The Criminalization of HIV and HIV Stigma

Deanna Cann

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THE CRIMINALIZATION OF HIV AND HIV STIGMA

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DEDICATION

This project is dedicated to all those affected by HIV/AIDS, as well as those whose lives have been impacted by unjust laws and criminal justice practices.
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I am grateful for many people who helped with this project. First, my mentor and advisor, Dr. Deena Isom who not only has provided me with ample learning opportunities and guidance, but also serves as an inspiration for engaging in research as activism. I am also very appreciative of my dissertation committee members whose feedback and guidance led to great improvement in the quality and value of this work. Finally, I am grateful to my family who have encouraged and supported me through my entire education, and to Ryan, who did all the cooking, cleaning, lawn-mowing, dog walking, tea/coffee-making, errand running, (and proofreading) etc. without complaint, while I got this degree. Thank you all from the bottom of my heart.
ABSTRACT

In an effort to contain the HIV epidemic, lawmakers implemented various pieces of legislation across the United States, including laws that prohibit people living with HIV (PLHIV) from engaging in various behaviors without first disclosing their HIV-status. Public health scholars claim that this criminalization of HIV serves to increase stigma toward PLHIV, rather than prevent its transmission. Limited research has supported a connection between HIV exposure laws and increased stigma toward PLHIV. Still, researchers have yet to establish a causal relationship, and we know little regarding the mechanisms through which these laws serve to reproduce stigma. This study aims to explore the collateral consequences of HIV exposure laws in a mixed methods analysis. First, I employ an experimental design to determine whether media portrayals of HIV exposure cases affect the degree of stigma individuals hold toward PLHIV. To test this, participants completed a survey measure of HIV stigma after reading either a brief fictional news article describing an HIV exposure case or a short fictional news article on a neutral topic. The results of this study support a causal relationship between media portrayals of such cases and heightened stigma toward PLHIV. To further explore these findings, I investigate the mechanisms through which these laws may produce HIV stigma with a qualitative content analysis of news articles on alleged HIV exposure cases. Findings from this analysis suggest three dominant themes in the way PLHIV are presented in news articles that may reproduce stigma: Criminality, Threat and Dangerousness, and Immorality and Blameworthy. Overall, this research supports the
notion that HIV criminalization worsens public stigma toward PLHIV and identifies ways in which the media play a role in this relationship.
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CHAPTER 1

THE CONTROVERSY OF HIV CRIMINALIZATION

Human immunodeficiency virus (HIV) is a virus that infects the immune system and can result in progressive immune system depletion to the point of immunodeficiency where the immune system can no longer fight infection and disease (UNAIDS, n.d.). Experts estimate the prevalence rate of HIV – that is, the number of people currently living with HIV – at 38 million people globally, with nearly 1.2 million cases in the United States (US; CDC, 2020b; UNAIDS, 2020) The HIV incidence rate – or the number of new HIV diagnoses each year - has decreased in the US in recent years and, as of 2019, is approximately 11.5 per 100,000 people (CDC, 2020a). However, within the US, both prevalence and incidence rates vary by region, with the South¹ being particularly burdened by HIV. Indeed, the South presently accounts for roughly 38% of the country’s population and 51% of new HIV cases (CDC, 2019). Scholars, practitioners, and activists widely recognize that one of the most significant barriers to HIV prevention is the social stigma surrounding the condition (Jaspal & Nerlich, 2020; Valdiserri, 2002). In fact, public health scholars argue that we have the necessary biomedical tools to end this virus within one to two generations but posit that stigma – which prevents testing and limits care and treatment – is the single most critical factor

¹ The South refers to a multi-state region containing the District of Columbia, Delaware, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, West Virginia, Alabama, Kentucky, Mississippi, Tennessee, Arkansas, Louisiana, Oklahoma, and Texas.
standing in the way of achieving this (S. Harrison, personal communication, January 9, 2020).

