

POAR—HIV:  
“The Curly Cases”

MR “AA”

## Background:

- DOB: 03/11/1975 – 34 yo
- From rural area interstate
- 3 step siblings – both brothers in foster care at 5 yo – made contact with parents after 15 years
- Was sexually & physically assaulted in foster care over a 7 year period – got a very large compensation payment – foster father charged & imprisoned
- Difficulty in schooling – extra care

## Background (cont):

### Left school in Year 9

- Ran away from foster care at 16 yo
- Lived “on streets” in interstate capital city – history of drug misuse, no employment, prostitution
- Lived “on streets” & youth refuges for 2 years
- Had unsafe sexual contact with a range of male partners

## Family:

- They live interstate – remote area
- Estranged from them – was visited in Melbourne by one sister
- Occasional phone contact
- All children were wards of state
- Children had different fathers

## Move to Victoria:

- 1993 parents moved to large rural city in Victoria
- AA joined parents in 1994
- Changed his name by deed poll
- After short period parents moved back interstate
- “AA” stayed in rural Victoria & lived with aunty
- Client of Disability Services

## Move to Victoria (cont):

- Aunt had considerable problems with reckless attention seeking behaviour & impulsive outbursts
- Threatened to sexually assault aunt's young grandchildren – taken over by Disability Services
- Inappropriate accommodation x 2 – alcohol misuse

## Move to Melbourne:

- Proved to be a disaster
- Heavy use of alcohol & other drugs
- Used “beats”
- Associated with “street people”
- Criminal activity

## Referral to Department of Health:

- 14/11/1995
- From rural community gay group – unsafe & inappropriate sexual behaviour in “beats”
- Treating psychiatrist had concerns about his sexual activities
- PNOs monitored closely
- 17/12/1996 – Letter of Warning
- After Letter of Warning he had unprotected anal with disabled male – partner not infected
- Threatened to jump off Westgate Bridge
- Recommended to involuntary psychiatric care – short term

## Health Orders:

- 12/05/1997 – Health Order of Restriction – Stage 4 – initially to live under staff supervision at night
- 25/09/1997 - Absconded and returned next day
- 2/10/1997 – New Health Order of Restriction – under 24 hour staff supervision
- Accommodated in Disability Services house with Disability Services staff
- Lived alone
- Health Orders changed with new addresses
- July 2000 – Health Orders started allowing “free time”

## Health Order with 24 hour supervision:

Order listed the following:

- Reside at a particular house under 24 hour supervision – not leave house without staff present
- Comply with Justice Plan
- Participate and comply with Disability Services programs & support
- Attend weekly sessions with psychiatrist and counsellor
- Attend drug & alcohol counselling as arranged by Disability Services
- Attend medical appointments as directed
- Provide random urine drug screening
- Not engage in behaviour likely to constitute a serious risk to public health
- Not to visit any disability unit or service without permission

## Health Orders:

- Read/served to client by PNOs
- Read in a way the AA understood
- Given opportunity to ask questions or seek clarification
- Understood why Order was in place
- Understood ramifications if Order was breached
- Informed that PNOs will be in constant contact with CHO & Order regularly reviewed
- Always given the opportunity for any messages to be relayed to CHO

## Health Orders (cont):

- Health Order rescinded 21/05/2003
- Remained under PNO monitoring
- Returned to care of aunty in rural Victoria 18/12/2003
- Behaviour deteriorated with cannabis use, disruptive & abusive behaviour and having young boys (12 & 13 yo) at his residence
- Returned, under powers of Guardian, to secure environment at Statewide Forensic Services – then to secure disability house on 22/06/2004
- PNOs maintained contact & monitoring

## Health Department Management:

- PNOs were Case Managers
- Case reviewed by CHO fortnightly – and as needed
- Case reported to HIV Advisory Panel – and reviewed by them
- Large meetings of all stakeholders held regularly
- Reports requested and received by CHO from all professionals involved in management of AA – recommendations considered

## Accommodation:

- When under Health Order requiring supervision – where do they live?
- Accommodated in Disability Services house
- 2 staff 24 hours – disability staff – had make allegations about staff in past
- Had disability Case Manager
- Held under supervision by Health Order signed by CHO
- PNO managed case for Health Department

## Guardian/Public Advocate:

- Appointed March 1997
- To represent client at DHS & other professional meetings
- Regularly met with AA
- Able to use powers to ensure treatment and management

## Financial matters:

- Had financial administrator appointed
- Managed by National Bank Trustees
- Has large sum of money from compensation payment
- Given approval through CHO to purchase a range of goods for his use/pleasure – eg audio system, telescope
- Had money to go away on holidays under staff supervision

## HIV:

- Infected by unsafe gay sexual activity
- Diagnosed HIV antibody positive 21/06/1994
- Originally diagnosed by Sexual Health Centre interstate – outreach
- Managed by HIV physician at large Melbourne hospital
- Commenced on anti-HIV treatment when CD4 count dropped & viral load increased – very compliant with treatment, supervised by staff

## Current HIV:

- Sees HIV physician 3 monthly
- Attends all appointments
- Last blood test results – 19/07/2010:
  - CD4: 961
  - Viral Load: Undetectable
- On anti-HIV treatment

## Disability:

- Diagnosed with mild intellectual disability
- Sexual partners often lower functioning disabled people
- Often angry & abusive – physical aggression, temper tantrums
- Absconding behaviour
- Poor impulse control
- Attention seeking behaviour – outbursts

## Disability (cont):

- Regular neuropsychological assessments
- Specific difficulties in areas of concentration, attention & abstract reasoning
- Inappropriate social behaviour
- Verbal & physical threats
- Property destruction
- Behaviour management strategies developed – containment and behavioural consequences

# Disability Services:

health

A number of issues!

