



NCJRS
JAN 23 1990
ACQUISITIONS

A Proposal for Considering Intoxication at Sentencing Hearings: Part I *Charles J. Felker*

Alcohol and Crime on the Reservation: A 10-Year Perspective *Darrell K. Mills*

Views on AIDS in Probation 1 *Arthur J. Lurigio*

Is It Time to Review the *N.E. Schafer*

t of Balance *Thomas W. White*

90's: A Federal Perspective *Magnus J. Seng
Thomas M. Frost*

s: Four Case Histories *Faith H. Leibman*

cing Guidelines: Six Years Later *David B. Griswold*

ntensive Treatment on Reducing Recidivism of Addicted Offenders *Gary Field*

122274
122282

Federal Probation

A JOURNAL OF CORRECTIONAL PHILOSOPHY AND PRACTICE

Published by the Administrative Office of the United States Courts

VOLUME LIII

DECEMBER 1989

NUMBER 4

This Issue in Brief

A Proposal for Considering Intoxication at Sentencing Hearings: Part I.—What sentence should a judge impose on a convicted offender who was intoxicated at the time he committed the crime? The U.S. Sentencing Commission decided that an offender's intoxication is "not ordinarily relevant" to his sentence. Author Charles Felker proposes, instead, that intoxication is a relevant and important factor in determining an appropriate sentence. In Part I of this article, the author surveys current theories about the connection between alcohol and crime, the responsibility of alcohol abusers for their acts, and the way offender intoxication affects the purposes of sentencing. In Part II, the author will develop a specific proposal based on a survey of state laws and cases.

Alcohol and Crime on the Reservation: A 10-Year Perspective.—Author Darrell K. Mills examines the relationship between alcohol abuse and crime on the part of Indian felony defendants in the Federal District Court in Wyoming from 1978-88. The author characterizes the types of crime and typical defendant from the reservation and focuses on the history of alcoholism, treatment, and prior arrest of these defendants. The article also discusses the issue of alcoholic denial.

Practitioners' Views on AIDS in Probation and Detention.—The question of how to provide humane and effective supervision for HIV-positive offenders or offenders with AIDS is an important issue facing policy-makers in corrections. Author Arthur J. Lurigio reports on a survey of probation and detention personnel in Illinois conducted to examine views regarding AIDS and its impact on policies, procedures, and work behavior. Comparisons were made between probation and detention personnel. Survey results indicated that probation and detention respondents anticipate that the AIDS

health crisis invariably will affect their management of cases. Detention participants were more concerned about occupational risk and precautionary measures. Both groups recommended policy and procedural guidelines governing legal liability, confidentiality, mandatory testing, case contacts, and the education of offenders and staff.

CONTENTS

A Proposal for Considering Intoxication at Sentencing Hearings: Part I	Charles J. Felker	3
Alcohol and Crime on the Reservation: A 10-Year Perspective	Darrell K. Mills	12
Practitioners' Views on AIDS in Probation and Detention	Arthur J. Lurigio	16
Prison Visiting: Is It Time to Review the Rules?	N.E. Schafer	25
Corrections: Out of Balance	Thomas W. White	31
Crime in the 1990's: A Federal Perspective	Magnus J. Seng Thomas M. Frost	36
Serial Murderers: Four Case Histories	Faith H. Leibman	41
Florida's Sentencing Guidelines: Six Years Later	David B. Griswold	46
The Effects of Intensive Treatment on Reducing the Criminal Recidivism of Addicted Offenders	Gary Field	51
Departments		
News of the Future		57
Looking at the Law		63
Reviews of Professional Periodicals		67
Your Bookshelf on Review		73
Letter to the Editor		82
It Has Come to Our Attention		83
Indexes of Articles and Book Reviews		85

WB 122276

Practitioners' Views on AIDS in Probation and Detention

BY ARTHUR J. LURIGIO*

Introduction

AQUIRED IMMUNE Deficiency Syndrome (AIDS) is one of our nation's most serious health problems. Estimates suggest that between 1 and 1.5 million persons in America are infected with the human immunodeficiency virus (HIV), which is the cause of AIDS (Mann, Chin, Piot, and Quinn, 1988). Since 1981, when the reporting of AIDS cases began, the disease has spread at an alarming rate throughout the United States (Centers for Disease Control [CDC], 1986) and the world (Mann et al., 1988; Piot, Plummer, Mhalu, Lamboray, Chin, and Mann, 1988). According to the CDC (1988a), the incidence of AIDS doubled every 6 months during the early 1980's; it now doubles every 8 to 10 months. Because the latency period of AIDS may extend for several years, the number of new cases will continue to increase long after the incidence of HIV infection has stabilized or begun to decline (Heyward and Curran, 1988). No current cure exists for AIDS, and the development of a vaccine does not appear imminent. By 1992, there may be as many as 365,000 cases of AIDS and 263,000 deaths from AIDS in the United States alone (Heyward and Curran, 1988; Jaffe, 1989).

