

- no answer provided (61%);
- more videos (6%);
- update the information contained in the course (6%);
- include a case study on someone who is HIV antibody positive (5%);
- nothing (4%);
- have an advanced/refresher course (4%);

- provide more materials (4%);
- more time (3%);
- other suggestions (1% each)
  - inmates run some sessions;
  - let peer educators have access to condoms and fits, so they can use them to educate others;
  - more role plays;
  - simplify the medical content;
  - make it part of the young offenders program;
  - how to approach someone who is HIV antibody positive;
  - more information on other blood borne communicable diseases.

"How could you change this course to relate to how things actually work in prison?"

For this question the following results were obtained:

- no answer provided (73%);
- nothing (6%);
- run more courses (5%);
- provide more materials (3%);
- make it compulsory for inmates (2%);
- more group discussion (2%);
- other suggestions (1% each)
  - more videos;
  - inmates run some sessions;
  - include a visit from someone who is HIV antibody positive;
  - more time ;
  - let peer educators have access to condoms and fits, so they can use them to educate others;
  - more information on alternative practices;
  - more information on other blood borne communicable diseases;
  - target more education at improving inmate hygiene;
  - get more officers/staff involved.

"Any other comments on this course?"

For this question the following results were obtained:

- no answer provided (51%);
- good/great course (18%);
- educational/informative (18%);
- recommended/worthwhile (6%);
- hold more often (3%);
- 'thank you' to PAP (3%);
- good teacher (1%).

DISCUSSION OF RESULTS

From these results we can see that the majority of those inmates who completed a V3 questionnaire when they had completed a PPEP course felt that the PPEP was appropriate to their educational needs.

When asked which part of the course they found best for finding out about HIV, 62% responded 'all of it'. Furthermore, when asked which parts of the PPEP they felt did not help them in finding out about HIV, 84% responded 'no parts did not help'.

Most inmates (61%) completing the questionnaires provided no response when asked what other things could be added to the course to make it more useful for them as a peer educator. Of those that did supply responses those most often made were:

- more videos;
- update the information contained in the course, and provide more materials;
- nothing;
- include a case study on someone who is

HIV antibody positive, and;
- have an advanced/refresher course.

All these items have been addressed within the recommendations made by this report.

Seventy three percent of inmates completing the questionnaires provided no response when asked how the course could be changed to relate to how things actually worked in the correctional system. Of those that did supply responses those most often made were:
- nothing;
- run more courses, and;
- provide more materials.

Again all these items have been addressed within the recommendations made by this report.

When asked if they had any other comments on the PPEP course, 51% of those inmates completing V3 questionnaires provided no answer. Almost one fifth (18%) of respondents stated that the PPEP was a good or great course. Another 18% felt it was educational and/or informative, while 6% recommended it and felt it was worthwhile.

These results indicate that those inmates who had completed the PPEP, and filled out a V3 post-course questionnaire, believe that the information and education provided on HIV/AIDS in the PPEP was appropriate to their needs.

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ANNEX 1.

COMPARISON VERSION 1 AND VERSION 2 OF THE PPEP PRE/POST COURSE QUESTIONNAIRE.

VERSION 1		VERSION 2		COMMENTS
1	How long have you been in THIS gaol?	1	How long have you been in THIS correctional centre? years months	Accuracy of V1 maybe questionable, if length of incarceration only approximated.
2	Have you been in any other gaols? Yes/No Which gaols have you been in?	2	How many correctional centres have you been in? between 1 - 5 5 - 10 10 or more	It should be noted that the term correctional centre implies a larger scope of institutions e.g., Juvenile Justice Centres
3	When will you be getting out of gaol?	3	When do you get out of this correctional centre? years months	Possible inconsistency - V1 asks for the inmates estimate of their release, V2 asks for the inmates actual time of release. eg When do you think you will get out of this correctional centre?
4	Are you doing any Education Courses at the moment? Yes/No What courses are you doing now apart from this course?	4	Have you done any Educational courses in correctional centres before besides this one? Yes No	V1 obtaining current information, V2 asking about historical information in all types of correctional centres.
5	Have you done any Education Courses in gaol before? Yes/No What courses have you done in goal before?	5	What courses have you done in correctional centres before?	V1 obtaining historical information relating to gaols. V2 obtaining details of past information questioned in 5.
6	How old were you when you left School?	6	How old were you when you left school?	No inconsistency - same question.
7	What is your highest level of Education? School Certificate Higher School Certificate Trade Certificate University Degree Other	7	What is your highest level of Education? School Certificate Higher School Certificate Trade Certificate University Degree Other	No inconsistency - same question. Question however may not be easily understood by people who have little understanding of the educational system. e.g., How old were you when you left school? If you have any qualifications, what are they?

8	Have you ever been to any talks about HIV/AIDS in gaol before? Yes/No/Unsure When was the talk? Where was the talk? Who gave the talk?	8	Have you ever been to any talks about HIV/AIDS in correctional centres before? Yes No Unsure	Note: V1 - gaols. V2 - correctional centres. Possible responses will increase with the change in scope. V1 obtains details of talk in terms of when, where & who gave the talk - does not allow for possibility of more than one talk being attended (gaols only)
		9	Which correctional centre?	Obtains details of an affirmative response to question 9 - possible confusion if this connection is not made by respondent - also only allows for one response.
		10	Who gave the talk?	Obtains further details of affirmative response to question 9 - again, possible confusion if this connection is not made by respondent, and also only allows for one response.
9	Have you seen any HIV/AIDS videos in gaols? Yes/No/Unsure	11	Have you seen any HIV/AIDS videos in correctional centres? Yes No Unsure	Note: V1 - goal. V2 - correctional centre. Questions potentially cover a different scope.
		12	Have you seen any HIV/AIDS posters in correctional centres? Yes No Unsure	V1 - no equivalent question.
10	Have you seen any HIV/AIDS pamphlets in gaol? Yes/No/Unsure Have you read any of the pamphlets? Yes/No/Unsure	13	Have you seen any HIV/AIDS pamphlets in correctional centres? Yes No Unsure	Note: V1 - goal. V2 - correctional centre. Questions potentially cover a different scope. V1 Follows on assuming a positive response and obtains details of whether any pamphlets have been read.
		14	Have you read any of these pamphlets? Yes No Unsure	Obtains details of an affirmative response to 13, possible confusion if this connection is not made by respondent.
11	What has been the BEST source of information about HIV/AIDS for you?	15	What has been the BEST source of information about HIV/AIDS for you?	No inconsistency - same question.

12(a)	Here is a list of activities which may or may not pass on the AIDS virus. I want you to circle how likely you think it is for someone to catch the AIDS virus from each activity. So if someone was sharing an apple with someone else who was HIV positive, how likely is it that they would catch the AIDS virus?	16	Here is a list of activities where it may or may not be possible to transmit HIV. Circle what you believe to be the correct answer.	V1 wordy & confusing, switches between AIDS virus & HIV, adding to possible confusion for those that have little understanding of the terminology; asks for respondents opinion on how likely transmission would occur. V2 assumes knowledge of what HIV is; asks for what respondent thinks is the correct answer to the situation - this may not be the same as what the respondent believes to be the answer. Grouping of this set of responses could be improved. Additional activities maybe appropriate to include, for example, Getting a tattoo? Someone spitting in your face? Fucking anyone WITHOUT using condoms? Getting your nose or ear pierced? Given literacy levels substituting Not Likely for Unlikely may prove to be clearer for respondents completing this section. These factors may mean caution needs to be taken when interpreting and comparing the responses to these questions.
	Sharing an apple? Yes Maybe Unlikely No		Sharing an apple? Yes Maybe Unlikely No	Very specific without needing to be, more useful maybe Sharing food with someone?
12(b)	Touching dry blood? Yes Maybe Unlikely No	17	Touching dry blood? Yes Maybe Unlikely No	Possibly too vague, leading to confusion over the answer required. eg Touching someone else's blood?
12(c)	Sharing needles? Yes Maybe Unlikely No	18	Sharing needles? Yes Maybe Unlikely No	Possibly not specific enough, thus possible question maybe misinterpreted. e.g., Shooting up some dope with some mates?
12(d)	Sex WITH condoms? Yes Maybe Unlikely No	19	Sex WITH condoms? Yes Maybe Unlikely No	Possibly not specific enough, open to how respondent interprets term sex (some may not view oral sex as sex) term covers too much scope. e.g., You Fucking someone WITHOUT using condoms? Getting fucked by someone USING a condom?

12(e)	Sharing cigarettes? Yes Maybe Unlikely No	20	Sharing cigarettes? Yes Maybe Unlikely No	Could be clearer. e.g., Having a drag from someone's cigarette?
12(f)	Blood splash on skin? Yes Maybe Unlikely No	21	Blood splash on skin? Yes Maybe Unlikely No	Could be clearer. e.g., Getting someone else's blood on you (your skin)?
12(g)	Kissing? Yes Maybe Unlikely No	22	Kissing? Yes Maybe Unlikely No	Could be clearer. e.g., Kissing someone?
12(h)	Using the same toilet? Yes Maybe Unlikely No	23	Using the same toilet? Yes Maybe Unlikely No	Could be clearer, using the same toilet as who? e.g., Sharing the same toilets as someone with HIV?
12(i)	Touching? Yes Maybe Unlikely No	24	Touching? Yes Maybe Unlikely No	Could be clearer. e.g., Touching someone?
12(j)	Sex WITHOUT condoms? Yes Maybe Unlikely No	25	Sex WITHOUT condoms? Yes Maybe Unlikely No	Possibly no specific enough, open to how respondent interprets the term sex, term covers too much scope. e.g., Head jobs (oral sex) WITHOUT using condoms?
12(k)	Bloody fights? Yes Maybe Unlikely No	26	Bloody fights? Yes Maybe Unlikely No	Open to interpretation, what constitutes a "bloody fight", therefore could be more specific. e.g., Serious punch up (fight) with someone, where blood is spilt?
13	If you get blood on your skin, how can you protect yourself from HIV/AIDS?	27	If you get blood on your skin, what should you do? e.g.,. no cuts	Versions inconsistent, asking different questions; also questions not specific enough to dismiss the possibility of confusion by respondents. e.g.,'s If you get someone else's blood on you, say in a fight, what should you do to have less chance of catching HIV if you've been cut as well? If you get someone else's blood on you, say if you're cleaning up after a slash up, and you have no cuts what should you do to have less chance of catching HIV?
14	If you get cut during a fight, how can you protect yourself from HIV/AIDS?	28	If you get cut during a fight, what should you do? e.g.,. with cuts	See above.
15	What is the best way to clean a needle?	29	What is the best way to clean a needle/syringe? (fit)	Possibly not specific enough. e.g., What's the best way to clean a needle/syringe/ fit so you have less chance of catching HIV?

16	What are some other ways to clean needles?	30	What are some other ways to clean a needle/syringe? (fit)	Again possibly not specific enough. e.g., If you have no bleach, how else can you clean a needle/syringe/fit so you have less chance of catching HIV?
17	What are some ways that people can have safe/safer sex in prison?	31	What are some ways that people can have safer sex in prison?	Questions asked of the third person. Possibly may be better to ask in the first person. e.g., How can you have safer sex in prison?
18	If you have an accidental injury where blood to blood contact has occurred, when should you have a test for the AIDS virus?			Useful question, but phrasing may be inappropriate - especially "should". e.g., If you catch HIV, how long does it usually take before the blood test will show up if you've caught it for sure?
19	Is the HIV blood test 100% certain? Yes/No/Unsure	32	Is the HIV blood test 100% certain? Yes No Unsure	Assume question is to ascertain if the window period associated with testing is understood, it could also be more clearly worded. e.g., If your HIV blood test comes back as negative, does it mean you haven't got HIV?
20	What does the HIV blood test, test for?	33	What does the HIV blood test, test for?	Question of if we want to know what the HIV test tests for or what it tells you. What does the HIV blood test tell you?
21	If a person has just caught the AIDS virus how long might it be before they start to feel sick?	34	If a person is HIV positive, how long is it likely to be before they show signs of AIDS?	V1 - incorrect terminology, HIV. V2 - answer may depend on how long the person has been HIV+, thus potentially confusing. Unsure of the point of this question, as progression to AIDS varies considerably, and does not always relate to the length of time a person has been HIV+. At a stretch may ask (to gauge respondents understanding that progression from HIV+ to AIDS is not instant) If someone just catches HIV, will they get AIDS straight away?
22	There are four stages of AIDS. Do you know what these stages are? (Please write down any stages you know of). Stage 1: Stage 2: Stage 3: Stage 4:	35	There are four (4) stages of HIV. Do you know what they are? (Please write down any of the stages you know.) Stage 1 Stage 2 Stage 3 Stage 4	Question the relevance of this question - many doctors would not be able to convey this information off the top of their heads. If a measure of this level of understanding is required then could possibly ask - How many stages are there of HIV infection (please also write down their names if you know them) ?

23	Do you know of any signs that might show up if someone does get sick with AIDS?	36	Do you know any of the symptoms of someone with HIV or AIDS?	Could be more specific & clearer. e.g., What are some signs that can show up (symptoms) if someone has caught HIV?
24	If there were some prisoners who had positive HIV test results, should they be moved away from other inmates in the main goal? Yes/No/Unsure Why? (Please explain your answer)	37	If there were some inmates who had positive HIV test results, should they be segregated from the main? Yes No Unsure Why?	Both too wordy. e.g., If inmates are HIV positive should they be kept apart from other inmates? Why do you think this?
25	Would you feel safe in the same wing as an inmate who was HIV positive? Yes/No/Unsure Why? (Please explain your answer)	38	Would you feel safe sharing a cell with a HIV positive inmate? Yes No Unsure Why?	Perhaps not as clear as it could be. e.g., Would you be afraid of catching HIV if you had to share a cell with another inmate who had HIV? Why do you feel this way?
26	Do you think you know enough to protect yourself from catching HIV/AIDS? Yes/No/Unsure	39	Do you know enough to stop yourself getting HIV? Yes No Unsure	Questions have different focuses and could be clearer. e.g., Do you know how to stop yourself catching HIV?

GENERAL COMMENTS

* No date of course recorded on the forms, so no analysis can be undertaken on what effect increases in the general understanding of HIV and its transmission (as a social issue) has had on the program.
* Respondents not directly asked if they have done the course before, though this may get picked up from question 5. It could be assumed that levels of understanding of HIV and its transmission would increase in proportion to the number of times this course was undertaken, thus those respondents completing the course more than once will skew the pre-course data on the level of knowledge and understanding of HIV and its transmission held before the course is undertaken.
* Questionnaire poorly designed, in terms of presentation, flow/continuity, format, method of data collection (pre and post) and layout - these factors need not necessarily be intrinsically tied to coding requirements. For example the post questionnaire only needs to ask questions 27 to 39 again, to gauge if there has been any increase in levels of understanding of HIV and its transmission.
* Language used may assume levels of literacy and understanding that may be too high. An small example of how this could be improved is by placing at the top of the questionnaire. "HIV is the virus that you can catch that will give you AIDS".
* Response rates to questions and proportion of incomplete questionnaires need to be assessed to determine levels of comprehension (of the questionnaire).
* Appropriateness of questionnaire for different groups should be assessed e.g., NESB, Aboriginal and Torres Straite Islanders and those intellectually challenged

ANNEX 2.

LIST OF PPEP PRE/POST COURSE QUESTIONNAIRES CODED AS PART OF STAGE 1 OF THE EVALUATION - NOTE QUESTIONNAIRES WERE RECODED AS PART OF STAGE 2

CORRECTIONAL CENTRE	START	FINISH	PRE	POST	CODING-PRE	CODING-POST
Parklea	16/10/89	20/10/89	15	15	1379-1393	1394-1408
Assessment CC	21/11/89	24/11/89	6	7	1128-1133	1134-1140
Glen Innes	29/01/90	2/02/90	14	14	1159-1172	1173-1186
Parramatta	19/02/90	23/02/90	12	11	1002-1013	1014-1024
Silverwater	19/02/90	23/02/90	16	15	1409-1424	1425-1439
Maitland (C Wing)	26/02/90	2/03/90	10	9	1284-1293	1294-1302
Bathurst	12/03/90	16/03/90	14	14	1025-1038	1039-1052
Reception CC	18/03/90	21/03/90	12	9	1234-1245	1246-1254
Broken Hill	19/03/90	23/03/90	9	8	1081-1089	1090-1097
Norma Parker*	26/03/90	30/03/90	13	10	1356-1368	1369-1378
Berrima	17/04/90	20/04/90	15	13	1053-1067	1068-1080
Training CC	23/04/90	27/04/90	15	13	1458-1472	1473-1485
Oberon	14/05/90	17/05/90	14	15	1486-1499	1500-1514
Cooma	4/06/90	8/06/90	15	15	1098-1112	1113-1127
Goulburn	12/6/90	15/6/90	14	14	1206-1219	1220-1233
St Helliers	23/07/90	26/07/90	11	7	1440-1450	1451-1457
Emu Plains	5/11/90	8/11/90	10	8	1141-1150	1151-1158
Grafton		19/11/90	10	9	1187-1196	1197-1205
Mulawa*	18/12/90	21/12/90	12	12	1332-1343	1344-1355
Remand CC	14/01/91	18/01/91	15	14	1255-1269	1270-1283
Mannus	20/05/91	23/05/91	14	15	1303-1316	1317-1331
TOTAL			266	247		

* - Correctional centres for female inmates.

NB Questionnaires were not coded for the following correctional centres: Cessnock, John Morony, Kirkconnel, Lithgow, Tamworth, Newnes and Long Bay centres not listed above.

ANNEX 3.

