The impact of HIV/ AIDS among the persons under the supervision of the Probation Service Bucharest

Gabriel Oancea
Associate Lecturer, Sociology and Social Work Faculty, Bucharest University

Mihai Ioan Micle
Researcher, Constantin Rădulescu-Motru Institute for Philosophy and Psychology, Romanian Academy

Summary

This paper presents the results of a trial-study aiming to reveal the impact of HIV/AIDS among the sentenced persons under the supervision of the Probation Service Bucharest. The purpose of this study is twofold: first, the study aims to identify specific characteristics of the HIV/AIDS infected delinquents regarding the way in which they perceive, understand and interpret reality; secondly, it aims to investigate the specific intervention methods used by the probation officers in such cases. The results of our study show that most of the HIV/AIDS infected delinquents included in the sample come from a dysfunctional environment and experience a state of confusion and lack of orientation both in relation to themselves and other members of society. In the same time, the study emphasizes once more the need of professional specialization of probation officers in order to calibrate their intervention in relation with HIV/AIDS infected persons.

Introduction

AIDS, the acquired immunodeficiency syndrome, appeared in the 70's and has been considered to be a new pandemic of the last decades (Bolton, 1989; Mayer and Pizer, 2005). It has even been compared to the plague epidemic which hit Europe in the 16th century. In only three decades, HIV/AIDS has led to an increase in the number of infected persons (34 million HIV infected persons in 2011, according to the World Health Organization) and to major transformations in the lifestyle of individuals. Relevant here is the preoccupation for protection during sexual encounters or other activities with a high risk of contamination – medical treatments, beauty and cosmetic activities etc. (Fisher and Fisher, 1992; Helleringer and Kohler, 2005; Shelton et al., 2004). Besides health problems and the cost of medical investigations and treatments, the HIV infection raises a series of issues at the level of

community safety. Given the fact that the contamination with HIV/AIDS is associated sometimes with a disorganized sexual life and drug abuse, we can talk about a multitude of facts which lead to marginalization and social exclusion. At an individual level, the HIV infected persons see themselves as carrying a stigma, on the one side because of their disease and on the other as a consequence of having broken moral social rules (for example, drug abuse). They suffer from a wide range of emotional and psychiatric problems, such as depression, anxiety, dysfunctional thoughts, self-perception problems, suicide thoughts, personality disorganization, low self-confidence, impulsiveness, risk taking, poor interaction abilities etc. (Bozer and Paharia, 2008; Fernadez and Ruiz, 2006; Goldberg, 2012; Wicks, 1977). The HIV/AIDS affected persons tend to be perceived by the other members of society as immoral, which leads to the discrimination of the former through the limitation of their access to work, accommodation, social interaction and healthcare. This stigmatization discourages the infected persons from doing medical check-ups or making their health problems public (Mooney, Knox and Schacht, 2013).

Moreover, it is considered (Nelkin, Wilis and Parris, 1991) that the new illness was to have a major contribution to the transformation/revision of social norms, social institutions and interpersonal relations.

In the actions undertaken for the prevention and fight against HIV/AIDS at an institutional level, there have been identified six categories of involved/affected institutions: hospitals, medical insurance agencies, research centres, religious organizations, volunteering organizations as well as correctional institutions. In this article we are going to focus on this last category, the correctional sphere. Our study aims to identify the particularities pertaining to the HIV/AIDS infected persons that are under the supervision of the Probation Service Bucharest, Romania.

HIV/AIDS impact in the correctional systems – the international situation

In the penitentiaries, the insufficient information of prisoners about the consequences and the methods of preventing transmission etc. has created the premises for the extension of contamination as a consequence of practices such as unprotected homosexual acts, administration of drugs with used syringes, tattooing with unsterilized instruments or direct blood contact in aggression acts. (Collica, 2013; McCree, Jones and O'Leary, 2010).

It is considered (Fisher and Lab, 2010; Pates and Riley, 2012) that the percentage of HIV/AIDS infected persons is significantly higher than the one registered at a general level, which in turn leads to a higher contamination risk. Moreover, as a consequence of a policy of zero tolerance to drugs, the Romanian penitentiaries are faced with overcrowding, which leads to a higher number of drug consumers in prisons and higher ensuing risks. The risk of penitentiaries becoming centres of HIV/AIDS transmission is therefore very high. When the detained persons come out of prison they are a risk factor for the rest of the population. These authors show that this situation has driven the penitentiary systems, the national and international governmental and non-governmental organizations to get involved in the elaboration of practices and strategies for reducing these risks.

First of all, a great emphasis has been placed on the programs which aim to inform the prisoners about HIV/AIDS transmission and the ensuing risks, about the importance of changing one's lifestyle and the need to do regular medical check-ups or to be included in medical programs (Jürgens, 2007). The access to confidential HIV testing, as well as to treatment programs in penitentiaries needs to be facilitated as well. The same author shows that the convicts need to have access to condoms, that programs have to implemented for changing used syringes and that safe methods of tattooing have to be introduced. As for drug abuse, measures need to be taken in order to introduce drug substitution programs (which can include, for example, methadone) on a large scale and to limit the introduction of drugs into prisons. Last but not least, there have to be implemented treatment programs for persons infected with HIV/AIDS who have left the penitentiary.

The particularities of the relation that the probation services have with HIV/AIDS infected persons come from the fact that these persons received punishments which don't deprive them of their freedom.

While, as far as penitentiaries are concerned, there is substantial proof at an international level of the existence of a real concern for the HIV/AIDS risks, not the same thing can be said about the people who are on probation (Martin, 2003). Estimations show, however, that there aren't any major differences between the number of infected persons from the two correctional systems (Clear, Cole, and Reisig 2013). Given the fact that, in most cases, HIV/AIDS testing is not mandatory as part of the registration procedures, it is difficult to make a good estimation.

The research carried out in the field of probation services practices has revealed the existence of good practice models for the relation with the HIV/AIDS infected persons. These models are based on: a good level of information probation officers have about HIV/AIDS (Lurigio, 1991), the creation of organisational policies/working standards for the probation services (Griffin, 1991), raising awareness among the parents of juvenile delinquents about the importance of monitoring their children's lifestyle in order to reduce the risk of HIV/AIDS transmission (Udell, 2011) or the creation of short-time programs for motivating criminals to test for HIV/AIDS (Alemagno, 2009).