To explain the avenues of HIV transmission more precisely, health care professionals have supplanted the early notion of "risk groups" with that of "risk behaviors" (Batchelor, 1988). HIV infection occurs almost entirely through direct exposure to semen or

blood -- via sexual contact, sharing needles for intravenous (IV) drug use, transfusions of blood or blood products, and perinatal passage from mother to child (CDC, 1987; Chmiel, Detels, Kaslow, Van Raden, Kinsley, and Brookmeyer, 1987). Despite public opinion polls demonstrating the intransigence of false beliefs about HIV contraction (Singer, Rogers, and Corcoran, 1987), there have been no documented cases of transmission through casual contact (Friedland and Klein, 1987). The vast majority of persons with AIDS in the United States are gay or bisexual men, IV drug users, or both; others are hemophiliacs, patients with coagulation disorders, and blood transfusion recipients (Brooks-Gunn, Boyer, and Hein, 1988). HIV infection now is progressing most rapidly among minorities. Relative to their representation in the general population, African Americans and Hispanics have an incidence of AIDS two to three times greater than whites for gay and bisexual males and more than 20 times greater for heterosexual males (Hopkins, 1987; Selik, Castro, and Pappaioanou, 1988). The disproportionate percentage of AIDS cases among minorities is attributable largely to higher rates of IV drug use, inadequate health care practices, and lower socioeconomic status (CDC, 1988a; Houston-Hamilton, 1986; Williams, 1986). The AIDS epidemic has exacted an enormous emotional and physical toll on its victims and has unleashed a series of unprecedented medical, social, legal, economic, and political challenges (Morin, 1988). The consequences of AIDS are so pervasive that the problem also has influenced routine policies and professional conduct in a wide variety of work settings.

AIDS in the Criminal Justice Domain

Although the burden of AIDS on our health care system and its providers has been well documented (Fineberg, 1988), much less is known about the impact of the AIDS crisis on the housing and monitoring of criminal offenders. Research is just beginning to be conducted in this area. Two major projects have been funded recently by the National Institute of Justice to examine AIDS in the criminal justice arena. These studies described various program options and management issues relating to AIDS in the fields of correction (Hammett, 1987)

*Dr. Lurigio is assistant professor of criminal justice, Loyola University of Chicago, and director of research and evaluation, Cook County Adult Probation Department, Chicago, Illinois.

The research reported on in this article was funded by the Illinois Probation and Court Services Association (IPCSA). The opinions expressed in this article are those of the author and are not meant to reflect the viewpoints of the association. The author is grateful to Darryl Smith, Dan Abens, and other members of the executive committee of IPCSA who supported the research efforts wholeheartedly from start to finish. The author is especially indebted to Don Pardonner, chairperson of the IPCSA resource committee, who played an essential role in developing and administering the survey. He also wishes to acknowledge Alexis Engel-Levy for coding and analyzing the data and Lois Lydens, Geoff Fong, Donna Leff, John Lyons, and Len Rubinowitz for commenting on an earlier draft of the manuscript.

and community supervision (Hunt, 1988). This work, along with other discussions (Lurigio, 1988; Lurigio, Gudenberg, and Spica, 1987), have underscored the importance of studying AIDS in the domains of probation and detention.

A fundamental reason for concern about AIDS in the criminal justice field is that the offender population contains a substantial number of men and women at high risk for contracting and transmitting HIV, including (but not limited to): drug offenders (especially intravenous drug users), sex offenders (especially prostitutes), members of minority groups, and persons who generally are not privy to public health messages regarding the syndrome. In addition, as noted by Hunt (1988), offenders are most prevalent in the 20-39 age category, which is also the most prevalent age group for AIDS. Hence there is a strong likelihood that probation and detention personnel will interact professionally with persons who are HIV antibody positive or with AIDS. While data on HIV-infection rates in probation are very limited (Hunt, 1988), some studies have suggested that the rate in prisons is more than four times the rate in the general population (Poethig and Hill, 1989). The number of prison inmates who have tested positive for HIV or who have AIDS has increased 156 percent in the last 3 years (Hunt, 1988).

The high probability of contact with antibody positive individuals demands that correctional agencies meet the challenge of AIDS by formulating special policies and procedures and by conducting education sessions for staff and offenders. Although numerous probation and detention facilities have made inroads in these areas, many other departments are not responding adequately to the problem of AIDS. Policy statements and training curricula are not well developed, and there is scanty evidence overall about AIDS prevalence (MacDonald, 1988). In addition, no research has been performed to assess staff perceptions about AIDS and its impact on probation and detention practice. The purpose of the present investigation is to examine these perceptions.

