KNOWLEDGE AND ATTITUDES TOWARD HIV/AIDS AND HIV LAW
AMONG PROBATIONERS AND PAROLEES IN ALABAMA

by

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A THESIS

Submitted in partial fulfillment of the requirements
for the degree of Master of Science in the
Department of Criminal Justice in
the Graduate School of The
University of Alabama

Tuscaloosa, Alabama

2013
ABSTRACT

The Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) epidemic recently moved into its fourth decade in the U.S. In an attempt to combat this epidemic, lawmakers have implemented HIV criminalization laws, prevention programs, and treatment options in order to reduce the spread of HIV/AIDS. The number of prosecutions for violating HIV disclosure laws and the number of states implementing these laws continue to increase. However, the public health community is concerned that HIV disclosure laws do not reduce HIV transmission. This thesis seeks to examine the effects of HIV criminalization on the HIV testing and treatment by examining HIV knowledge and attitudes among probationers and parolees in Alabama. A self-administered 32 item survey was administered to 200 probationers and parolees in the Birmingham Probation and Parole Office for this purpose. The study found that (1) probationers and parolees are quite knowledgeable about HIV despite their lack of access to HIV prevention programs; (2) probationers and parolees who attend HIV prevention classes are more likely to perceive themselves as being at risk for contracting HIV compared to those who did not attend HIV prevention classes; and (3) HIV disclosure laws are perceived to be a barrier to HIV testing. These results suggest that probationers and parolees would benefit from HIV prevention classes and that they are skeptical about the benefits of HIV laws to reduce transmission.
LIST OF ABBREVIATIONS AND SYMBOLS

$df$ Degrees of freedom: number of values free to vary after certain restrictions have been placed on the data

$p$ Probability associated with the occurrence under the null hypothesis of a value as extreme as or more extreme than the observed value

$\chi^2$ Chi-Square

$>$ Greater than

$<$ Less than

$=$ Equal to
ACKNOWLEDGMENTS

I would first like to thank my family for all of their support. My mother taught me how to live life to the fullest, and she continues to help me raise my son as a single parent while I pursue my academic studies. My aunt, Dr. Peggy Thomas, sacrificed her time to proofread my work and helped me with my writing skills.

Next, I would like to acknowledge my supervisors and co-workers at Pardons and Paroles. I am grateful that my immediate supervisor, Belinda Medders, values education and allowed me time off work to work on my research. I would also like to thank the Director of Pardons and Paroles, Cynthia Dillard, for approving the study and the staff at the Birmingham Probation and Parole Office for being very professional and accommodating while the surveys were being administered.

Lastly, I would like to thank the faculty at the Criminal Justice Department for teaching me the fundamentals of research. I extend a special thanks to my committee members, Dr. ArianeProhaska and Dr. Carol Drolen, for their time and feedback during the study. Most importantly, I would like to thank my mentor and Chair, Dr. Bronwen Lichtenstein, for taking me under her wing. It has been an honor to work with an internationally known pioneer in HIV research. She worked endlessly during the entire study and took the time to teach me what it takes to successfully produce high quality scholarly research. I am forever in her debt.
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1. INTRODUCTION

This thesis examines the attitudes and knowledge of Alabama probationers and parolees toward HIV and Alabama’s HIV disclosure law. HIV criminalization laws were enacted as a response to the rapid spread of HIV (Ralf et al., 2009). While scholarly publications suggest that HIV disclosure laws do not reduce the spread of HIV (Kaplan, 2012; Ralf et al., 2009), the number of states adopting HIV criminalization laws has increased over time. The first HIV related prosecution was in 1986 (Center for HIV Law & Policy, 2010), and at least eight states had enacted HIV disclosure laws around this time (Turkewitz, 2011). By 2008, 24 states had enacted HIV criminalization laws (Galletly and Pinkerton, 2008), with 12 further states adding HIV criminalization laws in 2010 (Center for HIV Law & Policy, 2010). In spite of the increase in HIV specific laws, the number of new infections has not declined over time, and the new cases are remaining steady at around 50,000 per year (Centers for Disease Control and Prevention [CDC], 2012).

The United States recently moved into the fourth decade of the HIV epidemic. An estimated 1.7 million Americans have been infected with HIV; 1.2 million Americans are currently living with HIV; and roughly half of all Americans know someone with HIV (Office of National AIDS Policy [ONAP], 2010). About 50,000 Americans contract HIV every year, and nearly 21% are unaware of their status (ONAP, 2010). The federal government currently spends $19 billion a year on HIV funding, and $22 billion has been proposed for HIV funding in the U.S Federal budget for 2013 (ONAP, 2010). HIV federal funding helps support HIV prevention, medical treatment, and research at all levels of the government and of the private sector.
Prosecutions for HIV criminalization are growing, and recent reports estimate that over 1,000 persons living with HIV and AIDS (PLWHA) have been prosecuted for not disclosing their HIV status to their sexual partners (Bernard and Moono, 2012). However, researchers have had trouble obtaining accurate numbers of prosecutions and arrests (Gagnon, 2012). One problem in gathering such data is that the criminal defendants are being charged under general criminal laws such as assault and reckless endangerment and HIV might not be mentioned in police records. Theoretically, all 50 states could charge a person under general criminal law for not disclosing his or her HIV status to a sexual partner. Criminal prosecutors have made claims during court that people who do not disclose their HIV status are recklessly putting their partners’ lives in danger; prosecutors have also claimed that PLWHA put others in danger when they purposely spit on or bite people without HIV (Center for HIV Law & Policy, 2010).

Little public health support exists for HIV criminalization laws. Galletly and Pinkerton (2008) concluded that HIV disclosure laws have the potential to reduce the spread of HIV, but jurisdictions with less strict disclosure laws have been more effective in reducing transmission. Ralf et al. (2009) argued that HIV criminalization laws are only justified when PLWHA infect others purposely with the intent to harm them. It has been argued that such laws are unfair in that they target racial minorities (Lichtenstein, 2012b). For example, Hoppe (2012) analyzed data on 56 criminal convictions under Michigan’s HIV criminalization law from 1992 to 2010 and found that African Americans were disproportionately prosecuted with such crimes compared to whites and Hispanics.

Community advocates argue that law enforcement authorities have charged people with HIV related crimes that are not up to date with current medical knowledge (Center for HIV Law & Policy, 2010). For example, the Missouri penal code 191.677 specifies that a PLWHA can be
sentenced up to 20 years in prison for biting someone, typically a health worker or police officer. However, the chances of contracting HIV from a bite is virtually impossible (CDC, 2010), suggesting that fear rather than medical evidence drives HIV related arrests in such cases. In Texas, one PLWHA who spat on a police officer was charged with assault and sentenced to 35 years in prison (Center for HIV Law & Policy, 2010). In the U.S Supreme Court case, United States vs. Moore, an inmate with HIV was charged for biting two correctional officers, but the U.S Supreme Court dismissed the case because salvia poses no threat of transmitting HIV transmission (Center for HIV Law & Policy, 2010).

Alabama law also allows criminal prosecutions based on HIV status. Under Alabama code 22-11A-21(C), a person with HIV who knowingly transmits, assumes the risk for transmitting, or conducts any act that would likely transmit a disease can be prosecuted under this law. According to the Center for HIV Law & Policy (2010), there has never been a prosecution under this law in Alabama. Most likely the law has never been used because it is only a class C misdemeanor, which is considered the lowest level crime in Alabama. The maximum penalty a judge is allowed to sentence for this crime is 90 days in jail and a $500 penalty.

However, Alabama has successfully prosecuted for this type of offense by charging the defendant under general criminal laws such as assault and reckless endangerment. In the Alabama court case, Brock v. State, a PLWHA was charged with attempted murder for biting a correctional officer in an Alabama prison (Center for HIV Law & Policy, 2010). At trial, Brock was convicted, but the charge was reduced to a felony assault charge. The case was appealed, and the state could not prove that HIV could be transferred through salvia. On appeal,
the felony assault was reduced to misdemeanor assault because it was determined that Brock’s saliva was not considered dangerous or capable of transmitting HIV.

HIV laws are at odds with the U.S National HIV policy for mass HIV testing and access to HIV care (Center for HIV Law & Policy, 2010). The policy of “test and treat” was implemented in 2010 to reduce new HIV infections by one-fourth and detectable viral loads by one-fifth and to increase people’s willingness to be tested and treated for HIV/AIDS. The goals of the National Strategy, as it is called, are to provide medical assistance and basic living needs for PLWHA, reduce HIV related disparities and stigmas, target communities with the highest rate of PLWHA and who are at risk of contracting HIV, and encourage all persons in a health care setting between 13 and 64 years old to be tested for HIV.

The policy recommends frequent testing for high risk populations and people who are sexually active with new sex partners. The test and treat model posits that HIV can be eliminated if persons are tested regularly and if PLWHA take antiretroviral therapy (ART) on a regular basis. This therapy has been shown to improve the longevity and quality of life for PLWHA (National Institute of Health [NIH], 2010). People on ART are also much less likely to transmit HIV to others because people on ART have lower viral loads than people who are not on ART (Health Resources and Services Administration [HRSA], 2012).

Perhaps the greatest barrier to “test and treat” relates to stigma. The National HIV Strategy urges lawmakers to review the HIV laws to ensure that they are consistent with current medical knowledge, that is, to acknowledge the fact that PLWHA who take ART on a regular basis will not infect their sexual partners (HRSA, 2012). Viral loads are the amount of the virus that is in the blood. People with higher viral loads (those who have not been tested and who are not currently in HIV care) have a greater probability of spreading the virus to others (AIDS.gov,
However, lawmakers do not consider viral loads when making HIV related criminal laws and this one size fits all approach to HIV criminalization may be problematic in national testing strategies and also in linkage to HIV care if people are afraid of the law (ONAP, 2010).

