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HIV/AIDS Research in Correctional Settings: Perspectives on Training Needs from Researchers and IRB Members

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Abstract

Being disproportionately represented by individuals living with HIV/AIDS, correctional facilities are an important venue for potentially invaluable HIV/AIDS epidemiological and intervention research. However, unique ethical, regulatory, and environmental challenges exist in these settings that have limited the amount and scope of research. We surveyed 760 HIV/AIDS researchers, and IRB chairs, members, and prisoner representatives to identify areas in which additional training might ameliorate these challenges. Most commonly identified training needs related to federal regulations, ethics (confidentiality, protection for participants/researchers, coercion, privacy, informed consent, and general ethics), and issues specific to the environment (culture of the correctional setting; general knowledge of correctional systems; and correctional environments, policies, and procedures). Bolstering availability of training on the challenges of conducting HIV/AIDS research in correctional settings is a crucial step toward increasing research that will yield significant benefits to incarcerated individuals and society as a whole.

Keywords

Ethical Challenges; HIV/AIDS Research; Correctional Settings; Federal Regulations

Introduction

Throughout the United States correctional facilities house a disproportionate number of individuals living with HIV/AIDS. Despite a decline in the prevalence of people living with HIV/AIDS (PLWHA) in state and federal prisons since 2001, rates remain 2.4 times that of the population at large, with 1.4% of all male, and 1.9% of all female prisoners reported to be HIV positive or have confirmed AIDS (Centers for Disease Control and Prevention [CDC], 2012; Maruschak, 2012). In addition, recent data indicates that roughly 14% of

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individuals with HIV/AIDS pass through a correctional facility each year, and that the rate of HIV/AIDS (6.4%) is highest among individuals who are released and subsequently reincarcerated (Gough et al., 2010; Spaulding et al., 2009). Given that correctional settings have been portrayed as ‘revolving doors,’ a sentiment that is buttressed by the fact that 67.8% of released prisoners were arrested for a new crime within three years and 76.6% within five years, and that individuals with HIV/AIDS have high rates of co-occurring disorders such as substance abuse, hepatitis B and C, tuberculosis, and mental illness, correctional facilities provide an important opportunity, and an invaluable resource for the conduct of epidemiological, intervention, and prevention research (Altice, Kamarulzaman, Soriano, Schechter, & Friedland, 2010; CDC, 2014; Cooper, Durose, & Snyder, 2014).

Despite their potential value as venues for HIV/AIDS research, correctional settings present numerous challenges and obstacles to researchers that serve to limit such research (Cislo & Trestman, 2013; Institute of Medicine [IOM], 2006; Rich et al., 2011). Federal regulations in place for prisoners as research participants are important contributors to these challenges. These regulations were designed to protect prisoners, a vulnerable population that has historically been subjected to maltreatment in research. In the United States, maltreatment included being intentionally infected with diseases, participating in experimental drug trials, and being enticed with coercive inducements for participation (Lazzarini & Altice, 2000). Although ethical violations may not have been intentional on the part of researchers, vulnerability is inherent in the nature of correctional settings that are designed to restrict autonomy, confidentiality, and privacy. This vulnerability increases the likelihood of an impaired ability to understand the risks, benefits, and potential for harm associated with research participation on the part of potential participants. Protective regulations to address this vulnerability are encapsulated in Subpart C (45 CFR 46, Subpart C; Protection of Human Subjects, U.S. Department of Health and Human Services, 2009) and include several requirements, including the need for a prisoner representative on all IRB reviews of correctional research protocols and restrictions on the types of research in which prisoners may participate. These added protections, along with other factors related to the nature of correctional settings, have unintentionally created barriers to conducting research with incarcerated populations, and have resulted in limitations in the access to research and its benefits for individuals in correctional settings (Brewer-Smyth, 2008; Hammett & Dubler, 1990; Harris, 2001; IOM, 2006; Kalmbach & Lyons, 2003).