Exploring correctional personnel's beliefs about AIDS would be useful in several respects (cf. Lyons, Sheridan, and Larson, 1988). Surveys of staff can help to uncover misapprehensions and misinformation that interfere with the effective supervision of offenders with AIDS or who have tested positive for HIV. Practitioners can add an informative perspective to the knowledge we have concerning correctional responses to AIDS, which has, to date, been based almost entirely on the observations of proba-

tion and detention administrators. Line staff also can identify critical areas of policy and operations to address in the development of supervision guidelines and training agendas. In this article, I report the results of a survey designed to elicit practitioners' views on AIDS in probation and detention.

Methodology

Procedure and Instrumentation

The study was part of a larger survey exploring contemporary issues that affect probation and court services (see Lurigio, 1989). Participants were detention and probation workers in Illinois who were mailed a questionnaire containing a series of items on AIDS. The questionnaires were accompanied by a cover letter under the auspices of the Illinois Probation and Court Services Association, which mailed the survey to all its registered members as of November 1987 (N = 745). The AIDS-related questions asked respondents to: (a) rate the importance of AIDS for their profession, (b) assess the probability of coming into contact with an offender who has tested positive for HIV and the health risk AIDS poses for personnel, (c) describe the extent of discomfort they would feel interacting with an HIV-positive offender when performing their duties, (d) evaluate the impact of AIDS on probation or detention practice, and (e) recommend AIDS training topics and policy and procedural guidelines. The survey instrument was comprised of both open- and closed-ended items. Probation and detention respondents were asked the same set of questions to permit comparisons between the two groups.

Sample Characteristics

A total of 537 surveys were returned for a completion rate of 72 percent. The demographic and background characteristics of the sample are presented in table 1. The vast majority of participants (85 percent) worked in the probation field, which included staff from juvenile probation, adult probation, and social services. The greatest percentage of respondents (56 percent) were probation officers. Thirty-eight percent of the participants were from agencies in the northeastern section of the state. The smallest percentage of respondents (9 percent) were from the central and far southern sections of the state. As shown in table 1, 58 percent of the sample were male, 82 percent were between the ages of 21-40, and 88 percent were white. The bulk of participants (91 percent) had earned at least a bachelors degree. Respondents had been employed an average of 6 years in their

positions. A substantial number of participants were relative newcomers to the field of corrections. Nearly 20 percent had been employed for only 1 year, which was the modal response. More than half of the respondents (52 percent) had worked in the field for 5 years or less. Analyses showed that the demographic and background characteristics of respondents closely matched the characteristics of probation and detention personnel in Illinois (Lurigio, 1989).

TABLE 1. DEMOGRAPHIC AND BACKGROUND CHARACTERISTICS

	N	(% of Respondents)		N	(% of Respondents)
			Years Employed		
Sex					
Male	311	58%	1-5	279	52%
Female	226	42%	6-10	145	27%
			11-15	81	15%
			16-20	27	5%
			21+	5	1%
Age					
21-30	215	40%			
31-40	225	42%	Respondent Field		
41-50	59	11%	Adult		
51-60	32	6%	Probation	274	51%
60+	6	1%	Juvenile		
			Probation	129	24%
			Social		
			Service	54	10%
			Detention	80	15%
Race					
White	473	88%	Respondent Position		
Black	48	9%	Probation	301	56%
Hispanic	11	2%	Officer		
Other	5	1%	Supervisor	64	12%
			Management	48	9%
			Detention		
			Worker	48	9%
			Superintendent	6	1%
			Other	70	13%
Education					
High School	6	1%			
Some College	43	8%			
Bachelor's Degree	381	71%			
Master's Degree	107	20%			

Results

Contact With Offenders

As shown in table 2, most detention and probation personnel expect to encounter an HIV-positive offender or an offender with AIDS during daily case management activities. Approximately two-thirds of the probation (64 percent) and detention (68 percent) respondents indicated that there was at least a "moderate" likelihood they