The HIV epidemic in the US emerged within a unique context that has shaped the way citizens perceive and respond to the virus and those who have been infected (Hoppe, 2017). In the early 1980s, when the virus first appeared within the US, aside from its life-threatening prognosis, little was known about the virus or its transmission. Additionally, based on patient demographics, HIV quickly came to be associated with generally feared or disliked groups, specifically, gay men, people who use injection drugs, and Haitian immigrants (Hoppe, 2017; Valdiserri, 2002). This period was also marked by increasing punitiveness throughout the criminal justice system (Hoppe, 2017; Monterosso, 2009). Within this context of a high mortality rate, little scientific knowledge of the virus, and general fear, panic, and punitive attitudes among the public, HIV and those living with it quickly became stigmatized. Indeed, calls to penalize people living with HIV (PLHIV) emerged even before the medical community had officially named the virus (Buckley, 1986; Hoppe, 2017).

HIV medicine has undergone significant advances since the early 1980s. Specifically, effective antiretroviral therapy (ART) was developed in the mid 1990s, transforming the disease into a manageable chronic health condition. Evidence demonstrates the life expectancy of those diagnosed and started early on ART is near-normal (The INSIGHT START Study Group, 2015). This therapy has continually improved to the point that many drugs have few or no side effects, many regimens consist of a single daily dose (Jaspal & Nerlich, 2020) and new long-lasting injectible forms of ART are currently being developed (Boyd & Cooper, 2017). Moreover, in 2012, pre-
exposure prophylaxis (PrEP) was approved as an effective HIV prevention drug for those at risk of contracting HIV (McCormack et al., 2016). Finally, recent studies have demonstrated the efficacy of ‘treatment as prevention’, as those who reach viral suppression from ART are effectively unable to transmit the virus sexually to others (Rodger et al., 2019). Despite these advances in treatment and prevention, HIV stigma remains high in the US and globally (Turan et al., 2017).

Prior to the implementation of HIV-specific legislation in the mid-1980s, PLHIV faced general criminal charges such as assault, battery, and even attempted homicide if they were accused of exposing others to the virus (Buckley, 1986; Hoppe, 2017). Prosecutors, however, often failed to convict in such situations due to difficulties in demonstrating intent (Kenney, 1992). This prompted prosecutors, law enforcement, and the public to call for HIV-specific criminal laws, or what are now referred to as HIV exposure laws. These laws specifically name PLHIV and prohibit this group from engaging in consensual sexual activity or other behaviors that risk transmission of bodily fluid without first disclosing their HIV status (Hoppe, 2017; Kenney, 1992; Mayer et al., 2018). From 1985 to 1987, lawmakers in 16 states introduced dozens of bills that involved criminal sanctions against PLHIV (Galletly & Pinkerton, 2004; Hoppe, 2017; Kenney, 1992). As of July 2020, 32 states, two territories, and the federal government have HIV exposure laws imposing criminal penalties (Center for HIV Law & Policy, 2020). Since these laws originated, scientific understanding of the virus – including its treatment, transmission, and prevention – has drastically increased. Yet, most legislation remains unchanged, resulting in a disconnect between the current state of HIV science and how society treats HIV within a legal context (Cann et al., 2019).
HIV exposure laws have become a matter of great controversy in the US and across the globe. Proponents argue that exposure laws are necessary to reduce the spread of HIV and punish those responsible for transmission, while opponents say that the laws demonize PLHIV and are ineffective at reducing HIV transmission (Galletly & Pinkerton, 2004, 2006; Richardson, 2015). Indeed, scholars, activists, and PLHIV have criticized such laws for their power to worsen public attitudes toward PLHIV and thereby increase the stigma faced by this already vulnerable group (e.g., Adimora et al., 2014; Closen et al., 1993; Fritchie, 2015; Galletly & Pinkerton, 2004, 2006; Hoppe, 2013; Kenney, 1992; Peronef, 2013; Richardson, 2015). Negative public attitudes and stigma toward PLHIV can have detrimental implications and indirectly contribute to disease incidence (Galletly & Pinkerton, 2006; Valdiserri, 2002). Specifically, research shows stigma can influence a wide range of public health behaviors that influence the spread of HIV, including decreased rates of testing as well as serostatus disclosure with potential sexual partners (Carr & Gramling, 2004; Urbaeva & Warner, 2018; Vanable et al., 2006; Wolitski et al., 2009).