Unlike convicts, for whom the chances of engaging in risk practices are somewhat limited, the persons under probation can more easily get involved in situations in which they are exposed to con tracting the virus (drug and alcohol abuse followed by unprotected random sexual acts etc.). Taking this into consideration, probation officers should pay special attention, in their supervision meetings, to the importance of a lifestyle in which these risk situations are avoided.

As we have previously stated, it is difficult to come up with exact statistic data of the impact of HIV/AIDS on the people who are in the registers of correctional services because testing them has been the subject of ethics debates.

It has been claimed (Hensley, 2002; WHO, 1993, 2000) that such a practice would infringe on the right to intimacy and the right not to be subjected to torture, cruelty or inhumane or degrading treatments. A series of arguments have been brought forward in relation to the costs of such a measure and to the possible segregation/discrimination among the detained

persons which might ensue (Hensley, 2002). Under these circumstances, even if at a certain moment some penitentiary administrations made testing mandatory, some of them have later abandoned these rules especially under pressure from international forums such as the World Health Organization (WHO, 1993, 2000).

The situation in Romania

In the first decade after the fall of the Communist regime in 1990, Romania had the highest number of HIV/AIDS infected people (especially children) as a consequence of medical treatment between the years 1986 – 1992 (50% of the cases registered at European level) (Buzducea, 2010). Even though another source of transmission is unprotected heterosexual sexual contact, there is no precise data regarding the affected persons and there are major differences (from five to ten times higher) between the persons diagnosed and the ones infected (Novotny, Haazen and Adeyi, 2003).

Another phenomenon which appeared at the end of the 90's is the increase of drug users. The main effect of this increase is a corresponding increase in the number of HIV/AIDS infected persons as a consequence of administration of drugs with syringes and of a chaotic lifestyle. The 2013 report of the Romanian Anti-drug Agency refers to an alarming increase of HIV infected persons among drug consumers. There are multiple explanations for this phenomenon. On the background of the crisis which has affected the social services since 2008, a series of services for harm-reduction addressed to drug consumers have no longer been financed. In the same time, the introduction of new substances with psychoactive properties on the market has led to important shifts in the consumption habits of drug addicts.

In 2008 new substances with psychoactive properties (SNPP), also known as *legal drugs* or *ethnobotanicals* started being sold. In a short while, the popularity of these substances among young people rose dramatically, firstly because they were easy to find and because initially, selling and possession were legal. The use of these drugs being therefore allowed, they were often sold in shops close to areas with many young people (schools) or online. The intensity of the sensations created by this drug, the easy access to them and the lack of legal sanctions has led many young people to try them and so to start using drugs. Moreover, these drugs started being used by consumers of illegal drugs as well, especially to avoid any legal consequences. These new psychoactive substances turned out to have a major impact on the physical and psychological health of the consumers, who have reported a faster set in of the physical but especially of the psychological addiction, as well as a higher tolerance level (up to the point where a dosis has to be taken every 30 minutes). But what particularizes these substances is the appearance of psychosis, insomnia, depression and, at the level of injectable drug administration, the common use of syringes increased (Botescu, 2011).

The data published by the ECDC (European Centre for Disease Prevention and Control (2013) shows a significant rise in the number HIV infected persons among those who use injectable drugs (ECDC, 2013). This rise was caused by the SNPP consumers who, given how quickly the tolerance to the drug sets in, need to take the drugs even more times a day (sometimes even more than ten times per day).

In the activity of the Probation Service Bucharest in the period 2008-2011 we noticed an increase in the number of crimes associated with use of SNPP drugs. The thefts and crimes

are committed by drug consumers who need resources for paying for the drugs (Bennett and Holloway, 2007). The model of reciprocity postulates that the relation between drug consumer and crime is dimensional (White, 1990). This means that drug abuse and crime stimulate each other. The evaluations carried out by probation officers on these persons show that, most of the time, they didn't take into consideration the risks they were exposing themselves to. Their lifestyle was a chaotic one and they weren't able to objectively evaluate reality given the absence of even minimal information about the effects of SNPP use etc. Starting with 2010, an increase has been noticed of the impact of HIV among these consumers. Even though the courts of law tried to give them punishments which would not deprive them of their freedom but would place them under supervision of the probation services, a high rate of reoffend was registered under supervision. Committing a new crime during the probation period leads to revocation of the suspension of execution and the sentence is then executed in prison. We must, however, take into consideration the fact that, as a result of the lack of treatment plans adequate to SNPP abuse, the treatment services offered by the community services hardly existed. The direct consequence of this situation was the fact that the persons in question continued to take drugs and to commit crimes in order to get the money they needed for buying the drugs. The Probation Service Bucharest doesn't provide treatment services for the persons affected by HIV itself but collaborates with specialized medical units.

The increase in the number of HIV infected persons, especially as a result of drug abuse, has also had an impact on the penitentiary system from Romania. According to the data provided by the National Administration of Penitentiaries, while in 2008 58 HIV infected persons were registered, in 2013 this number went up to 288. 80% of these persons had been diagnosed with HIV before they were arrested or 6 months after. In 2013 the percentage of HIV/AIDS affected persons from the penitentiary system was 0.87% to a population of 33.000 convicts. At a national level, these persons are treated in two penitentiary units which have specialized medical equipment. If we apply this proportion to the Probation Service Bucharest, at a number of 2736 persons on probation the number of HIV/AIDS affected persons should be 23. At a national level, from a number of 20446 persons on probation, the number of those HIV/AIDS infected should be around 177. An investigation at the level of the Probation Service Bucharest has shown that the number of HIV/AIDS affected is higher: 35 (1.27%). The higher percentage from Bucharest can be explained through the fact that at a population of approximately 3.000.000 inhabitants the means of social control are reduced and the number of delinquent prone communities is higher.

In the Romanian penitentiary system, HIV testing is not mandatory at the admission in prison. If the convicts haven't been tested prior to the arrest, they have the possibility to do the tests if they wish during the detention period. In the penitentiary system a series of programmes have been implemented along the years, programmes which aimed to train educators among equals, organize information sessions about HIV transmission, distribute condoms, provide treatments based on substitute substances for former drug addicts, promote counselling and voluntary testing of HIV affected people.

In the Probation Service or the institutions involved in the community which offer treatment to former drug users HIV testing isn't mandatory either. Usually the probation counsellor finds that a person is HIV infected during preliminary assessment for supervision plan or pre-sentential report. The persons who belong to risk groups receive counselling about the

importance of early HIV diagnosis and are then directed towards medical units where HIV testing is available.