The implementation of HIV laws arose from panic at the start of a new epidemic when there was a moral outrage at a disease that was associated with social deviance. Several decades later, lawyers, advocacy groups, and the U.S government have all expressed concerns that HIV laws are unfair, discriminatory, and a barrier to test and treat (Gagnon, 2012). Criminalization laws alone are not always direct barriers, but some of the perceptions that the laws create have the potential to increase the spread of HIV. For example, Ralf et al. (2009) argued that HIV laws could lead to unsafe sex practices because HIV negative people might assume that PLWHA will reveal their status because the laws are on the books. Others fear that people will not be tested because they fear being prosecuted for having sex (Strub, 2012). Hoppe (2013) found that stigma and fear cause community members to monitor disclosure practices among PLWHA in their neighborhoods. In other words, both fear and stigma prompted the desire to enact mandatory HIV disclosure laws and to keep these laws on the books, despite their lack of effectiveness in reducing HIV/AIDS.

Distrust exists between clients and health care providers because of the assumption that medical staff will turn over their medical records to law enforcement (Hoppe 2013; Ralf et al., 2009). It is worth noting that health care practitioners play an important role in the prosecution of HIV disclosure laws (Gagnon, 2012) because they are mandated to disclose the personal information of PLWHA to the courts in prosecuting HIV disclosure laws (Center for HIV Law & Policy, 2010). O’Byrne (2011) suggested that nurses should inform clients that some of their medical information is not confidential and that it can be shared with others. Lichtenstein
(2012a) found that clients in Alabama and North Carolina are, in fact, informed that their records can be subpoenaed if they are charged with an offense relating to HIV exposure.

Groups who are perceived as being a high risk HIV population are more vulnerable to being prosecuted under HIV laws (Gagnon, 2012; Kaplan, 2012). It has been posited that marginalized and stigmatized groups have been prosecuted unfairly, such as people with low income, sex workers, homeless people, and immigrants (Ralf et al., 2009). Hoppe (2012) argued that African American men who failed to disclose their HIV status to women were more likely to be prosecuted than white men who failed to disclose their status to other men.

In this thesis, the student researcher examined whether two high risk groups, that is, probationers and parolees in Alabama, were aware of the HIV law, if this law was a barrier to HIV testing, and whether probationers and parolees had access to prevention programs. The student researcher was particularly interested in knowing if these high risk groups supported Alabama’s HIV law and if they perceived it to be useful for reducing HIV/AIDS.
2. LITERATURE REVIEW

Few studies have been conducted on perceptions toward HIV disclosure laws among prison and post prison populations. In fact, this student researcher could not identify any studies on the topic in the scholarly literature. This scholarly deficit suggests that the thesis topic is both novel and timely. If HIV disclosure laws are a barrier to testing and treatment, then the results are more likely to be identifiable in high risk populations. On a related topic, Wallace, Lemal, Harris, Townsend, and Miller (2011) surveyed low-income African Americans between the ages of 18-25 about their attitudes toward HIV testing. The study revealed several positive benefits of being tested for HIV, such as a feeling of relief when learning of a negative result and being motivated to avoid risky behaviors because they had been tested. Some participants also reported not being tested because of the stigma of being HIV positive and because being diagnosed was viewed as a death sentence. The participants also feared that being seen at the testing location might lead to gossip about their HIV status, a problem that Lichtenstein (2012b) referred to as “spotting.” Wallace et al. (2011) concluded that educating people about HIV would change some of their negative perceptions and stigmas about the disease.

More pertinent to this thesis, Horvath, Weinmeyer, and Rosser (2010) conducted an online survey on attitudes toward HIV disclosure laws among men who have sex with other men (MSM). The research revealed that 65% of the participants were in favor of HIV disclosure laws, but concluded that HIV disclosure laws did not have a deterrent effect on risky sexual behaviors among PLWHA. Furthermore, the study concluded that HIV positive men and
participants with college degrees did not favor the law because they believed that HIV positive men were being targeted for prosecutions under HIV disclosure laws.

Two noteworthy studies on PLWHA and attitudes toward HIV related topics relate to the present study. First, Ayanwale et al. (2008) found that Alabama state inmates who participated in the HIV prevention programs gained useful knowledge about HIV for prevention purposes. Second, Lichtenstein (2012c) conducted a study of 50 U.S websites that addressed HIV disclosure and the law. Most websites did not offer useful advice to others that the law required disclosure, and very few addressed the concerns of at risk groups such as MSM who were African American. No websites discussed HIV disclosure laws and protective strategies in Alabama. The author concluded that the internet does not address this topic in an adequate or useful way.

Prior research suggests that people who have entered the criminal justice system incur higher rates of HIV than people who have never been arrested (Oser, Leukefeld, Cosentino-Boehm, and Havens, 2006a). It has been argued that probationers are also at a higher risk of contracting HIV (Lurigio, Petraitis, and Johnson, 1991). The probation and parole population is considered to be a higher risk group compared to the incarcerated population because there are more opportunities to engage in risky behaviors (Oser et al., 2006b). However, at least one study stated that the HIV rate between the incarcerated population and offenders under community supervision is comparable (Belenko et al., 2004).

Few efforts have been exerted to reduce the spread of HIV in this population (Oser et al., 2006a), and little research exists on HIV risk among probationers and parolees (Belenko et al., 2004), a deficiency that this research will help to rectify. However, Belenko et al. (2005) found that those who are deemed at high risk for contracting HIV are fairly knowledgeable about HIV
despite their lack of access to HIV prevention programs. Although research was not located on where high risk populations learn about HIV, Inungu, Mumford, Younis and Langford (2009) indicated that outside of HIV programs most college students learned about HIV from the media. Galletly, DiFranceisco, and Pinkerton (2009) is currently the only other study known to date that provided data on knowledge about HIV disclosure laws. However, the participants were all HIV positive, suggesting that the present research is needed to identify levels of HIV knowledge and attitudes toward HIV laws in this vulnerable population.
3. DEMOGRAPHIC CHARACTERISTICS OF PROBATIONERS AND PAROLEES

The demographic characteristics and HIV related statistics of the probation and parole population are pertinent to this thesis. On a national level, about 76% of probationers are male, and 24% are female; 55% are Caucasian; 30% are African American; and 13% are Hispanic (Bureau of Justice Statistics [BJS], 2011). Half of these probationers are on probation for felony offenses and the rest for misdemeanor offenses and other minor offenses, such as traffic tickets (BJS, 2011).

According to the BJS (2011), roughly 4.8 million offenders were being supervised in the U.S. at the end of 2010. About 1 out of every 48 adults in the United States is currently serving some form of community supervision, probationers accounting for 83% of the community supervised population and parolees comprising the remaining 17%. The only notable difference between probationers and parolees is that all parolees have served time in prison. Further, while parolees are under the jurisdiction of state or federal parole boards, probationers are under the jurisdiction of the court systems in their respective states.

In 2008, it was estimated that 1.5% of incarcerated inmates in federal and state prisons were HIV positive, which is five times higher than the non-incarcerated population in the U.S (BJS, 2010). The average HIV rate in Southern state prisons was 1.9%, and the average HIV rate in the Alabama Department of Corrections (ADOC) was 1.1% (BJS, 2010). According to Allen (2010), in 2010, there were 258 HIV positive inmates in the ADOC out of roughly 28,000 inmates. Most HIV positive inmates were male (240) rather than female (18).

Southern states have higher HIV rates compared to other parts of the country, which
helps to explain why Alabama is ranked tenth in the country in the amount of money received from federal funding for prevention and treatment of HIV (Alabama Department of Public Health Division of HIV/AIDS Prevention and Control [ADPH], 2012). Alabama probationers and parolees are considered to have a high risk of contracting HIV for several reasons. In the U.S. as a whole, men, minorities, injecting drug users (IDUs), and MSM are a high risk group (ONAP, 2010). These risk factors are disproportionately higher in Alabama probationers and parolees compared to the general public. For example, about 76% of probationers and parolees are men (BJS, 2011), and more than half of the probationers and parolees in the Birmingham Probation and Parole Office are African American. About 25% of people in the incarcerated population have participated in homosexual activity (Christensen, 2011). This statistic also applies to probationers and parolees because they have prior incarceration records. Also, a substantial portion of probationers and parolees in Alabama have been convicted of drug offenses, and Belenko, Shedlin, and Chaple (2005) found that 21% of the respondents in their study, deemed a high risk group, were unaware that cleaning syringes could prevent HIV transmission during injected drug use.

