

Forensic Program Highlights Cultural Differences and Similarities

By Thomas Grisso



In recent years, psychology's contribution to law and the courts has become an increasingly frequent topic for international comparative studies and professional exchange. This has been due in part to increased global attention to the status of human rights. In addition, recent years have seen enormous political transitions — for example, in Russia and South Africa — that have increased motivation and opportunity for revision of long-established laws and legal procedures pertaining to persons with mental illness.

One organization facilitating cross-cultural perspectives in mental health law is the Post-Doctoral Training Program in Forensic Psychology at the University of Massachusetts Medical Center (UMMC) in Worcester, Massachusetts. Part of the broader Law and Psychiatry Program at

UMMC, the post-doctoral training program in recent years has hosted visiting graduate students, faculty, and forensic professionals from Australia, Canada, Denmark, England, Israel, Japan, and South Africa.

One of only a few US post-doctoral programs in forensic psychology, the UMMC program began in 1987 to offer full-time fellows in forensic psychology and forensic psychiatry a didactic curriculum and applied clinical experience in preparation for careers in public sector forensic mental health services. The program's interest in international affairs developed as a result of requests from professionals and students in other countries to visit the program for brief study periods.

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AIDS Pandemic Burdens Developing World

By Vickie M. Mays and Manolete S. Moscoo

Every 15 seconds another person somewhere in the world contracts HIV, the virus that leads to AIDS. According to current World Health Organization (WHO) estimates, 14 to 18 million persons are now infected, and the projected number of cases is expected to reach 40 to 100 million persons by the year 2000. While the HIV pandemic is indeed a world-wide phenomenon, the developing world is burdened with approximately 85 percent of HIV infections.



As psychologists and mental health professionals, we need to remember that for every identified *infected* person there are also *affected* families, friends, and significant others for whom we must plan effective health, mental health, legal, and social services.

When we look at the worldwide impact of HIV/AIDS, it is clear that no community or social group has been left totally untouched. In some countries the pandemic is an equal opportunity infection of both men and women.

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There is a wide variation in the pattern of HIV infection between countries and even regionally within some countries. Jonathan Mann, MD, MPH, Director of the Global AIDS Policy Coalition, estimates that among adults worldwide 71 percent of infections have been heterosexually transmitted. Mann's 1993 estimates for heterosexually acquired HIV infection ranged from 6 percent for Oceania, 14 percent in Western Europe, 9 percent for North America to highs of 70 percent for Southeast Asia, 75 percent in Latin America and the Caribbean, and 93 percent in Sub-Saharan Africa.

This paper explores the impact of HIV/AIDS in two key areas of the developing world — Sub-Saharan Africa and Latin America and the Caribbean. Each region is dealing with the epidemic differently, illustrating differing cultural approaches to problems implicit to the pandemic.

Sub-Saharan Africa has been particularly hard hit. For example, in East Africa, Sara Talis and Scott Harris of the African Missions report that the HIV epidemic is affecting the most productive labor force workers, young men and women age 18-44 years in the prime of their work careers. The epidemic has not only diminished East Africa's work force, but also sources of military power, support for the elderly, and parents for a new generation.

The HIV/AIDS pandemic in a developing region like East Africa is undermining the stability of communities, and it is significantly altering the roles and functions of families. Traditionally in East African extended families, daughters and their husbands were the caretakers for both the young and the elderly. However, given the current high rates of mortality for these young women and men, grandparents and other elders find themselves parents again — caring for the young, for themselves, and for others less fortunate than themselves. HIV/AIDS has also had an impact on some traditional beliefs and cultural rituals. For example, Talis and Harris report

that in East Africa the most profound symbols of life — the womb, semen, blood, and childbirth — are now linked with death.

The most crucial and immediate issues facing Sub-Saharan African governments are the differential impact of HIV/AIDS on population sectors and a government's ability to effectively handle the rising numbers of cases. Local governments are stepping in and developing a range of innovative approaches and partnerships in attempts to control the spread of HIV. In Uganda and Kenya, schools, churches, and community organizations are the primary sites for local prevention and intervention projects. In one Kenyan community, female health workers have elected and trained a committee of male community leaders to teach men about prevention. One of the project leaders has even written a song about the basics of safe sex. This commu-

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nity-led approach has resulted in a higher rate of condom use.