These potentially dangerous outcomes of HIV stigma necessitate an increased understanding of the factors by which it is reproduced. Limited research has supported an association between HIV exposure laws and stigma (e.g., Kelly et al., 2011; Lichtenstein et al., 2014); however, whether there is a causal relationship between these laws and HIV stigma has not been determined, and the mechanisms through which these laws may contribute to stigma remain largely unknown. Social constructionism proposes that our understanding of the world, rather than being based in a physical reality, is constructed collaboratively by our interactions with others, through which we come to develop a
shared way of thinking about and representing the world (Weinberg, 2014). In line with this theory, it is argued that stigma, including stigma toward PLHIV, is constructed and understood through social interaction and representations (Becker & Arnold, 1986; Das, 2020). Therefore, one means of investigating the reproduction of stigma toward PLHIV is by considering ways in which it is constructed in our society.

Most Americans do not have close, first-hand knowledge of HIV, PLHIV, or crime; thus, they rely heavily on mainstream media representations to understand the presumed connections between HIV and crime (Mykhalovskiy et al., 2016; Mykhalovskiy & Betteridge, 2012). The media constitute a key source of societal information regarding science, medicine, and health (Briggs & Hallin, 2016), and many argue that HIV stigma often arises inadvertently from particular ways of representing and discussing the condition (Jaspal & Nerlich, 2020). For instance, communication experts identify framing, or the ways in which aspects of a story are selected for inclusion and emphasis in a communicative text, can influence the way the public perceives an issue, thereby impacting their relevant beliefs and attitudes (Benford & Snow, 2000; Scheufele, 1999). Moreover, cognitive shortcuts known as heuristics also play a role in how the public’s views and attitudes are influenced by the media (Kuran & Sunstein, 1998; McCombs & Valenzuela, 2020). As such, one potential avenue to consider when exploring how HIV exposure laws relate to stigma toward PLHIV is the discourse contained within relevant media reports.

In summation, HIV exposure laws were developed within a context in which PLHIV became highly stigmatized, and the American public and lawmakers were becoming increasingly punitive (Hoppe, 2017; Monterosso, 2009). Because these laws
have seen little reform across time, they tend to reflect the stigmatized nature of HIV that existed when they were written decades ago (Cann et al., 2019). Therefore, they may serve to reproduce negative attitudes and stigma toward those with the virus. Moreover, because the public is prone to utilizing the media when forming perspectives and attitudes towards things with which they are generally unfamiliar, it is likely that news reports documenting cases of individuals who are alleged to have violated HIV exposure laws are one means through which stigma towards PLHIV is reproduced (Mykhalovskiy et al., 2016, 2020; Mykhalovskiy & Betteridge, 2012).

1.1 Current Project & Implications

This research is grounded in the assumption that stigma is a social construct reproduced by social structures. As such, this project is based in a social constructionist theoretical framework and employs a conceptualization of stigma as a social process occurring at the crossroads of culture, power, and intersecting differences. Together, these philosophies offer a unique framework to guide our understanding of how HIV stigma might be reproduced through media representations and how it functions to maintain social order, power, and control.

Based in this framework, this dissertation uses a mixed methods design to further our understanding of how the criminalization of HIV influences social stigma toward PLHIV. Specifically, I seek to ascertain if and how media representations of HIV exposure cases affect perceptions of and attitudes toward PLHIV by utilizing an explanatory sequential mixed methods design. First, I quantitatively test for a causal relationship between media reports of HIV exposure crimes and stigma toward PLHIV. Then, to explain the findings of that analysis in greater detail, I qualitatively analyze the
content within relevant newspaper articles, allowing for increased insight into how these crimes are presented to the public and how these representations may contribute to stigma. Integrating both qualitative and quantitative data serves to neutralize the weaknesses of each individual approach in addition to providing a deeper understanding of this issue than would either approach alone (Creswell, 2018a).

The South bears a disproportionately high rate of HIV within the US and has seen the slowest rates of incidence decrease (CDC, 2019a). HIV stigma has also been identified as particularly prominent in this region (Adimora et al., 2014; NASTAD, n.d.). As such, this region is an ideal geographical focus for this investigation.