TABLE 2. PERCEPTIONS OF THE IMPORTANCE, PREVALENCE, AND RISK OF AIDS

	<u>Probation Personnel</u>		<u>Detention Personnel</u>	
	N	(% of Respondents)	N	(% of Respondents)
<i>Importance of AIDS as an issue for your field</i>	(433)		(82)	
Very important	104	24	40	49
Important	134	31	29	35
Somewhat important	165	38	12	15
Not at all important	30	7	1	1
<i>How much risk for probation/detention personnel</i>	(431)		(82)	
Great deal	26	6	17	21
Moderate risk	112	26	36	44
Small risk	224	52	23	28
No risk	69	16	6	7
<i>How uncomfortable would you be interacting with offender with AIDS</i>	(433)		(82)	
Very uncomfortable	78	18	18	22
Uncomfortable	78	18	24	29
Somewhat uncomfortable	204	47	28	34
Not at all uncomfortable	74	17	12	15
<i>Likelihood that average officer will encounter AIDS patient on caseload in next few years</i>	(432)		(82)	
Certain	30	7	3	4
Great	108	25	16	20
Moderate	151	35	34	41
Small	138	32	28	34
No chance	4	1	1	1

NOTE: Numbers in parentheses represent the total number of participants in each group responding to the four items.

would be working directly with an offender who has AIDS "within the next year." Fewer than 1 percent of probation and detention personnel reported that there was "no chance" they would be interacting with a person with AIDS when performing their casework duties. Hence it was not surprising to find that an overwhelming majority of those surveyed in both groups rated AIDS as a "somewhat" or "very important" issue for their respective professions (93 percent of probation respondents and 99 percent of detention respondents). Results showed, however, that AIDS was rated "a very important issue" by a significantly greater percentage of detention respondents [$\chi^2(3) = 30.34, p < .001$].

Most participants revealed that they would feel at least "somewhat uncomfortable" supervising a confirmed or suspected HIV-positive offender. Specifically, substantial percentages of detention (85 percent) and probation (83 percent) personnel reported that they would feel at least "somewhat uncomfortable," and approximately 20 percent of the respondents in each group reported they would feel "very uncomfortable" (see table 2). Consistent with their reported discomfort and their assessment of AIDS as a professional issue, detention personnel (65 percent) were significantly more likely than probation personnel to rate AIDS as a "great" or "moderate" health risk [$\chi^2(3) = 37.19, p < .001$]. In contrast, nearly 70 percent of the probation respondents indicated that AIDS posed a "small" or "no" health risk to probation workers (see table 2).

AIDS Training

Table 3 illustrates that most participants recommended special training to improve officers' abilities to supervise HIV-positive offenders or offenders with AIDS. A majority of probation and detention personnel were interested in enhancing their medical understanding of AIDS, which involves learning about its transmission, symptomatology, treatment, and prevention. Both groups thought it was important to obtain factual information about AIDS to counter the myths and unwarranted fears that often surround the syndrome. Respondents also emphasized that AIDS training be conducted by medical experts and updated regularly to keep pace with clinical and scientific advances.

In line with their risk perceptions and discomfort levels, detention respondents were twice as likely to recommend training on safety precautions (11 percent of probation responses compared to 22 percent of detention responses). Probation respondents' interest in precautionary training centered

TABLE 3. SUGGESTIONS FOR TRAINING TO RESPOND TO AIDS OFFENDERS

Type of Training	Probation Personnel		Detention Personnel	
	N	(% of Responses)	N	(% of Responses)
Medical background	369	65	80	53
Emotional issues	68	12	21	14
Safety precautions	63	11	33	22
Case management	57	10	16	11
No training required	11	2	2	1
TOTAL RESPONSES	568		152	

NOTE: Participants could provide more than one response to the item analyzed in this table. The percentages represent the proportion of total responses, for both groups, corresponding to each of the categories shown.

around the utilization of protective measures during occupational contact with offenders or their bodily fluids. Responses in this category were concerned with learning how to take precautions during urine analysis tests (13 percent) and learning new interviewing techniques (10 percent) to identify HIV-positive individuals. Detention personnel mentioned precautionary training for workers and detainees as an effective mechanism for stemming the spread of AIDS. Detention participants were interested further in learning about safety precautions when engaging in custodial tasks such as handling the linens and clothing of persons with AIDS.

A critical area of training, which both groups advocated, involved gaining a better understanding of the emotional consequences of AIDS and acquiring more effective counseling skills to help offenders who have been exposed to HIV cope with the physical, psychological, and social sequelae of the syndrome. Some probation responses (10 percent) focused on learning better strategies for offering emotional support to the families of offenders with AIDS and to coworkers in probation and detention who have AIDS. A few of the detention responses (less than 3 percent) suggested that courses on death and dying would be beneficial.

Another category of responses regarding AIDS training referred to daily caseload management and agency operations. Probation and detention personnel were equally likely to recommend training in areas specific to their primary job responsibilities. For example, probation respondents discussed training in brokering community resources and services for offenders (e.g., HIV testing and counseling), whereas detention respondents discussed training in providing improved custodial services

(e.g., making offenders with AIDS more comfortable physically during incarceration).