In some states, special probation and parole conditions are added to an offender’s community supervision for being HIV positive. Alabama is one of these states. If an Alabama probation or parole officer discovers that an offender is HIV positive, there is a form entitled “Acknowledgement and Pledge of Conduct for the HIV Infected” for the probationer or parolee to read and sign. The form is then signed by the probation or parole officer and placed in the offender’s file. HIV positive probationers and parolees must follow sixteen additional rules. In summary, the probationers or parolees must disclose their status with all household members and to their employers if the job involves a risk of transferring bodily fluids. They can not obtain
employment that may involve physical contact with others without the written consent of the supervising probation or parole officer. They are not allowed to have any sexual contact with partners without disclosing their status to their partners. They are also not allowed to engage in any sexual practices that have been deemed unsafe by medical staff and are not allowed to consume alcohol. Finally, offenders must stay in touch with the local health department after their probations or paroles have expired.
4. RESEARCH QUESTIONS, SAMPLING, AND METHODS

The U.S National HIV/AIDS Strategy (2010) recommends that targeting and helping at risk populations should be targeted for HIV testing and linked to treatment if they receive a positive diagnosis. Prior research found that men, minorities, MSM, IDUs, and people with incarceration records are disproportionately affected by HIV (ONAP, 2010). These groups are disproportionately represented among probationers and parolees in Alabama. Christensen (2011) estimated that 25% of PLWHA are arrested annually and suggested that the criminal justice system would be an ideal venue for implementation of HIV prevention and treatment programs. Also, probationers and parolees are double the incarcerated population (Belenko et al., 2004). Thus far, no research has been published on how probationers and parolees are affected by HIV laws or their perceptions of the fairness of mandatory disclosure to sexual partners. The questions for this research are whether

1. Probationers and parolees are knowledgeable about HIV/AIDS,
2. HIV laws are perceived to be a barrier to HIV testing and treatment, and
3. Probationers and parolees are being targeted for HIV prevention classes in Alabama.

**Hypotheses**

In this student researcher’s experience as a police, correctional, probation, and parole officer, talking about PWLHA is taboo. Officers hear about criminals being at a higher risk of contracting and/or having HIV, but it is rarely actually seen. Probationers and parolees rarely talk about HIV with their assigned officers. Due to confidentially laws, officers are not allowed to ask probationers and parolees their HIV status, so this topic is often kept in the dark. However,
parolees will have had more exposure to HIV policy than probationers because the ADOC screens all inmates for HIV and the ADOC was recently mandated by the federal courts to release the HIV positive inmates into the general prison population. The following five hypotheses are derived from this student researcher’s experience as a law enforcement officer and the existing literature on HIV risk factors and perceptions toward HIV criminalization laws.

**H1: Parolees are more knowledgeable about HIV and HIV disclosure laws than probationers.**

While some HIV prevention classes are available in some Alabama prisons, probationers may not have had access to HIV prevention education in civilian life. Also, all inmates in the ADOC are required to be screened for HIV while being processed into the prison system. Some major prison institutions, such as Bibb County Correctional Facility, screen inmates during their mandated annual medical examination. Prior to the end of 2012, when a male inmate was diagnosed with HIV while in prison, he was housed in the prison’s health care unit until he was transferred to Limestone Correctional Facility. This old policy led to discussions about HIV among other inmates in the general population. The first hypothesis proposes that parolees are more educated about HIV/AIDS than probationers.

**H2: Probationers and parolees did not attend any type of HIV prevention classes during probation or parole.**

In this student researcher’s experience as a probation and parole officer, few probationers and parolees receive counseling about HIV prevention for three reasons: (1) Prevention classes are unavailable at the probation and parole office; (2) HIV is a topic that is rarely discussed between an offender and his or her probation or parole officer; and (3) probation and parole officers lack accurate knowledge about HIV/AIDS because they have not been trained on the topic. The second hypothesis proposes that HIV knowledge is lacking in this population.
H3: Male probationers and parolees are more knowledgeable about HIV and HIV disclosure laws than female probationers and parolees.

Research supports that men are prosecuted for HIV disclosure laws at higher rates than women (Hoppe, 2012; Lichtenstein, 2012b). Hoppe (2012) concluded that 85% of people convicted under HIV disclosure laws are men. The third hypothesis proposes that men are more knowledgeable about HIV and HIV disclosure laws than women because men are more likely to be prosecuted under these laws.

H4: African American probationers and parolees are more knowledgeable about HIV and HIV disclosure laws than white probationers and parolees.

Research supports the contention that minorities are disproportionately prosecuted for HIV disclosure laws (Hoppe, 2012; Lichtenstein, 2012b). Groups who are perceived as being a high risk HIV population are more likely to be prosecuted under HIV laws (Gagnon, 2012; Kaplan, 2012). Hoppe (2012) concluded that African American men were prosecuted under HIV disclosure laws at higher rates than other racial groups. Because of this profiling, the fourth hypothesis proposes that African Americans are more knowledgeable about HIV and HIV disclosure laws than white probationers and parolees.

H5: Alabama’s HIV criminalization is a barrier to HIV testing among probationers and parolees in Alabama.

Numerous studies about HIV laws suggest there might be barriers to “test and treat” policies (Center for HIV Law & Policy, 2010; Gagon, 2012; Hoppe, 2012; Kaplan, 2012; Lichtenstein, 2012b; Mahajan et al., 2008; National Alliance of State and Territorial Directors [NASTAD], 2011; Ralf et al., 2009; Strub, 2012). Two barriers noted in the literature were the fear of being arrested under HIV criminalization laws and the stigma associated with the law. The fifth hypothesis proposes that Alabama’s HIV law is a barrier to HIV testing.
Setting

The Birmingham Probation and Parole Office is the only office in Alabama that separates probationers and parolees by group. One set of officers supervises probationers only, and the other set of officers supervises parolees only. Although probationers and parolees are supervised together in other Alabama locations, probationers and parolees are technically under the jurisdiction of two different state departments. The Alabama Board of Pardons and Paroles has jurisdiction over all the parolees, and the Alabama Circuit Courts have jurisdiction over all the state level probationers in Alabama. Although the Circuit Courts have jurisdiction over the probationers, the judges do not have legal authority over the probation or parole officers because the Department of Pardons and Paroles pays the salaries of all the state level probation and parole officers in Alabama.

Population, Sample, and Recruitment

Sample.

Two groups, 77 probationers and 120 parolees, were recruited from the Birmingham Probation and Parole Office (N=197). In Alabama, there are two notable differences between probationers and parolees. In this study, the offenders who served time in prison were categorized as parolees, and the offenders who never served time in prison were categorized as probationers. Probation and parole conditions are practically the same for both groups. The only notable difference between supervising probationers and parolees is that Alabama’s Parole Board requires mandatory random drug screening for the parolees. By contrast, the circuit courts do not require mandatory random drug screens for probationers. However, probationers and parolees are both required to take mandatory drug screening at the officer’s discretion. Unless a special
condition is ordered by a judge or the assigned officer, all probationers and parolees are required to report one day out of each calendar month.

**Recruitment.**

All probationers and parolees have a three day scheduled window for reporting to their assigned probation or parole officers each month. Both of the days that the surveys were administered were on the middle day of the reporting periods on January 24, 2013, and February 20, 2013. Since surveys were administered during the required reporting period, all of the probationers and parolees had an equal chance of being asked to participate in the research study. On both days, the targeted sample of 100 surveys was administered and collected before the probation and parole office closed.

**Instrument**

One instrument was used for this study. The protocol consisted of 27 closed-ended questions and 5 open-ended questions. Also, a blank page was provided at the end of the survey for the participants who wanted to comment further on selected items or about anything related to this research topic. The survey instrument consisted of 5 sections with a total of 32 items. The first section consisted of 11 items for a HIV knowledge scale to measure the participants’ knowledge on how HIV is prevented and transmitted. The second section consisted of a five-point Likert scale to measure participants’ opinions of who is at risk of contracting HIV and who should be tested for HIV. The third section was a set of four open-ended items and five closed-ended items to identify participants’ knowledge of HIV disclosure laws. This section included a brief sentence that explained Alabama’s HIV disclosure law. The fourth section consisted of five closed-ended questions and one open-ended question on whether the participants were familiar with the saying “take the test and risk arrest” and to identify who had taken HIV prevention
classes. The last section consisted of nine demographic items for gender, age, race/ethnicity, marital status, level of education, income, state jurisdiction, arrest charge, and prior prison incarceration.

A consent form was provided separately, and the participants checked a box to state that they agreed to participate in the study. The consent form described the student researcher and the purpose of the study. The consent form also stated that the participants did not have to answer any questions that made them feel uncomfortable and that they could stop the survey at any time. All methods, instruments, and documents were approved by the University of Alabama’s Institutional Review Board prior to the research and by the Department of Pardons and Paroles.

**Procedures**

The surveys were administered in the lobby of the Birmingham Probation and Parole Office during two reporting periods for probationers and parolees on January 24, 2013, and February 20, 2013, respectively. On both days, 100 surveys were collected by 2 p.m. because the lobby was very crowded, and most recruits agreed to participate in the study. The original plan was to survey only probationers on the first visit and only parolees on the last visit in order to compare the differences between people who did and did not serve time in prison. After looking over the frequencies after the first visit, it was found that over half of the probationers had served time in prison. To offset this disparity, both probationers and parolees were surveyed on the second day so that the frequencies for both groups would be more comparable. Thus, the probationers who had served time in prison were categorized as parolees in this study.

The student researcher’s Chair, Dr. Bronwen Lichtenstein, helped with administering and collecting the surveys. A table was set up in the lobby of the Probation and Parole Office. While the probationers and parolees were waiting in the lobby to report, this student researcher then
asked each probationer and parolee individually if he or she wanted to take a survey. The purpose of the study and the data collection procedures were then explained to those who participated. A separate consent form and survey were then given to each participant, and he or she started the instrument after checking the agreement box on the consent form.

This student researcher and his Chair, Dr. Bronwen Lichtenstein, were available to answer all the questions that the participants had while taking the survey. After each participant completed the survey, it was checked for completeness in order to maximize the amount of data collected. A $5.00 Wal-Mart gift card was then given to each participant, and their surveys were placed in the locked box.