It has also been ascertained that, both in the probation and the penitentiary system, the HIV infected persons are most of the time also diagnosed with VHB/VHC, TB, venereal diseases, which increase their physical and psychological vulnerability and affect their ability of establishing and maintaining optimal social relations.

In order to diminish the risks these people are facing, to raise their social inclusion levels and to avoid discrimination, a series of laws and strategies have been drawn up in Romania.

The law no. 284/2002 establishes measures for the prevention of HIV transmission and for the social protection of those infected with HIV or suffering from AIDS. The protection measures are the following: the right to work, non-discrimination, vocational guidance or retirement, according to the situation; monthly food allowance; confidentiality of the data about HIV affected persons; free antiretroviral medication etc. According to this law, the government is obliged to draw up a national strategy for this category of people.

The National HIV/AIDS Strategy 2011-2015 doesn't include any specific dispositions regarding the HIV infected persons who are on probation. It does however list strategic objectives which refer to injection drug users (IDUs) and to the prevention of transmission in the penitentiary environment. As far as the IDUs are concerned, the strategy's objective is to prevent a HIV epidemic among these users. This shows that the dimension of this phenomenon has been acknowledged.

This strategy provides that the community services addressed to IDUs are: a program of syringe change and better access to drug substitution programmes based on methadone/suboxone, the development of services for teenagers (10-19 years old), universal access for injection drug users to HIV, ITS, VHB, VHC testing.

As far as the penitentiary system is concerned, the strategy includes: counselling and access to services for the prevention of sexual transmission of HIV/AIDS; programs for changing syringes at the level of the entire penitentiary system; it makes it an obligation of the National Agency of Penitentiaries to develop a nationwide programme for the prevention and treatment of HIV/AIDS which is to respect all the standards applied in the civil medical system.

In conclusion, Romania has a legal framework which acknowledges the problems that the HIV/AIDS affected persons are facing, but, as the result of the study we carried out at the level of the Probation Service Bucharest are going to show, the capacity for intervention and for solving the existing problems is reduced.

Method and procedure

The main objective of our research is to identify the particularities of the HIV/AIDS affected persons under the supervision of the Probation Service Bucharest (PSB).

The sample consisted of 35 HIV/AIDS infected persons (nine women and 26 men with ages between 19 and 50) who started being supervised by PSB on 02/03/2014. These persons are registered with the Probation Service for a probation period between two and nine years. The subjects were identified as HIV positive after they self-reported having health problems at the moment of evaluation (for drawing up a supervision plan) or during the supervision process. As we have already mentioned, at the moment, the probation service doesn't have any evaluation procedure which aims at identifying problems related to HIV infection. The probation officer has to make a general evaluation of the health condition, leaving nevertheless open the possibility that some of the supervised persons don't mention an HIV infection.

Part of the study were 25 probation officers from within the PSB (two men and 23 women, with ages between 25 and 55 and with an experience in supervision of minimum three years). The probation officer directs her/his activity with the sentenced person towards dealing with the latter's criminogenic needs in order to reduce the reoffending risk and to increase community safety. In time, between the probation officer and the delinquent a professional relationship develops, which is characterized by respect and responsibility and is based on a good understanding of the problems the delinquent is facing.

Subsequent to the supervision activity, the probation officer offers assistance and counselling. In this regard, as we have said earlier, the probation officer offers support to the HIV infected persons on different levels of their life and activity (social, economic, personal, institutional etc.). However, the probation officers' possibilities for intervention are limited both because they haven't benefited of any training for such interventions and because there is a deficit of community resources.

Working method:

1. Identification of the subjects (HIV/AIDS infected) in the database of the PSB.

2. Questionnaire given to the probation officers from PSB in order to ascertain the particularities of the HIV/AIDS affected persons under the Service's supervision. The questionnaire included a series of indicators such as the number of infected persons from under each officer's supervision, the subjects' age, sex, education level, type of family of origin, housing and financial situation, family environment, criminogenic needs, the crime the person was sentenced for, the way the virus was contracted, the context in which the person was diagnosed and if previous to the diagnosis the person had been informed about the effects of HIV or not, whether or not they are part of a treatment plan, other health problems, the way in which the officer helped in dealing with the medical and social problems the infected person is facing.

3. Interviews with the HIV/AIDS infected delinquents regarding the way in which they perceive, understand and interpret their mood (balanced – logic – rational or, on the contrary, intense negative emotions), their relation with the probation officer (in terms of availability, support, information, mediation of relations with community institutions etc.), the investigation of possible marginalization situations (professional, social etc.), the access to community resources (medical, social, economic etc.). For acquiring this

information, the subjects were given a questionnaire drawn up by the PSB (Micle, Oancea, Saucan and Dragomirescu, 2013) for evaluating the reoffending risk.

4. Analysis of the probation files (supervision plan, evaluation form, medical documents, monitoring files etc.) of the subjects, elaborated by the officer in charge.

The obtained data was analysed and processed statistically (primary statistical analysis). Moreover, a qualitative analysis was made which resulted in three case studies.

Analysis and discussion of the findings

On 3 February 2014 the probation officers from the Probation Service Bucharest reported the existence of 35 HIV/AIDS infected persons in their registers – nine female and 26 males, with ages between 19 and 50 years old.

A. Types of committed crimes

The crimes for which these persons are on probation are the following: 14 persons were convicted for aggravated theft, nine for robbery, seven for traffic of high risk drugs, two precursor offences, one for hitting and other aggressions, one for pimping and one organized crime actions.

B. Family of origin and meeting subsistence needs

A dysfunctional family cultivates chronic delinquency. The type of family – parents (a legally constituted family, consensual unions, monoparental), the socio-economic situation of the parents (type of home, occupation, income), the family climate (interpersonal relations, communication) crime records of the family members, the size of the family etc. are all variables – risk factors – related to both juvenile delinquency and one's criminal record (DeLisi, 2005).