In addition to being subject to federal regulations, HIV/AIDS research in correctional settings presents unique and often difficult ethical challenges (Lazzarini & Altice, 2000; Seal, Eldridge, Zack, & Sosman, 2010). To identify the most significant of these ethical challenges, Eldridge, Robinson, Corey, Brems, and Johnson (2012) conducted key informant interviews with 92 HIV/AIDS researchers, ethicists, IRB members, IRB prisoner representatives, and prison administrators. These researchers found that confidentiality and privacy, autonomy and informed consent, and justice and access were the most commonly mentioned challenges. Contributing to these ethical challenges were the characteristics of people who are incarcerated, the nature of correctional institutions, and correctional system policies and procedures. Expanding on these findings, a recent study compared the frequency of challenges experienced when conducting HIV/AIDS research in correctional and non-correctional settings, and found that overwhelmingly, correctional researchers

experienced more frequent challenges, particularly with regard to the research setting (i.e., navigating policies and procedures, dealing with interruptions and delays, obtaining research review and approval, and gaining access to research participants). In addition, correctional researchers expressed experiencing more frequent challenges related to determining compensation or incentives for research participation, ensuring voluntary and informed consent, and maintaining retention during follow-up (Johnson, Kondo, & Eldridge, in press).

Compounding the challenges of conducting HIV/AIDS research with incarcerated individuals are the unique complexities associated with PLWHA in correctional settings. Despite advances in the understanding of and care for individuals living with HIV/AIDS, stigma associated with HIV/AIDS remains. The practice of segregating incarcerated people with HIV/AIDS has been abolished in most correctional settings; however, until early 2013, the correctional system in Alabama segregated individuals living with HIV/AIDS and required them to wear white arm bands. Until late 2013, in South Carolina, incarcerated individuals with HIV/AIDS were segregated, denied work releases and food-related prison jobs, and identified as having HIV/AIDS on their name badges (American Civil Liberties Union [ACLU], 2010; United States Department of Justice, 2013). Even without segregation, and in spite of a limited number of innovative peer-based programs such as the ACE Program at Bedford Hills Correctional Facility and the CAE Program at Taconic Correctional Facility (Colica, 2012), individuals with HIV/AIDS in correctional settings have reported fearing or experiencing isolation, rejection, and discrimination by corrections staff and other prisoners, resulting in some choosing to conceal their status (ACLU, 2010; Derlega, Winstead, Gamble, Kelkar, & Khuanghlawn, 2010).

Recognizing the importance of the increasing the body of research examining PLWHA in correctional settings, the National Institutes of Health's Centers for AIDS Research created the Collaboration on HIV in Corrections (CFAR-CHIC), a multidisciplinary group that is developing strategies for encouraging and stimulating research, and to provide mentorship for junior researchers interested in HIV/AIDS populations in correctional settings (Rich et al., 2011). Given the unique and often daunting challenges presented by HIV/AIDS research in correctional settings, one such strategy that will greatly benefit both junior and experienced researchers and IRB members involved in or providing ethical oversight such research is the development of specialized training. To address this issue, and in the spirit of the IOM's (2006) recommendations of collaborative responsibility and data-based recommendations to facilitate correctional research, the current study surveyed a national pool of HIV/AIDS researchers, and IRB chairs, members, and prisoner representatives, and asked them to identify training topics important to conducting or reviewing HIV/AIDS correctional research. The purpose was to identify areas in which additional training might ameliorate challenges associated with HIV/AIDS research in correctional settings, with the ultimate goal of increasing the amount and scope of research conducted with incarcerated populations.

Method

Participants

We selected potential participants based on the relevance of their professional experience to the aim of our study. Specifically, we were interested in identifying individuals who would have maximal knowledge about HIV/AIDS research, either from the perspective of having conducted such research themselves or having reviewed such research through serving on an IRB. Thus, potential participants were drawn from five national groups of eligible professionals: 1) researchers who have conducted HIV/AIDS research in correctional settings; 2) researchers who have conducted HIV/AIDS research in non-correctional settings; 3) IRB chairs and members who have reviewed HIV/AIDS correctional protocols; 4) IRB chairs and members who have reviewed HIV/AIDS non-correctional protocols; and 5) IRB prisoner representatives. Researchers were identified through searches of electronic databases for recent research funding, publications, and convention presentations. Databases searched included several for recent research funding (e.g., NIH Reporter, TAGGS, NIJ), scientific literature (e.g., Academic Search Premier, Medline, PsycINFO, Criminal Justice Abstracts, PubMed, CINAHL), and convention presentations (e.g., APHA, International AIDS Conference, NLM Gateway, National HIV Prevention Conference). Researchers with relevant extramural funding or two or more HIV/AIDS-related publications after the year 2000 were included in two separate pools from which the final sample was selected, i.e., one pool for HIV/AIDS researchers with experience conducting research in correctional settings and the other for researchers with experience conducting research in other settings. IRB chairs and members were identified through a list obtained from the Office of Human Research Protections (OHRP). IRBs associated with the sampled correctional researchers were included in our sampling pool, as was a random sample of 570 additional IRBs. Prisoner representatives were identified through the IRB sampling pool and an OHRP listing of IRB prisoner representatives. Snowball sampling was also conducted by asking all participants to provide contact information for other individuals they believed would be eligible and interested in participating in this study.