The implications of this project are many. First, it fulfills several gaps in the literature on this topic. For instance, it is the first to experimentally test the influence of media representations of HIV exposure crimes on HIV stigma. As such, this is the first study, to my knowledge, with the ability to determine a causal relationship between these variables, which would support many commentators' arguments. Second, this study expands our understanding of the outcomes of this legislation beyond that offered by populations considered in past research, specifically, PLHIV or those working with this population. Additionally, the study contributes to the literature by moving beyond establishing a relationship between HIV exposure laws and stigma toward understanding how media representations of these laws shape public perceptions and attitudes. Further, most of the existing literature on media representations of PLHIV has focused on a small number of highly sensationalized cases (typically one, but sometimes up to four (e.g., Hastings et al., 2020; Kilty & Bogosavljevic, 2019). By focusing on a larger number of typical cases, this study provides insight into how these cases are presented on a more
regular basis and how these consistent representations impact the perceptions and attitudes of the larger public. While sensational cases certainly have a significant impact on the public, the effect of typical, more regularly occurring cases is likely equally substantial.

In addition to contributing to the literature, the findings of this project will help us better understand how HIV exposure laws impact perceptions and attitudes of the broad public and the experiences of PLHIV in particular. Specifically, the findings of this project may support concerns that these laws are unintentionally harming this already vulnerable population and are potentially working counter to their intended goal of reducing HIV transmission. Such knowledge, when disseminated broadly among academics, practitioners, activists, and policymakers, can be utilized to modify law and policy to better protect vulnerable populations against health risks and discriminatory practices, and ultimately, help end this epidemic.

From here, Chapter Two describes in greater detail the social constructionist lens and conceptualization of stigma as a social process utilized to guide this research. Next, the study is contextualized in Chapter Three, which provides a brief history of HIV in the US followed by a discussion of the current state of HIV in the South. This chapter also expands on the rationale for this project by outlining the history and current state of HIV legislation and enforcement in the US, and reviewing the relationships between HIV exposure laws, stigma, and public health outcomes. In Chapter Four, I outline the influence of the media on public knowledge and attitudes broadly, followed by a narrower review of how HIV exposure cases have been presented in the media in the past and present. Following the background information and literature review, in Chapter
Five, I provide an overview of the broad methodological approach before outlining the specific methods and results of the quantitative and qualitative phases of the project in Chapters Six and Seven. Finally, Chapter Eight closes with a discussion of the project’s overall findings, limitations, future directions, conclusions, and recommendations.
CHAPTER 2
THEORETICAL AND CONCEPTUAL FRAMEWORK

This research is grounded in the assumption that stigma is a social construct reproduced by cultural and social structures. Therefore, the current project is principally guided by a social constructionist theory of representation and the conceptualization of stigma as a social process embedded at the crossroads of culture, power, and difference (Hall, 1997; Leeds-Hurwitz, 2009; B. G. Link & Phelan, 2001). Taken together, these philosophies provide a compelling framework to gain insight into the social reproduction of HIV stigma and how stigma functions in the establishment and maintenance of social order. To fully comprehend the framework within which this project is grounded, this section outlines a social constructionist theory of representation and the conceptualization of stigma as a social process individually, before elaborating on how they complement one another and how I presently utilize them together.

2.1 Social Constructionism & Representation

Social constructionism is a theory of knowledge that aims to explain the development of jointly constructed understandings of the world in which shared assumptions of reality are based (Leeds-Hurwitz, 2009). Rather than viewing meaning as existing within each individual or naturally within the physical world, proponents of constructionist theory assume that meaning is developed in coordination with others (Burr, 2006), “making social interaction the loom upon which the social fabric is woven” (Leeds-Hurwitz, 2009, p.891). Though the roots of this theory lay within American
pragmatism and symbolic interactionism, Berger and Luckmann introduced the term *social construction* in the mid-1960s (Berger & Luckmann, 1991). Originating within assumptions of sociology and philosophy, Burger and Luckmann’s work is applied in various fields today and is especially prominent within the discipline of communication. Leeds-Hurwitz (2009) argues that within the communications field, the two elements of constructionist theory that are of crucial import are “(a) the central assumption that people make sense of experience by constructing a model of the social world and how it works and (b) the emphasis on language as the most important system through which reality is constructed” (p. 892). Thus, language and communication are critical to one’s understanding and maintenance of reality.