PPEP PRE/POST COURSE QUESTIONNAIRES CODED AS PART OF STAGE 2 OF THE EVALUATION

CORRECTIONAL CENTRE	START	FINISH	PRE	POST	ID - PRE	ID - POST	SPSS Coding Pre	SPSS Coding Post
Parklea	16/10/89	20/10/89	15	15	1379-1393	1394-1408	1-15	16-30
Assessment CC	21/11/89	24/11/89	6	7	1128-1133	1134-1140	31-36	37-43
Glen Innes	29/01/90	2/02/90	14	14	1159-1172	1173-1186	44-57	58-71
Parramatta	19/02/90	23/02/90	12	11	1002-1013	1014-1024	103-114	115-125
Silverwater	19/02/90	23/02/90	16	15	1409-1424	1425-1439	72-87	88-102
Maitland (C Wing)	26/02/90	2/03/90	10	9	1284-1293	1294-1302	126-135	136-144
Bathurst	12/03/90	16/03/90	14	14	1025-1038	1039-1052	145-158	159-172
Reception CC	18/03/90	21/03/90	12	9	1234-1245	1246-1254	173-184	185-193
Broken Hill	19/03/90	23/03/90	9	8	1081-1089	1090-1097	194-202	203-210
Norma Parker*	26/03/90	30/03/90	13	10	1356-1368	1369-1378	211-223	224-233
Berrima	17/04/90	20/04/90	15	13	1053-1067	1068-1080	234-248	249-261
Training CC	23/04/90	27/04/90	15	13	1458-1472	1473-1485	262-276	277-289
Oberon	14/05/90	17/05/90	14	15	1486-1499	1500-1514	290-303	304-318
Cooma	4/06/90	8/06/90	15	15	1098-1112	1113-1127	319-333	334-348
Goulburn	12/6/90	15/6/90	14	14	1206-1219	1220-1233	349-362	363-376
St Helliers	23/07/90	26/07/90	11	7	1440-1450	1451-1457	377-387	388-394
Emu Plains	5/11/90	8/11/90	10	8	1141-1150	1151-1158	395-404	405-412
Grafton		19/11/90	10	9	1187-1196	1197-1205	413-422	423-431
Mulawa*	18/12/90	21/12/90	12	12	1332-1343	1344-1355	432-443	444-455
Remand CC	14/01/91	18/01/91	15	14	1255-1269	1270-1283	456-470	471-484
Mannus	20/05/91	23/05/91	14	15	1303-1316	1317-1331	485-498	499-513
Remand CC	15/07/91	18/07/91	14	9	1486-1499	1500-1508	518-527	528-536
Mulawa*	29/07/91	1/08/91	14	15	1509-1522	1523-1537	537-550	551-565
Parramatta	17/09/91	20/09/91	8	11	1538-1545	1546-1555	566-573	574-584
St Helliers	28/10/91	31/10/91	8	7	1556-1563	1564-1570	585-592	593-599
Bathurst	29/10/91	1/11/91	8	9	1571-1578	1579-1587	600-607	608-616
Cessnock	9/12/91	12/12/91	7	7	1588-1594	1595-1601	617-623	624-630
Silverwater	24/02/92	27/02/92	13	12	1602-1614	1615-1626	631-643	644-655

CORRECTIONAL CENTRE	START	FINISH	PRE	POST	ID - PRE	ID - POST	SPSS Coding Pre	SPSS Coding Post
Maitland	30/03/92	2/04/92	10	10	1627-1636	1637-1646	656-665	666-675
Glen Innes	21/05/92	28/05/92	11	11	1647-1657	1658-1668	676-686	687-697
Goulburn YO	13/06/92	16/06/92	5	6	1669-1674	1675-1680	698-703	704-708
Grafton	23/06/92	26/06/92	12	8	1681-1692	1693-1700	709-720	721-728
Reception CC	18/08/92	21/08/92	9	6	1701-1709	1710-1715	729-737	738-743
Oberon	24/08/92	27/08/92	11	12	1716-1726	1727-1738	744-754	755-766
Cooma	14/09/92	17/09/92	16	16	1739-1754	1755-1770	767-782	783-798
Goulburn MPU	21/09/92	24/09/92	11	11	2001-2011	2012-2022	799-809	810-820
Bathurst	10/12/92	15/12/92	10	8	1771-1780	2023-2030	821-830	831-838
Oberon	9/02/93	12/02/93	7	6	2031-2037	2038-2043	839-845	846-851
Kirkconnell	9/03/93	12/03/93	13	11	2044-2056	2057-2067	852-864	865-875
Mannus	19/04/93	22/04/93	7	8	2068-2075	2076-2082	876-882	883-890
Lithgow	18/05/93	21/05/93	14	13	2083-2096	2097-2109	891-904	905-917
Goulburn (B)	24/05/93	27/05/93	9	8	2110-2118	2119-2126	918-926	927-934
Parklea	7/06/93	10/06/93	8	7	2127-2134	2135-2142	935-942	943-949
TOTAL			491	458	Total Questionnaires Coded: V1 - 808 V2 - 141			

* - Correctional centres for female inmataes.

Questionnaires with ID numbers greater than 2000 are Version 2 questionnaires.

NB Questionnaires were not coded for the following correctional centres: John Morony, Tamworth as no complete set of questionnaires were available.

ANNEX 4.

PPEP COURSES CONDUCTED UNTIL DECEMBER 1993 AND EVALUATION DATA AVAILABLE

CORRECTIONAL CENTRE	START	FINISH	DAY/ SESS. EVALS	NUMBER OF PRE/ POST Q	EDUCATORS
Remand CC	19/07/89	26/07/89	Y	14:13	PILOT - Kaye & Andy
Silverwater	25/07/89	16/08/89	Y	18:13	PILOT - Kaye & Andy
Mulawa	25/07/89	16/08/89	Y	11:7	PILOT - Kaye & Andy
Parramatta	3/10/89	6/10/89	Y	10:9	PILOT - Kaye & Steve
Parklea	16/10/89	20/10/89	Y	15C:15C	PILOT - Kaye & Steve
Goulburn	25/10/89	28/10/89	Y	16:11	PILOT - Kaye & Steve
Training CC	7/11/89	10/11/89	Y	16:13	PILOT - Kaye & Steve
Asessment CC	21/11/89	24/11/89	Y	6C:7C	PILOT - Steve
Norma Parker	28/11/89	8/12/89	Y	10:9	PILOT - Kaye
Grafton	12/12/89	15/12/89	Y	13:13	KIM & Steve
			TOTALS FOR 1989	**129:110**	INMATES COMPLETING PPEP IN 1989 = 110
Glen Innes	29/01/90	2/02/90	Y	14C:14C	Steve
Emu Plains	12/2/90	15/2/90	Y	12:12	Mac & Sue
Cessnock	12/2/90	15/2/90	Y	15:15	Steve
Silverwater	19/02/90	22/02/90	Y	16C:15C	Steve
Dawn DeLois	19/02/90	22/02/90	Y	13:13	Mac & Sue
Maitland C	26/02/90	2/03/90	Y	10C:9C	Steve
Parramatta	26/02/90	2/03/90	Y	12C:11C	Mac & Sue
Bathurst	12/03/90	16/03/90	Y	14C:14C	Sue
Reception CC	18/03/90	21/03/90	Y	12C:9C	Steve
Broken Hill	19/03/90	22/03/90	Y	9C:8C	Mac
Norma Parker*	26/03/90	29/03/90	Y	13C:10C	Mac & Sue
Berrima	17/04/90	20/04/90	Y	15C:13C	Mac
Remand CC	17/04/90	20/04/90	Y	17:13	Steve
Training CC	23/04/90	26/04/90	Y	15C:13C	Mac
Mulawa	30/04/90	3/5/90	Y	13:12	Sue
Reception CC	30/04/90	3/05/90	Y	12:10	Steve
Maitland	7/05/90	11/05/90	Y	7:7	Kim & Steve

CORRECTIONAL CENTRE	START	FINISH	DAY/ SESS. EVALS	NUMBER OF PRE/ POST Q	EDUCATORS
Bathurst X	14/05/90	17/05/90	Y	13:12	Sue
Oberon	14/05/90	17/05/90	Y	14C:15C	Mac
Kirkconnel	21/05/90	25/05/90	Y	14:14	Mac
Cooma	4/06/90	8/06/90	N	15C:15C	Sue
Mannus	11/06/90	15/06/90	N	(9:9)	Mac
Goulburn	18/06/90	22/06/90	N	14:9	Steve
Cessnock ATSI	25/06/90	28/06/90	N	(16:16)	Bev & Steve
Cessnock	25/06/90	28/06/90	N	(16:16)	Kim & Mac
Parklea	25/06/90	28/06/90	N	14:9	Sue
Bathurst ATSI	16/07/90	19/07/90	N	(11:11)	Bev & Steve
Grafton ATSI	23/07/90	3/08/90	N	(20:20)	Bev
St Helliers	23/07/90	3/08/90	N	11C:7C	COURSE UNFINISHED Steve
Parklea	07/90	7/08/90	N	(9:9)	Anne
Silverwater	29/10/90	6/11/90	Y	13:14	Mac
Emu Plains	5/11/90	8/11/90	Y	10C:8C	Mac
Grafton	19/11/90	22/11/90	Y	10C:9C	Mac
Parramatta	11/12/90	14/12/90	Y	15:14	Mac
Mulawa*	18/12/90	21/12/90	N	12C:12C	Mac
			TOTALS FOR 1990	**455:417**	EST. INMATES COMPLETING PPEP IN 1990 = 417
Remand CC	14/01/91	17/01/91	Y	15C:14C	Mac
St Heliers	4/03/91	7/03/91	N	(10:10)	Kim & Mac
Bathurst	18/03/91	21/03/91	N	(14:14)	Mac
Remand CC	19/03/91	22/03/91	N	11:9	Peter/Steve
Maitland	16/04/91	19/04/91	N	(9:9)	Mac
Cessnock	29/04/91	2/05/91	N	(16:16)	Mac
Mannus	20/05/91	23/05/91	Y	14C:15C	Mac
Berrima	20/05/91	23/05/91	Y	9:8	Gerda
Parramatta	23/06/91	26/06/91	N	(12:12)	Brian/Donna/Steve
Remand CC	15/07/91	18/07/91	N	14:9	Peter/Steve
Parklea	22/07/91	30/07/91	N	(9:9)	David & Steve

CORRECTIONAL CENTRE	START	FINISH	DAY/ SESS. EVALS	NUMBER OF PRE/ POST Q	EDUCATORS
Parramatta	*23/07/91*	*26/07/91*	N	8:(8)	*Donna & Brian*
Mulawa*	*29/07/91*	*1/08/91*	N	14:15	*Mac*
Cooma	*12/08/91*	*15/08/91*	Y	15:15	*Mac & Zoe*
Emu Plains	*13/8/91*	*16/8/91*	Y	12:9	*John & Robyn*
Goulburn	*26/08/91*	*29/08/91*	N	6:6	*Steve*
Parklea	*26/08/91*	*3/09/91*	N	(9:9)	*David & Steve*
Goulburn MPU	*2/09/91*	*5/09/91*	N	(11:11)	*Kayleen*
Parramatta	*17/09/91*	*20/09/91*	N	8:11	*Brian*
Glen Innes	*23/09/91*	*26/09/91*	N	15:(15)	*Kim*
Grafton	*14/10/91*	*17/10/91*	Y	13:11	*Kim/Cheryl S/Alysan*
Assessment CC	*14/10/91*	*17/10/91*	N	6:9	*Brian*
Cessnock	*21/10/91*	*25/10/91*	N	(9:9)	*Denise/Len/Steve*
St Heliers	*28/10/91*	*31/10/91*	Y	8:7	*Kim & Lorraine*
Bathurst Main	*28/10/91*	*31/10/91*	Y	15:14	*Sue/Stephanie/Sue*
Bathurst B&X	*29/10/91*	*1/11/91*	Y	8:9	*Sue/Stephanie/Sue*
Cessnock	*5/11/91*	*8/11/91*	N	(9:9)	*Helen/Allan/Natalie*
Remand CC	*11/12/91*	*14/11/91*	N	(8:8)	*Brian*
Norma Parker*	*11/91*	*11/91*	N	(8:8)	*Suzi*
Training CC	*24/11/91*	*27/11/91*	N	(10:10)	*Brian*
Cessnock D	*9/12/91*	*12/12/91*	Y	7:7	*Len/Denise/Joanne/Kim*
			TOTALS FOR 1991	**332:325**	*EST. INMATES COMPLETING PPEP IN 1991 = 325*
Parramatta	*11/02/92*	*14/02/92*	N	6:7	*Brian/Donna*
Mulawa*	*10/02/92*	*13/02/92*	N	14:10	*Zoe*
Silverwater	*24/02/92*	*27/02/92*	N	13:12	*Margaret/Penny/Ken*
Tamworth	*11/03/92*	*19/03/92*	N	(12:11)	*Kim*
Remand CC	*17/03/92*	*20/03/92*	N	9:10	*Roslyn & Michael G*
Maitland	*30/03/92*	*2/04/92*	N	10:10	*Roger/Greg/Alex/Kim*
Cessnock	*6/04/92*	*9/04/92*	N	11:(11)	*Len & Denise*
Assessment CC	*21/04/92*	*24/04/92*	N	5:13	*Brian & Jane*
Glen Innes	*21/05/92*	*28/05/92*	N	11:11	*Kim*

CORRECTIONAL CENTRE	START	FINISH	DAY/ SESS. EVALS	NUMBER OF PRE/ POST Q	EDUCATORS
St Heliers	11/06/92	15/06/92	N	15:(15)	Kim
Goulburn YO	13/06/92	16/06/92	N	6:6	Martin T
Grafton Main	23/06/92	26/06/92	Y	12:9	Kim/Alison/Cheryl/Chris
Windsor	7/07/92	10/07/92	N	(16:16)	Deb
Bathurst	07/92	07/92	N	(10:10)	
N Parker* YO	20/07/92	23/07/92	N	(9:9)	Suzie
Mulawa*	27/07/92	30/07/92	N	8:(16)	Zoe
Parramatta	28/07/92	31/07/92	N	8:(8)	Brian & Donna
Training CC	10/08/92	13/08/92	N	(14:14)	Brian
Silverwater	10/08/92	13/08/92	N	13:13	Ken & Margaret
Oberon	11/08/92	14/08/92	N	(14:14)	Deb
Lithgow	17/08/92	20/08/92	N	10:(10)	Deb
Norma Parker*	17/08/92	20/08/92	N	(6:6)	Suzi
Reception CC	18/08/92	21/08/92	N	9:6	Brian/Deb/Katrina
Oberon	24/08/92	27/08/92	N	13:12	Katrina & Deb
Industrial C	31/08/92	3/09/92	N	(7:7)	Brian & Jane
Cessnock NESB	7/09/92	10/09/92	N	(10:10)	Denise & Len
Lithgow	7/09/92	15/09/92	N	(15:15))	Deb
Cooma	14/09/92	17/09/92	Y	15:16	Zoe
Berrima	14/09/92	17/09/92	N	8:9	Gerda & Katrina
Bathurst	09/92	09/92	N	12:(12)	Deb
Goulburn MPU	21/09/92	24/09/92	N	11:11	Katrina
Emu Plains	28/09/92	1/10/92	N	12:(12)	Katrina/Robyn/Deb
Kirkconnel		10/92	N	9:(9)	Deb
Parramatta	20/10/92	23/10/92	N	(12:10)	Brian & Donna
Training CC	9/11/92	12/11/92	N	(13:13)	Brian
Emu Plains	10/11/92	13/11/92	N	12:9V2	Robyn/Deb/Katrina
Newnes	13/11/92	11/12/92	N	13V2:(13)	Katrina/Natalie/Deb
Industrial CC	7/12/92	9/12/92	N	(11:11)	Brian & Jane
Bathurst	10/12/92	15/12/92	N	10:8	Robyn/Sue/Katrina
Parklea	12/12/92	18/12/92	N	(4):4V2	Katrina

CORRECTIONAL CENTRE	START	FINISH	DAY/ SESS. EVALS	NUMBER OF PRE/ POST Q	EDUCATORS
Tamworth	24/ /92	27/ /92	N	(9:7)	Kim
Windsor E	2/12/92	4/12/92	N	(4:4)	Deb
Windsor Main	7/12/92	10/12/92	N	(13:13)	Deb
			TOTALS FOR 1992	454:444	EST. INMATES COMPLETING PPEP IN 1992 = 444
Mulawa*	8/02/93	11/02/93	N	16:12V2	Zoe
Oberon	9/02/93	12/02/93	N	7V2:5V2	Katrina & Jan
Goulburn Main	16/02/93	19/02/93	N	(7:7)	Zoe/Katrina/Sandy
Bathurst	18/02/93	23/02/93	N	14:13V2	Kellie
Training CC	21/02/93	24/02/93	N	(15:15)	Brian
Remand CC	19/02/93	26/02/93	N	(7:7)	Brian & Michael
Kirkconnell	9/03/93	12/03/93	N	13:11	Deb/Sue/Katrina
Lithgow	15/03/93	18/03/93	N	7:8V2	Karen & Katrina
Life Styles U	4/02/93	25/03/93	N	(7:7)	Brian
Emu Plains	22/03/93	26/03/93	N	13V2:8V1	Deb & Robyn
Goulburn	22/03/93	25/03/93	N	11:9V2	Eric & Katrina
Industrial CC	29/03/93	31/03/93	N	(11:10)	Brian
Cooma	5/04/93	8/04/93	Y	16:14V2	Zoe
Mannus	19/04/93	22/04/93	N	8:7V2	Karen & Zoe
Norma Parker*	13/04/93	16/04/93	N	(9:9)	Suzie
Parklea	4/05/93	7/05/93	N	(8:8)	Katrina
Lithgow	18/05/93	21/05/93	Y	14:13V2	Cheryl & Katrina
Goulburn (B)	24/05/93	27/05/93	Y	9:8V2	Katrina & Eric
Goulburn (X)	24/05/93	27/05/93	Y	(4:4)	Katrina & Zoe
Goulburn -MPU	24/05/93	27/05/93	Y	8V1:9V2	Zoe
Remand CC	25/05/93	28/05/93	N	(14:14)	Brian/Danny
Parklea	8/06/93	12/06/93	N	(7:7)	Katrina
Cessnock	8/06/93	12/06/93	N	(10:10)	Denise & Len
Life Styles U	29/04/93	17/06/93	S	6V1:(6)	Katrina & Zoe
Kirkconnell	21/06/93	24/06/93	N	10V3P:9V3P	PILOT V3 Deb
Parklea 8wk	24/06/93	6/08/93	N	7V3P:2V3	PILOT V3 (PRE) Deb

CORRECTIONAL CENTRE	START	FINISH	DAY/ SESS. EVALS	NUMBER OF PRE/ POST Q	EDUCATORS
Bathurst	5/07/93	9/07/93	N	(14:14)	Deb/Kellie/Sue
Parklea	7/07/93	11/07/93	N	11V3C:7V3C	Phillip R
Emu Plains	20/07/93	23/07/93	N	(11:11)	Deb/Robyn Hopkins
MTC	26/07/93	28/07/93	N	13V3C:13V3C	Brian
Parklea	27/07/93	30/07/93	N	(8:8)	Katrina
John Morony	10/08/93	13/08/93	N	12V3:(12)	Deb
Parklea	20/08/93	10/09/93	N	11V3:6V3	Deb
Life Styles U	30/08/93	6/09/93	N	3V3:4V3	Deb
Berrima	2/09/93	10/09/93	N	9V1:6V1	Gerda
Bathurst	6/09/93	9/09/93	N	11V3C:11V3C	Deb & Sue F
Mannus	7/09/93	10/09/93	N	12V3C:12V3C	Alyson & Zoe
Lithgow	14/09/93	21/09/93	N	10V3C:8V3C	Paul H
Tamworth	14/09/93	17/09/93	N	12V3C:8V3C	Sue & Katrina
Cooma	21/09/93	24/09/93	N	16V3C:16V3C	Zoe, Stephen & Joyce
Maitland	27/09/93	30/09/93	N	12V3C:12V3C	Henry & Katrina
Junee	5/10/93	8/10/93	N	10V3C:10V3C	Dorothy & Zoe
Parramatta	12/10/93	15/10/93	N	(12:12)	Paul H
Kirkconnell	18/10/93	21/10/93	N	(10:10)	Paul H
Grafton	18/10/93	21/10/93	N	8V3C:6V3C	Katrina & Helen
Grafton	23/10/93	26/10/93	N	10V3C:10V3C	Katrina & Bill
Life Style Unit	25/10/93	28/10/93	N	(5:5)	Paul H
Windsor	10/11/93	13/11/93	N	14V4P:(14)	Sue
St Heliers	22/11/93	25/11/93	N	7V4P:8V4P	Sue
Kirkconnell	24/11/93	26/11/93	N	7V4P:7V4P	Paul H
Emu Plains	30/11/93	3/12/93	N	(14:14)	Paul H
Bathurst	7/12/93	10/12/93	N	(14:14)	Paul H
Glenn Innes	29/12/93	31/12/93	N	11V3:11V3	Sue
			TOTALS FOR 1993	**531:501**	*EST. INMATES COMPLETING PPEP IN 1993 = 501*
TOTALS - July 1989 to December 1993				1901:1797	

KEY * - female inmates C - coded V - version P - pilot questionnaire ( ) - course where no questionnaires completed &/or returned.