## Psychiatric care:

- Initially under psychiatric management by rural public psychiatric service
- Transferred to care of psychiatrist with disability training & experience
- Seen regularly
- Small dose Haloperidol and mild anti-depressive – for anxiety, very mild depression & help with impulse control
- Considered by psychiatrist to be a risk to public health
- Commenced Anti-androgen therapy April 2002 – tolerated well & achieved desired affect – ceased September 2006 as considered not necessary

## Sexuality:

- Mixed
- Bisexual – primarily gay
- After Health Order rescinded developed relationship with another male – also HIV positive – 5 months
- Had fleeting relationship with a very psychiatrically sick woman
- Disability Services staff not allowed to discuss intimate sexual matters or assist in purchasing sexual toys – done by PNOs – eg purchase of sex doll, legal sex magazines

## Professionals involved during restriction Order:

A cast of many:

- Counsellor – psychologist with disability training & experience – education and reinforcement about HIV, sexuality & safe sex – regularly over long period of time
- Psychiatrist – regularly
- Forensic psychiatrist assessment & review
- GP – health monitoring
- HIV physician

# Professionals involved during restriction Order (cont):

health

- Many social workers
- Neuropsychologists
- Disability Professionals
- Disability Services Staff
- Various Group & Training Staff
- Positive Living Centre (PLC) Staff

## Activities during Restriction Order:

- Had access to community - with staff escort
- Aimed to maintain as normal a life as possible
- Had duties to do in house – cleaning, planning & cooking food
- Allowed frequent social activities outside the house – as approved by PNOs – eg 10 pin bowling
- Member of a gym
- Had extended leave with staff to go to holiday places

## Activities during Restriction Order (cont):

- Had to put in a fortnightly list of requests to do – approved and added to care plan
- Had small circle of friends – usually other disabled people and their family
- Attended a range of training programs as arranged by Disability Services – eg anger management, literacy classes

## Positive Living Centre:

- Attended sporadically
- Was a member of Phoenix Group – for younger newly diagnosed HIV positive men – inappropriate behaviour and attendance ceased
- Attended World AIDS Day event – lied about his grief for the death of an uncle from AIDS – not true
- Has access to resources and facilities offered – eg meal/socialising activities

- Extensive past history of police involvement for behavioural matters
- 1997 – theft of & from motor vehicles – sentenced to a 2 year CBO and given a Justice Plan
- No prior convictions for sexual offences

## HIV Education:

- AA understood that he had HIV infection, how it is transmitted to other people and what precautions should be done to stop this transmission
- Had very regular sessions with a psychologist/counsellor, with extensive disability client experience, to reinforce all messages about HIV
- Issue was not lack of knowledge about HIV – it was
  - Choice of sexual partners
  - Lack of impulse control

## Free Time:

- When recommended by all professional stakeholders
- Started at 2 hours a week in July 2000
- Continued with increasing free time – finally ending up with a full day
- AA often did not want to use his free time & leave the house
- No further allegations of POAR came in

## Health Order Rescinded:

- 21 May 2003
- No further allegations of POAR during free time
- Decision based on recommendations from all stakeholders
- Agreed to by HIV Advisory Panel
- AA informed of the rescinding letter & PNOs will still maintain contact

## Continuing PNO Involvement:

- PNOs continued contact, assessment and monitoring
- Still discussed at fortnightly CMM with CHO
- Numerous contacts with AA & his Aunt when he returned to rural area December 2003 to May 2004
- Disability placed AA in a secure (locked) environment and took over full management of his case
- No allegations or information about POAR activity

## Case Closed:

- **12 June 2007**
- PNOs have had irregular contact with client since closure
- Still client of Disability Services & lives in one of their houses
- No further allegations or information about POAR activity
- All stakeholders informed to contact PNOs with any concerns about risk to public health – none ever have

## Issues:

- From Victorian rural area
- Unsafe sex is happening in rural areas
- Can anyone ever guarantee people are practising safe sex?
- Multi-disciplinary team & approach
- Need to document everything – and constantly review case
- Disability Services have a major role in educating and supporting their clients
- Major public health issue was that this client normally chose his sexual partners from lower functioning disabled people – we have a duty of care to these people

## Issues (cont):

- HIV & STI prevention strategies have to be arranged for all members of the community – including people with a disability

Thank you