Looking first at notions of construction and reality, Carey (1989) suggested that social construction follows four stages: construction, maintenance, repair, and change. The construction metaphor indicates that meaning is built rather than inherent; that is, things that do not have physical substance, such as emotions, family, or disease, come to have substance and definition through social production. Once social actors develop a concept, they must actively maintain it to keep the concept viable. If a concept is no longer relevant, it will be disregarded, and its meaning will dissipate. Moreover, because aspects of a concept may be inadvertently forgotten or deliberately altered over time, social actors must periodically repair their constructions. Finally, concepts can be modified over time if a construction that worked in one time period conveys a message that is no longer supported. This process emphasizes the ongoing construction of the social world, with each generation reaffirming and maintaining some parts of the social world while discarding, repairing, or recreating others.
Social construction theory connotes a distinction between the physical and social realms. Although we do not create the natural world (e.g., plants, animals, oceans, mountains, etc.), we do create social meaning for these things, for example, the perception of a rainbow as indicative of gay pride, or of a mountain representing a challenge or adventure (Searle, 1995). Though the degree to which physical reality exists without social constructions is contested in the literature, many social constructionists posit that there is a physical reality upon which most social constructions are based (Leeds-Hurwitz, 2009). For instance, mountains and rainbows physically exist, but their connotations are socially constructed. Beyond applying meaning to the physical world, humans create a meaningful social world with no physical existence, such as social status, relationships, and religion (Leeds-Hurwitz, 2009; Searle, 1995).

The importance of language in this process is stressed by the notion that it is through communication – or specifically representation, according to Hall (1997) – that we construct the social world and our understanding of it. According to Hall (1997), “Representation means using language to say something meaningful about, or to represent, the world meaningfully, to other people” (p. 1), or, in other words, representation is the production of meaning through language. Like other social constructionists, Hall (1997) argues that things in and of themselves don’t mean; instead, we, as social actors, construct meaning using representational systems consisting of concepts and signs (words, sounds, images). He posits that meaning is constructed through two distinct, albeit related, systems of representation. In the first, we organize the world into meaningful categories through a system of mental representation based on concepts formed in the mind. “If we have a concept of something, we can say we know
its ‘meaning’. But we cannot communicate this meaning without a second system of representation, a language”, which consists of signs organized into relationships (Hall, 1997, p. 14). Hall continues that we possess codes that allow signs to convey meaning by enabling us to translate a concept into language or use language to indicate a concept. Codes are a function of social convention, and as such, can vary from one culture to another; they are “our shared ‘maps of meaning’” which are learned and internalized as we develop within our culture (Hall, 1997, p. 14).

Hall's (1997) theory is grounded in the work of Saussure and Foucault, whose philosophies are also relevant to the current study. Saussure (2011), known as ‘the father of modern linguistics’, broke the concept of a sign into two elements, proposing the notion of the signifier and the signified. The signifier is the form – the actual word, image, etc. - whereas the signified is the corresponding mental idea or concept. While both are required to produce meaning, Saussure (2011) argued it is the relationship between the two that sustains representation. These relationships, he argued, are fixed by cultural and linguistic codes (Saussure, 2011). As explained by Culler, “not only does each language produce a different set of signifiers, articulating and dividing the continuum of sound (or writing or drawing or photography) in a distinctive way; each language produced a different set of signifieds; it has a distinctive and thus arbitrary way of organizing the world into concepts and categories” (1986, p. 23). Because the relationships between signifiers and signifieds are a function of a system of social conventions that are dependent on a specific society within a specific historical period, Saussure (2011) puts forth that all meanings are produced within a cultural and historical context, and therefore, can never be universally true.
Saussure’s semiotic approach focused mainly on how words function as signs within a language, but critics argued that within a culture, meaning tends to derive from larger units of analysis, such as narratives, statements, or groups of images (Culler, 1986; Hall, 1997). Foucault (1970), in his work on representation, was concerned with the production of knowledge through discourse, rather than simply language. Foucault defined discourse as “a group of statements which provide a language for talking about – a way of representing knowledge about – a particular topic at a particular historical moment” (Hall, 1992, p. 291). In Foucault’s view, knowledge is derived from meaning, and as such, it is discourse that produces knowledge. Discourse, Foucault argues, “defines and produces the objects of our knowledge. It governs the way that a topic can be meaningfully talked about and reasoned about. It also influences how ideas are put into practice and used to regulate the conduct of others” (Hall, 1997, p. 29). While discourse determines how we experience and understand a topic, it also limits and restricts diverse ways of thinking about or behaving regarding an issue. In essence, “nothing has any meaning outside discourse” (Foucault, 1970).