ANNEX 5.

COMPARISON OF THE POST COURSE SAMPLE WITH THE FULL-TIME CUSTODIAL INMATE POPULATION BY SECURITY CLASSIFICATION

PRISON	SECURITY RATING	POST-COURSE n = 458	% (100%)	% F/T Pop 30/6/93
Bathurst	Med	31	6.8	1.5X + 3.1
Berrima	Min	13	2.8	1.0
Broken Hill	Med	8	1.7	0.7
Cessnock	Med	7	1.5	6.9
Cooma	Med	31	6.8	2.5
Emu Plains	Min	8	1.7	2.2
Glen Innes	Min	25	5.5	2.2
Grafton	Med	17	3.7	1.8C + 0.8
Goulburn	Max	39	8.5	1.6X + 7.1
Reception/Assessment	Max	15/7	3.3/1.5	6.0
Remand	Max	23	5.0	2.2
Maitland	Max	19	4.1	2.1
Mannus	Min	23	5.0	2.2
Mulawa	Med	28	6.1	3.4
Norma Parker	Min	21	4.6	1.2
Parklea	Med	21	4.6	4.3
Parramatta	Med	23	5.0	6.4
Silverwater	Med	16	3.5	5.2
St Heliers	Med	14	3.1	3.5
Training	Min	13	2.8	4.2
Lithgow	Max	13	2.8	4.4
Oberon	Min	31	6.8	0.6
Kirkconnell	Min	11	2.8	2.8
Tamworth John Morony SCU/SPP Junee LB Hospital		- - - - -		0.9 3.6 1.4 9.2 1.8

A. F/T Prison Pop. 30/6/93 Maximum=32.7% Medium=34.0% Minimum=33.3%

B. Sample (over 5 yrs) Maximum=25.2% Medium=42.8% Minimum=32.0%

ANNEX 6.

PPEP PRE/POST COURSE QUESTIONNAIRES
BREAKDOWN OF RESULTS

QUESTION	PRE-COURSE n = 491	POST-COURSE n = 458
Been in Other Prison?	90.6% YES 9.4% NO	89.5% YES 10.0% NO
Number of Prisons been in -		
No Other Prisons	0.6%	1.1%
1 to 5 Prisons	79.0%	72.7%
6 to 10 Prisons	18.1%	23.1%
More than 10 Prisons	2.0%	2.6%
When released?		
Sometime in 1990	18.5%	17.7%
Sometime in 1991	16.7%	16.8%
Sometime in 1992	15.5%	15.9%
Sometime in 1993	13.4%	15.7%
Sometime in 1994	6.1%	5.7%
Sometime in 1995	3.9%	4.4%
Sometime in 1996	3.3%	3.1%
Sometime in 1997, 1998, 1999	1.8%	2.2%
Sometime after 1999	2.5%	1.1%
No Answer	18.3%	17.4%
Educational Courses Undertaken by Primary Listing		
Academic/Business + Others	14.9%	14.0%
Arts/Crafts + Others	4.9%	5.4%
Agricultural + Others	2.2%	1.7%

(Continued next page)

QUESTION	PRE-COURSE n = 491		POST-COURSE n = 458	
Educational Courses (continued)				
Basic Eduational + Others	17.0%		16.8%	
Life Skills + Others	12.2%		16.2%	
Other Course + Others	1.4%		2.0%	
Trade Courses + Others	16.3%		15.0%	
PPEP	0.4%		0.4%	
None & Not Stated	30.5%	0.2%	27.7%	0.7%
Age Left School (years)	15.23 Mean Mode 15 Median 15		15.18 Mean Mode 15 Median 15	
Highest Level of Education				
None	52.3%		49.8%	
School Certificate	25.7%		28.6%	
Trade Certificate	9.2%		10.3%	
Higher School Certificate	8.1%		7.2%	
Diploma	1.2%		0.9%	
University Degree	3.5%		3.3%	
Access to Information	**YES**	**NO**	**YES**	**NO**
Been to any TALKS?	41.3%	53.8%	53.3%	43.7%
Seen any VIDEOS?	56.6%	40.3%	80.3%	17.7%
Seen any PHAMPLETS?	84.1%	12.8%	92.8%	6.1%
Read any PHAMPLETS?	71.1%	25.15	85.4%	12.4%
Best Source of Information	Top 5 Answers		Top 5 Answers	
AIDS Resource Materials	25.3%		15.9%	
None/No Input	23.2%		10.0%	
Friends	15.3%			
Media	12.6%		3.3%	
AIDS Committee	10.2%		5.0%	
PPEP			58.7%	

QUESTION	PRE-COURSE n = 491		POST-COURSE n = 458	
TRANSMISSION QUESTIONS	**Scored 3,4**	**Scored 0,1,2**	**Scored 3,4**	**Scored 0,1,2**
Sharing an apple	89.8%	10.2%	98.3%	1.8%
Touching dry blood	78.9%	21.1%	84.6%	15.4%
Sharing needles	99.0%	1.0%	100.0%	-
Sex WITH condoms	83.6%	16.4%	89.9%	10.1%
Sharing cigarettes	95.7%	4.3%	100.0%	-
Blood splash on skin	42.9%	57.1%	62.0%	38.0%
Kissing	86.1%	13.9%	98.9%	1.1%
Using the same toilet	95.8%	4.2%	99.8%	0.2%
Touching	96.9%	3.1%	99.8%	0.2%
Sex WITHOUT condoms	98.8%	1.2%	99.4%	0.6%
Bloody fights	12.9%	87.1%	30.2%	69.8%
Total Score Transmission Questions	**36.74 Mean** Mode 38.00 Median 38.00 Range 10 to 44		**39.26 Mean** Mode 40.00 Median 40.00 Range 26 to 44	

BIOMEDICAL QUESTIONS Score →	1	2	3	4	5	6
Blood on your skin	75.4	4.9	—	—		
Cut during fight	40.5	7.1	0.2	—		
Best way to clean a syringe (2x2x2)	27.9	11.2	34.6	—		
Other ways to clean syringes	29.9	9.4	—	—		
Ways to have safe/safer sex in prison	24.8	8.8	1.4	—		
Accidental injury when should be tested	38.1	9.6	—	—		
HIV blood test 100% certain	37.3	—	—	—		
What does HIV blood test test for	30.1	—	—	—		
Time to seroconversion	5.5	2.2	—	—		
4 Stages of HIV infection	8.4	1.8	0.2	1.6		
Symptoms of AIDS	24.8	16.1	4.9	1.2		
Total Score - Biomedical Questions	**6.4 Mean** Mode 6.0 Median 6.0 Range 0 to 18					

BIOMEDICAL QUESTIONS Score →	1	2	3	4	5	6
Blood on your skin	88.6	6.8	—	—	—	—
Cut during fight	59.8	19.0	1.3	—	—	—
Best way to clean a syringe (2x2x2)	3.3	2.0	91.7	—	—	—
Other ways to clean syringes	39.7	39.3	10.0	—	—	—
Ways to have safe/safer sex in prison	23.6	33.8	15.9	2.4	0.2	—
Accidental injury when should be tested	33.4	16.2	—	—	—	—
HIV blood test 100% certain	43.0	—	—	—	—	—
What does HIV blood test test for	71.6	—	—	—	—	—
Time to seroconversion	18.3	2.8	—	—	—	—
4 Stages of HIV infection	6.3	4.8	10.9	—	61.6	—
Symptoms of AIDS	29.7	31.4	17.7	4.1	—	0.2
Total Score - Biomedical Questions	**14.7 Mean** Mode 15.0 Median 16.0 Range 2 to 24					

ANNEX 7.

PPEP PRE/POST COURSE QUESTIONNAIRES RESULTS
STATISTICAL SIGNIFICANCE TESTING METHODOLOGY

ASSUMPTIONS FOR ANALYSIS OF PRE/POST QUESTIONNAIRES

Tests for Significant Statistical Differences

1. Pre September 1992 - All sessions were run according to protocol and that those who completed post-course questionnaires had all completed pre-course questionnaires. Therefore only need to allow for the drop out rate, that is the number of inmates who did not complete the course after starting it.

2. Post September 1992 - Protocol was not always followed and of those who completed post-course questionnaires a small number had not completed pre-course questionnaires. Thus the drop out rate is a net result. For example, 10 start and do pre-course questionnaires, 3 drop out, and 2 join the group, leaving 9 completing post-course.

3. Pre-course 491 completed Post-course 458 completed Therefore net dropout rate 33.

   Estimated number of new starters - 15 new starters who did not complete pre-course questionnaires.

   Using Proportionate Reduction of Error Methodology statistical significance error limits were calculated using the following formulas -

   491 (pre-course) x Proportion of Interest = Base Number (BN)

   $$\text{Upper Limit} = \frac{\text{BN + 15 (New starters)}}{\text{458 (post-course)}} \qquad \text{Lower Limit} = \frac{\text{BN - 48 (Gross Drop out Rate)}}{\text{458 (post-course)}}$$

ANNEX 7a.

PPEP PRE/POST COURSE QUESTIONNAIRES RESULTS
STATISTICAL SIGNIFICANCE TESTS

ASSUMPTIONS FOR ANALYSIS OF PRE/POST QUESTIONNAIRES

Tests for Significant Statistical Differences

1. Pre September 1992 - All sessions were run according to protocol and that those who completed post-course questionnaires had all completed pre-course questionnaires. Therefore only need to allow for the drop out rate, that is the number of inmates who did not complete the course after starting it.

2. Post September 1992 - Protocol was not always followed and of those who completed post-course questionnaires a small number had not completed pre-course questionnaires. Thus the drop out rate is a net result. For example, 10 start and do pre-course questionnaires, 3 drop out, and 2 join the group, leaving 9 completing post-course.

3. Pre-course 491 completed Post-course 458 completed Therefore net dropout rate 33.

   Estimated number of new starters - 15 new starters who did not complete pre-course questionnaires.

   Using Proportionate Reduction of Error Methodology statistical significance error limits were calculated using the following formulas -

   491 (pre-course) x Proportion of Interest = Base Number (BN)

   Upper Limit = $\frac{\text{BN + 15 (New starters)}}{\text{458 (post-course)}}$ Lower Limit = $\frac{\text{BN - 48 (Gross Drop out Rate)}}{\text{458 (post-course)}}$

TRANSMISSION QUESTIONS

Analysis looks at the change found in each question where either 3 or 4 points were awarded for the answer provided. Statistical significant differences were found for results highlighted in **BOLD**

(1) FOOD 89.8% (3/4) PRE 98.3% (3/4) POST

BN = 491 x 89.8 = 441 UPPER LIMIT $\frac{441 + 15}{458} = 99.6\%$

(2) TBLOOD 78.9% (3/4) PRE 84.6% (3/4) POST

BN = 491 x 78.9 = 387 UPPER LIMIT $\frac{387 + 15}{458} = 87.7\%$

(3) SFITS 99% (3/4) PRE 100% (3/4) POST

BN = 491 x 99 = 486 UPPER LIMIT $\frac{486 + 15}{458}$ = 109.4%

(4) SEXCON 83.6% (3/4) PRE 89.9% (3/4) POST

BN = 491 x 83.6 = 410 UPPER LIMIT $\frac{410 + 15}{458}$ = 92.8%

(5) SMOKES 95.7% (3/4) PRE 100% (3/4) POST

BN = 491 x 95.7 = 470 UPPER LIMIT $\frac{470 + 15}{458}$ = 105.9%

(6) SBLOOD 42.9% (3/4) PRE 62% (3/4) POST

BN = 491 x 42.9 = 210 UPPER LIMIT $\frac{210 + 15}{458}$ = 49.1%

(7) KISSING 86.1% (3/4) PRE 98.9% (3/4) POST

BN = 491 x 86.1 = 423 UPPER LIMIT $\frac{423 + 15}{458}$ = 95.6%

(8) TOILET 95.8% (3/4) PRE 99.8% (3/4) POST

BN = 491 x 95.8 = 470 UPPER LIMIT $\frac{470 + 15}{458}$ = 105.9%

(9) TOUCHING 96.9% (3/4) PRE 99.8% (3/4) POST

BN = 491 x 96.9 = 476 UPPER LIMIT $\frac{476 + 15}{458}$ = 107.2%

(10) SEXNCON 98.8% (3/4) PRE 99.4% (3/4) POST

BN = 491 x 98.8 = 485 UPPER LIMIT $\frac{485 + 15}{458}$ = 109.2%

(11) **BFIGHT** **12.9% (3/4) PRE** **30.2% (3/4) POST**

BN = 491 x 12.9 = 63 **UPPER LIMIT** $\frac{63 + 15}{458} = 17.0\%$

TEST FOR SIGNIFICANCE BETWEEN THE MEANS

PRE 36.74 MEAN POST 39.26 MEAN

BN = 491 x 36.74 = 18 039.34 = TOTAL SCORE(FOR ALL)

$$\text{UPPER LIMIT} = \frac{18\,039.34 + 15 \text{ HIGHEST SCORES (POST)}}{458}$$

$$= \frac{18039.34 + \{15 \times 44 = 660\}}{458}$$

$$= 40.82$$

ANNEX 7b.

PPEP PRE/POST COURSE QUESTIONNAIRES RESULTS
STATISTICAL SIGNIFICANCE TESTS

ASSUMPTIONS FOR ANALYSIS OF PRE/POST QUESTIONNAIRES

Tests for Significant Statistical Differences

1. Pre September 1992 - All sessions were run according to protocol and that those who completed post-course questionnaires had all completed pre-course questionnaires. Therefore only need to allow for the drop out rate, that is the number of inmates who did not complete the course after starting it.

2. Post September 1992 - Protocol was not always followed and of those who completed post-course questionnaires a small number had not completed pre-course questionnaires. Thus the drop out rate is a net result. For example, 10 start and do pre-course questionnaires, 3 drop out, and 2 join the group, leaving 9 completing post-course.

3. Pre-course 491 completed Post-course 458 completed Therefore net dropout rate 33.

   Estimated number of new starters - 15 new starters who did not complete pre-course questionnaires.

   Using Proportionate Reduction of Error Methodology statistical significance error limits were calculated using the following formulas -

   491 (pre-course) x Proportion of Interest = Base Number (BN)

   $$\text{Upper Limit} = \frac{\text{BN + 15 (New starters)}}{\text{458 (post-course)}} \qquad \text{Lower Limit} = \frac{\text{BN - 48 (Gross Drop out Rate)}}{\text{458 (post-course)}}$$

BIOMEDICAL QUESTIONS

Statistical significant differences were found for results highlighted in **BOLD**

WHERE AT LEAST 1 POINT SCORED FOR QUESTION

(1) BSKIN 80.4% PRE 95.4% POST

BN = 491 x 80.4 = 395 UPPER LIMIT $\frac{395 + 15}{458}$ = 89.5%

(2) CFIGHT 47.8% PRE 80.1% POST

BN = 491 x 47.8 = 235 UPPER LIMIT $\frac{235 + 15}{458}$ = 54.5%

(3) BESTCFIT 73.7% PRE 97.0% POST

BN = 491 x 73.7 = 362 UPPER LIMIT $\frac{362 + 15}{458}$ = 82.3%

(4) OTHCFIT 39.3% PRE 89.0% POST

BN = 491 x 39.3 = 193 UPPER LIMIT $\frac{193 + 15}{458}$ = 45.4%

(5) SAFESEX 35.0% PRE 75.9% POST

BN = 491 x 35.0 = 172 UPPER LIMIT $\frac{172 + 15}{458}$ = 40.8%

(6) B2BLOOD 47.7% PRE 49.6% POST

BN = 491 x 47.7 = 234 UPPER LIMIT $\frac{234 + 15}{458}$ = 51.1%

(7) BTESTCER 37.3% PRE 43.0% POST

BN = 491 x 37.3 = 183 UPPER LIMIT $\frac{183 + 15}{458}$ = 43.3%

(8) BTESTFOR 30.1% PRE 71.6% POST

BN = 491 x 30.1 = 148 UPPER LIMIT $\frac{148 + 15}{458}$ = 35.5%

(9) SEROCON 7.7% PRE 21.1% POST

BN = 491 x 7.7 = 38 UPPER LIMIT $\frac{38 + 15}{458}$ = 11.5%

(10) **HIVINFEC** **12.0% PRE** **83.6% POST**

BN = 491 x 12.0 = 59 **UPPER LIMIT** $\frac{59 + 15}{458}$ **= 16.1%**

(11) **SYMPTOMS** **47.0% PRE** **83.1% POST**

BN = 491 x 47.0 = 231 **UPPER LIMIT** $\frac{231 + 15}{458}$ **= 53.7%**

BIOMEDICAL QUESTIONS

Statistical significant differences were found for results highlighted in **BOLD**
Figures in brackets after questions relate to the number of points obtained for the question.