Data Analysis

The research method was cross-sectional because the instrument was only administered one time to probationers and paroles at a single time and location in Alabama. In the HIV knowledge section of the instrument, the items were scored by dividing the number of correct answers by the 11 HIV knowledge questions. The Statistical Package for the Social Sciences (SPSS) was used to analyze the quantitative data. After the data were collected, a codebook for the SPSS analyses was created, and all the data from the surveys were coded into SPSS. Chi-square tests were performed to reveal the relationships between the demographic characteristics in relation to each section of the instrument. The data from the narrative responses were used to help explain the answers to the quantitative items, such as why the participants thought the HIV law was fair or unfair.
5. RESULTS

The following section presents the quantitative findings from each hypothesis. The narrative results are then presented to provide additional information for each hypothesis. Tables are presented to summarize the participants’ demographics and for the descriptive results of each hypothesis. The results are presented in six sections:

A) Demographic Characteristics,
B) Knowledge of HIV/AIDS and Alabama’s HIV Disclosure Law by Offender Status,
C) Access to HIV Prevention Education,
D) Knowledge about HIV/AIDS and the HIV Law by Gender,
E) Knowledge of HIV and the Disclosure Law by Race/Ethnicity, and
F) Alabama’s HIV Disclosure Law as a Barrier to HIV Testing.

A. Demographic Characteristics

The following section presents the frequencies and demographic characteristics of the probationers and parolees in relation to gender, race, age, marital status, education, income, and arrest charge. A total of 120 (61%) parolees and 77 (39%) probationers participated in the study. Taken together, the participants were predominantly men (66%), African American (74%), not married (78%), and had a high school degree or less (67%). Almost two-thirds of the participants (66%) were between the ages of 26-50, with equal numbers for the younger and older age groups. The majority of participants earned less than $20,000 a year (76%).
The demographics of the two groups differed by gender, age, income, and arrest charge (i.e., the offense for which they were being supervised). Nearly three-fourths of the parolees were men compared to about half (56%) of the probationers (p = .016). Almost two-thirds of the parolees (63%) were over 35 years old compared to approximately one-third (37%) of probationers (p = .001). As expected, the probationers had a higher income than the parolees, most of whom had spent time in prison. More than three-fourths of the parolees (81%) (p = .02) earned up to $20,000 annually compared to about two-thirds (68%) of the probationers. Significant differences were also observed between the two groups in terms of offending. For example, over one-third of the parolees were being supervised for violent offense and sex crimes compared to only 13% of probationers (p = .01). Further, 87% of the probationers were being supervised for drug, theft, and miscellaneous charges compared to 66% of parolees. Table 1 describes the demographic characteristics of the two groups. To summarize the findings, while both groups were mostly low income African American men with a high school education or less, the parolees were significantly more disadvantaged than probationers. The parolees had committed more serious crimes and had less social support as indicated by marital status.

B. Knowledge about HIV/AIDS and Alabama’s HIV disclosure Law by Offender Status

The first hypothesis, which estimated that parolees would be more knowledgeable about HIV and HIV disclosure laws than probationers, was not supported. The first part of this hypothesis related to differences between the two groups on HIV knowledge, and the second part compared group differences in knowledge about Alabama’s HIV disclosure law. Despite the lack of support for this hypothesis, the analysis revealed several noteworthy findings which are described next.
Table 1

Demographic Characteristics of Probationers and Parolees

<table>
<thead>
<tr>
<th></th>
<th>Probationers (%)</th>
<th>Parolees (%)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td>N=77</td>
<td>N=120</td>
<td>.016*</td>
</tr>
<tr>
<td>Male</td>
<td>56</td>
<td>73</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>44</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td>N=77</td>
<td>N=120</td>
<td>.074</td>
</tr>
<tr>
<td>African American</td>
<td>62</td>
<td>79</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>34</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td>N=77</td>
<td>N=120</td>
<td>.001*</td>
</tr>
<tr>
<td>19-25</td>
<td>29</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>26-35</td>
<td>33</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>36-50</td>
<td>20</td>
<td>46</td>
<td></td>
</tr>
<tr>
<td>Over 50</td>
<td>17</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td>N=77</td>
<td>N=119</td>
<td>.215</td>
</tr>
<tr>
<td>Unmarried</td>
<td>58</td>
<td>59</td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>27</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>Divorced or Widowed</td>
<td>14</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>N=77</td>
<td>N=120</td>
<td>.089</td>
</tr>
<tr>
<td>Less than HS</td>
<td>10</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>HS or GED</td>
<td>48</td>
<td>57</td>
<td></td>
</tr>
<tr>
<td>Some college</td>
<td>29</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>College Degree</td>
<td>13</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td>N=74</td>
<td>N=114</td>
<td>.015*</td>
</tr>
<tr>
<td>Below $10,000</td>
<td>42</td>
<td>66</td>
<td></td>
</tr>
<tr>
<td>$10,001-$20,000</td>
<td>26</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>$20,001-$30,000</td>
<td>18</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Over $30,000</td>
<td>8</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>Arrest Charge</strong></td>
<td>N=73</td>
<td>N=120</td>
<td>.007*</td>
</tr>
<tr>
<td>Drugs</td>
<td>48</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td>Theft</td>
<td>23</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>Violent</td>
<td>10</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td>3</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>16</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

a. Totals may be over 100% due to rounding.
b. Frequencies may differ in each demographic because of missing data.
c. * = significant at p < .05
Most respondents answered the 11 true/false items on the HIV knowledge section correctly, with an average test score of 80%. However, only 11% of participants answered all items correctly. In organizing these data into three categories for high, medium, or low knowledge, a score of between 9 and 11 correct answers ranked as “high” for HIV knowledge; a score of 6 to 8 correct items ranked as “medium”; and a score of 5 or lower categorized as “low.” Five items were mostly answered correctly: HIV is spread by injected drug use (98%), shaking hands (97%), sneezing or coughing (94%), HIV is prevented by birth control (93%) and prevented by douching (90%). Only two items scored at the lower end of the scale: HIV is prevented by cleaning syringes (59%), and HIV is spread by infected mosquitoes (38%). Most probationers and parolees were equally knowledgeable about how HIV is transmitted and prevented. Differences between the groups were not significant. The average test score for the probationers was 79% compared to 81% for the parolees with about equal numbers of probationers and parolees scoring nine or more correct answers (61% versus 68%), ($\chi^2 [2, N=197] = 1.61, p > .05$). These results are summarized in Table 2a.

Table 2b summarizes the results in knowledge about the law. Overall, more than two-thirds (69%) of the full sample stated that they knew a lot or some about Alabama’s HIV disclosure law. In comparing probationers with parolees, knowledge of the law was nearly identical. In both cases, more than two-thirds of the sample stated they knew a lot or something about the law (70% of probationers versus 69% of parolees), ($\chi^2 [2, N=197] = 0.379, p > .05$). However, there were several misconceptions about the law item that only became apparent after taking the narrative responses to the HIV law into account (see Limitations). Apart from responses indicating the participants did not understand the question, nine participants were under the impression that the law falls under a murder charge and another participant thought it
was a crime to have HIV. Only one participant could provide actual details about the law, stating that he had learned about the law and the saying “take the test and risk arrest” at a health department in Alabama. He knew that non-disclosure was a misdemeanor offense and that most prosecutors did not pursue such cases.

Table 2

Knowledge of HIV and Alabama’s HIV Disclosure Law by Probation/Parole Status

<table>
<thead>
<tr>
<th>Item</th>
<th>Score</th>
<th>Probation (N=77) %</th>
<th>Parole (N=120) %</th>
<th>Total (N=197) %</th>
<th>(\chi^2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. General HIV Knowledge</td>
<td>High</td>
<td>61</td>
<td>68</td>
<td>65</td>
<td>1.61</td>
</tr>
<tr>
<td></td>
<td>Medium</td>
<td>35</td>
<td>27</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Low</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>b. Knowledge of the Alabama HIV Law</td>
<td>High</td>
<td>17</td>
<td>20</td>
<td>19</td>
<td>0.379</td>
</tr>
<tr>
<td></td>
<td>Medium</td>
<td>53</td>
<td>49</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Low</td>
<td>30</td>
<td>31</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

Only 34 (17%) participants stated where they had heard about the HIV law, and most of the participants who responded to this question were parolees (84%). Over half of these participants had heard about the law from friends or in prison. One of the parolees stated that he had learned about the law while doing research at a law library in prison; the other half of this subgroup did not answer this question. Table 3 indicates where the participants heard about the law in relation to their offender status.

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The survey also asked the participants whether or not they knew someone with HIV in order to determine the relationship between knowing someone with HIV and their knowledge about HIV/AIDS and Alabama’s HIV disclosure law. No significant relationship existed between knowing someone with HIV and HIV knowledge (p = .116) or knowledge about the law (p = .639). However, parolees knew more people with HIV (45%) compared to probationers (25%). The relationship between knowing someone with HIV in relation to offender status was significant ($\chi^2$ [1, N=195] = 8.223, p < .01). As indicated in Table 1, parolees have higher risk characteristics than probationers in terms of low SES, low education achievement, and more serious criminal offenses. Since these factors are associated with HIV risk, this finding can be explained in terms of peer group association. These results are summarized in Table 4.