Policy and Procedural Guidelines on AIDS

Participants were asked to propose workplace policies and procedures on AIDS. These findings are shown in table 4. According to probation personnel, the most crucial policy consideration should be requisite AIDS training for all staff members in direct contact with offenders. More than one-third of the probation personnel (35 percent) discussed the need to incorporate AIDS education into regular training curricula. A second large category of probation responses (23 percent) related to the formulation of guidelines to protect the safety of officers supervising HIV-positive offenders or offenders with AIDS. Probation respondents mentioned the following safety measures (in order of frequency): utilizing special techniques for performing urine analysis tests, limiting in-person contacts with offenders with AIDS, and creating special case-loads for probationers with AIDS.

TABLE 4. SUGGESTIONS FOR AIDS POLICY AND PROCEDURAL GUIDELINES

Policy Area	Probation Personnel		Detention Personnel	
	N	(% of Responses)	N	(% of Responses)
AIDS training	190	36	30	24
Safety measures	121	23	44	35
Legal liability	111	21	28	22
Case management	106	20	23	19
TOTAL RESPONSES	528		125	

NOTE: Participants could provide more than one response to the item analyzed in this table. The percentages represent the proportion of total responses, for both groups, corresponding to each of the categories shown.

Although detention respondents also expressed the need to include AIDS education as an on-going component of training (24 percent), the most important policy issue for detention workers was safety measures (35 percent), such as segregating HIV-positive individuals from other detainees as a means to combat the spread of the virus in jails and prisons. It was not surprising to find that detention personnel were more concerned than probation personnel with safety measures given their more extensive contact with offenders. Some of the detention participants challenged the appropriateness of ever incarcerating known HIV-positive

individuals or persons with AIDS. Other policy issues relating to the safety of detention officers included guidelines for administering medical interventions or first aid to inmates with AIDS and for responding to violent altercations that may result in blood spills or human bites. In addition to formulating policies to protect others from HIV infection, detention workers suggested mandatory AIDS antibody testing for detainees.

Legal liability was another area of policy described by probation and detention personnel. Respondents in both groups recommended policies to protect the rights of offenders and to guarantee the confidentiality of case files containing HIV test results and information about AIDS-related medical treatments. Additional legal liability issues involved the rights of personnel to refuse to work with HIV-positive individuals and the obligation of probation departments and penal institutions to ensure the safety of workers during occupational contact with such persons.

In the final category of case management, probation and detention respondents offered a number of suggestions for improving the treatment of HIV-positive offenders or offenders with AIDS. Probation participants suggested that case contact procedures be broadened to encompass special counseling techniques for assisting afflicted persons to cope with all aspects of the syndrome--especially the onerous emotional concomitants of AIDS arising from chronic physical distress and the prospect of premature death (e.g., anxiety, depression, suicidal ideation, anger). To supplement counseling activities, probation workers reported a need for better resource brokerage and adjunctive services for AIDS cases. Several respondents emphasized the current limitations of probation departments in offering care and support to infected individuals. As an extension of their roles, probation respondents stated that caseload officers must be prepared to educate offenders about HIV contraction, testing, and treatment.

Detention participants indicated that special techniques are required to allay the anxieties of detainees who are wary of sharing space with HIV-positive inmates or those who are suspected to be at risk for infection (e.g., IV drug users and gay men). Furthermore, detention personnel described gaps in policies pertaining to the mandatory antibody testing of detainees and the protection of offenders' civil rights, which may be threatened by forced segregation and mass HIV screening. The most common procedural issue discussed by deten-

tion respondents was the administration of emergency first aid and the physical restraint of offenders with AIDS who are violent.

TABLE 5. THE IMPACT OF AIDS ON FUTURE PROBATION/ DETENTION PRACTICE

Type of Impact	Probation Personnel		Detention Personnel	
	N	(% of Responses)	N	(% of Responses)
Minimal or no impact	148	35	22	21
PO/DO training	110	26	10	9
Contact procedures/ sentencing	101	24	0	0
Staff attitudes and behaviors	63	15	25	24
More safety precautions	0	0	48	46
TOTAL RESPONSES	422		105	

NOTE: Participants could provide more than one response to the item analyzed in this table. The percentages represent the proportion of total responses, for both groups, corresponding to each of the categories shown.