Our data shows that a significant proportion of the delinquents investigated in our case come from disorganised families (74, 28%). Sometimes poor living conditions are correlated to delinquent acts. (Garth-James, 2013; O'Mahony, 2002). The families of origin of the subjects don't have a space which ensures adequate hygiene and sanitation conditions (21 subjects). Their homes don't meet the elementary needs of shelter and physical and social protection of the family members. The family climate and relations are affected by the low income which is insufficient for ensuring a decent living standard, by the absence of a home and by the fact that most of the subjects identify with antisocial attitudes and behaviours or even have a criminal record. An analysis of the supervision files and of the data provided by the probation officers has revealed that the 36 HIV infected delinquents come from disorganised families, with an inadequate family climate (19 subjects), that have to deal with economic instability and unstable housing and with family members with deviant behaviours. In some cases, the members of the family of origin have an anti-social behaviour or have even broken the law (26 cases). 28 subjects come from families that are socially and economically marginalized and cannot meet the minimal subsistence needs of the family members. The members of these families have generally done occasional, badly-paid work, without any qualifications.

Inadequate living conditions predispose to delinquent acts. The families of origin of the subjects don't have a space which ensures adequate hygiene and sanitation conditions (21 subjects). Their homes don't meet the elementary needs of shelter and physical and social protection of the family members.

C. Social inclusion and the standards of living of the subjects

The low socio-economic level from the family of origin was transferred to the subjects' own families: only seven subjects have worked legally and with a contract for an indefinite period, the rest of them have had unqualified, occasional jobs. Given the fact that most of the delinquents from the lot don't have a secure job, the subjects' and their families' income is not enough for meeting their subsistence needs. The unstable, precarious housing conditions that we mentioned earlier were identified in the case of the investigated subjects: five persons have their own house, 14 live with the family of origin, nine live in rented houses while seven don't have a stable home (they live on the street, in shelters or dilapidated houses etc.).

As far as the subjects' own families are concerned, only 14, 28% of the delinquents are part of a legally constituted family, while 45, 71% are part of a consensual union. The rest, 40,01% are single or involved in short-term relationships. The same housing problems that we identified in the case of the families of origin are to be found at this level too. We should however take into consideration that the institutional resources in Romania are limited and the social assistance system is incapable of offering the population the support they need for solving their problems.

D. Level of education

It is a known fact that delinquency is associated with a low level of education, with school abandonment and poor school performance (Braithwhite, 1989). Out of the 35 subjects, six have a very low education level (only primary school); 15 attended secondary school, but only one managed to finish it. 12 persons attended high school but only four graduated. Only two were admitted at university. We can see that more than half of investigated probationers didn't manage to finish compulsory school. This situation has been confirmed by other research carried out in Romania, as well (Grigoras, Buzducea, Lazar and Preda, 2009).

E. Health state and testing for HIV

In terms of the contamination with the HIV virus, four of the subjects contracted the virus through unprotected sexual acts, four through applied medical treatments, while most of the delinquents, 27 got infected through injectable drug abuse. Most of them are addicted to heroin or to new substances with psychoactive properties. We would like to mention that one of the subjects is now facing charges for having had unprotected sexual contact even though he was aware of being HIV infected.

The subjects consider that one of the factors which led them to delinquency and drug abuse is the influence of their peer group, the curiosity which drives one to experiment new sensations and the lack of information about the effects and risks of drug abuse.

31 subjects said they have other health problems (HVB, HVC, TBC, BTS) caused by their lifestyle, drug abuse and a weak immune system. It is important to note that 23 of the investigated persons said that they are included in a treatment and monitoring plan in a specialized medical unit, while 12 are not registered with any such institution. 30 also benefit from a food allowance of 11 RON per day (3.2 USD per day) as well as from a invalidity allowance, depending on the severity of the diagnosis and on how long they paid health insurance. Five of the subjects don't benefit from any of these.

F. Supervision plan and the management of the case

The supervision plan is the document in which the probation officer records, after an evaluation, the reoffending of the person on probation, identifies the criminogenic needs of the delinquent and establishes the frequency of supervision meetings and the objectives which are to be reached during probation. The evaluation made for drawing up this plan begins with the identification of the person's criminogenic needs and the types of motivation these needs are based on. After an analysis of the motivation parameters from the evaluation scheme it has been found that financial reasons (a remunerated job) are the first that motivate delinquents to seek/pursue rehabilitation. This is a strong motivation for 85.71 % of the subjects, while the other (five subjects) aren't motivated by this.

The next motivational category refers to physiological needs (the need for a home, food etc.) and it applies to most of the subjects (28 subjects). The types of motivation used for the delinquents' social reintegration are mainly focused on meeting these specific criminogenic/social needs. Even though the intrinsic motivation (cognitive motivation for developing/acquiring personal and social abilities) has an insignificant role for the subjects, this type of motivation can develop and give orientation and direction to their behaviour on the long term, and can thus help them reach the expected and desired objectives. The findings of our research support the conclusions of the studies from the *what works* (Andrews and Bonta, 2010; Dowden and Andrews, 1999) paradigm, which proves the necessity of focusing the intervention on cognitive processes and on the development of the delinquents' social abilities as a premise for structuring a congruent bio-psycho-social identity.

This information can constitute the basis of a paradigm shift in the evaluation of these needs by the probation officer by placing a greater emphasis on the need for change at the level of the delinquent's identity and interpersonal relations.

The interviews which followed and the information gathered from the analysis of the probation files have shown that the subjects don't generally have the ability of objectively analysing the consequences of their actions. Moreover, they are characterized by, on the one hand, a state of confusion, disorientation, the incapacity to set a direction for oneself, and, on the other hand, by the use of their own, non-institutional ways of satisfying their needs and reaching their objectives. They also have some an unstable behaviour and cognitive distortions (dysfunctional thoughts). The subjects are not able to carry out a benefits-costs analysis of the effects of their criminal acts and of the inadequate way in which they perceive, understand and interpret reality. Their decision-making capacities are limited as well.

It is important to note that 28 subjects received support from the probation officer in dealing with the HIV infection. Only seven people didn't ask for help with this problem (five of these people are not even included in any programmes of the specialized medical units and don't benefit from any institutional help – pension, food allowance etc.).

The probation officer directs her/his activity with the sentenced person towards dealing with the latter's criminogenic needs in order to reduce the reoffending risk and to increase community safety. In time, between the probation officer and the delinquent a professional relationship develops, which is characterized by respect and responsibility and is based on a good understanding of the problems the delinquent is facing. Subsequent to the supervision activity, the probation officer offers assistance and counselling. In this regard, as we have said earlier, the probation officer offers support to the HIV infected persons on different levels of their life and activity (social, economic, personal, institutional etc.). However, the possibilities for intervention of the probation officers are limited both because they haven't benefited of any training for such intervention and because there is a deficit of community resources.