Table 3

*Source of Information about the Law by Offender Status (N=37)*

<table>
<thead>
<tr>
<th>Source</th>
<th>Probationers (N=6)</th>
<th>Parolees (N=31)</th>
<th>Total (N=37)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Friends</td>
<td>33</td>
<td>26</td>
<td>27</td>
</tr>
<tr>
<td>Prison</td>
<td>0</td>
<td>29</td>
<td>24</td>
</tr>
<tr>
<td>Family</td>
<td>0</td>
<td>19</td>
<td>16</td>
</tr>
<tr>
<td>Media</td>
<td>17</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>Jail</td>
<td>0</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Church</td>
<td>33</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Officer</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Work</td>
<td>17</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Doctor</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

*Totals may be over 100% due to rounding.
Table 4

**Knows Someone with HIV/AIDS by Offender Status**

<table>
<thead>
<tr>
<th>Response</th>
<th>Probationers (N=76) (%)</th>
<th>Parolees (N=119) (%)</th>
<th>Total (N=195) (%)</th>
<th>$\chi^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>25</td>
<td>45</td>
<td>37</td>
<td>8.224*</td>
</tr>
<tr>
<td>No</td>
<td>75</td>
<td>55</td>
<td>63</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

* p< .01

Although this student researcher did not seek information about the participants’ HIV status, two parolees indicated that they were HIV positive in the narrative portion of the survey. These participants were both African American men over 50 years old. Interestingly, both achieved a 100% correct score on the knowledge section of the survey. One participant left a comment stating that he has been HIV positive for 24 years. It was deduced that the other participant was HIV positive because he spoke about receiving treatment at the 1917 Clinic, which only treats PLWHA. Another participant was probably HIV positive as well because he put two exclamation marks next to the item that asked whether or not they know someone with HIV. The participant circled yes and wrote above the closed ended question, “You have to pray. You have good days and bad days.” This participant was also an African American male who had served time in prison.

**C. Access to HIV Prevention Education**

The second hypothesis, which proposed that the probationers and parolees did not attend any type of HIV prevention classes during their probation or parole, was supported. Only three of the parolees and none of the probationers reported taking HIV prevention classes while they were on probation or parole. Only one-fifth of the participants (21%) reported being offered a HIV prevention class while on probation or parole. More alarmingly for a population that is
deemed at high risk of HIV/AIDS, two-thirds (67%) of the participants reported that they had never attended a HIV prevention class at all. Although most of the participants had never taken a HIV prevention class, it is noteworthy that middle aged parolees with some college experience were more likely to have done so than the younger age group and the probationers.

Offender status, age, and education were all significant in relation to attendance at HIV prevention classes. By contrast, gender, race, marital status, income, jurisdiction, and arrest charge were not significant. Further, of the participants who reported where they had taken HIV prevention classes (33%), almost all had done so while in prison or in drug rehabilitation programs. These venues are as follows: prison (15), drug rehabilitation (14), school or college (4), health care facility (4), Pardons and Paroles (3), homeless shelter (1), AIDS Outreach (1), and church (1). The overall lack of access to HIV classes suggests that HIV education is not a priority in Alabama schools, prisons, drug rehabilitation programs, or among people who are deemed at considerably high risk for HIV/AIDS through drug use and other activities.

The relationship between offender status and access to HIV prevention classes was significant. Only 14% of the probationers reported taking HIV prevention classes compared to 46% of the parolees ($\chi^2 [1, N=194] = 20.313, p < .001$). However, attendance made little difference to the HIV knowledge because both groups achieved nine or more correct answers in the knowledge section (68% parolees versus 61% probationers). Table 5 describes differences in attending HIV prevention classes by offender status.
Table 5

Attendance at HIV Classes by Offender Status

<table>
<thead>
<tr>
<th>Response</th>
<th>Probationers (N=76)</th>
<th>Parolees (N=118)</th>
<th>Total (N=194)</th>
<th>( \chi^2 )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>15</td>
<td>46</td>
<td>34</td>
<td>20.313*</td>
</tr>
<tr>
<td>No</td>
<td>86</td>
<td>54</td>
<td>67</td>
<td></td>
</tr>
<tr>
<td>Total **</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

* \( p < .001 \)
** Totals may be over 100% due to rounding.

The relationship between the participants’ age and whether or not they attended HIV prevention programs was also significant (\( \chi^2 [3, N=195] = 9.469, p < .05 \)). Only 15% of participants between the ages of 19-25 had taken HIV classes, mostly in prison. Most participants who took HIV classes were between 36-50 years old (44%). This group was more likely to have been in prison than younger participants and more likely to have been offered HIV classes in prison than the older age group. Table 6 summarizes the participants who attended HIV classes by age.

Table 6

Attendance at HIV Classes by Age

<table>
<thead>
<tr>
<th>Response</th>
<th>19-25 (N=34)</th>
<th>26-35 (N=55)</th>
<th>36-50 (N=72)</th>
<th>Over 50 (N=34)</th>
<th>Total (N=195)</th>
<th>( \chi^2 )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>15</td>
<td>31</td>
<td>44</td>
<td>32</td>
<td>33</td>
<td>9.469*</td>
</tr>
<tr>
<td>No</td>
<td>85</td>
<td>69</td>
<td>66</td>
<td>68</td>
<td>68</td>
<td></td>
</tr>
<tr>
<td>Total**</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

* \( p < .05 \)
** Totals may be over 100% due to rounding.
The relationship between the participants’ level of education and whether or not they attended HIV prevention programs was also significant ($\chi^2 [3, N=195] = 7.928, p < .05$). Over one-fifth (22%) of the college graduates reported taking HIV classes, and almost half of the participants with some college experience (49%) also did so. More interestingly, those who started but did not complete grade school or college were more likely to have attended HIV prevention classes (45%) compared to those with high school or college degrees (26%). These results are summarized in Table 7.

Table 7

Attendance at HIV Classes by Level of Education

<table>
<thead>
<tr>
<th>Response</th>
<th>Less than HS (N=29)</th>
<th>HS or GED (N=103)</th>
<th>Some College (N=45)</th>
<th>College Degree (N=18)</th>
<th>Total (N=195)</th>
<th>$\chi^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>38</td>
<td>27</td>
<td>49</td>
<td>22</td>
<td>33</td>
<td>7.928*</td>
</tr>
<tr>
<td>No</td>
<td>62</td>
<td>73</td>
<td>51</td>
<td>78</td>
<td>67</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

* p< .05

D. Knowledge about HIV/AIDS and the HIV Law by Gender

The third hypothesis, which proposed that men would be more knowledgeable about HIV/AIDS and HIV disclosure laws than women, was not supported. The first part of this hypothesis related to the differences on the HIV knowledge section, and the second part compared the amount of knowledge about Alabama’s HIV disclosure law. The differences between both groups were similar.

Although women were slightly more knowledgeable than men about HIV/AIDS, the difference was not significant ($\chi^2 [2, N=196] = 0.713, p > .05$). The average test score for the
women was 81% compared to 80% for the men, with about equal numbers of men and women scoring nine or more correct answers (64% versus 68%). The two groups were nearly equally knowledgeable about HIV. These results are summarized in Table 8a.

Only one-fifth of both men and women (19%) knew “a lot” about the law. However, differences between the groups in terms of knowledge about the HIV law were not significant ($\chi^2$ [2, N=196] = 0.332, p > .05). A total of 71% of the men knew “a lot” or “something” about the law compared to 67% of the women. Table 8b compares gender differences in relation to knowledge about HIV/AIDS and Alabama’s HIV disclosure law.

Table 8

Knowledge of HIV and Alabama’s HIV Disclosure Law by Gender

<table>
<thead>
<tr>
<th>Item</th>
<th>Score</th>
<th>Men (N=129)</th>
<th>Women (N=67)</th>
<th>Total (N=196)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>a. General HIV Knowledge</td>
<td>High</td>
<td>64</td>
<td>68</td>
<td>65</td>
</tr>
<tr>
<td></td>
<td>Medium</td>
<td>31</td>
<td>29</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>Low</td>
<td>5</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>b. Knowledge of the Alabama HIV Law</td>
<td>High</td>
<td>19</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>Medium</td>
<td>52</td>
<td>48</td>
<td>51</td>
</tr>
<tr>
<td></td>
<td>Low</td>
<td>29</td>
<td>33</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td>Total*</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

* Totals may be over 100% due to rounding.

E. Knowledge of HIV and the Disclosure Law by Race/Ethnicity

Hypothesis four, which proposed that African Americans would be more knowledgeable about HIV/AIDS and Alabama’s HIV disclosure laws, was not supported. The first part of this
Hypothesis examined the HIV knowledge scores, and the second part compared the amount of knowledge about Alabama’s HIV disclosure law. Both groups were about equally knowledgeable about HIV and Alabama’s HIV disclosure law. No significant differences were found between African Americans and whites in relation to knowledge about how HIV is prevented and contracted. Although the findings were not significant, the average HIV knowledge test score was slightly higher among the whites (82% versus 80%). After totaling the “High” and “Medium” categories in reference to knowledge about HIV, the two groups appeared to be equally knowledgeable about HIV, (99% of the whites and 95% of the African Americans). However, there was a notable difference between the groups in relation to the number of correct items in the HIV knowledge section, with over three-fourths of whites (77%) scoring correct answers compared to less than two-thirds of African Americans (61%). Although this finding was not significant, \( \chi^2 [2, N=197] = 4.209, p > .05 \), this indicates a greater need for HIV prevention among African Americans. The results on HIV knowledge by ethnicity are described in Table 9a.

The relationship between race and knowledge about Alabama’s HIV disclosure law was also not significant \( \chi^2 [2, N=197] = 0.041, p > .05 \). At 19% and 18% respectively, neither group knew a lot about the law. Although about half of both groups (52% versus 50%) claimed to know something about the law, about one-third (31% versus 30%) had not known about the law until taking the survey. These results on HIV law by race/ethnicity are described in Table 9b.