The Future Impact of AIDS

The results shown in table 5 indicate that when respondents were asked to discuss the impact of AIDS on future probation practice, more than one-third (35 percent) of the probation personnel suggested that AIDS will have a minimal effect, which will be limited primarily to large urban settings. Consistent with their responses to previous items, participants who believed that AIDS would have an impact on practice were most likely to state that the syndrome will necessitate permanent changes in staff training. As presented in table 5, the second most prevalent class of changes reported by probation respondents constituted modifications in contact procedures to protect the safety of caseload officers and alleviate their fear of on-the-job contamination. A number of probation responses ($n = 43$) also revealed that participants expect AIDS to directly influence judges' sentencing decisions. Responses were split evenly with respect to the anticipated severity of sentences. Half indicated that AIDS offenders would be more likely to receive lenient probation sentences and less restrictive special conditions. The other half indicated that AIDS offenders would be more likely to be sentenced to prison or to be supervised under more restrictive special conditions if sentenced to probation. Fifteen percent of the effects discussed by probation personnel referred to changes in staff attitudes and behaviors. The vast majority of these responses suggested that probation officers would

become more cautious generally with individuals on their caseloads, e.g., they would be less inclined to engage in face-to-face contacts and home visits. Seventeen percent of the responses revealed that probation officers may begin refusing to work with known or suspected HIV-positive persons. Finally, none of the probation personnel mentioned that AIDS would have an impact on safety precautions.

In contrast, detention workers regarded increases in safety precautions as the most likely impact of AIDS on future detention practice. Approximately half (46 percent) of the responses reflected their interest in protecting themselves and detainees from contracting HIV. Detention participants anticipate that enhanced safety procedures will appear soon in detention facilities, such as thorough physical examinations for all detainees, the segregation of HIV-positive offenders or offenders with AIDS, more vigorous guidelines pertaining to sanitation and the handling of laundry and food, and increases in the use of safety equipment (e.g., rubber gloves and masks) when administering first aid.

Similar to probation responses, nearly one-fourth (24 percent) of the detention responses indicated that changes in the attitudes and behavior of staff would occur inevitably after working with persons with AIDS. Detention participants predicted that officers routinely would be more cautious in their day-to-day management of cases and more sensitive to the anxieties of detainees who are afraid of contracting HIV from fellow inmates. Also, respondents suggested that interacting with AIDS cases may prompt detention workers to become more aware, in general, of the emotional needs of offenders. In contrast to probation responses, fewer than 10 percent of the detention responses suggested that the threat of AIDS would occasion future changes in education and training programs for detention workers.

Summary and Conclusions

This study reveals that detention respondents differed from probation respondents in their beliefs regarding the impact of AIDS. Overall, proportionately more detention personnel are worried about AIDS as a health threat to workers, although they do not necessarily expect to encounter greater numbers of HIV-positive offenders or offenders with AIDS. Detention personnel also are more likely than probation personnel to contend that AIDS will have a pronounced effect on the future monitoring of cases. Detention respondents foresee subsequent changes in precautionary measures and staff attitudes, which are aimed at protecting workers

and inmates from AIDS. In contrast, probation respondents envision changes largely in the areas of officer training, contact procedures, and judges' sentencing decisions.

The results also show some shared beliefs between probation and detention participants. For example, both groups anticipate that the AIDS health crisis invariably will affect the handling of offenders. Respondents believe that contact with an individual with AIDS in a correctional institution or on probation is virtually unavoidable. Data suggest that recognition of the problem of AIDS in criminal justice must occur at the administrative level and translate into sets of policy and procedural guidelines. For example, according to correctional practitioners in Illinois, most probation and detention agencies eventually will grapple with the question of whether mandatory testing is appropriate or useful. From a medical or epidemiological perspective, charting rates of seropositivity among susceptible populations can be a necessary first step toward effective treatment and prevention. The benefits of mandatory testing in the criminal justice domain, however, are much less clear. Detailed arguments for and against mandatory HIV-antibody testing in probation and detention are presented elsewhere [see Hammett (1986, 1987) and Hunt (1988)].

Policies that guarantee the confidentiality of an offender's HIV status are allied closely with the debate about mandatory testing. Participants expressed a strong interest in protecting the privacy of persons with AIDS. This survey suggests that agencies formulate specific standards that apply to the release of HIV test results to private persons or public agencies. The mandate to guarantee confidentiality must be weighed against the obligation of probation and detention personnel to inform individuals who may be at risk for HIV contraction (cf. Tarasoff, 1976). Not unexpectedly, respondents in the field of detention maintain that the most crucial AIDS policy issues revolve around the housing and custodial care of inmates. Participants also were aware of the dilemmas associated with segregating offenders with AIDS. They note that separate quarters for persons with AIDS may enhance the safety of workers and inmates but not without the attendant costs of discrimination and invasions of privacy. In making recommendations for policy, probation respondents were somewhat less concerned about the adoption of protective measures and more concerned about staff education and training.