The final sample consisted of 714 correctional HIV/AIDS researchers, 702 non-correctional HIV/AIDS researchers, 388 correctional IRB chairs and members, 1,528 non-correctional chairs and members, and 268 IRB prisoner representatives. Based on initial contacts, 1,055 potential participants were removed due to undeliverable mailing addresses, retirement, or death. The final pool consisted of 2,546 individuals, 960 of whom completed the survey, for a response rate of approximately 37%. Of these 960 participants, 760 responded to the survey item analyzed in this study. Table 1 provides demographic information for these participants.

Instrumentation

An extensive, 26-page survey related to ethical challenges and barriers in conducting HIV/AIDS research was developed through review of the extant literature and qualitative interviews with 15 prison administrators with experience with the conduct of HIV/AIDS research in correctional settings; 16 members and 16 prisoner representatives of Institutional Review Boards (IRB) that had recently reviewed HIV/AIDS research in correctional

settings; 30 researchers who had conducted HIV/AIDS research in correctional settings; and 15 research ethicists. The survey included 152 items distributed across sections on factors and participant characteristics with potential impacts on obtaining informed consent; positive outcomes to participants and non-participants; addressing potential harms and participant characteristics that may affect potential harm; ensuring justice and fairness; role of IRB and federal regulations; challenges in conducting HIV/AIDS research and their impact (researchers only); challenges in providing ethical oversight of HIV/AIDS research (IRB members, chairs, and prisoner representatives only); perceptions and opinions about HIV/AIDS research with correctional populations; knowledge of rules and regulations governing correctional research; and vignettes illustrating ethical challenges. Toward the end of the survey, participants were asked the following open-ended question: “What are the most important training topics for researchers and IRB members related to conducting or reviewing HIV/AIDS correctional research?” Text responses to this question were analyzed for the current study.

Procedures

After receiving IRB approval, survey procedures following Dillman’s (2007) recommendations were implemented. Specifically, pre-letters were mailed to potential participants informing them that they would soon receive an email requesting their participation in our online survey. Two weeks later, an email, including a cover letter, link to an informed consent form, survey, non-participation form, and payment form was sent to potential participants. Confidential, rather than anonymous, coding of potential participants allowed us to identify respondents to minimize expense and inconvenience to individuals who had already responded or who did not wish to participate. Using these code numbers to track participants, we sent up to four reminder emails at approximately two-week intervals to individuals who had not submitted a non-participation form or survey. One week prior to the last email reminder, a letter was mailed to all potential participants who had not responded. Finally, due to concerns that potential participants may not have received emails due to spam filters, a paper version of the survey was mailed to all potential participants who had yet to complete the survey. The one exception to this procedure was our contact with correctional IRBs. For this group, we sent three survey links and asked the IRB chair to complete one survey and to forward the other links to one other IRB member and one IRB prisoner representative. Participants were offered a \$60 incentive for completing the survey and the option to enter a raffle for prizes.

Data Analyses

Responses to the open-ended survey question, “What are the most important training topics for researchers and IRB members related to conducting or reviewing HIV/AIDS correctional research?” were transcribed verbatim and coded with procedures designed to ensure thoroughness and reliability. For initial coding, the third author separated multiple item responses into individual topics and conducted preliminary coding on all items. Subsequently, the first and second authors independently coded all topics line-by-line in an iterative fashion with the goal being as few topics as possible through combining similar topics under one label and creating new labels as needed. The two investigators then compared their independent coding and resolved any differences through discussion and

consensus. Topics with fewer than 10 responses were combined with the most similar topic. Upon completion of coding, the final list consisting of 26 unique training topics was analyzed to examine group (correctional researchers, non-correctional researchers, correctional IRB members/chairs, non-correctional IRB members/chairs, and IRB prisoner representatives) and gender differences on the total number of responses and mean number of responses. Further, data were analyzed using rank-order statistics to determine relative importance given to various topics by group and gender. Finally, the five groups were collapsed into participants with correctional experience (prisoner representatives, correctional researchers, correctional IRB members/chairs) and without correctional experience (non-correctional researchers, non-correctional IRB members/chairs) correctional experience and all prior analyses were re-calculated.