(1) **BSKIN (1)** **PRE 75.4%** **POST 88.6%**

BN = 491 x 75.4 = 370 **UPPER LIMIT** $\frac{370 + 15}{458}$ **= 84.1%**

BSKIN (2) PRE 4.9% POST 6.8%

BN = 491 x 4.9 = 24 UPPER LIMIT $\frac{24 + 15}{458}$ = 8.5%

(2) **CFIGHT (1)** **PRE 40.5%** **POST 59.8%**

BN = 491 x 40.5 = 199 **UPPER LIMIT** $\frac{199 + 15}{458}$ **= 46.7%**

CFIGHT (2) **PRE 7.1%** **POST 19.0%**

BN = 491 x 7.1 = 35 **UPPER LIMIT** $\frac{35 + 15}{458}$ **= 10.9%**

CFIGHT (3) PRE 0.2% POST 1.3%

BN = 491 x 0.2 = 1 UPPER LIMIT $\frac{1 + 15}{458}$ = 3.5%

(3) BESTCFIT (3) PRE 34.6% POST 91.7%

BN = 491 x 34.6 = 170 UPPER LIMIT $\frac{170 + 15}{458}$ = 40.4%

(4) OTHCFIT (1) PRE 29.9% POST 39.7%

BN = 491 x 29.9 = 147 UPPER LIMIT $\frac{147 + 15}{458}$ = 35.4%

OTHCFIT (2) PRE 9.4% POST 39.3%

BN = 491 x 9.4 = 46 UPPER LIMIT $\frac{46 + 15}{458}$ = 13.3%

OTHCFIT (3) PRE 0.0% POST 10.0%

BN = 491 x 0.0 = 0 UPPER LIMIT $\frac{0 + 15}{458}$ = 3.3%

(5) SAFESEX (1) PRE 24.8% POST 23.6% NO

SAFESEX (2) PRE 8.8% POST 33.8%

BN = 491 x 8.8 = 43 UPPER LIMIT $\frac{43 + 15}{458}$ = 12.7%

SAFESEX (3) PRE 1.4% POST 15.9%

BN = 491 x 1.4 = 7 UPPER LIMIT $\frac{7 + 15}{458}$ = 4.8%

SAFESEX (4) PRE 0.0% POST 2.4%

BN = 491 x 0.0 = 0 UPPER LIMIT $\frac{0 + 15}{458}$ = 3.3%

SAFESEX (5) PRE 0.0% POST 0.2%

BN = 491 x 0.0 = 0 UPPER LIMIT $\frac{0 + 15}{458}$ = 3.3%

(6) B2BLOOD (1) PRE 38.1% POST 33.4%
[Version 1 questionnaires only]

BN = 491 x 38.1 = 187 UPPER LIMIT $\frac{187 + 15}{458}$ = 30.3%

B2BLOOD (2) PRE 9.6% POST 16.2%
[Version 1 questionnaires only]

BN = 491 x 9.6 = 47 UPPER LIMIT $\frac{47 + 15}{458}$ = 13.5%

(7) BTESTCER (1) PRE 37.3% POST 43%

BN = 491 x 37.3 = 183 UPPER LIMIT $\frac{183 + 15}{458}$ = 43.2%

(8) BTESTFOR (1) PRE 30.1% POST 71.6%

BN = 491 x 30.1 = 148 UPPER LIMIT $\frac{148 + 15}{458}$ = 35.6%

(9) SEROCON (1) PRE 5.5% POST 18.3%
[Version 1 questionnaires only]

BN = 491 x 5.5 = 27 UPPER LIMIT $\frac{27 + 15}{458}$ = 9.2%

SEROCON (2) PRE 2.2% POST 2.8% NO

(10) HIVINFEC (1) PRE 8.4% POST 6.3%

BN = 491 x 8.4 = 41 UPPER LIMIT $\frac{41 + 15}{458}$ = -1.5%

HIVINFEC (2) PRE 1.8% POST 4.8%

BN = 491 x 1.8 = 9 UPPER LIMIT $\frac{9 + 15}{458}$ = 5.2%

HIVINFEC (3) PRE 0.2% POST 10.9%

BN = 491 x 0.2 = 1 UPPER LIMIT $\frac{1 + 15}{458}$ = 3.5%

HIVINFEC (4) PRE 1.6% POST 61.6%

BN = 491 x 1.6 = 8 UPPER LIMIT $\frac{8 + 15}{458}$ = 5.0%

(11) SYMPTOMS (1) PRE 24.8% POST 29.7%

BN = 491 x 24.8 = 122 UPPER LIMIT $\frac{122 + 15}{458}$ = 29.9%

SYMPTOMS (2) PRE 16.1% POST 31.4%

BN = 491 x 16.1 = 79 UPPER LIMIT $\frac{79 + 15}{458}$ = 20.5%

SYMPTOMS (3) PRE 4.9% POST 17.7%

BN = 491 x 4.9 = 24 UPPER LIMIT $\frac{24 + 15}{458}$ = 8.5%

SYMPTOMS (4) PRE 1.2% POST 4.1%

BN = 491 x 1.2 = 6 UPPER LIMIT $\frac{6 + 15}{458}$ = 4.6%

SYMPTOMS (6) PRE 0.0% POST 0.2%

BN = 491 x 0.0 = 0 UPPER LIMIT $\frac{0 + 15}{458}$ = 3.3%

TEST FOR SIGNIFICANCE BETWEEN THE MEANS

PRE 6.4 MEAN POST 14.7 MEAN

BN = 491 x 6.4 = 3 142.40 = TOTAL SCORE(FOR ALL)

$$\text{UPPER LIMIT} = \frac{3\,142.40 + 15 \text{ HIGHEST SCORES (POST)}}{458}$$

$$= \frac{3\,142.4 + (1 \times 24 + 4 \times 22 + 10 \times 21)}{458}$$

$$= \frac{3\,142.4 + 24 + 88 + 210}{458}$$

$$= 7.56$$

ANNEX 7c.

PPEP PRE/POST COURSE QUESTIONNAIRES RESULTS
STATISTICAL SIGNIFICANCE TESTS

ASSUMPTIONS FOR ANALYSIS OF PRE/POST QUESTIONNAIRES

Tests for Significant Statistical Differences

1. Pre September 1992 - All sessions were run according to protocol and that those who completed post-course questionnaires had all completed pre-course questionnaires. Therefore only need to allow for the drop out rate, that is the number of inmates who did not complete the course after starting it.

2. Post September 1992 - Protocol was not always followed and of those who completed post-course questionnaires a small number had not completed pre-course questionnaires. Thus the drop out rate is a net result. For example, 10 start and do pre-course questionnaires, 3 drop out, and 2 join the group, leaving 9 completing post-course.

3. Pre-course 491 completed Post-course 458 completed Therefore net dropout rate 33.

   Estimated number of new starters - 15 new starters who did not complete pre-course questionnaires.

   Using Proportionate Reduction of Error Methodology statistical significance error limits were calculated using the following formulas -

   491 (pre-course) x Proportion of Interest = Base Number (BN)

   $$\text{Upper Limit} = \frac{\text{BN + 15 (New starters)}}{\text{458 (post-course)}} \qquad \text{Lower Limit} = \frac{\text{BN - 48 (Gross Drop out Rate)}}{\text{458 (post-course)}}$$

ATTITUDINAL INDICATORS ***"Should HIV positive inmates be separated from the main?"***

Statistical significant differences were found for results highlighted in **BOLD**

(1) NONE PRE 22.4% POST 14.4%

BN = 491 x 22.4 = 110.0 LOWER LIMIT $\frac{110.0 - 48}{458} = 13.5\%$

(2) NO PRE 41.4% POST 71.5%

BN = 491 x 41.4 = 203.3 UPPER LIMIT $\frac{203.3 + 15}{458} = 47.7\%$

(3) YES PRE 32.7% POST 12.8%

BN = 491 x 32.7 = 160.6 LOWER LIMIT $\frac{160.6 - 48}{458} = 24.6\%$

(4) UNSURE PRE 22.7% POST 13.0%

491 x 22.7 = 111 LOWER LIMIT $\frac{111 - 48}{458} = 13.8\%$

(5) NO Not to Discriminate PRE 8.6% POST 18.3%

BN = 491 x 8.6 = 42 UPPER LIMIT $\frac{42 + 15}{458} = 12.4\%$

(6) NO No Threat PRE 21.8% POST 36.5%

BN = 491 x 21.8 = 107 UPPER LIMIT $\frac{107 + 15}{458} = 26.6\%$

(7) UNSURE NONE PRE 12.4% POST 5.5%

BN = 491 x 12.4 = 61 LOWER LIMIT $\frac{61 - 48}{458} = 2.8\%$

(8) NO Depends of their Attitude PRE 3.3% POST 8.5%

BN = 491 x 3.3 = 16 UPPER LIMIT $\frac{16 + 15}{458} = 6.8\%$

(9) YES Afraid of Catching HIV PRE 1.2% POST 0.2%

BN = 491 x 1.2 = 6 LOWER LIMIT $\frac{6 - 48}{458} = -9.2\%$

(10) YES To Stop Transmission PRE 21.4% POST 6.3%

BN = 491 x 21.4 = 105 LOWER LIMIT $\frac{105 - 48}{458} = 12.5\%$

ANNEX 7d.

PPEP PRE/POST COURSE QUESTIONNAIRES RESULTS
STATISTICAL SIGNIFICANCE TESTS

ASSUMPTIONS FOR ANALYSIS OF PRE/POST QUESTIONNAIRES

Tests for Significant Statistical Differences

1. Pre September 1992 - All sessions were run according to protocol and that those who completed post-course questionnaires had all completed pre-course questionnaires. Therefore only need to allow for the drop out rate, that is the number of inmates who did not complete the course after starting it.

2. Post September 1992 - Protocol was not always followed and of those who completed post-course questionnaires a small number had not completed pre-course questionnaires. Thus the drop out rate is a net result. For example, 10 start and do pre-course questionnaires, 3 drop out, and 2 join the group, leaving 9 completing post-course.

3. Pre-course 491 completed Post-course 458 completed Therefore net dropout rate 33.

   Estimated number of new starters - 15 new starters who did not complete pre-course questionnaires.

   Using Proportionate Reduction of Error Methodology statisitical significance error limits were calculated using the following formulas -

   491 (pre-course) x Proportion of Interest = Base Number (BN)

   $$\text{Upper Limit} = \frac{\text{BN} + 15 \text{ (New starters)}}{458 \text{ (post-course)}} \qquad \text{Lower Limit} = \frac{\text{BN} - 48 \text{ (Gross Drop out Rate)}}{458 \text{ (post-course)}}$$

ATTITUDINAL INDICATORS ***"Feel safe in same wing as an inmate who was HIV positive?"***

Statistical significant differences were found for results highlighted in **BOLD**

(1) **NONE** **PRE 22.3%** **POST 10.2%**

BN = 491 x 22.3 = 109.5 **LOWER LIMIT** $\frac{109.5 - 48}{458} = 13.4\%$

(2) NO PRE 17.7% **POST 8.5%**

BN = 491 x 17.7 = 87 LOWER LIMIT $\frac{87 - 48}{458}$ = **8.5%**

(3) UNSURE PRE 17.9% POST 6.9%

BN = 491 x 17.9 = 88 LOWER LIMIT $\frac{88 - 48}{458}$ **= 8.7%**

(4) YES PRE 60.9% POST 82.1%

BN = 491 x 60.9 = 299 UPPER LIMIT $\frac{299 + 15}{458}$ **= 68.6%**

(5) YES No Threat PRE 46.0% POST 70.1%

BN = 491 x 46.0 = 226 UPPER LIMIT $\frac{226 + 15}{458}$ **= 52.6%**

(6) NO Afraid of Catching HIV PRE 9.2% POST 4.6%

BN = 491 x 9.2 = 45 LOWER LIMIT $\frac{45 - 48}{458}$ = -0.6%

ANNEX 8.

PPEP V3 PRE/POST COURSE QUESTIONNAIRES

ATTITUDINAL INDICATORS - *"Afraid of getting HIV if had to share a cell with another inmate who was HIV positive?"*

AFRAID OF GETTING HIV IF HAD TO SHARE A CELL WITH ANOTHER INMATE WHO WAS HIV POSITIVE	*PRE-COURSE RESULTS (n=136)*				
REASON GIVEN FOR ANSWER	*TOTAL*	*NO*	*MAYBE*	*UNSURE*	*YES*
None	27.9%	15.4%	—	5.1%	7.4%
Depends on their attitude	7.3%	4.4%	—	2.2%	0.7%
Afraid of getting HIV	12.5%	—	0.7%	—	11.8%
So as not to discriminate	2.9%	2.9%	—	—	—
Don't know enough about it	5.1%	0.7%	—	3.7%	0.7%
As they are no threat	22.0%	21.3%	—	—	0.7%
For their own safety	2.9%	—	—	—	2.9%
Afraid of my safety	1.4%	0.7%	—	—	0.7%
To stop transmission	0.7%	—	—	—	0.7%
As they may use it as a threat or weapon	0.7%	—	—	—	0.7%
TOTALS	100% ✱	45.4%	0.7%	11.0%	26.3%

✱ - Includes 16.6% where no answer was provided for this question.

AFRAID OF GETTING HIV IF HAD TO SHARE A CELL WITH ANOTHER INMATE WHO WAS HIV POSITIVE	*POST-COURSE RESULTS (n=114)*				
REASON GIVEN FOR ANSWER	*TOTAL*	*NO*	*MAYBE*	*UNSURE*	*YES*
None	28.1%	19.3%	—	0.9%	5.3%
Depends on their attitude	14.9%	7.9%	—	0.9%	0.9%
Afraid of getting HIV	7.9%	—	—	0.9%	5.3%
Don't know enough about it	0.9%	—	—	—	0.9%
As they are no threat	43.9%	42.1%	—	0.9%	—
For their own safety	4.4%	—	—	0.9%	2.6%
TOTALS	100% ✱	69.3%	—	4.4%	14.9%

✱ - Includes 11.2% where no answer was provided for this question.

ANNEX 9.

PPEP TRAIN THE TRAINER EVALUATION

MUSWELLBROOK 3 - 6 AUGUST 1993

QUESTIONNAIRE RESULTS

1. **What aspects of the TTT program did you find most helpful in equipping you with the skills to conduct your own Peer Education Program (& why were they the most helpful)?**

* The kit and resources provided and the information on how to ensure that materials are allowed into prisons.

* The opportunities to share information, knowledge with other workers.

* Other trainers personal experiences running programs and their feedback on how inmates might react to aspects of the program.

* Running my own session as it actually made me think of how to deal with inmates in certain situations.

* Not being asked to present a session first because this gave me a chance to learn how to, and how not to, present information. I believe learning theory on group dynamics is essential to the successful running of the group (this was briefly covered).

* Other participants demonstrations of presentation techniques.

* The manual and videos.

* Feedback from RAC's who have had the experience of running programs, the prisoners reactions and how they dealt with certain situations as they arose. The kit certainly appears adequate.

* Format - sequential application of the various parts of the course to be presented allowed for understanding how the flow of information can be facilitated. Role Plays - gave a closer idea of what to expect when presenting such a course.

2. **What aspect of the TTT program did you find less helpful in equipping you with the skills to conduct your own Peer Education Program (& why were they less helpful)?**

* Constant role playing of inmates - it was often unclear what we were trying to achieve with it. There are many more ways of learning/presenting information which could be used, and by experiencing them the participants could learn to incorporate these when appropriate in presenting their own programs.

* Basically all of it. I didn't think that simply going through what the inmates receive was adequate.

* I did not agree with being asked to present a course component without some instruction in how to do it. For example we were not told that the peer education model was to allow prisoners maximum input in the formulation of course content until the last session.

* Not enough training in group skills, or opportunities to try out other presentation styles/techniques.

* No effective feedback or debriefing; and no clear statement of information on adult education.

* I would have liked more emphasis on 'training' and explaining basic adult learning principles at the beginning - group dynamics session was good, but we only just touched on it.

* Lack of cohesive input of vital material and information. i.e., the method of presenting TTT

* Not enough time for participants to prepare their sessions, and ineffective briefing for such sessions.

* The level of knowledge of biophysical aspects of HIV & STD's should have been more

comprehensive in order to address all but the most complex of questions which may be raised. Although HIV is the main topic more time should be spent of STD's generally, including an emphasis on HEP B, C and the general principles of infection control.

* It would have been helpful if the contents of our kits had been explained as we collected them. I found the role play model 'intimidating', I'm sure the inmates are not as rude as we made out. Also one minute we were in role and the next minute we were not, and there was no de-briefing following the sessions until it was pointed out by the group that it was needed.

3. **Do you feel you learnt enough on the content of the Peer Education Program in order for you to be able to run your own program (& why do you feel this way)?**

* No, because we only learnt what we give the inmates. We should have more knowledge than what we give them e.g., difficult questions etc.

* I don't feel that I have, I'll need to go through the manual and other materials carefully and lean heavily on other presenters in my institution.

* Yes - but I felt some parts of the program were too detailed - I would have preferred a more holistic view. Maybe the use of flow charts.

* Definitely not. I have no idea really of the content and must find this out for myself after the course by going carefully through the kit.

* The course jumped from topic to topic. Sometimes I had no idea what came before or after a topic, where a topic was leading etc. Some of the fundamentals such as selecting inmate participants, advertising for/advising inmates and timetables were not covered well.

* I felt the manual was skimmed, the contents were not covered in enough detail and there was lack of specific step-by-step method in preparing the program.

* I could run a program but I don't know how to measure its successfulness. I would like to say that I learnt a lot and there was a lot of content but I believe the information needed to be presented with more emphasis on how to present it.

* Yes, the content added to my current level of knowledge in terms of how to present the information in a manner understandable to the target group.

* I felt the content of the course was inadequate particularly those aspects relating to HIV itself. A more extensive grounding about the virus i.e., history, up-to-date statistics, exactly what it does once it enters the body (I thought this aspect was poorly explained) and how current medication works against the virus etc. I feel it is essential to have a complete understanding of the HIV in order to answer any questions inmates may throw up at you.

4. **Do you feel you learnt enough on how the Peer Education Program is structured in order to be able to run your own program (& why do you feel this)?**

* Yes because that is all we did - the structure of the PPEP.

* Questionable, I felt that I would have been very confused had I not had a fair degree of previous experience.

* No - I will have to study the manual. I'm unclear too about who exactly will be running the program once I've trained the inmates - do they self regulate? Am I the overseer? Is the RAC in charge?

* Yes - the written material is comprehensive - I feel confident that after reading through the material I could run a program.

* No, not if I were to run the program on my own from scratch.

* Yes, Good guidelines were given as to the structure of the course.

* No.

* Yes, the format/structure seems to be self explanatory and allows for the easy flow of information.

5. **Do you feel the TTT covered adequately the problems that could arise for you when running your own Peer Education Program (& why do you feel this way)?**

* No, we didn't really cover them at all! - only when we role played did problems arise BUT we weren't TAUGHT how to deal with these problems.

* Some aspects were good ("prisoners" eyeing off syringes & pinching materials) so we had some feedback on how to create chaos but limited ways about how to do damage control. No clear resolution of problems of inmate literacy, literacy skills or lack thereof. I think I'd aim to weed out illiterates in pre program assessments and at least warn them beforehand.

* No. More time is required on how to act when presenting the course material. For example, by developing a critique for standards of presentation we could possibly eliminate many potential problems.

* It is different running this program as professionals in inmate roles, than it would be with inmates. I think it will be easier. The practical experience was good. You can never predict the prison situation - no matter how well planned and prepared you are, things will go wrong.

* No. I feel I may have problems with them medical content and not have a good knowledge of the technical aspects in order to answer (paraphrase, simplify etc) probable questions from inmates. Perhaps this knowledge is in a book in the kit but this was not even pointed out during the TTT to my recollection. Actually, there was an emphasis on problems and little on the positive aspects. e.g., the inmates who had volunteered would not always be heckling the Trainer.

* I question the validity of popping in and out of roles, especially with inadequate debriefing. I also question whether the experience was sufficient to prepare inexperienced group workers to cope with difficult inmates and so whether role plays where used as effectively as they could have been.

* Yes, role plays and trainer presentation gave a 'feel' for an actual situation. The inadequacy of depth of information may cause some difficulty in an actual program.

* Some problems were highlighted - those which are more likely to be encountered. I found having a course co-ordinator within the group supportive, with them being able to relay actual experiences.

6. **Do you feel confident in working with a group of up to 15 inmates and covering the material covered by the Peer Education Program course (& why do you feel this way)?**

* I feel reasonably confident - but only because I have experience in working with difficult groups.

* No. The number of inmates or the group skills does not worry me but some of the material to be covered does. I feel inadequately prepared to raise issues of sexuality or conduct a condom demonstration and the use of a real 'fit' in a prison situation is something I will avoid if possible. I felt the sexuality issue was unfocussed and off the track.

* Yes, however, how well it is covered is important too.

* The material is well set out in sessions and with good aids - it would be straight forward to run the program, provided you did your 'homework' and prepared it. I have had experience running other programs before.

* No, insufficient opportunity to practise presentation skills with any effective feedback. I have little skills training in group work for education presentations; having been left with an unstructured task and creating chaos has reinforced past problems with group presentations.

* Yes, but I could feel a lot more confident - I would like more information and perhaps a more extensive manual.

* I feel confident with the knowledge I have regarding HIV, but am hesitant about facing a group -I have not had any experience with group work.

* Yes, due to previous experience in similar situations and a level of knowledge greater than provided in the course. Had an appreciation of the course structure and information flow, but the course content was not personally challenging.