**Alabama’s HIV Disclosure Law as a Barrier to HIV Testing**

Hypothesis five, which stated that Alabama’s HIV criminalization law is a barrier to HIV testing among probationers and parolees in Alabama, was supported. However, no significant relationship was observed between the law being a barrier to HIV testing and offender status.
Table 9

Knowledge of HIV and Alabama's HIV Disclosure Law by Race/Ethnicity

<table>
<thead>
<tr>
<th>Item</th>
<th>Score</th>
<th>Black (N=146)</th>
<th>White (N=51)</th>
<th>Total (N=197)</th>
<th>$\chi^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. General HIV Knowledge</td>
<td>High</td>
<td>61</td>
<td>77</td>
<td>65</td>
<td>4.209</td>
</tr>
<tr>
<td></td>
<td>Medium</td>
<td>34</td>
<td>22</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Low</td>
<td>6</td>
<td>2</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total*</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>b. Knowledge of the</td>
<td>High</td>
<td>19</td>
<td>18</td>
<td>19</td>
<td>0.041</td>
</tr>
<tr>
<td>Alabama HIV Law</td>
<td>Medium</td>
<td>50</td>
<td>52</td>
<td>51</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Low</td>
<td>31</td>
<td>30</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total*</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

* Totals may be over 100% due to rounding.

(p = .429), gender (p = .394), race (p = .775), age (p = .580), education (p = .473), income (p = .518), marital status (p = .852), or arrest charge (p = .226), with two-thirds (67%) of participants stating that Alabama’s HIV disclosure law is a barrier to HIV testing. Although most participants thought the law was fair (86%), the narrative comments suggested that stigma played a role in terms of the law being fair. One participant stated that “infected people” should have feelings for those “not infected.” Another participant stated that there should be a law that requires PLWHA to put their HIV status on drivers’ licenses. The following comments illustrate why the law is supported by most participants:

“To me, it's just like murder.” (No. 42)

“HIV is deadly and not to conceal is criminal.” (No. 21)

“If you have AIDS and don’t tell your partner, that’s murder.” (No. 87)

“These actions have an end result of death and to me, its murder.” (No. 177)
“It is fatal and spreading it could ultimately be murder.” (No. 23)

“Giving someone something will kill them.” (No. 26)

“The law is fair because it stops the kill.” (No. 39)

“Not telling your partner results in death.” (No. 114)

“It’s a life threatening disease that can kill someone.” (No. 125)

While most participants thought the HIV law was fair, perceptions of the law as fair did not differ significantly by gender (p = .323), race (p = .087), age (p = .650), education (p = .075), income (p = .976), marital status (p = .863), and arrest charge (p = .407). The participants’ responses to this item were about equal in relation to all of the demographic characteristics in the study. The difference between the fairness of the law in relation to offender status was not significant ($\chi^2 [2, N=197] = 1.189, p > .05$), with (90%) of the probationers stating that the law was fair compared to 84% of the parolees. Table 10 summarizes the differences between probationers’ and parolees’ opinions about the fairness of the law.

Table 10

*Fairness of Alabama’s HIV Disclosure Law by Offender Status*

<table>
<thead>
<tr>
<th>Response</th>
<th>Probationers (N=77)</th>
<th>Parolees (N=120)</th>
<th>Total (N=197)</th>
<th>$\chi^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Fair</td>
<td>90</td>
<td>84</td>
<td>86</td>
<td></td>
</tr>
<tr>
<td>Unfair</td>
<td>5</td>
<td>8</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Undecided</td>
<td>5</td>
<td>8</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>1.189</td>
</tr>
</tbody>
</table>
Several of the participants completed the narrative portion relating to why they thought the law was fair. The most common responses were that people have a right to know their partners’ HIV status (39), not disclosing harms/kills others (17), protects the public (12), morally wrong not to disclose (6), reduces the spread of HIV (5), and provides justice (5). The following comments illustrate why the participants felt that the law was fair:

“Your ass needs to go to jail for that.” (No. 5)

“The law is a good start, but we can go further.” (No. 21)

“The law will help save the next generation.” (No. 36)

“If you don’t tell your partner, it’s like attempted murder.” (No. 106)

“I have been HIV positive for 24 years. . . . The law is fair because it will make others think.” (No. 134)

However, one participant responded to this item from an individual and social justice perspective. He stated, “The law protects those who are not infected, but it violates the privacy of those who are infected.” Other participants, all African Americans, explained why they believed the law to be unfair as follows:

“We are living in times when people hurt others and don’t listen to you.” (No. 99)

“People do not know that the law exists.” (No. 115)

“Only the poor people are being prosecuted for it.” (No. 119)

“The law does not make sense.” (No. 183)

“It should be a personal choice to disclose your status to a partner.” (No. 198)

In terms of HIV laws being a barrier to testing, the data revealed that most participants were, in fact, unaware of issues relating to HIV testing and arrests being made under HIV
disclosure laws. Less than one-fifth (17%) of the participants had heard the saying “take the test and risk arrest,” which indicates that this type of warning has no significant effect on the study population. Also, only 12% of the participants had heard about someone being arrested under a HIV disclosure law. This result could help explain why only one-fifth (20%) of the participants thought that the law reduces the spread of HIV and that the law does not have a deterrent effect. One participant from Michigan stated he had a close family member with HIV and provided insightful information in relation to people being arrested under HIV laws. This participant stated the law does not reduce the spread of HIV because so many people conceal their status from their partners.

Participants were also asked who should be tested for HIV. Surprisingly, almost all participants (98%) agreed or strongly agreed that inmates in jail and prison should be tested for HIV. However, only about two-thirds (68%) agreed or strongly agreed that probationers and parolees should be tested for HIV. It is noteworthy that most participants were not opposed to being tested for HIV if granted an opportunity. Table 11 summarizes these attitudes on who should be tested for HIV.

<table>
<thead>
<tr>
<th>Response</th>
<th>Who Should be tested for HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Probationers/Parolees</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>42%</td>
</tr>
<tr>
<td>Agree</td>
<td>26%</td>
</tr>
<tr>
<td>Undecided</td>
<td>18%</td>
</tr>
<tr>
<td>Disagree</td>
<td>10%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>5%</td>
</tr>
</tbody>
</table>

Totals may be over 100% due to rounding
Participants’ opinions of who was at greater risk for contracting HIV were instructive. Over two-thirds (68%) disagreed or strongly disagreed that probationers and parolees were at a greater risk of contracting HIV than the general public. Less than one-fifth (16%) agreed or strongly agreed that parolees were at a greater risk of contracting HIV than probationers. Since the numbers were comparable between those who did not attend HIV prevention classes (66%) and those who did not perceive probationers and parolees as being a greater risk than the public for contracting HIV (68%), a chi-square test was performed to examine this relationship. The participants who attended HIV prevention classes were 41% more likely to agree or strongly agree that this population of probationer and parolees was at a higher risk compared to those who never attended HIV classes ($\chi^2 [4, N=197] = 10.534, p < .05$). Overall, neither group felt they were at greater risk of HIV than each other or the general public. Table 12 presents the results of the participants’ perceptions about HIV risk.

Table 12

*Perceptions of Probationers and Parolees about Who Is at a Greater Risk*

<table>
<thead>
<tr>
<th>Response</th>
<th>Who Is at a Greater Risk of Contracting HIV</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Probationers Over the General Public %</td>
<td>Parolees Over the General Public %</td>
<td>Parolees Over Probationers %</td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>8</td>
<td>8</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Agree</td>
<td>9</td>
<td>12</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Undecided</td>
<td>17</td>
<td>14</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td>46</td>
<td>46</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>22</td>
<td>22</td>
<td>24</td>
<td></td>
</tr>
</tbody>
</table>

Totals may be over 100% due to rounding.
6. DISCUSSION

The study broke new ground in HIV/AIDS research by eliciting information from probationers and parolees about HIV/AIDS, HIV law, and HIV testing. The results indicated that this population is fairly knowledgeable about HIV/AIDS despite having limited access to HIV prevention classes and that disclosure laws are a barrier to HIV testing. Results did not vary according to ethnicity, offender status, or gender, meaning that the findings were consistent across groups. However, the two groups were not very knowledgeable about Alabama’s HIV law and responses toward PLWHA were often stigmatizing. An unexpected finding with an important policy implication is that participants who attended HIV prevention classes were more likely to perceive themselves as being a high risk population for contracting HIV compared to those who never attended HIV classes. This result suggests that it is important to provide HIV prevention to high risk groups, as recommended by the Office of National AIDS Policy (2010).

Another unexpected finding was that although the sample population was disadvantaged in terms of income and level of education, the participants were quite knowledgeable about how HIV is prevented and contracted. Previous research on HIV knowledge among high risk populations found similar results. Belenko et al. (2005) found that high risk populations were relatively knowledgeable about HIV and that the knowledge was consistent among criminal justice settings (incarceration and community supervision). However, prior research was unavailable about where high-risk populations learn about HIV/AIDS.

Despite the overall high levels of HIV knowledge of the participants in this study, two items that were missed by most participants are cause for concern. The facts that over half of the
participants were unaware that cleaning syringes could prevent HIV during injected drug use and over one-third thought that HIV could be transmitted through mosquitoes indicate that the participants did not have access to information that is crucial for HIV prevention, especially for people who inject drugs (a large proportion in prison and post prison populations). Furthermore, the myth that mosquitoes transmit HIV is both inaccurate and misleading and could keep people from knowing that they are at risk of HIV/AIDS. However, these findings are consistent with other studies. Belenko et al. (2005) stated that offenders in criminal justice settings were unaware that HIV could be prevented by cleaning syringes, and Inungu et al. (2009) indicated that many college students believe mosquitoes can transmit HIV.

