RURAL HIV:
Brief Interventions for Felony Probationers†

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ABSTRACT: HIV/AIDS in Southern rural America has been described as an epidemic. Furthermore, the HIV prevalence rate among criminal justice populations is higher than the general population in both rural and urban areas. One segment of the criminal justice population, felony probationers, has not been targeted for HIV/AIDS interventions and little is known about rural HIV risk behaviors. Probation is an appropriate setting for examining HIV interventions because rural participants can be easily identified and contacted. Thus, the purpose of this paper is to describe an HIV intervention for Southern rural probationers and to profile participants (N=800) on their demographics and risk behaviors by degree of criminality. Results suggest that HIV interventions are needed to target rural probationers, especially those with extensive arrest histories since they engage in high-risk behaviors, including illicit substance use and unprotected sex.

INTRODUCTION

The HIV epidemic has spread into rural and less densely populated areas (Berry, 1993; Lam & Lui, 1994), especially in the Southern United States (Centers for Disease Control [CDC], 1998). This epidemic is impacting an already overburdened rural health care system (Cohn, 1997). The transmission of HIV in these geographic areas is primarily through unprotected sex and illicit drug use (CDC, 1998). Despite the high

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prevalence of HIV/AIDS and drug use in rural settings (Leukefeld & Godlaski, 1997; Rural Center for AIDS/STD Prevention, 2002), there is a common misconception that HIV and drug use are urban phenomena. The foundation of this endeavor is the increasing number of seropositive individuals and drug abusers in the criminal justice system (Bureau of Justice Statistics [BJS], 2004a).

Probationers represent the largest segment of the criminal justice population in the United States with over 6.9 million probationers in the U.S. in 2003 (BJS, 2004b). The Southern state of Kentucky experienced substantial growth in its probationer population with an increase of 17.2% between 2002 and 2003, the largest percentage increase in the United States. A significant proportion of probationers are alcohol- or drug-involved (BJS, 1998). In addition, in 2002, approximately 1.9% of the prison population was HIV positive and the AIDS prevalence rate in the prison population was almost 3.5 times the rate in the U.S. general population (BJS, 2004a). Although there is no national data on the prevalence of HIV among probationers, based on prison HIV/AIDS prevalence data, it is estimated that probationers will have similar rates of HIV/AIDS because of their similar involvement in high risk behaviors (Belenko, Langley, Crimmins, & Chaple, 2004; BJS, 1998; Martin, O’Connell, Inciardi, Beard, & Surratt, 2003). Rural probationers have not been targeted for specific HIV/AIDS interventions and little is known about rural individuals’ engagement in sexual risk behaviors. The high level of drug use in Appalachian Kentucky provides the opportunity for the criminal justice system and particularly probation to become a setting for HIV interventions—especially in rural areas since probationers can be easily identified and contacted (Leukefeld, Gallego, & Farabee, 1997).

As such, the first part of this paper describes two brief HIV interventions. The NIDA Enhanced Standard Intervention (ESI), which was developed by Coyle (1993) and modified by Wechsberg and colleagues (1997), and has been shown to be effective in changing short term HIV related behavior (see Needle & Cesari, 1996). The Probation Focused Intervention (PFI) was developed for rural probationers and incorporates three approaches: (a) the NIDA ESI, (b) thought mapping, and (c) structured storytelling. The second part of this paper partitions probationers into three groups based on arrest history and profiles participants across the arrest history categories on demographics and risk behavior.