7. **How did you find the materials provided to you to run the Peer Education Program? (what did you like/dislike about them and how appropriate are they for your needs)**

* They seem OK at this stage, there's a box full. There is a danger with contraband items (e.g., syringe) I did remember to take it and the condoms out before I dumped the box in my office. I think the 2 x 2 x 2 could be taught with a model syringe or kind of cardboard cut out.

* The materials provided appears to be ADEQUATE. I will know better after running the first group

* I liked the fact that all materials were prepacked and only needed collection, and were available at the start - allowing familiarisation.

* The syringe and banana dildo I have reservations about - the syringe especially could create tension. There was no time in the TTT course to review, discuss familiarise myself with the materials - now I will have to do all this on my own and try to work out if they will be appropriate.

* Well done. I would probably add to or change a few things with experience. I thought some activities were repetitive e.g., writing/brainstorming on the whiteboard.

* OK, need more extensive manual eg how long to spend on sessions, extra information. Liked the overheads, dildo etc manual is the only problem.

* To actually run the course the material provided was more than adequate but could be improved with addition of more information on other STD's and a more manageable (i.e., larger) syringe & cleaning kit.

* The material provided appear adequate I guess I will find out how appropriate they are after I have conducted a program. Not sure if the dildo is very appropriate, The materials in our kits were not explained to us. While we have lots of handouts to give inmates - what do we do if they cannot read?

8. **Are there shortfalls in the TTT course (if so, what are they)?**

* Yes, not enough TTT for those without education background.

* More on training or teaching methods rather than content. It is easy enough to read through a session present it, as is, but adult teaching/learning techniques need explanation.

* Yes, the course was patchy - there was not a structured overview even, but just a dabble here and there. There was -
1) No pre-course preparation.
2) The role plays were over done, badly done and often destructive as a result.
3) Lack of current HIV information.
4) Nil coverage of adult learning principle - a 2 minute read through of 1/2 a dozen broad points is not enough.

* Yes, we were not trained to be trainers we only received what the inmates get apart from one session.

* Too much assumed knowledge, i.e., not enough time spent training the trainers. What is the theme? What are the expectations on how to present course content? No guidance on how to deal with disputable information e.g., Sensitivity when using condoms.

* More input of a technical nature needed - major shortfall was that without the input of the 3 or 4 more experienced participants, the less experienced would have been confused.

* Lack of method in the overall presentation.

* Been thrown in at the deep end (role play/presentation)

* Yes - (a) expecting course participants to conduct sessions on the first day with little introduction to the PPEP. (b) Having to role play as inmates for every session. (c) Not enough background information for the trainers/we need to be better informed than the trainees. (d) More time devoted to group work skills.

* 1) The level of knowledge presented to TTT participants should be greater than we are expected to present.
2) Some information on adult learning styles should be included.

9. **What parts of the TTT course provide you with the skills you think you'll need to run a Peer Education Program?**

* The knowledge and participation of the other trainees; their comments and demonstrated skills were very helpful.

* ?

* The trainers manual.

* The background and field experience of Zoe & Brian was very helpful.

* The base material in the manual needs expanding.

* Practical experience in trying a variety of presentation skills; one session was not enough. Watching others demonstrate was minimally helpful alone without having a go. Perhaps some information on adult education theory as well as pre-training reading assignments.

* Equipment & RAC input about their experience in running groups.

* Topic presentation & practice.

10. **How do you think the TTT course could be changed in order to make it a better course for trainees?**

* A session on how not to present a course. More time on training the trainers in learning theory. Utilising the skills of the group more.

* More on adult education and training skills, however people with experience or a background in these areas may become bored, perhaps some kind of pre-training assessment.

* The manual was at best skeletal (The other printed material issued with the kit may pad it out when we have time to read and digest it after we get home).

* It would have been helpful to work through the complete manual step-by-step.

* More training and less content. Provide a chart/overview at the start to explain sessions, when they occur and what they cover.

* More information, problems faced by trainers. How to deal with difficult situations. More extensive trainers manual. At least 5 days of EXTENSIVE TRAINING.

* Send the manual and timetable to participants several weeks before the course, along with selected readings. Get participants to nominate a session which they will deliver.

* Use role plays sparingly, not continually, making sure they're properly introduced and debriefed.

* Many sessions lost the focus of HIV/Peer Educator training and became test situations of the students acting ability or some unrecognisable purpose.

* Models of adult learning need to be looked at along with the concept of peer education.

* More emphasis on group work skills. I didn't enjoy role play. At times the group weren't sure what we were supposed to be doing - in or out of role. I feel perhaps one or two session could be conducted this way but not every session.

* Increase the level of knowledge. Expand the course to include more relevant lifestyles issues. More information on adult learning styles

11. Having completed your TTT course, do you now feel confident enough to run your own Peer Education Program? Why do you feel this way?

* Yes, I feel reasonably confident to run a course, mainly because of my background and experience in group work.

* Yes, because I already had the experience/skills to deliver such a course. I would feel very threatened/uncertain however if I had expected to be taught these at the TTT. I'm a bit confused about some of the background knowledge but will read carefully to make sure I have a clearer understanding. I will in fact have to train myself, but have done th TTT course I will be allowed to run the course now.

* Yes - I have done many group work things previously. No - I would like/need more extensive information/knowledge.

* I do not feel confident enough to run my own group because I believe that it will take time to feel confident and this will probably come after I have run my first group. I am thankful I can call my RAC and I will.

* I feel confident from the knowledge point of view, but shall need support form my RAC in presentation of the material. I feel a lot has been left up to the individual trainer as to how successful their program will be.

* Yes, because of my past skills and knowledge.

12. What were your expectations of the TTT course?

13. Were your expectations of the TTT met? (How - or how not - were they met)

* - To be trained as a trainer, NOT a prisoner. To gain extensive information/knowledge. How to deal with problems.
- NO

* - To learn how to run the program in my prison. I knew very little about HIV/AIDS, so I was expecting to be educated myself.
- YES

* - I expected to be taught about running the group. Not to be asked to present information which I knew very little about. However, after I did my presentation I realised how little can be presented in a long period of time, so I wondered if my presentation was really adequate in terms of productivity or was it measured by how much I could entertain people?
- No, I got a shock when I was asked to present information which I did not know well. I know we must learn by experience but we also should be given criterion to work towards and instructions on how to do it.

* - I expected a lot more input of technical material and for the less experienced workers more attention to the how, what, when, where and why of HIV/AIDS; and the running of such specialised courses.
- Not really, because of the points raised in earlier questions.

* - To follow a manual and go step by step through the program, and; to learn as current and complete a knowledge of HIV (e.g., treatments, progress of disease etc) as is available. There should be 2 focuses to this TTT course (a) HIV - research, what's involved, methods, treatments, nature of the disease, attitudes, spread, growth, history, effects, symptoms etc.; and (b) Peer Education -what's involved, skills, responsibilities, roles, rights, how far to go, methods, models, uses, supports, chain of command, committees etc.
- No, I felt the four days was a waste of time. I would have done better if I'd read a manual for myself and discussed it with the other participants.

* - To become fully proficient in understanding and delivery of PPEP's.
- I think I was over optimistic.

* - To be able to conduct a PPEP.
- To a certain extent but I will certainly need time to do some "homework" (preparation) before I will feel comfortable about conducting a program.

* - That I would be provided with an opportunity to gain knowledge and skills of an appropriate nature and level to enable me to run such a course for the target group. To access

information and resources. To 'network' with other within the system.

- Not in the areas of level of knowledge and teaching skills as a potential trainer I would expect more information than I am expected to present and more time to be spent on how to present the information.

14. What would your overall assessment of the TTT be as a course designed to train you to run the Peer Education Program?

* I felt the course lacked a professional approach and attention to detail.

* Not completely satisfactory. Little or no instruction was given on how to present the course information. Lets have some criterion on what is acceptable or excellent in presentation standards. What theme/model should we structure the course in i.e., open format or closed to input from inmates?

* Very poor, it could be threatening and confusing. The underlying principles of adult learning were not made explicit - the whole impact of the program relies on the inmates being adequately prepared and empowered. This has to be made explicit through the methods they are taught by as well as through the knowledge they are given.

* Good, As usual, the best & most effective learning took place in peer discussion outside the lecture room. The motel/RSL set up helped this. Much more appropriate than the academy.

* Fair, but DEFINITE room for improvement. Actually FAIR going on to POOR!

* Inadequate for myself to independently run a PPEP; it was great in helping me again reassess my inadequacies in running programs and I recognise a need to do lots more work in TTT area - perhaps using other departmental resources.

* Adequate - assuming a certain level of pre-existing knowledge of the course content and adult learning styles and teaching techniques.

* Basic - the course only covered the same material that the inmates receive. Surely as trainers the knowledge base for trainers need to be more extensive.

15. Any other comments?

* I was 'asked' to run a session but was given no time to prepare. I had no idea what I was meant to do, if this was the actual timing of this session in the inmate course let alone what the session itself was about. Luckily, I had seen this activity before. Perhaps this was good management but it seemed more like good luck. If I had had no previous experience this whole exercise could have been absolutely shattering. The final day was a waste of time: the participant prepared session could have been scheduled for the afternoon before. There was no wrap up, conclusion, pulling threads together etc. We met for two hours and that could have been put on the end of the other days. So it was really only a 3 day course (that's less than the inmates who we will be training will get). What are the overall aims of the PAP? Is it just a flavour of the month or will it continue? What happens to the inmates who train? Can they use it as a qualification on the outside? There should also be some RPL (Recognition of Prior Learning) i.e., will I have to do 4 days presenting a course to be fully accredited?

* I felt the presenter was over confident and rather rigid in approach to the whole course, and not willing to receive or accept any input from experienced field workers.

* Worthwhile experience. Met some lovely people. Learnt a lot and I am better for that. Katrina worked very hard. Enjoyed acting like an inmate and doing the presentation. I believe most of the evaluators input was spot on and it should be utilised for the next group. I would find feedback on the course evaluation useful and informative.

* I thought it was inappropriate for certain participants to use the program as a means of promoting their particular sexual deviations/drug use as more acceptable than what the general community regards as appropriate and acceptable.

* Despite all of the above gripes, the TTT program was very stimulation for me. The group I felt was well run and gave me the opportunity to have a go. It was a great opportunity to get together with others to share skills and ideas.

* Had a great time, enjoyed the course, its participants and presenters. Despite the proceeding comments I did learn a lot from discussions and from others views, skills, experience and am grateful for the opportunity to meet with others working in a generally isolated system.

* The pre-test session on Friday morning was not included. Friday itself was a wasted day.

ANNEX 10.

PRISON HIV PEER EDUCATION PROGRAM
FOLLOW UP HIV/AIDS QUESTIONNAIRE

YOU DON'T NEED TO WRITE YOUR NAME ON THIS QUESTIONNAIRE AS THEY ARE FOR STATISTICAL/RESEARCH PURPOSES ONLY.

ALL YOUR ANSWERS WILL BE TREATED AS CONFIDENTIAL.

TODAY'S DATE - **PRISON -**

How old are you?

What was your postcode OR Suburb/Town before you came into prison?

How long have you been in THIS prison? ***years*** ***months***

How many prison terms (Laggings) have you had in adult prisons?

How many NSW prisons have you been in?

Have you been in prison in another state besides NSW? ***YES*** ***NO***

Are you a sentenced prisoner? ***YES*** ***NO*** ***ON APPEAL***

If you are sentenced or on appeal, how long is your sentence?

When do you think you will be released?

What is your cultural background?
(for example - Australian, Italian, Aboriginal or Chinese)

What work did your father do?

What work did your mother do?

How old were you when you left school?

If you have any certificates or qualifications, what are they?
(for example - School or High School Certificate, Degree, Trade Certificate, Diploma)

How many times have you done the Prison HIV/AIDS Peer Education Program?
WHERE? WHEN?

What other Educational courses have you done in prison?

HIV IS THE Human Immunodeficiency Virus

IF YOU HAVE HIV --------> YOU CAN GET AIDS

PLEASE CIRCLE YOUR ANSWERS

Have you watched any HIV/AIDS videos in prison?	YES	NO	UNSURE
Have you been to any talks on HIV/AIDS in prison?	YES	NO	UNSURE
Have you seen any HIV/AIDS posters in prison?	YES	NO	UNSURE
Have you seen any HIV/AIDS pamphlets in prison?	YES	NO	UNSURE
Have you read any HIV/AIDS pamphlets that you've seen in prison?	YES	NO	UNSURE

What has been the BEST source of information about HIV/AIDS for you?

_____

IF YOU DON'T PROTECT YOURSELF CAN YOU GET HIV (THE AIDS VIRUS) FROM:-

PLEASE CIRCLE YOUR ANSWERS

Sharing food with someone?	YES	MAYBE	NOT LIKELY	NO
Touching someone else's blood?	YES	MAYBE	NOT LIKELY	NO
Shooting up with some friends?	YES	MAYBE	NOT LIKELY	NO
Insertive partner in sex (giving it) WITHOUT using condoms?	YES	MAYBE	NOT LIKELY	NO
Receptive partner in sex (getting it) WITHOUT using condoms?	YES	MAYBE	NOT LIKELY	NO
Having a drag from someone's cigarette?	YES	MAYBE	NOT LIKELY	NO
Getting a tattoo in prison?	YES	MAYBE	NOT LIKELY	NO
Getting your nose or ear pierced in prison?	YES	MAYBE	NOT LIKELY	NO
Kissing someone?	YES	MAYBE	NOT LIKELY	NO
Sharing toilets with someone with HIV?	YES	MAYBE	NOT LIKELY	NO
Touching someone?	YES	MAYBE	NOT LIKELY	NO
Oral sex WITHOUT using condoms?	YES	MAYBE	NOT LIKELY	NO
Someone spitting in your face?	YES	MAYBE	NOT LIKELY	NO
Serious punch up (fight) with someone, where blood is spilt?	YES	MAYBE	NOT LIKELY	NO

If you get someone else's blood on you, eg if you're cleaning up after a slash up (and you have no cuts) what should you do to have less chance of getting HIV?

If you get someone else's blood on you, eg in a fight, what should you do to have less chance of getting HIV if you've been cut as well?

What's the BEST way to clean a needle/syringe/fit so you have less chance of getting HIV?

How else can you clean a neele/syringe/fit so you have less chance of getting HIV?

In prison, what kinds of sex can you have so you have less chance of getting HIV?

If you get HIV, how long does it usually take before the blood test will tell you that you've got HIV for sure? _____

If you've just had your first HIV blood test and it comes back as HIV negative, does it mean you haven't got HIV? ***YES NO UNSURE***

What does the HIV blood test measure? _____

If someone gets HIV, will they develop AIDS straight away? ***YES NO UNSURE***

If you said NO, how long might it take? _____

How many stages are there of HIV infection (write down there names if you know them)?

What are some signs that can show up (symptoms) when someone first gets HIV?

What other viruses can you get throught contact with blood, and other body fluids?

ANSWER THESE QUESTIONS GIVEN YOUR EXPERIENCE
--* AND UNDERSTANDING ABOUT WHAT HAPPENS IN PRISON NOW *-*-*

PLEASE CIRCLE YOUR ANSWERS

How many inmates while in prison, would inject drugs (shoot up) when they're available?	HAVE NO IDEA	ALL OF THEM	ABOUT THREE QUARTERS OF THEM	ABOUT ONE HALF OF THEM	ABOUT ONE QUARTER OF THEM	NONE OF THEM
Of the inmates who inject while in prison, how many would SHARE their needles/syringes/fits?	HAVE NO IDEA	ALL OF THEM	ABOUT THREE QUARTERS OF THEM	ABOUT ONE HALF OF THEM	ABOUT ONE QUARTER OF THEM	NONE OF THEM
Of the inmates who inject while in prison, how many would CLEAN their needles/syringes/fits EVERYTIME in a way to prevent the spread of HIV and Hepatitis B & C?	HAVE NO IDEA	ALL OF THEM	ABOUT THREE QUARTERS OF THEM	ABOUT ONE HALF OF THEM	ABOUT ONE QUARTER OF THEM	NONE OF THEM
Why don't they? _____						
How many inmates while in prison, would use tattoo guns?	HAVE NO IDEA	ALL OF THEM	ABOUT THREE QUARTERS OF THEM	ABOUT ONE HALF OF THEM	ABOUT ONE QUARTER OF THEM	NONE OF THEM
Of the inmates who use tattoo guns while in prison, how many would share them with others?	HAVE NO IDEA	ALL OF THEM	ABOUT THREE QUARTERS OF THEM	ABOUT ONE HALF OF THEM	ABOUT ONE QUARTER OF THEM	NONE OF THEM
Of the inmates who use tattoo guns while in prison, how many would CLEAN them EVERYTIME in a way that prevents the spread of HIV and Hepatitis B & C?	HAVE NO IDEA	ALL OF THEM	ABOUT THREE QUARTERS OF THEM	ABOUT ONE HALF OF THEM	ABOUT ONE QUARTER OF THEM	NONE OF THEM
Why don't they? _____						
How many inmates while in prison would undertake NO form of sexual release/activity?	HAVE NO IDEA	ALL OF THEM	ABOUT THREE QUARTERS OF THEM	ABOUT ONE HALF OF THEM	ABOUT ONE QUARTER OF THEM	NONE OF THEM
How many inmates while in prison, would masturbate on their own?	HAVE NO IDEA	ALL OF THEM	ABOUT THREE QUARTERS OF THEM	ABOUT ONE HALF OF THEM	ABOUT ONE QUARTER OF THEM	NONE OF THEM
How many inmates while in prison, would masturbate with others?	HAVE NO IDEA	ALL OF THEM	ABOUT THREE QUARTERS OF THEM	ABOUT ONE HALF OF THEM	ABOUT ONE QUARTER OF THEM	NONE OF THEM
How many inmates while in prison, would have oral sex?	HAVE NO IDEA	ALL OF THEM	ABOUT THREE QUARTERS OF THEM	ABOUT ONE HALF OF THEM	ABOUT ONE QUARTER OF THEM	NONE OF THEM
How many inmates while in prison, would have anal sex?	HAVE NO IDEA	ALL OF THEM	ABOUT THREE QUARTERS OF THEM	ABOUT ONE HALF OF THEM	ABOUT ONE QUARTER OF THEM	NONE OF THEM
How many inmates while in prison, would have other types of sex? (examples - massaging/rubbing)	HAVE NO IDEA	ALL OF THEM	ABOUT THREE QUARTERS OF THEM	ABOUT ONE HALF OF THEM	ABOUT ONE QUARTER OF THEM	NONE OF THEM

If inmates are HIV positive should they be kept apart (Segro) from other inmates?

YES NO MAYBE UNSURE Why do you think this?

Would you be afraid of getting HIV if you had to share a cell with another inmate who had HIV?

YES NO MAYBE UNSURE Why do you feel this way?

Do you know enough to stop yourself getting HIV? ***YES NO UNSURE***

Will you be safe from getting HIV once you get out of prison?

YES NO MAYBE UNSURE Why do you think this?

What do you think the role of a Peer Educator is?

Do you have any comments about being involved as a Peer Eduacator?

ANNEX 11.

PPEP INMATE SURVEY

MATERIALS DISTRIBUTED

Hi !

I am writing to you for your help. At the moment I am doing some work on what inmates know about the Prison HIV Peer Education Program. In order to find out this information, I have randomly selected 200 inmates and sent you all a copy of this letter.