In our research we have identified the following ways of intervention of the probation officers:

- Counselling and support for obtaining social health insurance,
- Obtaining food allowance and other rights; mediation of the family relations and the relation with the community institutions,
- Admission to detoxification programmes or treatment based on substitute substances, information about the rights these people benefit from.

The answers obtained from the questionnaire for the analysis of the reoffending risk (Micle et al, 2013) have shown the fact that the HIV infected delinquents experience fear, anger, isolation and are rejected or misunderstood by the other members of the community. They see themselves as labelled people, excluded from the social and professional life, and as a danger to the people they work with. According to their understanding, the access to community resources (a job, healthcare, social insurance etc.) is limited or non-existent. They try to solve their problems and to deal with their sadness and anxiety on their own. These states are due to the fact that the people from their support network (family, friends) are not informed and are not able to offer them specialized help. Moreover, they feel guilty for the situation they are in. Under these circumstances, it is necessary for the probation officers to build up a professional relationship based on trust which is in turn the premise for responsibly dealing with health problems and meeting criminogenic needs.

Examples and case studies

Case study I: N.L.R., 21 years old, infected with HIV through unprotected sexual contact
N.L.R., female, 21 years old, sentenced to two years and six months of prison with suspension of the execution of the sentence under supervision with a trial period of four years and six months for robbery.

1.1. Psycho-emotional and intellectual development

N.L.R. comes from a disorganised family. Physically, the delinquent has a fragile constitution and is underweight. She is characterized by a poor ability of expressing herself, inhibition, lability, reflex gestures. She is a submissive, impressionable person who lives a feeling of insecurity and instability. Her relation with the environment is distorted, she has a certain mental debility (subliminal IQ), a narrow horizon, no independent judgement, regression and a disrupted evolution. Due to her reduced ability of understanding and interpreting reality and to her distorted relation with the environment, her relations to others are based on conformism. At the basis of her actions there is the need of being accepted and valued.

1.2. Characteristics of the family of origin

The result of a consensual union between a mason (father) and a tailor (mother), N.L.R. was raised in a centre for child protection. Her parents never had a permanent work contract, they did only occasional work activities. In 1995 the family was evicted from their house, following a court order. Between 1995 and 1997 they lived in inadequate conditions, in a hut built on a field in the neighbourhood of the Rahova penitentiary.

The family's income in this period – 900 RON (200 USD) – was provided by the mother, who worked as a cleaning lady. According to what N.L.R. and her mother said, the family climate and relations were affected by the low income, which was insufficient for ensuring decent living, by the absence of a home in which the hygiene and sanitation standards were met and also, by the fact that the father drank alcohol. The parents' inability of finding solutions for getting out of this decay, out of promiscuity, on the background of the father's alcohol abuse, caused a series of misunderstandings which turned into conflicts. Finally, the two partners broke up and each of them began a new relationship. The mother and her new partner are currently living together with another 13 people in a studio. The mother of N.L.R. says that her new partner doesn't have a stable job, he "collects plastic bottles" and they have together a two year old and two month old boy.

While she was underage, N.L.R. lived with her cousin (C.I.) and her aunt, the latter's sister and her cohabiting partner, with two nephews (aged one and seven months, respectively) in a house comprised of a room, a kitchen and a hallway, for which the family paid rent. From what the aunt told us, we could gather that the new "family" of the N.L.R wasn't able to offer her desirable behaviour models and an educational climate appropriate to her age. On the contrary, the family environment was based on negative behaviour models, most of the people from this family – the aunt, her husband, her children – having been on probation. The aunt was arrested several times for theft, the uncle for theft and burglary and a male and a female cousin were arrested for robbery. The family's income was insufficient for ensuring a common spending budget.

1.3. Education

N.L.R. completed three school years, but with reduced attendance. She had to repeat the school year several times due to the fact that she was skipping school to go begging with other friends from the neighbourhood. Her mother justifies the school abandonment through her daughter's limited intellectual resources.

1.4. Social and economic inclusion

N.L.R. started using volatile substances at the age of 12, under the pressure of her group of peers. She used to spend her free time together with her friends begging and inhaling glue. She said that she went on using glue because it gave her a pleasant dizzy state.

Around the age of 18, she started a cohabitation relation which resulted in a two year old child. N.L.R. is now a home stay mother. She lives in the countryside, in a house with two rooms and no sanitation, together with her partner, his mother and the child. The child has also been diagnosed with HIV, the virus being most probably taken from the mother, through breast feeding.

The family income is minimal and is based on unqualified, occasional work.

In the supervision meetings, N.L.R. handed in medical files which show that she contracted the virus through unprotected sexual contact with the partner. It has been found that he has a history of injectable drug use, a disorganised sexual life and was on probation several times. N.L.R. is now in the registers of the Victor Babes Infectious and Tropical Disease Hospital, were laboratory analysis and para-clinical investigations have been made for her. She now benefits from food allowance and a pension of 400 RON (100 USD) per month.

1.5. Case discussion

The factors which led to criminal behaviour and, later, to the HIV infection are the promiscuity of her environment, the low education level, her limited ability of perceiving, understanding and interpreting reality, the dysfunctional behaviour models from her family, the prone to crime area she grew up in, her previous involvement in illegal acts, the negative behaviour models from her extended family. It is important to note that the promiscuity, the unstable housing and the financial problems from her family of origin transferred, when she became of age, to her own family. The low education level, the inability to objectively interpret reality and the lack of information about HIV transmission led to the subject's and her daughter's infestation.

Case study II. G.S., male, 23 years old, infected HIV through use of contaminated syringes.

He was sentenced for robbery to two years of prison and was put on probation for four years.

2.1. Physical and psycho-emotional characteristics

The subject has a normal physical constitution for his age. He has an infantile, imitative, stubborn behaviour, a fragmented way of thinking and feeling, a reduced ability of understanding and interpreting reality. He is immature, has a narrow horizon and weak intellectual abilities.