Results

Number of Topics

The number of responses provided by the 760 participants ranged from 1 to 6, for a total of 1,537 separate responses and a mean of 2.02 responses ($SD = 1.09$) per individual. A two-way analysis of variance (ANOVA) was performed to evaluate whether the mean number of identified topics differed among the five groups (correctional researchers, non-correctional researchers, correctional IRB members/chairs, non-correctional IRB members/chairs, and IRB prisoner representatives) and by gender. No significant differences were revealed for the five groups ($F[4, 749] = 1.83, p = ns$), gender ($F[2, 749] = 0.48, p = ns$), or group by gender interaction ($F[4, 749] = 0.98, p = ns$). However, when the five groups were collapsed to compare participants with and without correctional experience, results of a two-way ANOVA indicated a larger number of identified topics by those with correctional experience ($M = 2.11, SD = 1.00$) than without ($M = 1.93, SD = 1.03; F[1, 755] = 5.16, p < .05$; see Table 2). No significant differences emerged for gender and the correctional experience by gender interaction.

Order of Topics

As described above, after thorough coding, 26 unique topics emerged. Across all participants, the top 10 topics identified in order were confidentiality; protections for participants and researchers; coercion; informed consent; IRB regulations; privacy; guidelines for research; informed consent; culture of the correctional setting; general knowledge of correctional systems; and general ethics. Even when examined separately by group and gender, confidentiality remained the most frequently identified topic. No significant differences emerged in the top 10 topics identified by males and females, and a limited number of differences existed between the five groups (i.e., culture of the correctional setting, general knowledge of correctional systems, general ethics, safety and security, correctional environment rules and policies, vulnerable populations, and compensation; see Table 3).

To investigate whether differences in the frequency of topic identification by group were statistically significant, chi-square analyses were performed for each of the 26 training topics. Results indicated significant differences by group membership for only four of the 26

topics (i.e., safety and security, guidelines for research, correctional environment rules and policies, and general knowledge of correctional settings). Topics related to safety and security were identified more frequently by correctional researchers and IRB prisoner representatives than both correctional and non-correctional IRB members/chairs and non-correctional researchers ($\chi^2[4] = 12.58, p < .05$). In addition, IRB members without correctional experience were less likely to identify topics related to correctional environment rules and policies ($\chi^2[4] = 14.06, p < .01$) and general knowledge of correctional settings ($\chi^2[4] = 13.53, p < .01$) than all groups with correctional experience (prisoner representatives, correctional IRB members/chairs, correctional researchers). Finally, correctional researchers identified topics related to guidelines for research more frequently than all other groups ($\chi^2[4] = 26.57, p < .001$; see Table 4).

Discussion

To learn more about preparation needed for the conduct and review of correctional research, the current study sought to identify areas of training deemed most important by HIV/AIDS researchers and IRB chairs and members with and without experience working with incarcerated populations, and prisoner representatives. Across these five groups, the most commonly cited areas of training needs were related to ethics and federal guidelines (i.e., confidentiality, protection for participants or researchers, coercion, IRB regulations, privacy, informed consent, and general ethics). These issues typify the challenges of conducting research in a setting in which autonomy is restricted and in which security and safety must be balanced with confidentiality and privacy. The fact that federal regulations are one of the topics most in demand confirms prior research that indicated that even researchers, IRB prisoner representatives, and IRB members with correctional experience have limited knowledge of relevant federal regulations (Johnson et al., 2014).

The other broad area of recommended training topics was related to issues specific to the correctional environment (i.e., culture of the correctional setting; general knowledge of correctional systems; and correctional environment, policies, and procedures). These topics epitomize the unique circumstances involved in conducting research in correctional settings and represent the foundational knowledge required to conduct successful correctional research. That the participants considered these topics to be very important suggests that they are aware that there is much to learn about correctional environments and that mastery of this knowledge will play a crucial role in assuring access to quality research in that environment. Indeed, if researchers do not feel a sense of self-efficacy in these topic areas, they are likely never to attempt to move their research work into correctional settings.