The help that I need, is for you to take the time to fill in the attached survey for me and send it back in the envelope provided by FRIDAY 1st OCTOBER 1993. You do not need to attach a stamp as it can be returned to me through the internal mail system.

As a bit of incentive, if you fill out the slip below, and return it with your completed survey form in the envelope, you will be entered into a raffle draw for $50 deposit into your buy up account. Only those of you who fill out the survey and the slip below, and return them by the deadline will go into the raffle draw. In order to maintain confidentiality all slips and questionnaires will be separated when they are received. The winner will be notified in writing, as will the AIDS COMMITTEE in each prison. You do not have to return the slip if you don't want to go into the raffle draw but want to complete the survey.

I thank you in advance for helping out by completing this survey, and wish you all the best in the raffle draw.

Regards

Stephen Taylor
Program Evaluator
Prison Peer Education Program
Prison AIDS Project

PRISON PEER EDUCATION PROGRAM SURVEY INMATE RAFFLE DRAW

NAME:_____

MIN NUMBER: _____

RAFFLE WILL BE DRAWN ON FRIDAY 8th OCTOBER 1993.

PRISON AIDS PROJECT INMATE SURVEY

DO NOT WRITE YOUR NAME ON THIS SURVEY

Please answer the questions honestly, there are no right or wrong answers and the surveys are not being graded or marked. I am only interested in what YOU know or think, so you do not need to talk about your answers with anyone before filling out the survey.

1. Which Correctional Centre are you in?

2. HOW MANY inmates do you know who have done the Prison HIV Peer Educators course (the AIDS course) in this Correctional Centre?

3. WHAT DO YOU THINK Peer Educators are there for?

4. Have you ever TALKED to a Peer Educator? YES NO

   If you have talked to a Peer Educator, how helpful were they?

5. WHAT DO YOU KNOW about the Prison HIV Peer Education Program (the AIDS course)?

6. Do you think that the Prison HIV Peer Education Program is important to you?

   Why do you think this?

THANK YOU FOR TAKING THE TIME TO FILL OUT THIS SURVEY.

PLEASE DON'T FORGET TO FILL IN YOUR NAME AND MIN NUMBER ON THE SLIP AT THE BOTTOM OF THE INTRODUCTION LETTER AND RETURN IT WITH YOUR SURVEY IF YOU WANT TO BE IN THE DRAW FOR A CHANCE TO WIN THE $50 BUY UP RAFFLE.

PPEP INMATE SURVEY RESULTS

109 Responses and 0 Returns from 192 surveys mailed out.

Response rate of 56.77%

METROPOLITAN REGION - 18 Responses (16.7%)

Responses from: Long Bay Hospital, Metropolitan Remand Centre, Metropolitan Training Centre, Reception Industrial Centre, Special Care Unit.

1. **HOW MANY inmates do you know who have done the prison HIV Peer Educators course (the AIDS course) in this Correctional Centre?**

None = 7 1 - 5 = 3 6 - 10 = 4 11 - 20 = 2 > 20 = 2

2. **WHAT DO YOU THINK Peer Educators are there for?**

* The first I knew of the Peer Ed was when I heard an inmate say he did the course in another prison.
* To help people gain a better understanding about HIV/AIDS & its' transmission. (x11)
* To talk confidentially about HIV, to inform other inmates of the risks and preventative measures and to answer related questions. (x5)
* I don't really know. (x1)

3. **Have you ever TALKED to a Peer Educator, how helpful were they?**

* No. (x7) Yes. (x1)
* I've done the course myself. (x3)
* Yes, very helpful & knew what they were talking about. (x5)
* Yes, quite helpful. (x2)

4. **WHAT DO YOU KNOW about the Prison HIV Peer Education Program (the AIDS course)?**

* Nothing, someone came to the prison about 8 months ago and talked about AIDS but I don't know if he was a Peer Educator.
* It is held occasionally in the remand centre and instructs a small group on how to deal with AIDS problems and how to spread the word. (x2)
* That it is run throughout most of the prison system and is available to inmates who are interested in doing the course. (x2) That there are people who care about what is happening inside the prisons, who give up their time to come into prisons and teach inmates about HIV.
* Nothing. (x4), but I'd like to know more (x2)
* Lots, I've completed the course. (x3)
* The AIDS co-ordinator for each region organises the Prison HIV Peer Education Program and various other projects related to AIDS issues. They hold regular meetings with inmate peer educators to encourage positive participation.
* It teaches inmates all about the symptoms of HIV & AIDS.
* I've done the course, but I think they should be run more often.
* That it is taking the right approach in teaching inmates about HIV by teaching them to be peer educators.

5. **Do you think that the Prison HIV Peer Education Program is important to you, why do you think this?**

* Yes, because as inmates we have to live together and sharing eating utensils, shoes etc. I know we might be safe in these areas but I wonder.
* Yes, because it gave me a better understanding about HIV as well as me being able to help someone else now that I have done the course. (x3)
* Yes, I do, then I could be educated in this matter and perhaps I could then help others to understand HIV and so try to curb this horrible thing.

* Yes, so we all gain an understanding of HIV/AIDS and how not to get it. (x8)
* Not to me personally, but to others yes, because a lot of people have no knowledge of HIV.
* Yes, as it provides a forum for participating inmates to keep up with new developments and knowledge on AIDS issues. This in turn can be passed onto the general prison population.
* Yes, my brother has been HIV+ for eight years as are many of my friends and I know the importance of educating the world on a one to one "mate" basis. This can only be achieved through programs such as this.
* Yes as its made me aware - Thanks for the program.
* Yes, it's an essential program for all inmates - prevention is better than cure.

WESTERN REGION - 32 Responses (29.4%)

Responses from: Kirkconnelll, Bathurst, Parklea, Lithgow, Oberon & Emu Plains. NB None received from Parramatta.

1. HOW MANY inmates do you know who have done the prison HIV Peer Educators course (the AIDS course) in this Correctional Centre?

None = 11 1 - 5 = 6 6 - 10 = 8 11 - 20 = 4 > 20 = 3

2. WHAT DO YOU THINK Peer Educators are there for?

* To talk to. (x2)
* For guidance and support of people who seek information on HIV/AIDS, also those who need support who come into contact with HIV/AIDS. (x9)
* To stop discrimination and to promote awareness of the risks and safe practices associated with HIV.
* Teaches how AIDS & hepatitis can be transmitted & to show how to be safe if using or having sex. (x3)
* No idea.(x1) Don't know. (x1)
* To help with information on HIV/AIDS. (x13)
* To help other inmates with problems they might have and to also let us know AIDS isn't really something to fear. (x2)

3. Have you ever TALKED to a Peer Educator, how helpful were they?

* Yes, very helpful. (x10)
* Yes, it was refreshing to know that others take interest in helping.
* Yes, alright. (x3)
* Yes, reasonable, although sometimes the grasp of information is not that good and the information they've been provided is outdated.
* Yes, not very because I know 2 people who have HIV and have learnt much from them.
* No. (x14)
* Yes, as I am a homosexual, I helped him understand why people are the way they are.

4. WHAT DO YOU KNOW about the Prison HIV Peer Education Program (the AIDS course)?

* Nothing. (x13)
* I know that if there wasn't any AIDS course there would be a lot more people with HIV in the system and people sharing fits and having unsafe sex and spreading the virus. Anything that can help slow the spread of HIV has to be a good thing - keep up the good work.
* I have completed it. (x3)
* That the course is available to any inmate and is run at various times throughout the year. (x4)
* Only what the peer educators told me about it, and its good to see that the other inmates are getting involved.
* I know it goes for 4 days.
* I think it is a good idea as it opens men's minds - HIV & full blown AIDS is the worst way to go out - it shows they & their friends can stay safe.
* Not much except from what other people have told me, but I'd like to do the course myself.(x2)
* That it gives inmates the knowledge of being able to explain to others the dangers and how to clean fits, sex education, and being able to discuss the problem with others. (x2)

* I know that there has been a number of courses run by D&A (!) here at Lithgow. I understand that the available information on HIV is up to date and covers complete lifestyle awareness. I believe the program should be a little more aware of marketing - make an HIV awareness tape for libraries/education areas, especially in other languages, give general information about HIV & its transmission etc. The AIDS committees could organise to do plays (& tape them).

5. **Do you think that the Prison HIV Peer Education Program is important to you, why do you think this?**

* Yes, it's helped me know how to deal with sex and having shots. It's important that they keep on telling people at least some will learn if not all.
* Yes, as it has given me a clear view of what is happening with HIV/AIDS. (x4)
* Yes, because it gives people a bit of insight of what others go through who have HIV or AIDS and I would like to know more about it as I just lost a close friend from it and when I get out of this place I would like to be able to volunteer myself to the Ankali project.
* Yes, as its taught me how be safe. (x2)
* Yes, I think it is a very worthwhile course to have in prison because there are a lot of people who are involved in high risk activities in prison, and the more people learn about HIV and pass that information on to those involved in high risk activities the less it will spread.
* Yes, as it's important to educate inmates on the how, what's and why's or AIDS.
* No, as I believe I have little chance of getting it as I do not use drugs and only have one sexual partner; who is also a non-drug user and who is faithful to me. (x2)
* Yes, as some people like me have to be told a lot of times about the dangers of sharing needles.
* I believe that each and every inmate in the prison system should be aware of exactly how a person can get HIV, especially those who are still using and/or are sexually active.
* Yes, if I ever end up being HIV+ and was in prison, and I had no one I could talk to about it I suppose it would build up inside and tragic things could happen. This is why I think HIV peer education is so important in the prison system.
* Yes. (x1) No. (x2)
* No, I don't use drugs and have a monogamous relationship with my wife.
* Yes, as we all need to be educated about the seriousness of HIV. When there's any isolation of men, I believe that condoms should be made available. As it is my experience that a maximum security isolation by men that are not drug oriented tend to be more likely to become sexually active. Pre 80's, before the drug invasion, rape in prison was common - I've seen chains of me up to 30 long waiting outside some poor kids cell.
* Yes, as HIV/AIDS can be easily spread.
* I think that the program is very important to myself and other inmates of every institution so we can be more aware of the virus. Also we can understand a bit more on how the people who suffer from the virus and how we can support them.
* Yes, to learn about AIDS. (x2)
* Yes, I knew very little about HIV/AIDS before I did the course. I now better understand what's going on, how to safeguard myself and others from the virus, how to be more understanding when in contact with someone with HIV/AIDS, and will take this knowledge with me to the outside. (x2)
* Yes, as I am a IDU and there is always something to learn and know about HIV.
* Not really, being gay, I personally already had a good knowledge of the information and strategies involved. However I feel the program itself is of great value within the system.
* No, because I haven't got the virus.
* No, I'm not a homosexual and I'm not a junkie.

NORTHERN REGION - 19 Responses (17.6%)

Responses from: Tamworth, Cessnock, Glen Innes, St Heliers, John Morony, Maitland, Windsor & Grafton.

1. **HOW MANY inmates do you know who have done the prison HIV Peer Educators course (the AIDS course) in this Correctional Centre?**

None = 7 1 - 5 = 7 6 - 10 = 3 11 - 20 = 2 > 20 = 0

2. WHAT DO YOU THINK Peer Educators are there for?

* To educate people about HIV and how to be safe/r. (x6)
* To talk about AIDS awareness. (x2)
* To give inmates a better insight and understanding about HIV.(x3)
* To inform other inmates about HIV/AIDS and other related matters such as STD's, Safe Sex, Health/Cleanliness, safer drug use etc.
* Don't know.
* Counselling, information and advice about HIV & AIDS. (x6)

3. Have you ever TALKED to a Peer Educator, how helpful were they?

* No. (x12) Yes. (x1)
* Yes, very helpful (x5) - especially in personal hygiene.
* Yes (I've also done the course), as long as they are sincere in this project they can be quite helpful, full of advice and educative ideas.
* No, but I'd like to.

4. WHAT DO YOU KNOW about the Prison HIV Peer Education Program (the AIDS course)?

* It is a course provided to give thorough information about AIDS & HIV to inmates so they can explain it easily and thoroughly to any person who should inquire about it.
* It teaches you about safe needle use.
* Only what I've heard from other inmates & that it's very informative.
* I've been involved with the program and PAP since 1989, both inside & outside.
* That the last one here (Maitland) was over a year ago. It was full then and people were turned away until the next time around.
* Not a great deal, but I'm willing to find out. (x2)
* That the Peer Educators have meetings every month where we exchange ideas about the best ways in helping people who may be at risk.
* Haven't done the course. I'm not involved in drugs and know little about the scene.
* That it teaches about HIV & STD's, Safe/r drug use & sex, health etc. (x2)
* Nothing. (x6)
* I've done the course and am presently on the AIDS committee.

5. Do you think that the Prison HIV Peer Education Program is important to you, why do you think this?

* Yes, because all people should be aware of HIV & STD's etc. (x2)
* Yes, it has helped me to learn all about HIV, the ways to prevent it and to dispel all the myths of how to catch it. Also, being able to speak two languages, I will be able to help inmates who don't speak English.
* No, as I don't use and I have a monogamous relationship with my wife.
* Yes, I like to know the latest information about HIV & AIDS as I have friends it directly effects, and without the program prisoners like me would need to go right out of our way to get the information the program gives.
* Yes, it would help me to look out for things that would be useful to know.
* Yes, because I have been a drug user. (x2)
* Yes, I think this can be important to me, sometimes I get very confused about the spread of AIDS and I would like to learn how this virus can be past from person to person.
* No, because I'm nearly 50 and all AIDS, drugs, and STD are a product of the upcoming generation.

* Yes, to instil a more responsible attitude into those with HIV, or those susceptible to getting HIV, thereby making the general prison environment safer for everyone, such as me.
* Yes, it is good to have knowledge of HIV and to pass on this information to other inmates if asked.
* Yes, I am a long term drug abuser.
* Yes, not only is it important to me, but to every prisoner in the system. The provision of education of HIV/AIDS is important to overcome the great deal of ignorance in the system.
* Yes, so I can learn about AIDS. (x2)
* Yes, as it teaches you to lead a healthy lifestyle and to help anyone who has the virus, to inform others of the virus and just generally help.

* Yes, so I can protect myself from HIV. (x2)

SOUTHERN REGION - 32 Responses (29.6%)

Responses from: Goulburn, Mannus, Berrima, Silverwater, Cooma.

1. **HOW MANY inmates do you know who have done the prison HIV Peer Educators course (the AIDS course) in this Correctional Centre?**

None = 8 1 - 5 = 13 6 - 10 = 3 11 - 20 = 2 > 20 = 6

2. **WHAT DO YOU THINK Peer Educators are there for?**

* To show people that they all go through the same problems and to help them get by with the things they have learnt in the course.
* For people to talk to regarding any problems they have in relation to understanding what AIDS is. (x10)
* To talk about any problems one may have, knowing what is said is in strict confidence; and especially any problems one may have concerning a confrontation with someone who's HIV+.
* To ask questions of if I am unsure of how AIDS is contracted and spread.
* To educate inmates about AIDS awareness. I've talked to blokes but not about any issues involving AIDS. AIDS doesn't concern me. You can give a 'crim' a chance of rehabilitation and a chance of awareness but you can't make them. 95% don't give a shit, only if it helps them get out quicker and that's only about 50% of them.
* To help anyone who has questions or problems in relation to PAP. (x2)
* Don't know. (x4)
* This survey is the first I've heard about Peer Educators.
* To instruct, guide and educate inmates of the dangers of HIV & it's transmission. (x14)
* To help educate young people coming into prison - contact between prisoners & drug use.

3. **Have you ever TALKED to a Peer Educator, how helpful were they?**

* No. (x24) Yes. (x2)
* Yes, they were extremely good and they were well educated about the subject.
* Yes, they helped me by taking the time to listen to my problems.
* Yes, very helpful. (x3)
* Yes, quite helpful in explaining the do's & don't's on how not to contract HIV or AIDS.
* Yes, varied responses.
* Yes, it was good to have someone to be able to answer the questions I was unsure of. (x2)

4. **WHAT DO YOU KNOW about the Prison HIV Peer Education Program (the AIDS course)?**

* How to clean fits the right way, that you can't get AIDS by kissing or touching someone; and to make sure your partner has been tested for HIV.
* Not much at this stage, I hope to do the course next year.
* Not much at all. I know how AIDS affects us, or, can affect us. But as far as I know blokes do the course not to help others but to help themselves for parole or classification. Maybe I'm being cynical maybe not, but if blokes use needles, or have sex with each other or get gaol tattoos, they're asking for AIDS and nothing anyone does or say's will change their mode of thinking.
* I am a Peer Educator

* The program is to educate the inmates about HIV and how to prevent it spreading. (x7)
* The program has good merit and if it saves one life then it will have achieved one of it's goals. The program is for the prisoners and for their benefit. The problem is that prisoners, by their nature are loathe to show weakness, or to ask for help.
* Nothing, no information is available that I have seen or displayed in wings to make you aware and concerned of the dangers and effects.
* That it's a four day course, plus a day for the exam (!).
* That it says to use condoms, clean needles but the bible has the best information from Jehovah in his Scriptures -

marriage to one partner.

* Nothing (x17)
* That it is a course that runs for a few days every couple of months.

5. **Do you think that the Prison HIV Peer Education Program is important to you, why do you think this?**

* Yes, because I didn't know anything about AIDS before I came to goal and I have helped my peers with things they didn't know, because everyone need to know.
* Yes, because I feel I could be of assistance to a person who is worried about some aspect of HIV.
* Yes, it will stop me from being biased and ignorant towards AIDS infected people and will also teach me how to handle any person or situation concerning an AIDS infected person.
* Yes, to help me understand about AIDS. (x7)
* Not really, because it doesn't tackle or teach people how to remain chaste, I recommend a book "Questions Young People Ask" on sexual morality by the Jehovah's Witnesses.
* No, I don't use, and have been with the same women for nine years.
* Maybe, perhaps if I knew something about it.
* Yes, it is very important as most people are not aware of HIV and without knowing the gravity of it there are more chances of spreading it if not educated. (x4)
* Yes, because it's there when I need it.
* No, as it does not effect me. If I was placed in danger by needles being left around or by other unsafe practices, I would change my opinion. I am aware of these problems, so avoid placing myself in any dangerous situations. I was aware of the course while at Parklea, but was not aware of there presence at Silverwater - perhaps they are more essential in maximum security - but I believe because of access in minimum security gaols the problems become magnified. Many drug users are "off the gear" while in maximum, but as soon as they get to a minimum and have easier access that the temptation is too great.
* I consider myself a very cautious man, so to learn about something that could be harmful is beneficial to me.
* Not at this point in time because (i) I don't have AIDS (ii) I don't know anyone that has AIDS (iii) I have not had and will not be having sexual contact with any inmate in this or any other prison.
* No. (x2)
* Yes, it is important because it will stop the spread of HIV between inmates. I don't think there is any information in this prison - Goulburn - on the subject.
* No, because I am not a high risk prisoner.
* Yes, because if I did need to talk to someone I would feel more comfortable talking to someone on my level.
* No, it's not important to me because I don't use needles or have sex with any other man or have any tattoos. I look after myself and am aware of how easy it is to pick up diseases. I think it is good that crims have this awareness and a chance at rehabilitation, but most don't care or listen to anyone. I only think it's good that someone cares about our welfare because it makes blokes like me feel good.
* Yes, it is important to me as I believe that prevention is better than cure and this program teaches us how to prevent getting HIV.
* Yes, it's opened my eyes to drug use and safe sex.
* No, because I'm not a drug user & I already know how to look after in respect of HIV/ AIDS. (x2)
* Yes, I think about this all the time and I always wear a condom and don't use needles.
* No, because I haven't got it and I'm not likely to get it.