2.2. Family environment

The delinquent is the son of P.D. and A.M., who were never legally married. The mother reported that with P.D. she had another three children: A.B (17 years old, 6 grades – The Second Chance, is currently working without contract), P.G. (13 years old, benefits from protection from the Social Assistance and Child Protection Centre) and A.E.A. (ten years old, benefits from protection from the Social Assistance and Child Protection Centre). The mother, her cohabiting partner and the four children lived for five years in a house which belongs to the mother's parents. They lived in a small room with no sanitation. The mother described their life there as being "hard", full of conflicts, in-satisfaction and indigence. The cohabiting partner drank alcohol, was irresponsible, caused scandals and committed several crimes. Sometimes he wouldn't come home and would sleep on the streets. He was arrested and sentenced several times – three years for theft, four years for theft, six months for an unpaid fine etc. The family lived at the limits of subsistence, from the income of the subject's mother – "I was a cleaning women, I was cleaning staircases" – and from the material support the maternal grandparents offered. After five years of cohabitation, the subject's parents ended their relationship. He is now known to face, once again, criminal charges.

The mother and the four children lived for approximately five years, without any legal contract, in a house with two rooms and a kitchen. The mother describes this period as one in which they had to deal with frustration, dissatisfaction and financial difficulties. The family income was provided by the mother who worked without contract in a rum factory and received 600 RON (150USD).

In 2003 the mother met her next cohabiting partner, N. She has with him another three children. The members of the family now live, without any contract, in a room, with no kitchen or bathroom, in a dilapidated building. From what the mother declared, we gathered that her current partner isn't living with the family.

The family income is ensured by the mother, who works as a cleaning lady, by G.S.'s sister, who has one day job and the children's monthly allowance. The current cohabiting partner contributes too: he gives the family money, food and clothing. The subject's mother says that their income varies from one month to the other and it is anyway insufficient for meeting the family's basic needs.

2.3. Level of education

The subject completed only five grades. He repeated the 5th grade twice and abandoned school in the 6th grade. He affirmed that his poor performance in school was due to the fact that he didn't have the optimal climate and conditions for learning – "sometimes, when we couldn't find a place to stay, I slept with my family on the streets". He also invoked the lack of financial resources which made it impossible for him to buy what he needed for school – books, notebooks and clothes/uniform.

2.4. HIV transmission through use of infected syringes

In the supervision meetings the subject presented medical documents which show that he contracted the virus from using infected syringes when he was around 17. He started using

drugs – initially glue – influenced by his peer group, around the age of 14. When he was about 16 he started to occasionally smoke marijuana. He then moved to Ecstasy pills and finally got to heroin shots. From 2010 until the year he was arrested – 2011 – he took SNPP drugs and occasionally heroin. He says that his addiction is the result, on the one hand, of the curiosity which characterizes his age – a desire to experience new sensations – and, on the other hand, the fact that he was open to the suggestions and influence of his peer group. He wasn't aware of the consequences of drug abuse either.

He stated that he was HIV and HCV infected because he shared syringes – "I used several times syringes used by others."

2.5. Family relations and meeting subsistence needs

The subject is currently living on the streets, begging, even though he receives an allowance of approximately 400 RON (100 USD) per month. He visits his family at long periods of time. He sees himself as a victim and blames exterior factors – his family and society – for the situation he is in. He believes that the fact that there was nobody to guide, supervise and support him, the lack of material resources, of a home, the fact that his parents didn't offer in childhood a climate characterized by unanimously accepted moral values and norms, as well as the influence of his peer group, with its delinquent behaviour, have all marked his evolution and behaviour.

The mother shows understanding for his acts, being aware of the difficult childhood of her son: "if you hang out with thieves, you will become a thief ... he didn't have what to eat, he didn't have a place to stay. It was very hard for him."

2.6. Case discussion

The factors which encouraged the subject's criminal behaviour and his HIV infection are related to his personal history: the social and cultural conditions which marked his childhood, the presence of negative models of behaviour in his family, the negative family environment, the delinquent behaviour of his peer group, the fact that in his family of origin he didn't benefit from supervision and a type of education which aimed at internalising positive norms and values and at structuring legitimate behaviours. Another factor is the lack of education (the subject's inability of responding to the tasks of the education system), the lack of a financial and housing stability as well as his low ability of perceiving, understanding and interpreting reality.

Case study III, A.E. 43, sentenced to ... years for pimping; he contracted HIV through random sexual acts.

A.E. comes from a rural environment, from a legal marriage, but with an unfavourable family climate. He is under the supervision of the Probation Service Bucharest for pimping.

3.1. Family environment

A.E.'s parents divorced when he was three because of the tensions and conflicts between them. The father was an alcohol user and the mother had extramarital relations. The conflicts

between them ended in both verbal and physical violence. A.E's father was sent to prison for manslaughter and his maternal grandfather for theft. After the parents' divorce, the subject was raised by the maternal grandparents. A.E. has a brother (47) that was diagnosed with mental illness and admitted to a psychiatric centre. He was accused of killing his father but he was placed in the psychiatric centre after being diagnosed with mental illness. A.E. has a sister as well, who is 37, married and works in healthcare.

3.2. Education

A.E. completed ten years of education. He then abandoned school: "I didn't like school .... what was the point of wasting my time with it ... I had the chance to make money doing agricultural work with my grandfather". Actually, the family neglected their relation to A.E. As we have already shown, he comes from a family with an unfavourable climate marked by fights and tensions between the parents – until the divorce – between parents and children and by insufficient education, which can be seen in both A.E.'s and his brother's poor school performance, as well as in the pre-delinquent behaviour they had from an early age.

3.3. Social and economic inclusion

A.E. worked a long time in agriculture. He said there had been years when he and his grandfather had managed to make enough money from selling agricultural products to cover for their basic needs. He also said there had been times when that hadn't happened, mostly due to exterior factors – weather conditions. In this period, he got involved in short-term relations with women from the community; he periodically went to Bucharest: "after work, when I had money, I used to go to Bucharest ... I wanted to relax." He broke several times transportation and traffic rules. He was involved in scandals with local people – he got a crime record – and was the victim of aggression from the villagers. A conflict with a local police officer is also on his record. Starting with the age of 22 he started coming more often and for longer periods of time to Bucharest. He thus started to neglect his household responsibilities and he stopped maintaining the relation with his grandfather: "I would go to Bucharest and come back when I needed money ... my grandfather had money saved ... I would ask him to lend me some and promise to help him later ... I didn't keep my promise and we had arguments, fights about it ..." Around the age of 25 A.E. moved to Bucharest and initially got a job as a security agent at a firm. After a while, he changed his job and started working as an unqualified worker in construction. He lived for a long time in a dilapidated building, while working on a construction site.