When examining identified topics separately by group, differences emerged most markedly when comparing participants with and without correctional experience. Recent findings (Johnson et al., in press) revealed that researchers who conduct HIV/AIDS research in correctional settings reported experiencing significantly more frequent challenges than researchers who conduct HIV/AIDS research in non-correctional settings and that the challenges were particularly related to the nature of the research setting (e.g., navigating policies and procedures, access to participants, obtaining research review and approval, incentives and compensation). These findings are consistent with the fact that participants

with correctional experience identified a larger number of training topics. In addition, a larger percentage of correctional researchers identified guidelines for research as a training topic. One likely interpretation of these findings is that the more awareness one gains of challenges involved in conducting research in correctional settings, the more tailored to these settings the interest in training topics becomes. Said another way, the more researchers know, the more they realize how little they know about how to anticipate, recognize, and address the specific challenges of research in correctional settings.

A larger proportion of participants with correctional experience identified the need for training in areas specific to the correctional environment. This finding may relate to first-hand experience with the complexities involved in the conduct of research with incarcerated populations. For example, unlike HIV/AIDS research in community settings, obtaining IRB approval for HIV/AIDS research in correctional settings requires the addition of an IRB prisoner representative and documentation of other protections associated with incarcerated participants, which may slow down and complicate the review process (Cislo & Trestman, 2013). Specialized training in these topics would likely alleviate challenges faced by correctional researchers, particularly in the early stages of research, enabling them to address these considerations proactively and formulate appropriate timelines. In addition, correctional researchers often face rules, policies, and procedures that are more complicated and rigid than those in community settings, including rules related to access to participants, institutional lockdowns, lack of private interview areas, segregation of some participants within the correctional population, and restricted ability of researchers to move freely within the institution. Training to raise awareness of rules and policies that are common among correctional institutions will help researchers problem-solve and plan (Applebaum, 2008; Day, Acock, Bahr, & Arditti, 2005; Wakai, Shelton, Trestman, & Kesten, 2009). Finally, training in the unique circumstances of correctional settings' physical and social environments will assist researchers with planning and implementing projects in a manner that will not violate tacit rules or create circumstances in which participants are inadvertently harmed. This includes, for example, the understanding that safety and security are paramount priorities in correctional settings and that generally speaking research needs will always be subservient to these environmental concerns.

We have previously highlighted the paucity of knowledge of federal regulations for protections of prisoners as research participants (Johnson et al., 2014) and ethical challenges related to research in correctional settings (Eldridge et al., 2012; Johnson et al., in press). The findings reported here expand our prior reports by identifying the specific areas of training desired. Given the importance of research involving incarcerated individuals and the complexity associated with the population and the setting, it is our recommendation that information related to federal regulations associated with prisoner populations and the research/IRB approval process be better disseminated to all individuals who are actively involved or interested in correctional work. Although such information is readily accessible through several organizations (e.g., OHRP [www.hhs.gov/ohrp/education/training/ded_video.html]; answers.hhs.gov/ohrp/categories/1568], Collaborative Institutional Training Initiative [CITI], National Institutes of Health [NIH]), it is either not sufficiently detailed to meet the needs of correctional researchers and IRB members or fails to be adequately accessed or retained in memory, as demonstrated by the needs even experienced researchers

expressed in our study. IRBs will be well-advised to develop strategies that ensure that members have the requisite knowledge *prior* to conducting reviews of correctional research and that there is an avenue to refresh this knowledge regularly. Similar strategies need to be developed to ensure that researchers submitting correctional protocols to IRBs have mastery of federal regulations that transcends the standard online certification offered through CITI and NIH.

Unlike information on federal regulations for protection of prisoners as research participants, training about the environment and culture of correctional settings is *not* readily available and needs to be developed to advance the goal of better preparing researchers to work in such settings. Such training could rely heavily on interaction with and presentations by prisoner representatives, researchers with correctional experience, correctional staff members, and current and former incarcerated individuals to provide insight into the population and setting. Training into the unique conditions faced by correctional researchers might best be incorporated more thoroughly into degree programs likely to generate health and behavioral health researchers. Other possible avenues include conference presentations, journal articles, books, online trainings, and continuing education offerings. Although this training is most needed by researchers who are or will be conducting HIV/AIDS research in correctional settings and IRB members overseeing such research, increasing its availability to other individuals may serve to increase interest in conducting correctional research.

In summary, increasing the availability of specialized training on the complexities and challenges of conducting research in correctional settings is a crucial step toward increasing the amount and quality of HIV/AIDS research conducted in these settings, research that will yield significant benefits to incarcerated individuals, as well as to society as a whole.