Policy directives in probation and detention must be linked to definitive guidelines for practice and must be sensitive to the input of staff members who are directly affected by the problem (e.g., caseload officers and correctional guards). Given the close daily interactions between detention workers and prisoners and the fears prompted by these interactions, procedures should be established in institutions to govern situations that may evoke staff anxieties about HIV contamination (e.g., blood spills, medical interventions, first aid). In probation, these occurrences are relatively infrequent, and so procedural guidelines should focus much less on medical emergencies. At the presentence stage, departments may decide to broaden lines of inquiry to investigate whether a prospective probationer is infected or at risk for infection. At the postsentence stage, probation departments should formulate contact standards for HIV-positive offenders that are informed by our current state of medical knowledge. Such standards should be responsive to the offender's health condition and other difficulties accompanying the disease (e.g., job and housing discrimination). Hence agencies should prohibit non-reporting for probationers with AIDS unless their physical condition precludes office visits. As resource brokers, officers must become conversant with the wide range of programs and services for persons with AIDS or those who are worried about infection.

It appears that detention and probation participants are exaggerating and (most certainly) misunderstanding the health risks accompanying occupational contact with HIV-positive persons or persons with AIDS. This is especially true of detention workers who are more likely to view AIDS as a "moderate" or "great" health risk to supervising officers. Their perceptions of risk are particularly striking given that, "there is no evidence of police officers, paramedics, correctional officers, or firefighters contracting HIV-infection through performance of their duties" (Hammett, Jaffe, and Johnson, 1987, p. 2). Probation and detention workers responding to this survey report that their medical knowledge about the syndrome is limited and should be extended through special education programs. Both groups are interested in learning more about safety precautions when performing duties such as urine analysis and custodial tasks and about the special emotional problems experienced by persons with AIDS and members of their families.

Probation and detention agencies have an obligation to educate their personnel about AIDS to alle-

viate their fears of contagion and to prepare them to serve the needs of HIV-positive offenders or offenders with AIDS. The fear of contracting AIDS persists in many workplaces despite abundant evidence that the syndrome cannot be acquired through routine occupational exposure (Gerberding and Sande, 1987; Singer et al., 1987). The lack of clarity about AIDS and its transmission often leads to excessive confusion and concern--especially among persons without medical backgrounds (Fineberg, 1988). In addition, fears of contagion often are unwittingly promoted by reports (e.g., Masters, Johnson, and Kolodny, 1988), which imply that HIV is readily transmissible through casual contact. Education programs will help to ensure that probation and detention officers can perform their duties devoid of any unnecessary apprehension. Research has shown, for example, that education can be quite effective in reducing health professionals' fears about AIDS and their perceptions of the risk of HIV contraction (Lyons et al., 1988).

Educational activities also should include sessions for criminal offenders. In the absence of a cure or vaccine, AIDS education for probationers and incarcerated is essential to curb the epidemic. Probation and detention officers are in a favorable position to provide information to their caseloads relating to the prevention, transmission, and treatment of HIV. Out of their mandate to protect community safety, criminal justice agencies are obliged to join concerted public health efforts to stem the spread of AIDS via sound educational interventions. An effective education program in corrections can affect the local incidence of AIDS through its focus on individuals who engage in high risk behaviors but often are the most difficult to reach or influence on health matters.

To conclude, the current investigation demonstrates that probation and detention personnel in Illinois have definitive views about AIDS and its effects on the work environment and the supervision of criminal offenders. They are aware of the broad range of AIDS policy and procedural issues that must be addressed in their respective fields and the inherent complexities associated with those issues. They also are aware of the crucial role that education plays in alleviating staff anxiety and stemming the spread of HIV in the community. The challenge that AIDS presents to corrections is likely to loom larger and become even more daunting in the coming decade as the number of HIV-positive offenders increases. It is imperative to meet this challenge aggressively through instructional programs, the implementation of judicious caseload

management strategies, and the adoption of a compassionate and sensitive posture toward victims of the syndrome. Our success in responding to the AIDS health crisis will have profound repercussions for the entire field of corrections and its future.