3.4. HIV infection – through random sexual encounters

In 2005 he contracted the HIV virus through sexual relations with two prostitutes. He was diagnosed following the medical investigations done when he donated blood. He then lived in a state of confusion, disorientation, fear, anger, isolation, and denial. He isolated himself and tried to forget about the problems which "tormented" him by doing hard, exhausting work. He didn't know much about the effects of HIV and was afraid of the consequences. After a long period of time, he asked his sister, who was a social worker, for advice. He then decided to go to the Hospital of Infectious and Tropical Diseases Victor Babes for diagnosis, advice and treatment. He abandoned the work at the construction site and joined a monitoring and treatment programme of the hospital. He got a job as a taxi driver and left the dilapidated

building. He worked for three years as a taxi driver, using the car both for transporting clients and as a home "I would sleep in the car ... when I wasn't working I would wash at the public bath near North Railway Station ... I would eat wherever I could ... I bought clothes from discount shops ... sometimes I would wash them to a specialized company, most of the time I threw them away and bought some others ... they were cheap and I could afford it." In this period, he had many relations with women. We have to mention that he is now investigated for committing the crime from article 309 of 2 Penal Code – infecting another person. There were time periods, as A.E. said, when he lived with two women who practiced prostitution and for whom he worked as a taxi driver. He was thus convicted for pimping. He doesn't however admit to it. After these three years, A.E. went back to his home village and started cohabiting with an underage girl, N.D., 17, from a nearby village. In the meantime, the grandfather died. A.E. had interrupted his treatment when he had still been working as a taxi driver. He sold the grandfather's house: "I wanted to avoid any conflicts with various people from the village ... they look at me a bit strange. They had found out about what had happened ... I had never gotten along with them anyway ..." and came back to Bucharest. He rented a condo in an attic and managed to get an allowance of 1.700 RON (400 USD). He is now living with N.D. and their two year old son.

3.5. Case discussion

The delinquent has a tendency to see himself as a victim, to avoid responsibility for his decisions and actions. He is very impressionable, has low self-control and has a deficiency of social and moral feelings, especially if we take into consideration the fact that he got to be sewed by someone he infected. He says he occasionally consumes alcohol.

When he was interviewed by the probation officers, the subject had already interrupted the treatment.

The factors which led to the delinquent's criminal behaviour and to his infection with HIV are related to the social and cultural environment he grew up in and to the negative behaviour models from his family.

Other factors are his incongruent identity, the fact that he is very impressionable, has low self-control, the absence of principles, norms and ethical and moral values, the lack of education, the lack of information about HIV transmission, the consequences of HIV infection, the inability of finding legitimate alternative solutions to his problems as well as the limited capacity of perceiving, understanding and interpreting reality. All these can be premises for an HIV infection and also for criminal behaviour, respectively HIV infection of another person.

Discussion and conclusions

Our trial study assesses the impact of HIV/AIDS among the persons under the supervision of the Probation Service Bucharest. We haven't identified any specific procedures which allow the identification of HIV/AIDS infected persons under supervision. The results of the study can be found in research done at an international level on the HIV/AIDS persons who committed crimes. The investigated subjects come from disorganised families with criminogenic behaviours, with an unfavourable climate, families that are facing financial,

housing, education and professional difficulties. Most of the subjects have a history of drug abuse. The evaluation done by the probation officers together with the supervised persons show the extrinsic character of their motivation to change (financial reasons). A paradigm shift in the evaluation of these criminogenic needs by the probation officer has proven necessary; the probation officer's intervention has to focus on the reconfiguration of the supervised person's identity and interpersonal relationships. We also need to take into consideration the fact that the probation officers intervention possibilities of support, offering information and mediation of the relation with social institutions are limited. The officers are not trained for specialized interventions for the HIV/AIDS infected persons and at the moment the community resources are also limited. The investigated subjects have a somewhat unstable behaviour and dysfunctional thoughts (cognitive distortions), they experience fear, anger, isolation and are labelled and rejected by the other members of the community. We can see that the results of the quantitative analysis can be found in the qualitative analysis of the three case studies. Under these circumstances, we believe it is necessary to organize training sessions for the probation officers on the problems of HIV/AIDS, so that the professional relations between the officer and the supervised person can facilitate the finding of optimal solutions to the health and criminogenic needs of the supervised persons.

References

Alemagno, S. A., Stephens, R.C., Stephens, P., Shaffer-King, P. and White, P. (2009). Brief Motivational Intervention to Reduce HIV Risk and to Increase HIV Testing Among Offenders Under Community Supervision. *Journal of Correctional Healthcare, 15*(3), 210-221.

Andrews, D. A. and Bonta, J. (2010). *The psychology of criminal conduct*: Elsevier.

Agenția Națională Antidrog (2013). *Raportul național privind situația drogurilor pe anul 2013,* Editura REIDOX, București.

Bean, P. (2010). *Legalising drugs: debates and dilemmas*: The Policy Press.

Bennett, T. and Holloway, K. (2007). *Drug-crime connections*. New York, NY: Cambridge University Press.

Berk, R. A. (1988). *The Social impact of AIDS in the U.S*. Cambridge, Mass.: Abt Books.

Bolton, R. (1989). *The AIDS pandemic: a global emergency*. New York: Gordon and Breach.

Botescu, A. (2011). *Evaluarea riscurilor asociate consumului de substanţe noi cu proprietăţi psihoactive în rândul copiilor şi tinerilor din România*. Raport de cercetare, Bucureşti.

Boyer, B. A. and Paharia, M. I. (2008). *Comprehensive handbook of clinical health psychology*. Hoboken, N.J.: John Wiley and Sons.

Braithwaite, J. (1989). *Crime, shame and reintegration*: Cambridge University Press.

Burnett, R. and McNeill, F. (2005). The place of the officer-offender relationship in assisting offenders to desist from crime. *Probation Journal, 52*(3), 221-242.

Buzducea, D., Lazăr, F. and Mardare, E. I. (2010). The situation of Romanian HIV-positive adolescents: results from the first national representative survey. *AIDS Care, 22*(5), 562-569.

Clear, T. R., Cole, G. F. and Reisig, M. D. (2013). *American corrections* (10th student ed.). Belmont, CA: Wadsworth, Cengage Learning.