To this student researcher’s knowledge, only one other study provides empirical data on knowledge about HIV disclosure laws. Galletly et al. (2008) indicated that PLWHA were knowledgeable about HIV disclosure laws in their own states. The present study provides the first empirical data on knowledge about HIV disclosure laws among offenders under community supervision, a group deemed a high risk population. Although the majority of participants said they knew a lot or something about Alabama’s HIV disclosure law, they actually knew very little. Most of the participants only knew that PLWHA could get arrested for not disclosing their HIV status to their sexual partner(s), and this finding did not vary by gender, race, level of education, or income. Also, several participants provided inaccurate information about the law. For example, the HIV law in Alabama is a misdemeanor offense, and some participants stated the law is a felony offense for murder, attempted murder, premeditated murder, or a manslaughter charge. Of the participants who had heard about the HIV law, most had done so from family, friends, or in prison. As noted in the literature review, other studies on knowledge
about HIV laws are sparse, and the present study is also alone in providing data about where a
high risk population learned about HIV disclosure laws.

HIV disclosure laws appear to be a double-edged sword. On one hand, law enforcement
officials understandably hold people accountable for negligently spreading HIV to others.
Lawmakers implement these laws with good intentions, and prior research suggests high risk
populations favor disclosure laws, as did the majority of our participants. Thus, our study is
consistent with prior research. For example, Horvath et al. (2010) found that MSM thought it
should be illegal for people not to disclose their HIV status to their sexual partners, even though
disclosure laws did not deter their high risk sexual behavior. In support of this and other studies
that argue that HIV disclosure laws do not prevent HIV transmission (Kaplan, 2012; Ralf et al.,
2009), most probationers and parolees agreed with the law, even though they knew little about it
other than what they learned from completing the survey.

In reference to helping control the HIV epidemic, our study also broke new ground in the
knowledge of intersections among public health, criminal justice, and the law. Reviews argue
that HIV criminalization laws are a barrier to HIV testing (Kaplan, 2012; Strub, 2012), although
there was no data to support these claims. Currently, the existing literature only addresses the
writers’ concerns about disclosure laws being a barrier to HIV testing and does not offer data or
evidence to support these concerns. To this student researcher’s knowledge, the present study is
novel in finding that that HIV laws are perceived to be a barrier to HIV testing among a high risk
population of offenders under community supervision, even though reasons for this belief were
unclear. However, narrative comments suggested that they were afraid of being tested regardless
of the law, and also that many people would not be tested if they knew that they could be
arrested for non-disclosure.
Stigma likely plays a role in support of HIV laws and barriers to HIV testing. Mahajan et al. (2008), NASTAD (2011), and Ralf et al. (2009), to name a few, posit that stigma is a major obstacle that deters people from getting tested for HIV. While the present research did not collect empirical data on why probationers and parolees thought the law was a barrier to testing, the narrative data suggested that stigma might indeed be a problem and that PLWHA are still highly stigmatized, as noted in the results section. Participants used negative words like “contaminated people” and “infected people” to describe PLWHA, and one participant stated PLWHA should have their status marked on their drivers’ licenses. Recent studies support that people still view spreading HIV to others as a death sentence (Wallace et al., 2011). In the present study, several participants referenced spreading HIV to others as a form of killing them, indicating that stigma is still a strong barrier that deters people from being tested for HIV. This finding is supported by the Office of National AIDS Policy (2010), which stated that stigma is a major obstacle in targeting communities for HIV testing, prevention, and treatment services.

As noted earlier, evidence in the present study and prior literature suggest that HIV disclosure laws are a barrier to HIV testing and that the law might indeed increase stigma. Thus, as suggested by the Office of National AIDS Policy (2010), modifications to disclosure laws could help to reduce stigma and lower HIV testing barriers. In other studies, Galletly and Pinkerton (2008) compared states with strict HIV disclosure laws to states with more relaxed disclosure laws and concluded that those states with relaxed laws have lower HIV transmission rates. HIV laws are barriers to HIV testing for two main reasons. First, Kaplan (2012) and Strub (2012) argue that people do not get tested for HIV because of the fear of being arrested for not disclosing their HIV status. Second, the Center for HIV Law & Policy (2010) indicated that advances in HIV treatment have rendered these codes obsolete, and PLWHA who are being
treated with ARV drugs are highly unlikely to transmit HIV to others (HRSA, 2012). Growing bodies of research and public health reports indicate that in order to lower HIV testing barriers and HIV-related stigma, disclosure laws should be modified to improve current standards for threats to public health, such as HIV/AIDS.

The present study found that probationers and parolees have limited access to HIV programs. As noted in prior studies, Belenko et al. (2004) and Oser et al. (2006b) indicated that HIV knowledge among high risk populations is rarely learned in HIV prevention programs. In addition to a lack of access to HIV prevention programs, the present study found that among this relatively small subgroup very few of the HIV classes were conducted outside prison or rehabilitation settings. The evidence suggests that meaningful attempts to incorporate these programs into probation and parole settings have yet to be made and that offering HIV prevention programs is not a priority in Alabama for this high risk population and perhaps in other states as well.

On a related matter, the current study found that most of the participants did not perceive themselves as being at risk of HIV/AIDS. However, the Office of National AIDS Policy (2010) stated that men, minorities, and IDUs were the highest risk groups for contracting HIV, all of whom were over represented in our study population. Prior research contends that probationers and parolees are at greater risk of contracting HIV than the general public (Oser et al., 2006b). Part of the discrepancy between the participants perceived low risk for contracting HIV and their actual high risk can be explained by the lack of HIV prevention classes. The few participants who attended HIV prevention classes were more likely to perceive themselves as high risk compared to those who had never attended HIV classes. The perception of low risk is something that should be corrected as a matter of urgency for this population.
The correlation between lack of access to HIV classes and awareness of HIV risk was evident among participants who had not taken classes and believed that they were not at risk for HIV/AIDS. Christensen (2011) suggested that the criminal justice system would be an ideal venue to implement HIV prevention programs, and Oser et al. (2006b) argued that offenders under community supervision are at greater risk for contracting HIV than other offenders in the criminal justice system. The results of this study indicate that probation and parole offices would be an appropriate venue in which to target high risk populations for HIV prevention programs and testing services because most of the participants agreed that probationers and parolees should be tested for HIV/AIDS.

Several limitations should be noted for the study. The primary limitation related to the survey instrument. Although the surveys were worded on a sixth grade reading level, many participants did not comprehend all items and had to be helped to complete them. This problem could explain why most of the narrative responses did not relate to the questions or were left unanswered and why most of the narrative responses were short and vague.

Second, two items were commonly misunderstood. In reference to the item that asked the participants what they knew about Alabama’s HIV disclosure law, several participants stated what they knew about HIV in general, and others just repeated the synopsis of the HIV law that was provided on the survey. The other misconception involved the item about whether or not the HIV law was a barrier to HIV testing. These misconceptions were noticed when the surveys were checked for completeness. To offset these problems, the items were verbally explained to each participant before his or her survey was collected, and changes were made if necessary.

The third limitation concerned the amount of time allowed for participants in a high traffic area. The lack of privacy while completing the surveys was compounded by interruptions
when the participants were called to meet with their assigned officers. The average time to complete each survey was roughly between five and seven minutes. Participants might have rushed through the surveys because they were waiting on their assigned officers to call them to the back, and because they wanted to have their surveys completed before their names were called for reporting to their assigned officers.

The fourth limitation relates to using self-administered surveys for this population. A personal interview would have been more effective because several of the misconceptions could have been clarified, but the sample size would have been much smaller. Administering this type of instrument to probationers and parolees is not recommended for future studies. Also, the survey responses indicated that the participants’ writing skills were severely limited, and a personal interview could have allowed the participants to verbally elaborate on their opinions. To account for this problem, the student researcher or his advisor reviewed each completed protocol to ensure that items were completed and made sense to both the participants and researchers. This process led to altered responses in some cases, particularly for the items on HIV law and disclosure.

Despite these limitations, the present study provides the only known data on knowledge about HIV disclosure laws among high risk populations and whether these laws are a barrier to HIV testing, leading to suggestions for further research. It would be beneficial to follow up on some of the current noteworthy findings. Three important questions that relate to these findings include investigating why the HIV law is viewed as a barrier to HIV testing, probing where this population learns about HIV, and asking how many probationers and parolees would attend HIV prevention classes at probation and parole offices if given the opportunity. Also, collecting data
on this research topic from other probation and parole offices would be beneficial because the probation and parole demographics are different in other areas throughout the state.
7. CONCLUSION

The study found that HIV disclosure laws are a barrier to HIV testing, that probationers and parolees are knowledgeable about HIV/AIDS, and that probationers and parolees have limited access to HIV prevention programs, especially in the community. In addition, probationers and parolees who attend HIV prevention classes are more likely to perceive themselves as being in a high risk group for contracting HIV compared to those who never attended HIV classes. This student researcher offers two suggestions to help reduce HIV testing barriers and HIV related stigma, which could help control the spread of HIV:

1. Members of Pardons and Paroles could team up with local healthcare providers and HIV advocates and implement HIV prevention programs and HIV testing services to the probationers and parolees.

2. States with HIV disclosure laws could relax some of their strict laws and make the laws up to date with current HIV medical knowledge.

Based on the results of this research, this student researcher concludes that a conflict of interest exists between state lawmakers and public health officials in relation to reducing HIV transmission. The research provided evidence that disclosure laws create barriers for health care providers and HIV advocates in targeting communities for HIV testing, prevention, and treatment services. On a positive note, it is possible that Pardons and Paroles, healthcare providers, and local HIV advocates can lower some of these barriers if they all work together on HIV prevention strategies in this population. The federal government currently spends $19
billion dollars a year on HIV funding (ONAP, 2010), and some of this money should be directed towards research on determining why HIV disclosure laws create barriers for public health officials in combating the HIV epidemic.
REFERENCES


Lichtenstein, B. (2012a). “Ethical dilemmas in counseling HIV-infected clients about disclosure to sexual partners.” Presented at Mississippi Statewide Clinical Update, Department of Medicine, University of Mississippi Center, Jackson, Mississippi. December 6.