WOMEN'S PRISONS - 8 Responses (7.4%)

Responses from: Mulawa, Norma Parker.

1. **HOW MANY inmates do you know who have done the prison HIV Peer Educators course (the AIDS course) in this Correctional Centre?**

None = 2 1 - 5 = 4 6 - 10 = 0 11 - 20 = 0 > 20 = 0

2. **WHAT DO YOU THINK Peer Educators are there for?**

* Don't know.
* To talk to any inmate that may want to know more about AIDS/HIV. (x4)
* To go to for information, to educate others about HIV and make people more aware about AIDS. They offer confidential information and are there to make women in prison more aware about the dangers of unsafe sex & using; and they're very supportive.
* To help people.
* I don't know that we have any Peer Educators & if so I have no Idea who they are.

3. **Have you ever TALKED to a Peer Educator, how helpful were they?**

* No. (x5)
* No, but I feel if I ever need to, my queries would be answered with no difficulties.
* Yes, me and my girlfriend got information about lesbians and the risks involved and it was really helpful.
* Yes, I asked them what they did and they told me.

4. **WHAT DO YOU KNOW about the Prison HIV Peer Education Program (the AIDS course)?**

* Not a great deal. (x5)
* Nothing (x2)

5. **Do you think that the Prison HIV Peer Education Program is important to you, why do you think this?**

* Yes it probably would be considering the environment I'm in at the moment, if I were to become involved in it I think I would find it very important to me & other inmates.
* I don't think it is important to me because I am not a drug user, but I suppose it doesn't hurt everyone to learn about AIDS because it is becoming a wide spread disease.
* Yes, because everyone's at risk - whether you're heterosexual or a non-user - and it spreads the message.
* Yes. I am 29 years old and never been an IDU and I've been with the same partner for over 6 years and our feelings on this matter are the same. However it is important as what I do know is very limited and most is based on assumption.
* Yes, it helps you to be more aware about the virus and that it can happen to anyone and being educated about AIDS must make us more aware.
* Yes, I am a drug user and sexually active which places me in a high risk group.
* Yes, because it can help the young people.
* Yes, because I would like to know about AIDS.

ANNEX 12.

PPEP OFFICER SURVEY

MATERIALS DISTRIBUTED

Dear Officer,

I am writing to you for your help. At the moment I am doing some work on what officers know about the Prison HIV Peer Education Program. In order to find out this information, I have randomly selected 200 officers and sent you all a copy of this letter.

The help that I need, is for you to take the time to fill in the attached survey for me and send it back in the envelope provided by FRIDAY 1st OCTOBER 1993. You don't need to attach a stamp as it can be returned to me through the internal mail system.

As a bit of incentive, if you fill out the slip below, and return it with your completed survey form in the envelope, you will be entered into a raffle draw for $50. Only those of you who fill out the survey and the slip below, and return them by the deadline will go into the raffle draw. In order to maintain confidentiality all slips and questionnaires will be separated when they are received. The winner will be notified in writing and sent a cheque, and the result published in the Bulletin. You do not have to return the slip if you don't want to go into the raffle draw, but want to complete the survey.

I thank you in advance for helping out by completing this survey, and wish you all the best in the raffle draw.

Regards

Stephen Taylor
Program Evaluator
Prison Peer Education Program
Prison AIDS Project

PRISON PEER EDUCATION PROGRAM SURVEY OFFICER RAFFLE DRAW

NAME:_____

ADDRESS: _____

RAFFLE WILL BE DRAWN ON FRIDAY 8th OCTOBER 1993.

PRISON AIDS PROJECT OFFICER SURVEY

DO NOT WRITE YOUR NAME ON THIS SURVEY

Please answer the questions honestly, there are no right or wrong answers and the surveys are not being graded or marked. I am only interested in what YOU know or think, so you do not need to talk about your answers with anyone before filling out the survey.

1. Which Correctional Centre are you in?

2. What do you KNOW about the inmate Prison HIV Peer Education Program (the AIDS course)?

3. What do you THINK the ROLE of inmate Peer Educators is in your Correctional Centre?

4. What do you THINK of the inmate Prison HIV Peer Education Program?

5. Do you THINK that the Prison HIV Peer Education Program is important to you?

   Why do you think this?

THANKYOU FOR TAKING THE TIME TO FILL OUT THIS SURVEY.

PLEASE DON'T FORGET TO FILL IN YOUR NAME AND ADDRESS ON THE SLIP AT THE BOTTOM OF THE INTRODUCTION LETTER AND RETURN IT WITH YOUR SURVEY IF YOU WANT TO BE IN THE DRAW FOR A CHANCE TO WIN THE $50 RAFFLE.

PPEP OFFICER SURVEY RESULTS

38 Responses and 2 Returns from 213 surveys mailed out.

Response rate of 17.8%

METROPOLITAN REGION - 18 Responses (47.4%)

Responses from: Campbelltown Periodic Detention Centre, Downing Centre, Court Security, Silverwater, Long Bay Hospital, Malabar Periodic Detention Centre, Metropolitan Remand Centre, Metropolitan Training Centre, Reception Industrial Centre & included 1 not stated.

1. What do you KNOW about the inmate Prison HIV Peer Education Program (the AIDS course)?

* Trainers are trained to present AIDS courses in correctional centre's to inmates.
* A course for inmates to be educated on various issues concerning AIDS. So as not only to inform themselves but so they can inform others. (x5)
* Lectures given to new receptions each week.
* That you go to the Academy for the AIDS course & you get a certificate.
* Very little, only the brief overview given at the academy. (x2)
* Nothing. (x8)

2. What do you THINK the ROLE of inmate Peer Educators is in your CC?

* To educate their peers. (x5)
* Not applicable. (x4)
* To inform and assist inmates & officers.
* To work with HIV inmates, to have a better understanding of the disease so you know all about HIV. To help other officers who don't know.
* To assist the inmate in coming to grips with AIDS and educating other inmates and/or family's about the AIDS virus and its ramifications.
* Have no idea (x5)
* I don't even know if we have any. I know we have an AIDS committee that meets regularly and if they are the people concerned (as peer ed's) their role is to inform inmates about AIDS issues. e.g., safety precautions, how transmitted, dealing with HIV & resources available etc.

3. What do you THINK of the inmate Prison HIV Peer Education Program?

* Good idea (x5); Definitely Worthwhile (x2); Very Important
* An essential program, especially for a prison environment - a great idea. (x4)
* Have no idea. (x4); Unaware of the content or effects of the program.
* Good idea, I wish somebody would let us know about it.

4. Do you THINK that the Prison HIV Peer Education Program is important to you? & why do you think this?

* Yes, it will make prisoners with HIV/AIDS more ready to discuss their problems when it comes to case management as they will be able to discuss their personal health problems with the education group rather than bottle it up till it gets the better of them.
* No, although I think it is most beneficial - to educate inmate about AIDS and precautions.
* I don't know, nor have I even heard of the program after many years of service in NSW prisons.
* Yes, less inmates infected with HIV = less chance of contracting HIV through the performance of my duties & therefore a safer working environment. (x7)
* No, because I'm relatively well informed on AIDS I undertake safe activities in my private life and work because I realise you have to treat <u>every</u> inmate as having HIV & therefore be extremely cautious.
* Yes, it is important to know procedures. (x2)
* Yes, everything that cuts down stress/tensions often based on fear/ignorance is important to me.

* Yes, any program that increases knowledge and awareness is important if not directly then indirectly.
* It could be important but is not run in my area.

SOUTH, WEST & NORTHERN REGIONS - 20 Responses (52.6%)

Responses from: Mannus, Cooma, Goulburn, John Morony, Parklea, Oberon, Bathurst, Cessnock

1. What do you KNOW about the inmate Prison HIV Peer Education Program (the AIDS course)?

* Make inmates aware of the issues associated with HIV enabling them to educate others. (x7)
* It is an extensive and comprehensive course which covers all the topics and aspects that are needed to reduce the spread of HIV/AIDS. (x2)
* Only that it is available, and that its being run in my CC.
* I only know about the AIDS course at the Academy.
* Very little, whilst in the prison service I have had nothing to do with this program. All that I could surmise is that it would let inmates know how HIV is transmitted and about preventative measures.
* Nothing (x3); Not Much (x2)

2. What do you THINK the ROLE of inmate Peer Educators is in your CC?

* To educate other inmates about HIV etc in their own surroundings, and to influence their behaviours. (x9)
* To relate to their peers in any matters relating to HIV/AIDS, as some inmates are reluctant to approach staff. If they can talk to the Peer Ed's hopefully the correct information will be relayed or the inmate can be directed to the appropriate area for information. (x5)
* A necessary one, in which interaction between inmate and inmate has a positive function.
* In our institution it is to assist new young inmates adjust to being in prison, provide support and help to reduce any potential problems or trouble.
* To impart awareness among inmates through pro-active and reactive counselling and to promote AIDS awareness through activities of the AIDS committees. To maintain interest levels, raise funds for charity and draw publicity to the program both within and without the institution. Focus must remain however on maintaining AIDS awareness rather than just to raise funds.
* Have no idea (x3)

3. What do you THINK of the inmate Prison HIV Peer Education Program?

* Good idea (x3); Definitely Worthwhile (x2)
* The education program is satisfactory on the inside, but the peer educators tell me they believe it tends to fall down when inmates are released, as when they are outside and get, for example, full of alcohol they tend to forget all they have been told.
* The program in my centre appears to lack the impetus that it once enjoyed several years ago, however, I believe that this is due to the fact that in the past the MESSAGE of HIV infection was spread throughout the system so successfully that it has been difficult for those following to contribute anything new to the program. There it has become repetitious and boring. I feel that the program will be in jeopardy if no new ideas are brought forward as most people are tired of hearing the same old stuff.
* A positive step towards a problem we all face, I have witnessed its effect on inmates at my CC and am pleased with what I see.
* Any program designed to educate people on HIV has to be a positive step. (x3)
* Very good, as inmates listen to other inmates. (x2)
* Have no idea. (x3)
* I feel the program is working very well, I have seen a lot of positive results from it and have seen the Peer Educators work as a team to solve problems.
* A good program, if it is not abused by inmates as just a means "to be seen to be doing something useful" it can have major benefits for the centre.
* Good, Needs to be more.
* Excellent, well received by inmates. Many inmates seem to participate especially when there is an active and interesting committee in place.

4. **Do you THINK that the Prison HIV Peer Education Program is important to you? & why do you think this?**

* Yes, as it is something that effects us all, and we need to be informed. (x2)
* Yes, if inmates are being educated in this area the number of people infected can only be reduced in prison and on the outside. The final result is a safer place to work and live. (x4)
* Have no idea. (x1)
* As an individual I don't believe that the program is particularly important to me. I feel that I cannot contribute anything that has not already been done before. I am suffering from boredom with this subject, however, that is not to say that I am fully aware of my own responsibilities and duties in this field. As a collective I believe it is vital to the prison system because it allows for inmate input and a greater sense of self governing on their behalf. It gives inmates an opportunity to carry some of the burden that is usually left to the state. If the program helps to save one life then it is an important function that we can ill afford to lose.
* Yes, the more inmates know about HIV and AIDS the safer the sub-culture of prison is for officers, staff and inmates. (x4)
* I really don't know a great deal about it, however I will endeavour to find out.
* Yes, it takes away some of the policing role that officers would otherwise have to take, It is for the benefit of all persons in the institutional environment.
* No, there are still drugs being used in prisons. If all officers knew which inmates were HIV+ and knew more about the program, only then will be know of it's importance.
* Yes, it help to make my work environment safer, it also help to make the environment safer when the inmates leave prison as they've been made aware and can take this knowledge with them.

ANNEX 13.

PRISON HIV PEER EDUCATION PROGRAM
PRE-COURSE HIV/AIDS QUESTIONNAIRE

YOU DON'T NEED TO WRITE YOUR NAME ON THIS QUESTIONNAIRE AS THEY ARE FOR STATISTICAL/RESEARCH PURPOSES ONLY.

ALL YOUR ANSWERS WILL BE TREATED AS CONFIDENTIAL.

TODAY'S DATE - **PRISON -**

How old are you?

What was your postcode OR Suburb/Town before you came into prison?

How long have you been in THIS prison? ***years*** ***months***

How many prison terms (Laggings) have you had in adult prisons?

How many NSW prisons have you been in?

Have you been in prison in another state besides NSW? ***YES*** ***NO***

Are you a sentenced prisoner? ***YES*** ***NO*** ***ON APPEAL***

If you are sentenced or on appeal, how long is your sentence?

When do you think you will be released?

What is your cultural background?
(for example - Australian, Italian, Aboriginal or Chinese)

What work did your father do?

What work did your mother do?

How old were you when you left school?

If you have any certificates or qualifications, what are they?
(for example - School or High School Certificate, Degree, Trade Certificate, Diploma)

Have you done the Prison HIV/AIDS Peer Education Program before? ***YES*** ***NO***
If yes, WHERE? WHEN?

What other Educational courses have you done in prison?

HIV IS THE Human Immunodeficiency Virus

IF YOU HAVE HIV ------> YOU CAN GET AIDS

PLEASE CIRCLE YOUR ANSWERS

Have you watched any HIV/AIDS videos in prison?	YES	NO	UNSURE
Have you been to any talks on HIV/AIDS in prison?	YES	NO	UNSURE
Have you seen any HIV/AIDS posters in prison?	YES	NO	UNSURE
Have you seen any HIV/AIDS pamphlets in prison?	YES	NO	UNSURE
Have you read any HIV/AIDS pamphlets that you've seen in prison?	YES	NO	UNSURE

What has been the BEST source of information about HIV/AIDS for you?

_____

IF YOU DON'T PROTECT YOURSELF CAN YOU GET HIV (THE AIDS VIRUS) FROM:-

PLEASE CIRCLE YOUR ANSWERS

Sharing food with someone?	YES	MAYBE	NOT LIKELY	NO
Touching someone else's blood?	YES	MAYBE	NOT LIKELY	NO
Shooting up with some friends?	YES	MAYBE	NOT LIKELY	NO
Insertive partner in sex (giving it) WITHOUT using condoms?	YES	MAYBE	NOT LIKELY	NO
Receptive partner in sex (getting it) WITHOUT using condoms?	YES	MAYBE	NOT LIKELY	NO
Having a drag from someone's cigarette?	YES	MAYBE	NOT LIKELY	NO
Getting a tattoo in prison?	YES	MAYBE	NOT LIKELY	NO
Getting your nose or ear pierced in prison?	YES	MAYBE	NOT LIKELY	NO
Kissing someone?	YES	MAYBE	NOT LIKELY	NO
Sharing toilets with someone with HIV?	YES	MAYBE	NOT LIKELY	NO
Touching someone?	YES	MAYBE	NOT LIKELY	NO
Oral sex WITHOUT using condoms?	YES	MAYBE	NOT LIKELY	NO
Someone spitting in your face?	YES	MAYBE	NOT LIKELY	NO
Serious punch up (fight) with someone, where blood is spilt?	YES	MAYBE	NOT LIKELY	NO

If you get someone else's blood on you, e.g., if you're cleaning up after a slash up (and you have no cuts) what should you do to have less chance of getting HIV?

If you get someone else's blood on you, e.g., in a fight, what should you do to have less chance of getting HIV if you've been cut as well?

What's the BEST way to clean a needle/syringe/fit so you have less chance of getting HIV?

How else can you clean a needle/syringe/fit so you have less chance of getting HIV?

In prison, what kinds of sex can you have so you have less chance of getting HIV?

If you get HIV, how long does it usually take before the blood test will tell you that you've got HIV for sure? _____

If you've just had your first HIV blood test and it comes back as HIV negative, does it mean you haven't got HIV?
YES NO UNSURE

What does the HIV blood test measure? _____

If someone gets HIV, will they develop AIDS straight away? ***YES NO UNSURE***

If you said NO, how long might it take? _____

How many stages are there of HIV infection (write down there names if you know them)?

What are some signs that can show up (symptoms) when someone first gets HIV?

What other viruses can you get throught contact with blood, and other body fluids?

If inmates are HIV positive should they be kept apart (Segro) from other inmates?

YES NO MAYBE UNSURE Why do you think this?

Would you be afraid of getting HIV if you had to share a cell with another inmate who had HIV?

YES NO MAYBE UNSURE Why do you feel this way?

Do you know enough to stop yourself getting HIV? ***YES NO UNSURE***

Will you be safe from getting HIV once you get out of prison?

YES NO MAYBE UNSURE Why do you think this?

What do you think the Prison HIV Peer Education Program is for?

What do you think your role will be as a Peer Educator?

PRISON HIV PEER EDUCATION PROGRAM
POST-COURSE HIV/AIDS QUESTIONNAIRE

YOU DON'T NEED TO WRITE YOUR NAME ON THIS QUESTIONNAIRE
AS WE WILL ONLY BE LOOKING AT EVERYONE'S ANSWERS TOGETHER.

ALL YOUR ANSWERS WILL BE TREATED AS CONFIDENTIAL.

TODAY'S DATE - **PRISON -**

DID YOU FILL OUT A QUESTIONNAIRE AT THE START OF THIS COURSE? ***YES*** ***NO***

IF YOU DON'T PROTECT YOURSELF CAN YOU GET HIV (THE AIDS VIRUS) FROM:-

	PLEASE CIRCLE YOUR ANSWERS			
Sharing food with someone?	YES	MAYBE	NOT LIKELY	NO
Touching someone else's blood?	YES	MAYBE	NOT LIKELY	NO
Shooting up with some friends?	YES	MAYBE	NOT LIKELY	NO
Insertive partner in sex (giving it) WITHOUT using condoms?	YES	MAYBE	NOT LIKELY	NO
Receptive partner in sex (getting it) WITHOUT using condoms?	YES	MAYBE	NOT LIKELY	NO
Having a drag from someone's cigarette?	YES	MAYBE	NOT LIKELY	NO
Getting a tattoo in prison?	YES	MAYBE	NOT LIKELY	NO
Getting your nose or ear pierced in prison?	YES	MAYBE	NOT LIKELY	NO
Kissing someone?	YES	MAYBE	NOT LIKELY	NO
Sharing toilets with someone with HIV?	YES	MAYBE	NOT LIKELY	NO
Touching someone?	YES	MAYBE	NOT LIKELY	NO
Oral sex WITHOUT using condoms?	YES	MAYBE	NOT LIKELY	NO
Someone spitting in your face?	YES	MAYBE	NOT LIKELY	NO
Serious punch up (fight) with someone, where blood is spilt?	YES	MAYBE	NOT LIKELY	NO

If you get someone else's blood on you, e.g., if you're cleaning up after a slash up (and you have no cuts) what should you do to have less chance of getting HIV?

If you get someone else's blood on you, e.g., in a fight, what should you do to have less chance of getting HIV if you've been cut as well?

What's the BEST way to clean a needle/syringe/fit so you have less chance of getting HIV?

How else can you clean a needle/syringe/fit so you have less chance of getting HIV?

In prison, what kinds of sex can you have so you have less chance of getting HIV?