Another important and relevant aspect of Foucault’s work is his focus on power. Expressly, he acknowledges that in certain historical moments, some people held more power to speak about specific topics than others (Foucault, 2017). Foucault perceived knowledge as inextricably connected to power relations since, he argued, it is invariably used to regulate social conduct (Foucault, 2017; Hall, 1997). Rather than focusing on the absolute ‘truth’ of knowledge, he was more concerned with the application and effectiveness of knowledge. In Hall's, (1997) words, knowledge, when linked to power,
not only assumes the authority of ‘the truth’, but has the power to make itself true. Once applied in the real world, all knowledge has real effects, and in that sense, at least, it ‘becomes true’. Knowledge, once used to regulate the conduct of others, entails constraint, regulation and the disciplining of practices.” (p. 33; emphasis in original)

Thus, Foucault, rather than philosophizing on the ‘truth’ of knowledge, concentrated his efforts on how discourse was utilized in sustaining what he termed a ‘regime of truth’. For example, because what we ‘know’ about crime influences how we control criminals, to study crime, you must consider how the combination of discourse (knowledge) and power has resulted in our current conception of crime and our means of controlling it.

In his discussions of power, Foucault (2017) proposed that instead of operating solely in a top-down direction, power circulates and that all members of society – the oppressors and the oppressed alike – engage, at least to some degree, in its circulation. Foucault posited that power is never monopolized by one group but permeates all aspects of social existence, both private (e.g., family, sexuality, etc.) and public (e.g., politics, the economy, etc.), and therefore operates less like a chain and more like a web-like system that operates throughout the entire social body (Foucault, 2017). As explained by Hall,

Without denying that the state, the law, the sovereign or the dominant class may have positions of dominance, Foucault shifts our attention away from the grand, overall strategies of power, toward the many, localized circuits, tactics, mechanisms and effects through which power circulates…” (1997, pp. 34-35)

In summary, this research takes the theoretical approach to representation put forth by Hall (1997), which is grounded in social constructionism and reflects the
philosophies of Saussure and Foucault. Based on the idea that ‘truth’ and meaning are produced via social interaction, Hall (1997) suggests that we look to language and larger forms of discourse, in particular, to understand the meanings and knowledge cultures produce on various subjects. This culturally produced knowledge, which is developed within an interdependent system of power, regulates social conduct, understanding, practice, and belief.

2.2 Conceptualizing Stigma

Stigma is applied to a plethora of circumstances and studied within numerous fields, each with unique emphases. Even within specific fields, diverse theoretical approaches result in various notions of what the concept of stigma should entail. As such, there are myriad conceptualizations of stigma. Here, I utilize a conceptualization of stigma as a social process that places emphasis on the sociocultural context and the intersections of multiple stigmas simultaneously. As outlined below, this conceptualization takes a social constructionist approach to understanding stigma and highlights the importance of power.

PLHIV encounter stigma in every sociocultural context within which it has been studied (Aggleton & Parker, 2002). While HIV stigma is a global phenomenon, its prevalence and expressions vary across contexts (Earnshaw & Kalichman, 2013; Kalichman et al., 2009). As such, conceptualizing stigma as a social construct dependent on sociocultural context provides a more nuanced understanding of HIV stigma that better explains why and how HIV stigma varies among societies.