Title 22, Alabama Code, section 11A-21(C).

Title 191, Missouri Code, section 677.


Probation/Parole Survey

First, I would like to ask you about your knowledge of HIV. Please circle the correct answer.

1. HIV/AIDS can be:

1a. Prevented by a condom True False
1b. Prevented by cleaning syringes True False
1c. Prevented by douching True False
1d. Prevented by birth control True False
1e. Picked up from toilet seats True False
1f. Picked up from contaminated surfaces True False
1g. Spread by infected mosquitoes True False
1h. Spread by shaking hands and hugging True False
1i. Spread through injection drug use True False
1j. Spread by sneezing or coughing True False
1k. Cured by antiretroviral medicines True False

Next, I would like to ask your opinion on being tested for HIV and who is at risk of getting HIV.

2. Please circle the answer that you agree with most.

2a. Inmates in jail should be tested for HIV.

   Strongly Agree Agree Undecided Disagree Strongly Disagree

2b. Inmates in prison should be tested for HIV.

   Strongly Agree Agree Undecided Disagree Strongly Disagree
2c. Probationers and Parolees should be tested.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

2d. Probationers are at greater risk of getting HIV than the general public.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

2e. Parolees are at a greater risk of getting HIV than the general public.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

2f. Parolees are at a greater risk of getting HIV than probationers.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

Next, I would like to ask you about your knowledge and opinions of the HIV law in Alabama.

3. After reading this statement, please answer the questions that follow.

   In Alabama, it is a crime if a person knows he or she is HIV positive and fails to tell his or her sexual partner(s) they have HIV. In 2010, the federal government made a plan to help prevent HIV from spreading and to help people with HIV seek medical treatment. This study will be conducted to see how Alabama’s HIV law influences the federal HIV prevention plan.

3a. Before today, how much did you know about the Alabama HIV law?

   (Please circle your answer) A lot Some Details Nothing
3b. If you answered “a lot” or “some details,” what did you know about the Alabama HIV law?

3c. If you knew about this law, where did you hear this information? (please check the space)

- Work
- Church
- Prison
- Jail
- Family
- Friend
- Probation/Parole Officer
- Media
- Other

3d. Do you talk about the law with others? If so, please state who (just the relationship you have with the person, not their name).

3e. What do you say about the law?

3f. Do you know anyone who has HIV? (please circle your answer) YES NO

3g. Have you heard of anyone being arrested for not telling their sexual partner they had HIV? (please circle your answer) YES NO

3h. Do you think the law stops the spread of HIV? (please circle answer) YES NO

3i. Is the law fair or unfair? Please say why.
There is a blank page on the last page if you need more room to write about anything in this section. Just write the question number and letter next to your response.

4. Next, I would like to know your opinion on HIV testing and prevention programs.

4a. Have you heard the saying “take the test and risk arrest”?

(please circle your answer) YES NO

4b. If so, Where did you hear about “take the test and risk arrest”?

_____ Work _____ Church _____ Prison _____ Jail _____ Family

_____ Friend _____ Probation/Parole Officer _____ Media _____ Other

4c. Do you think the saying “take the test and risk arrest” stops people from getting tested for HIV? (please circle your answer) YES NO

4d. Have you been asked to take any HIV prevention classes since you have been on probation?

(please circle your answer) YES NO

4e. Have you attended any HIV prevention programs?

YES NO

4f. If you answered “yes”, when and where did you attend these sessions?
Last, I would like to know something about you to see if others in your situation have the same answers.

5. Please check the answer that applies to you.

My gender is: _______Male  _____Female

My ethnicity is: _______Black  _____White  _____Hispanic  _____Other

My age is between  _____19-25 years  _____26-35  _____36-50  _____Over 50

My marital status is:  _____Unmarried  _____Married  _____Divorced or Widowed

My education is:  _____Less than high school  _____High school/GED

 _____Some college  _____College degree

My income is:  _____below $10,000  _____between $10,000-$20,000

 _____between $20,000-$30,000  _____over $30,000

My jurisdiction is:  _____In State  _____Transfer from out of State

Have you ever been to prison before?  _____YES  _____NO

What are you on probation for?  _____Drug Crime  _____Property Crime

 _____Violent Crime  _____Sex Crime  _____Other Crime
IF YOU WOULD LIKE TO ADD ANY COMMENTS ABOUT YOUR OPINIONS OR
KNOWLEDGE OF THE HIV LAW AND ITS EFFECTS PLEASE WRITE THEM ON
THIS PAGE. PLEASE WRITE THE QUESTION NUMBER AND LETTER NEXT TO
YOUR RESPONSE.

IF YOU NEED MORE ROOM TO WRITE ABOUT ANY OTHER QUESTIONS, YOU
CAN WRITE THEM BELOW. PLEASE WRITE THE QUESTION NUMBER AND
LETTER NEXT TO YOUR RESPONSE.
January 7, 2013

Brad Barber
Department of Criminal Justice
College of Arts & Sciences
Box 870120

Re: IRB Application # 12-024
Knowledge and Attitude towards HIV Testing and Criminalization among Probationers and Parolees in Alabama

Dear Mr. Barber:

The University of Alabama IRB has received the revisions requested by the full board on 12/14/12. The board has reviewed the revisions and your protocol is now approved for a one-year period. Please be advised that your protocol will expire one year from the date of approval, 12/14/12.

If your research will continue beyond this date, complete the IRB Renewal Application by the 15th of the month prior to project expiration. If you need to modify the study, please submit the Modification of An Approved Protocol Form. Changes in this study cannot be initiated without IRB approval, except when necessary to eliminate apparent immediate hazards to participants. When the study closes, please complete the Request for Study Closure Form.

Should you need to submit any further correspondence regarding this proposal, please include the assigned IRB application number. Please use reproductions of the IRB approved stamped consent forms to obtain consent from your participants.

Good luck with your research.

Sincerely,

Stuart Usdan, PhD.
Chair, Non-Medical Institutional Review Board
The University of Alabama
What are the risk (problems or dangers) from being in this study?
There are no financial or physical risk in doing this study. However, you might feel slightly uncomfortable because the study asks questions about HIV. If you start to feel uncomfortable or become emotional, you can stop taking the survey at any time. Keep in mind, this study will not ask you about your HIV status or personal behavior.

What are the benefits of being in this study?
You will have a chance to voice your opinion about this topic, which could help others have access to more and better HIV prevention programs.

How will my privacy and confidentiality be protected?
You will be able to take the survey in a designated area in the lobby where others will not be able to read your responses. There is no way that your answers can be traced back to you because your name, address, and phone number will not be on the survey. The survey that you fill out will be kept in a locked box until it leaves the probation and parole office and will then be placed in a locked drawer at the University of Alabama. You will not put any identifying information on the survey and it will be locked in a box. Only this researcher and his advisor will have access to your survey from this drawer.

All information from the surveys will be typed into a computer program to see what the general results will be. These results will be stored on a memory stick that no one but the student researcher and his advisor have access to. The surveys will be destroyed three years after this study.

What are the alternatives to being in this study?
The only alternative is not to take part in the study.

How will this study influence my relationship with the probationer/parolee office?
Participating or not participating in this study will not have any influence with your probation/parole conditions or with the relationship you have with the probation/parole office.

What are my rights as a participant?
Being in this study is totally up to you. You may choose not to be in it at all. If you start the survey, you can stop at anytime. Taking part, not taking part, or stopping the survey will have no effect on what happens to you with the probation/parole office. You will not have any problems from not taking part in the study.

The University of Alabama Institutional Review Board (IRB) is a committee that looks out for the ethical treatment of people in research studies. They may look at the study records if they wish. This is done to be sure that people in research studies are being treated fairly and that the study is being carried out as planned.

Who do I talk to if I have questions or problems?
If you have questions about this study right now, please ask them. If you have questions about this study later, please call Dr. Lichtenstein at (205)348-7782 or e-mail her at...
bliciten@ua.edu. If you have any questions or complaints about your rights as a participant, call Ms. Tania Myles, the Research Compliance Officer at UA at (205)348-5152 or toll-free at 1-877-820-3066.

You may also ask questions, make a suggestion, or file complaints and concerns through the IRB Outreach Website at [http://osp.ua.edu/site/IRCO_Welcome.html](http://osp.ua.edu/site/IRCO_Welcome.html). After you participate, you are encouraged to complete the survey for research participants that is online.

Please check this box if you agree to be in this study. 

Thank you for taking the time to take part in this study! Your opinions are valuable to this research topic.
DATE: 12/12/2012

TO: University of Alabama’s IRB Board

RE: Research Approval

On 10/09/2012, Mr. Barber submitted a request to conduct a research study at the Probation and Parole Office in Birmingham, AL. The request was forwarded up the chain of command and approved by our department’s legal division and our Executive Director (Cynthia Dillard). The only condition that was added to this study is that Mr. Barber uses his own expenses and personal time to conduct the study and that the logistics of the study do not interfere with the normal operations of our department. As long as these conditions are met, Mr. Barber has permission to conduct his research study at the Probation and Parole Office in Birmingham, AL. Please contact me via email (belinda.madders@alabpp.gov) if you need any additional information.

Belinda Madders
Probation and Parole Officer Supervisor