If you get HIV, how long does it usually take before the blood test will tell you that you've got HIV for sure?

If you've just had your first HIV blood test and it comes back as HIV negative, does it mean you haven't got HIV?
YES NO UNSURE

What does the HIV blood test measure? _____

If someone gets HIV, will they develop AIDS straight away? ***YES NO UNSURE***

If you said NO, how long might it take? _____

How many stages are there of HIV infection (write down their names if you know them)?

What are some signs that can show up (symptoms) when someone first gets HIV?

What other viruses can you get throught contact with blood, and other body fluids?

ANSWER THESE QUESTIONS GIVEN YOUR EXPERIENCE
-*-* AND UNDERSTANDING ABOUT WHAT HAPPENS IN PRISON NOW *-*-

PLEASE CIRCLE YOUR ANSWERS

How many inmates while in prison, would inject drugs (shoot up) when they're available?	HAVE NO IDEA	ALL OF THEM	ABOUT THREE QUARTERS OF THEM	ABOUT ONE HALF OF THEM	ABOUT ONE QUARTER OF THEM	NONE OF THEM
Of the inmates who inject while in prison, how many would SHARE their needles/syringes/fits?	HAVE NO IDEA	ALL OF THEM	ABOUT THREE QUARTERS OF THEM	ABOUT ONE HALF OF THEM	ABOUT ONE QUARTER OF THEM	NONE OF THEM
Of the inmates who inject while in prison, how many would CLEAN their needles/syringes/fits EVERYTIME in a way to prevent the spread of HIV and Hepatitis B & C?	HAVE NO IDEA	ALL OF THEM	ABOUT THREE QUARTERS OF THEM	ABOUT ONE HALF OF THEM	ABOUT ONE QUARTER OF THEM	NONE OF THEM
Why don't they? _____						
How many inmates while in prison, would use tattoo guns?	HAVE NO IDEA	ALL OF THEM	ABOUT THREE QUARTERS OF THEM	ABOUT ONE HALF OF THEM	ABOUT ONE QUARTER OF THEM	NONE OF THEM
Of the inmates who use tattoo guns while in prison, how many would share them with others?	HAVE NO IDEA	ALL OF THEM	ABOUT THREE QUARTERS OF THEM	ABOUT ONE HALF OF THEM	ABOUT ONE QUARTER OF THEM	NONE OF THEM
Of the inmates who use tattoo guns while in prison, how many would CLEAN them EVERYTIME in a way that prevents the spread of HIV and Hepatitis B & C?	HAVE NO IDEA	ALL OF THEM	ABOUT THREE QUARTERS OF THEM	ABOUT ONE HALF OF THEM	ABOUT ONE QUARTER OF THEM	NONE OF THEM
Why don't they? _____						
How many inmates while in prison would undertake NO form of sexual release/activity?	HAVE NO IDEA	ALL OF THEM	ABOUT THREE QUARTERS OF THEM	ABOUT ONE HALF OF THEM	ABOUT ONE QUARTER OF THEM	NONE OF THEM
How many inmates while in prison, would masturbate on their own?	HAVE NO IDEA	ALL OF THEM	ABOUT THREE QUARTERS OF THEM	ABOUT ONE HALF OF THEM	ABOUT ONE QUARTER OF THEM	NONE OF THEM
How many inmates while in prison, would masturbate with others?	HAVE NO IDEA	ALL OF THEM	ABOUT THREE QUARTERS OF THEM	ABOUT ONE HALF OF THEM	ABOUT ONE QUARTER OF THEM	NONE OF THEM
How many inmates while in prison, would have oral sex?	HAVE NO IDEA	ALL OF THEM	ABOUT THREE QUARTERS OF THEM	ABOUT ONE HALF OF THEM	ABOUT ONE QUARTER OF THEM	NONE OF THEM
How many inmates while in prison, would have anal sex?	HAVE NO IDEA	ALL OF THEM	ABOUT THREE QUARTERS OF THEM	ABOUT ONE HALF OF THEM	ABOUT ONE QUARTER OF THEM	NONE OF THEM
How many inmates while in prison, would have other types of sex? (examples - massaging/rubbing)	HAVE NO IDEA	ALL OF THEM	ABOUT THREE QUARTERS OF THEM	ABOUT ONE HALF OF THEM	ABOUT ONE QUARTER OF THEM	NONE OF THEM

If inmates are HIV positive should they be kept apart (Segro) from other inmates?

YES NO MAYBE UNSURE Why do you think this?

Would you be afraid of getting HIV if you had to share a cell with another inmate who had HIV?

YES NO MAYBE UNSURE Why do you feel this way?

Will you be safe from getting HIV once you get out of prison?

YES NO MAYBE UNSURE Why do you think this?

Do you know enough to stop yourself getting HIV? ***YES NO UNSURE***

What do you think your role will be as a Peer Educator?

Apart from this course, where else can you get information on HIV/AIDS while in prison?

Which parts of this course did you find the BEST for finding out about HIV?

Which parts of this course DID NOT HELP you in finding out about HIV?

What other things do you think could be put in the course to make it more useful for you as a Peer Educator?

How could you change this course to relate to how things actually work in prison?

Any other comments on this course?

ANNEX 14.

PRISON HIV PEER EDUCATION PROGRAM
PRE-COURSE HIV/AIDS QUESTIONNAIRE (V4)

YOU DON'T NEED TO WRITE YOUR NAME ON THIS QUESTIONNAIRE
AS WE WILL ONLY BE LOOKING AT EVERYONE'S ANSWERS TOGETHER.

ALL YOUR ANSWERS WILL BE TREATED AS CONFIDENTIAL.

TODAYS DATE - **PRISON -**

How old are you? What country were you born in?

What was your postcode OR Suburb/Town before you came into prison?

How long have you been in THIS prison? ***years*** ***months***

How many prison terms (Laggings) have you had in adult prisons?

How many NSW prisons have you been in?

Have you been in prison in another state besides NSW? ***YES*** ***NO***

Are you a sentenced prisoner? ***YES*** ***NO*** ***ON APPEAL***

If you are sentenced or on appeal, how long is your sentence?

When do you think you will be released?

What is your cultural background?
(for example - Australian, Italian, Aboriginal or Chinese)

What work did your father do?

What work did your mother do?

How old were you when you left school?

If you have any certificates or qualifications, what are they?
(for example - School or High School Certificate, Degree, Trade Certificate, Diploma)

Have you done the Prison HIV/AIDS Peer Education Program before? ***YES*** ***NO***
If yes, WHERE? WHEN?

What other Educational courses have you done in prison?

HIV IS THE Human Immunodeficiency Virus

IF YOU HAVE HIV ------> YOU CAN GET AIDS

PLEASE CIRCLE YOUR ANSWERS

Have you watched any HIV/AIDS videos in prison?	YES	NO	UNSURE
Have you been to any talks on HIV/AIDS in prison?	YES	NO	UNSURE
Have you seen any HIV/AIDS posters in prison?	YES	NO	UNSURE
Have you seen any HIV/AIDS pamphlets in prison?	YES	NO	UNSURE
Have you read any HIV/AIDS pamphlets that you've seen in prison?	YES	NO	UNSURE

What has been the BEST source of information about HIV/AIDS for you?

_____

IF YOU DON'T PROTECT YOURSELF CAN YOU GET HIV (THE AIDS VIRUS) FROM:-

PLEASE CIRCLE YOUR ANSWERS

Sharing food with someone?	YES	MAYBE	NOT LIKELY	NO
Touching someone else's blood?	YES	MAYBE	NOT LIKELY	NO
Shooting up with some friends?	YES	MAYBE	NOT LIKELY	NO
Insertive partner in sex (giving it) WITHOUT using condoms?	YES	MAYBE	NOT LIKELY	NO
Receptive partner in sex (getting it) WITHOUT using condoms?	YES	MAYBE	NOT LIKELY	NO
Having a drag from someone's cigarette?	YES	MAYBE	NOT LIKELY	NO
Getting a tattoo in prison?	YES	MAYBE	NOT LIKELY	NO
Getting your nose or ear pierced in prison?	YES	MAYBE	NOT LIKELY	NO
Kissing someone?	YES	MAYBE	NOT LIKELY	NO
Sharing toilets with someone with HIV?	YES	MAYBE	NOT LIKELY	NO
Touching someone?	YES	MAYBE	NOT LIKELY	NO
Oral sex WITHOUT using condoms?	YES	MAYBE	NOT LIKELY	NO
Someone spitting in your face?	YES	MAYBE	NOT LIKELY	NO
Serious punch up (fight) with someone, where blood is spilt?	YES	MAYBE	NOT LIKELY	NO

If you get someone else's blood on you, e.g., if you're cleaning up after a slash up (and you have no cuts) what should you do to have less chance of getting HIV?

If you get someone else's blood on you, e.g., in a fight, what should you do to have less chance of getting HIV if you've been cut as well?

What's the BEST way to clean a needle/syringe/fit so you have less chance of getting HIV?

How else can you clean a needle/syringe/fit so you have less chance of getting HIV?

In prison, what kinds of sex can you have so you have less chance of getting HIV?

If you get HIV, how long does it usually take before the blood test will tell you that you've got HIV for sure?

If you've just had your first HIV blood test and it comes back as HIV negative, does it mean you haven't got HIV? ***YES NO UNSURE***

What does the HIV blood test measure? _____

If someone gets HIV, will they develop AIDS straight away? ***YES NO UNSURE***

If you said NO, how long might it take? _____

How many stages are there of HIV infection (write down their names if you know them)?

What are some signs that can show up (symptoms) when someone first gets HIV?

What other viruses can you get throught contact with blood, and other body fluids?

If inmates are HIV positive should they be kept apart (Segro) from other inmates?

YES NO MAYBE UNSURE Why do you think this?

Would you be afraid of getting HIV if you had to share a cell with another inmate who had HIV?

YES NO MAYBE UNSURE Why do you feel this way?

Do you know enough to stop yourself getting HIV? ***YES NO UNSURE***

Will you be safe from getting HIV once you get out of prison?

YES NO MAYBE UNSURE Why do you think this?

How many Peer Educators do you know in THIS Prison?

Have you ever talked to a Peer Educator? ***YES NO***

If you HAVE talked to a Peer Educator, how helpful were they?

If you HAVEN'T talked to a Peer Educator, why haven't you?

What do you think the Prison HIV Peer Education Program is for?

What do you think your role will be as a Peer Educator?

PRISON HIV PEER EDUCATION PROGRAM

POST-COURSE HIV/AIDS QUESTIONNAIRE (V4)

YOU DON'T NEED TO WRITE YOUR NAME ON THIS QUESTIONNAIRE
AS WE WILL ONLY BE LOOKING AT EVERYONE'S ANSWERS TOGETHER.

ALL YOUR ANSWERS WILL BE TREATED AS CONFIDENTIAL.

TODAYS DATE - **PRISON -**

Did you fill out a questionnaire at the start of this course? ***YES*** ***NO***

How old are you? What country were you born in?

What was your postcode OR Suburb/Town before you came into prison?

How long have you been in THIS prison? ***years*** ***months***

How many prison terms (Laggings) have you had in adult prisons?

How many NSW prisons have you been in?

Have you been in prison in another state besides NSW? ***YES*** ***NO***

Are you a sentenced prisoner? ***YES*** ***NO*** ***ON APPEAL***

If you are sentenced or on appeal, how long is your sentence?

When do you think you will be released?

What is your cultural background?
(for example - Australian, Italian, Aboriginal or Chinese)

What work did your father do?

What work did your mother do?

How old were you when you left school?

If you have any certificates or qualifications, what are they?
(for example - School or High School Certificate, Degree, Trade Certificate, Diploma)

Have you done the Prison HIV/AIDS Peer Education Program before? ***YES*** ***NO***
If yes, WHERE? WHEN?

What other Educational courses have you done in prison?

HIV IS THE Human Immunodeficiency Virus

IF YOU HAVE HIV ——> YOU CAN GET AIDS

PLEASE CIRCLE YOUR ANSWERS

Have you watched any HIV/AIDS videos in prison?	YES	NO	UNSURE
Have you been to any talks on HIV/AIDS in prison?	YES	NO	UNSURE
Have you seen any HIV/AIDS posters in prison?	YES	NO	UNSURE
Have you seen any HIV/AIDS pamphlets in prison?	YES	NO	UNSURE
Have you read any HIV/AIDS pamphlets that you've seen in prison?	YES	NO	UNSURE

What has been the BEST source of information about HIV/AIDS for you?

_____

IF YOU DON'T PROTECT YOURSELF CAN YOU GET HIV (THE AIDS VIRUS) FROM:-

PLEASE CIRCLE YOUR ANSWERS

Sharing food with someone?	YES	MAYBE	NOT LIKELY	NO
Touching someone else's blood?	YES	MAYBE	NOT LIKELY	NO
Shooting up with some friends?	YES	MAYBE	NOT LIKELY	NO
Insertive partner in sex (giving it) WITHOUT using condoms?	YES	MAYBE	NOT LIKELY	NO
Receptive partner in sex (getting it) WITHOUT using condoms?	YES	MAYBE	NOT LIKELY	NO
Having a drag from someone's cigarette?	YES	MAYBE	NOT LIKELY	NO
Getting a tattoo in prison?	YES	MAYBE	NOT LIKELY	NO
Getting your nose or ear pierced in prison?	YES	MAYBE	NOT LIKELY	NO
Kissing someone?	YES	MAYBE	NOT LIKELY	NO
Sharing toilets with someone with HIV?	YES	MAYBE	NOT LIKELY	NO
Touching someone?	YES	MAYBE	NOT LIKELY	NO
Oral sex WITHOUT using condoms?	YES	MAYBE	NOT LIKELY	NO
Someone spitting in your face?	YES	MAYBE	NOT LIKELY	NO
Serious punch up (fight) with someone, where blood is spilt?	YES	MAYBE	NOT LIKELY	NO

If you get someone else's blood on you, e.g., if you're cleaning up after a slash up (and you have no cuts) what should you do to have less chance of getting HIV?

If you get someone else's blood on you, e.g., in a fight, what should you do to have less chance of getting HIV if you've been cut as well?

What's the BEST way to clean a needle/syringe/fit so you have less chance of getting HIV?

How else can you clean a needle/syringe/fit so you have less chance of getting HIV?

In prison, what kinds of sex can you have so you have less chance of getting HIV?

If you get HIV, how long does it usually take before the blood test will tell you that you've got HIV for sure?

If you've just had your first HIV blood test and it comes back as HIV negative, does it mean you haven't got HIV? ***YES NO UNSURE***

What does the HIV blood test measure? _____

If someone gets HIV, will they develop AIDS straight away? ***YES NO UNSURE***

If you said NO, how long might it take? _____

How many stages are there of HIV infection (write down their names if you know them)?

What are some signs that can show up (symptoms) when someone first gets HIV?

What other viruses can you get throught contact with blood, and other body fluids?

ANSWER THESE QUESTIONS GIVEN YOUR EXPERIENCE
-*-* AND UNDERSTANDING ABOUT WHAT HAPPENS IN PRISON NOW *-*-

PLEASE CIRCLE YOUR ANSWERS

How many inmates while in prison, would inject drugs (shoot up) when they're available?	HAVE NO IDEA	ALL OF THEM	ABOUT THREE QUARTERS OF THEM	ABOUT ONE HALF OF THEM	ABOUT ONE QUARTER OF THEM	NONE OF THEM
If you know of inmates who inject drugs while in prison, how many would SHARE their syringes/fits?	HAVE NO IDEA	ALL OF THEM	ABOUT THREE QUARTERS OF THEM	ABOUT ONE HALF OF THEM	ABOUT ONE QUARTER OF THEM	NONE OF THEM
If you know of inmates who inject and share syringes/fits while in prison, how many would CLEAN their syringes/fits EVERYTIME in a way to prevent the spread of HIV and Hepatitis B & C?	HAVE NO IDEA	ALL OF THEM	ABOUT THREE QUARTERS OF THEM	ABOUT ONE HALF OF THEM	ABOUT ONE QUARTER OF THEM	NONE OF THEM
Why do you think they don't?	_____					
How many inmates while in prison, would use tattoo guns?	HAVE NO IDEA	ALL OF THEM	ABOUT THREE QUARTERS OF THEM	ABOUT ONE HALF OF THEM	ABOUT ONE QUARTER OF THEM	NONE OF THEM
If you know of inmates who use tattoo guns while in prison, how many would SHARE them with others?	HAVE NO IDEA	ALL OF THEM	ABOUT THREE QUARTERS OF THEM	ABOUT ONE HALF OF THEM	ABOUT ONE QUARTER OF THEM	NONE OF THEM
If you know of inmates who use and share tattoo guns while in prison, how many would CLEAN theguns EVERYTIME in a way to prevent the spread of HIV and Hepatitis B & C?	HAVE NO IDEA	ALL OF THEM	ABOUT THREE QUARTERS OF THEM	ABOUT ONE HALF OF THEM	ABOUT ONE QUARTER OF THEM	NONE OF THEM
Why do you think they don't?	_____					
How many inmates while in prison would undertake NO form of sexual release/activity?	HAVE NO IDEA	ALL OF THEM	ABOUT THREE QUARTERS OF THEM	ABOUT ONE HALF OF THEM	ABOUT ONE QUARTER OF THEM	NONE OF THEM
How many inmates while in prison, would masturbate on their own?	HAVE NO IDEA	ALL OF THEM	ABOUT THREE QUARTERS OF THEM	ABOUT ONE HALF OF THEM	ABOUT ONE QUARTER OF THEM	NONE OF THEM
How many inmates while in prison, would masturbate with others?	HAVE NO IDEA	ALL OF THEM	ABOUT THREE QUARTERS OF THEM	ABOUT ONE HALF OF THEM	ABOUT ONE QUARTER OF THEM	NONE OF THEM
How many inmates while in prison, would have oral sex?	HAVE NO IDEA	ALL OF THEM	ABOUT THREE QUARTERS OF THEM	ABOUT ONE HALF OF THEM	ABOUT ONE QUARTER OF THEM	NONE OF THEM
How many inmates while in prison, would have anal sex?	HAVE NO IDEA	ALL OF THEM	ABOUT THREE QUARTERS OF THEM	ABOUT ONE HALF OF THEM	ABOUT ONE QUARTER OF THEM	NONE OF THEM
How many inmates while in prison, would have other types of sex? (examples - massaging/rubbing)	HAVE NO IDEA	ALL OF THEM	ABOUT THREE QUARTERS OF THEM	ABOUT ONE HALF OF THEM	ABOUT ONE QUARTER OF THEM	NONE OF THEM

If inmates are HIV positive should they be kept apart (Segro) from other inmates?

YES NO MAYBE UNSURE Why do you think this?

Would you be afraid of getting HIV if you had to share a cell with another inmate who had HIV?

YES NO MAYBE UNSURE Why do you feel this way?

Will you be safe from getting HIV once you get out of prison?

YES NO MAYBE UNSURE Why do you think this?

Do you know enough to stop yourself getting HIV? ***YES NO UNSURE***

What do you think your role will be as a Peer Educator?

Apart from this course, where else can you get information on HIV/AIDS while in prison?

Which parts of this course did you find the BEST for finding out about HIV?

Which parts of this course DID NOT HELP you in finding out about HIV?

What other things do you think could be put in the course to make it more useful for you as a Peer Educator?

How could you change this course to relate to how things actually work in prison?

Any other comments on this course, is it important to you?