REFERENCES

- Batchelor, W.F. "AIDS 1988: The Science and the Limits of science." *American Psychologist*, 43, 1988, pp. 853-859.
- Brooks-Gunn, J., Boyer, C.B., and Hein, K. "Preventing HIV Infection and AIDS in children and Adolescents." *American Psychologist*, 43, 1988, pp. 958-964.
- Centers for Disease Control. *AIDS Weekly Surveillance Report for June 6* (Centers for Infectious Diseases). Atlanta: Author, 1988a.
- Centers for Disease Control. "Estimated Years of Potential Life Lost Before Age 65 and Cause - Specific Mortality by Cause of Death - United States." *Morbidity and Mortality Weekly Reports*, 37, 1986, p. 163.
- Centers for Disease Control. "Quarterly Report to the Domestic Policy Council on the Prevalence and Rate of Spread of HIV and AIDS." *Morbidity and Mortality Weekly Reports*, 37, 1988b, pp. 229-239.
- Centers for Disease Control. "Recommendations for Prevention of HIV Transmission in Health-Care Settings." *Morbidity and Mortality Weekly Reports*, 36, 1987 (Suppl. 2).
- Chmiel, J.S., Detels, R., Kaslow, R.A., Van Raden, M., Kingsley, L.A., Brookmeyer, R., and The Multicenter AIDS Cohort Group. "Factors Associated with Prevalent HIV Infection in the Multicenter AIDS Cohort Study." *American Journal of Epidemiology*, 126, 1987, pp. 568-577.
- Fineberg, H.V. "Education to Prevent AIDS: Prospects and Obstacles." *Science*, 239, 1988, pp. 592-596.
- Friedland, G.H. and Klein, R.S. "Transmission of the Human Immunodeficiency Virus." *New England Journal of Medicine*, 317, 1987, pp. 1125-1135.
- Gerberding, J.L. and Sande, M.A. "Real and Perceived Risk of AIDS in the Health Care and Work." In, *Information on AIDS for the Practicing Physician*. Chicago: American Medical Association, 1987.
- Hammett, T.M. *AIDS in Correctional Facilities: Issues and Options*. Washington, DC: National Institute of Justice, 1987.
- Hammett, T.M. *AIDS in Jails and Prisons: Issues and Options*. Washington, DC: National Institute of Justice, 1986.
- Hammett, T.M., Jaffe, H., and Johnson, B.A. *The Cause, Transmission, and Incidence of AIDS*. Washington, DC: National Institute of Justice, 1987.
- Heyward, W.L. and Curran, J.W. "The Epidemiology of AIDS in the U.S." *Scientific American*, 259, October 1988, pp. 72-81.
- Hopkins, D.R. "AIDS in Minority Populations in the United States." *Public Health Reports*, 102, 1987, pp. 677-681.
- Houston-Hamilton, A. "A Constant Increase: AIDS in Ethnic Minority Communities." *Focus: A Review of AIDS Research*, 11, 1986, pp. 1-2.

- Hunt, D. *AIDS in Probation and Parole Services: Issues and Options*. Rockville, MD: National Institute of Justice.
- Jaffe, H. "The Medical Facts About AIDS." Paper presented at the National Conference on AIDS and the Courts, Miami, FL, April 1989.
- Lurigio, A.J. "Acquired Immune Deficiency Syndrome: Probation's Newest and Most Formidable Challenge." Paper presented at the American Probation and Parole Association's Annual Meeting, Cincinnati, OH, August 1988.
- Lurigio, A.J. *Critical Issues and Concerns in Probation and Court Services: The Viewpoint of IPCSA Membership*. Du Page, IL: IPCSA, 1989.
- Lurigio, A.J., Gudenberg, K.A., and Spica, A.F. "Working Effectively with AIDS Cases on Probation." *Perspectives*, 12, 1988, pp. 101-105.
- MacDonald, M. "AIDS Issues in Probation and Detention." *Perspectives*, 12, 1988, pp. 12-13.
- Mann, J.M., Chin, J., Piot, P., and Quinn, T. "The International Epidemiology of AIDS." *Scientific American*, October 1988, pp. 82-89.
- Masters, W.H., Johnson, V.E., and Kolodny, R.C. *Crisis: Heterosexual Behavior in the Age of AIDS*. New York: Grove Press, 1988.
- Morin, S.F. "AIDS: The Challenge to Psychology." *American Psychologist*, 43, 1988, pp. 838-843.
- Piot, P., Plummer, F.A., Mhalu, F.S., Lamboray, J., Chin, J., and Mann, J.M. "AIDS: An International Perspective." *Science*, 239, 1988, pp. 573-579.
- Poethig, M. and Hill, A. "AIDS: New Policies for a New Crisis." *The Complier*, 9, 1989, pp. 10-12.
- Selik, R.M., Castro, K.G., and Pappaioanou, M. "Distribution of AIDS Cases by Racial/Ethnic Group and Exposure Category, United States, June 1981 - July 4, 1988." *Morbidity and Mortality Weekly Report*, 37, 1988, pp. 1-3.
- Singer, E., Rogers, T.F., and Corcoran, M. "The Polls, a Report: AIDS." *Public Opinion Quarterly*, 51, 1987, pp. 580-595.
- Tarasoff v. Regents of University of California*, 131 Cal. Rptr. 14, 551 p. 2 and 334, 1976.
- Williams, L.S. "AIDS Risk Reduction: A Community Health Intervention for Minority High Risk Group Members." *Health Education Quarterly*, 13, 1986, pp. 407-421.