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Table 1

Demographic Characteristics of Survey Participants (n=760)

Demographic Variable	Number	Percent
<i>Professional Group</i>		
IRB Prisoner Representative	63	8.3%
Correctional IRB Chairs and Members	177	23.3%
Correctional HIV/AIDS Researchers	150	19.7%
Non-Correctional IRB Chairs and Members	276	36.3%
Non-Correctional HIV/AIDS Researchers	94	12.4%
<i>Gender</i>		
Male	399	52.5%
Female	360	47.4%
Transgender	1	0.1%
<i>Race/Ethnicity</i>		
African American	62	8.2%
Alaska Native/American Indian	3	.4%
Asian/Asian American	35	4.6%
Caucasian/White	601	79.1%
Hispanic	29	3.8%
Native Hawaiian/Pacific Islander	1	0.1%
Multiracial	23	3%
Other	2	0.3%
Missing	4	0.5%
<i>Highest Level of Education</i>		
Less than Master's Degree	44	5.8%
Master's Degree	116	15.3%
Doctoral or professional degree (including JD, PhD, MD)	542	71.3%
Missing	58	7.6%
<i>Age</i>	<i>Mean</i>	<i>SD</i>
Years	50.57	10.51

Table 2

Number of Training Topics Identified by Gender, Group, and Correctional Experience

	# of Topics	Mean	SD	F
Gender				0.48
Female	812	2.04	1.10	
Male	724	2.01	1.04	
Transgender	1	1.00	-	
Group				1.83
IRB Prisoner Representatives (n=63)	137	2.18	1.20	
Correctional IRB Members (n=177)	361	2.04	1.07	
Correctional Researchers (n=150)	324	2.16	1.09	
Non-Correctional IRB Members (n=276)	531	1.92	1.01	
Non-Correctional Researchers (n= 94)	184	1.96	1.08	
Gender X Group				0.98
Correctional Experience				5.16*
With Correctional Experience	822	2.11	1.00	
Without Correctional Experience	715	1.93	1.03	
Gender X Correctional Experience				0.07

* $p < 0.05$

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Table 3

Top Ten Training Topics Identified by Overall and By Group

Topic	Total (n = 760)	Correctional Experience				No Correctional Experience	
		IRB Prisoner Representatives (n = 63)	Correctional IRB Members (n = 177)	Correctional Researchers (n = 150)	Non-Correctional IRB Members (n = 276)	Non-Correctional Researchers (n = 94)	
Confidentiality	1	1	1	1	1	1	
Protection for Participants or Researchers	2	6	4	3	2	2	
Coercion	3	2	3	4	5	3	
IRB Regulations	4	4	2	6	3	7	
Privacy	5	3	5	5	4	6	
Guidelines for Research	6	10	8	2	6	5	
Informed Consent	7	7	7	7	7	4	
Culture of Correctional Setting	8	5	9		8	10	
General Knowledge of Correctional Systems	9	8	6	10	-	-	
General Ethics	10		-	-	9	-	
Safety and Security	-	9	-	9	-	-	
Correctional Environment Rules and Policies	-	-	10	8	-	-	
Vulnerable Populations	-	-	-	-	10	8	
Compensation	-	-	-	-	-	9	

Note. Only the top 10 rankings are provided for each group.

Table 4

Percentages of Participants Identifying Selected Training Topics

Group	Correctional Experience				No Correctional Experience		χ^2
	IRB Prisoner Representatives (n = 63)	Correctional IRB Members (n = 177)	Correctional Researchers (n = 150)	Non-Correctional IRB Members (n = 276)	Non-Correctional Researchers (n = 94)		
Safety and Security	9.5% ^{a,b}	2.3% ^c	10% ^b	4.3% ^{a,c}	4.3% ^{a,b,c}	$\chi^2(4) = 12.578^*$	
Guidelines for Research	9.5% ^a	11.3% ^a	25.3% ^b	8.3% ^a	12.8% ^a	$\chi^2(4) = 26.572^{***}$	
Correctional Environment Rules and Policies	7.9% ^a	8.5% ^a	10.7% ^a	2.5% ^b	4.3% ^{a,b}	$\chi^2(4) = 14.062^{**}$	
General Knowledge of Correctional Settings	11.1% ^a	13% ^a	9.3% ^a	4% ^b	6.4% ^{a,b}	$\chi^2(4) = 13.526^{**}$	

Note.

* $p < .05$,

** $p < .01$,

*** $p < .001$.

Values that do not share a letter are significantly different from each other.