Collica, K. (2013). *Female prisoners, AIDS, and peer programs: how female offenders transform their lives*. New York: Springer Verlag.

DeLisi, M. (2005). *Career criminals in society*. Thousand Oaks, Calif.: Sage Pub.

Dowden, C. and Andrews, D. A. (1999). What works in young offender treatment: A meta-analysis. Paper presented at the Forum on Corrections Research.

Durnescu, I. (2012). What matters most in probation supervision: Staff characteristics, staff skills or programme? *Criminology and Criminal Justice, 12*(2), 193-216.

ECDPC. (2013). *Annual epidemiological report Reporting on 2010 surveillance data and 2011 epidemic intelligence data*. Stockholm: European Centre for Disease Prevention and Control.

Fernandez, F. and Ruiz, P. (2006). *Psychiatric aspects of HIV/AIDS*. Philadelphia, PA: Lippincott Williams and Wilkins.

Fischbein, E. (1970). *Climatul educativ în familie.* Bucharest: Editura Didactica si Pedagogica.

Fischer, D. G. (1984). Family size and delinquency. *Perceptual and motor skills, 58*(2), 527-534.

Fisher, B. and Lab, S. P. (2010). *Encyclopedia of victimology and crime prevention*. Thousand Oaks, Calif.: SAGE Publications.

Garth-James, K. A. (2013). *Eleuthera: Improve Corrections' Performance and Save Our Communities with Elearning and Work Models*: Publish America .

Goldberg, R. (2012). *Drugs across the spectrum* (7th Ed. ed.). Belmont, CA: Cengage Learning - Wadsworth.

Griffin, E., Lurigio, A. J. and Johnson, B. (1991). HIV Policy for Probation Departments. *Crime & Delinquency, 1*(37), 36-47.

Grigoras, V., Buzducea, D., Lazăr, F. and Preda, M. (2009). Situaţia tinerilor consumatori de droguri injectabile din România. *Sociologie Românească*(02), 49-68.

Hensley, C. (2002). Wicks. *Prison sex: practice and policy*. Boulder, Colo.: Lynne Rienner.

Jürgens, R. (2007). Effectiveness of interventions to address HIV in prisons *Evidence for Action Technical Papers*. Geneva: World Health Organization, United Nations - Office on Drugs and Crime, UNAIDS.

Liamputtong, P. (2013). *Stigma, discrimination and living with HIV/AIDS: a cross-cultural perspective*. New York: Springer.

Lindner, R. (1999). The fifty-minute hour: a collection of true psychoanalytic tales New York: Other Press.

Lurigio, A. J., Petraitis, J. and Johnson, B. (1991). HIV Education for Probation Officers: An Implementation and Evaluation Program. *Crime and Delinquency, 37*(1), 125-134.

Martin, S. S., O'Connell D. J., Inciardi, J. A., Surratt H. L. and Beard, R. A. (2003). HIV/AIDS Among Probationers: An Assessment of Risk and Results from a Brief Intervention. *Journal of Psychoactive Drugs, 35*(4), 435-443.

Mayer, K. H. and Pizer, H. (2005). *The AIDS pandemic: impact on science and society*. Amsterdam; Boston: Elsevier Academic Press.

McCree, D. H., Jones, K. T. and O'Leary, A. (2010). *African Americans and HIV/AIDS: understanding and addressing the epidemic*. New York, NY: Springer.

Micle, M., Oancea, G., Saucan D. S. and Dragomirescu, S. (2013*). Factori asociaţi recidivei în cazul persoanelor condamnate* Cercetari filosofico-psihologice, anul V, nr. 1, p. 119-130.

Mooney, L. A., Knox, D. and Schacht, C. (2013). *Understanding social problems* (8th ed.). Australia; Belmont, CA: Wadsworth Cengage Learning.

Nelkin, D., Willis, D. P. and Parris, S. (1991). *A Disease of society: cultural and institutional responses to AIDS*. Cambridge England; New York: Cambridge University Press.

Novotny, T. E., Haazen, D. and Adeyi, O. (2003). *HIV/AIDS in Southeastern Europe: case studies from Bulgaria, Croatia, and Romania*. Washington, D.C.: World Bank.

O'Mahony, P. (2002). *Criminal justice in Ireland*: Institute of Public Administration.

Osterreith, P. (1973). *Copilul şi familia*. Bucharest: Editura Didactică şi Pedagogică.

Pates, R., and Riley, D. M. (2012). *Harm reduction in substance use and high-risk behaviour: international policy and practice*. Chichester, West Sussex: Wiley-Blackwell.

Piercy, F., Fontes, L.A.,Choice, P. and Bourdeau, B. (1998). HIV Risk and the Freedom to Act Without Thinking: Alcohol Use and Sexual Behavior Among Adolescents on Probation. *Child and Adolescent Social Work Journal, 15*(1), 207-226.

Săucan, D. S., Oancea, G. and Micle, M. I. (2012). Tipuri de motivaţii în reabilitarea condamnaţilor aflaţi în evidenţa serviciilor de probaţiune. *Revista de Asistenţă Socială*(3), 147-158.

Schoub, B. D. (1999). *AIDS & HIV in perspective: a guide to understanding the virus and its consequences* (2nd ed.). Cambridge; New York, NY: Cambridge University Press.

Spock, B. (2001). *Dr. Spock On Parenting: Sensible, Reassuring Advice for Today's Parent*: Simon and Schuster.

Tenpenny, K. (2004). *Physical Therapist Assistant Exam Review*: Cengage Learning.

Udell, W. D., Geri; Emerson, Erin. (2011). Parents matter in HIV-risk among probation youth. *Journal of Family Psychology, 25*(5), 785-789.

UNAIDS (2012). UNAIDS World AIDS Day Report 2012.

Way, P. O., De Lay, K. S. and United States. Bureau of the Census. (1994). *The impact of HIV/AIDS on world population*. Washington, D.C.: Bureau of the Census: U.S. G.P.O.

White, H. R. (1990). The drug use-delinquency connection in adolescence. In R. Weisheit (Ed.), *Drugs, Crime, and Criminal Justice*. Cincinnati: Anderson Publishing Company.

WHO. (1993, 2000). WHO guidelines on HIV infection and AIDS in prisons. In UNAIDS (Ed.). Geneva.

Wicks, L. A. (1997). *Psychotherapy and AIDS: the human dimension*. Washington, DC: Taylor & Francis.