In Latin America and the Caribbean, one finds different sets of problems and approaches. While WHO reports 102,359 cases of HIV/AIDS as of June, 1994, it is estimated that the actual number of cases accumulated over the years is considerably higher than official reports. Under-reporting is a function of limited financial resources to improve surveillance of the disease, as well as traditional values that deter Latin Americans from seeking HIV/AIDS medical care.

In Latin American and Caribbean

countries, the number of men with HIV infection and AIDS still exceeds that of women. However, since 1987, particularly in Brazil, Honduras, Dominican Republic, and the Bahamas, there have been steadily progressive increases in the number of AIDS cases and the rate of HIV infection in women and in children under four years of age. It is estimated that, by the year 2000, the number of new cases of HIV infection in women will approximate that in men.

Changes in the epidemiology of HIV in Latin America and the Caribbean is better understood by examining the cultural context. It is generally thought that many Latin American and Caribbean men who have sex with men tend to be bisexual, due to cultural and religious pressures that inhibit an openly gay lifestyle. Many of these men are married, have children, and continue to engage in both heterosexual and homosexual activities. It is within this context that one can understand the reported increases in rates of HIV/AIDS in women and in mother-to-child transmissions.

It has been estimated that 22 percent of the HIV-infected population in Latin America and the Caribbean are simultaneously infected with tuberculosis (TB). Therefore, prevention interventions in most of the region are tied to efforts to detect and control the spread of TB. For instance, the Peruvian Ministry of Health has developed a comprehensive national prevention program that targets both the general population and HIV/AIDS infected persons. The program disseminates information about both diseases and provides free testing and medical services for persons with HIV/AIDS and/or TB. There is also special training and continuing education for health professionals who work with persons infected with HIV/AIDS or TB.

While much of the early preventive and intervention work in Latin American and Caribbean countries has been done by health professionals, there is increasing involvement of psychologists and mental health professionals in developing behavioral intervention pro-

grams for children and youth aimed at preventing sexually transmitted diseases such as HIV/AIDS. Programs are now underway in both Bolivia and Sao Paulo, Brazil.

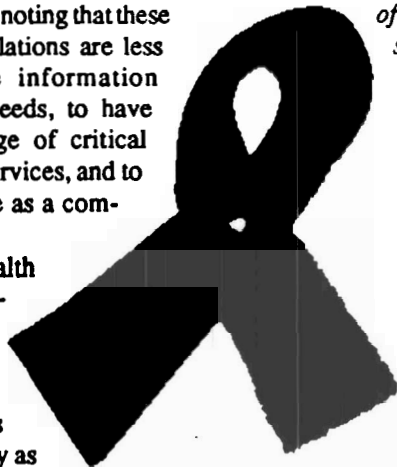
According to Jose Barzelatto, of the Ford Foundation's Reproductive Health and Population Program, the spread of AIDS and HIV infection is not random and is not evenly distributed among all segments of society. People who are poor, uneducated, or who are marginalized in society — such as drug users and homosexual men — share the greatest burden of the HIV pandemic. Mann supports this, noting that these marginalized populations are less likely to receive information adapted to their needs, to have access to the range of critical health and social services, and to be able to organize as a community.

The World Health Organization believes that with effective prevention programs the number of new infections could be reduced by as much as 50 percent. There is a clear role for psychology in the development and design of such prevention programs. Clearly psychology's help can be used to forge prevention efforts for women and children by, for example, providing better links between medical and support services, helping to support families, and intervening to assist in the burdens of caretakers. Psychology can help in addressing the issue of discrimination and stigma that hinder those, particularly gay men, whose fear for their safety and societal rejection hinder them from seeking services and getting information that can protect them and others from becoming infected. Psychology is also well-equipped to develop HIV prevention strategies in schools and communities as well as helping communities to develop their own self-help groups. While this article has only provided a glimpse of the impact of HIV in the

developing world, we hope that it also underscores the challenge to psychology to help intervene in stopping this disease.

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Center for Education Offers Graduate Program List

The APA Education Directorate's Center for Education and Training in Psychology is once again offering a free listing of doctoral and masters level positions available in US and Canadian graduate departments of psychology. The list is compiled from a comprehensive graduate school survey, which identifies student slots that are still open after the April 15 admissions deadline. Annually the list includes scores of openings in a wide range of specialty areas; and some may include financial aid opportunities.

The list of 1995-1996 openings may be obtained after May 1 by contacting: APA Center for Education and Training in Psychology, Graduate Openings List, 750 First Street, NE, Washington DC, 20002-4242; telephone: 202-336-5963.