Early stigma theorists stressed the importance of building an understanding of stigma grounded within individual sociocultural contexts. For instance, Goffman (1963)
defined stigma as “an attribute that is deeply discrediting” and states that those who are stigmatized are reduced “from a whole and usual person to a tainted, discounted one” (p. 3). Heavily influenced by American sociology of the time, Goffman was interested in the social construction of meaning through interaction (Parker & Aggleton, 2003). As such, rather than viewing stigma strictly as an attribute, Goffman proposed stigma as “a language of relationships” (1963, p. 3). According to this definition, an attribute is constructed as a marker of tarnished character within the context of social relationships. This marker, in turn, leads to the discrediting or devaluing of anyone who bears it.

Nonetheless, as research on stigma proliferated, Goffman’s emphasis of stigma as a “discrediting attribute” led many to understand stigma as a generally static ‘thing’ – something that is in the person – rather than something applied and ascribed by others (Link & Phelan, 2001; Parker & Aggleton, 2003). Indeed, most definitions of stigma in the literature today consist primarily of the recognition of difference and the devaluation of that difference (Bos et al., 2013). Thus, most stigma research involves highly individualized micro-level analyses aimed at understanding how such attributes are applied to people and groups and how these attributes negatively impact the value of those to whom it is applied (Link & Phelan, 2001; Parker & Aggleton, 2003).

Link and Phelan (2001) argue that this individualistic approach to understanding stigma, though helpful in providing important insight on individual perceptions and the consequences of such in micro-level interactions, can be problematic. In their view, this conceptualization of stigma can lead to an inaccurate understanding of the source of the problem. They explain, “In contrast to “stigma,” “discrimination” focuses the attention of research on the producers of rejection and exclusion – those who do the discriminating –
rather than on the people who are the recipients of these behaviors” (Link & Phelan, 2001, p. 366). As such, they suggest that this individualistic view of stigma – as something in the person – leads to an understanding distinct from that resulting from viewing stigma as something done to the person, such as discrimination.

To address these critiques, Link and Phelan (2001) theorize that stigma emerges from a social process involving labeling, stereotyping, separation, status loss and discrimination, and emphasize that this process relies on power to reproduce social inequality between stigmatized and nonstigmatized people. Similarly, Parker and Aggleton (2003) also base their conceptualization of stigma at the intersection of culture, power, and difference, and stress the importance of studying these relationships within social contexts to best understand stigma. Both Link and Phelan (2001) and Parker and Aggleton (2003) highlight social processes involved in the construction of stigma. Each of these social processes may operate differently in sociocultural contexts, helping to explain why and how HIV stigma varies across cultures.

These conceptualizations of stigma suggest that to study and intervene in HIV stigma within a particular sociocultural context, we should first develop an understanding of the social processes that contribute to the construction of HIV stigma within that context. Scholars highlight the importance of both interpersonal and structural sources of stigma (Chollier et al., 2016; B. G. Link & Phelan, 2001; Tran et al., 2019). Structural drivers of HIV stigma include laws, policies, and politics that disadvantage PLHIV. Interpersonal drivers of HIV stigma include stigmatizing thoughts, feelings, and behaviors of community members that are directed toward PLHIV. Building such an
understanding, then, begins by attending to the unique structural and interpersonal drivers of HIV stigma within social contexts.

Societies have implemented many structural interventions over the course of the HIV epidemic that have fostered and even proliferated HIV stigma. Such structural interventions include failures of leaders to act on HIV; policies for control and containment of people living with HIV including not allowing PLHIV to enter a country, and banning children with HIV from attending school; restricting PLHIV from certain lines of employment, such as in the education sector; and policies directed toward groups designated as “at risk” for HIV (Hoppe, 2013, 2017; Madru, 2003; Parker & Aggleton, 2003).

In addition to social processes at the societal level, social processes at the interpersonal level contribute to the construction of HIV stigma. Interpersonal drivers of HIV stigma encompass the ways in which stigma is constructed within interpersonal interactions between community members and PLHIV (Deacon, 2005; Pitasi et al., 2018). These drivers include the stigma mechanisms of prejudice, stereotyping, and discrimination (Earnshaw & Chaudoir, 2009). Prejudice is characterized by negative emotions and feelings (e.g., disgust, anger, and fear) that HIV-negative people feel toward PLHIV (Allport 1954; Brewer 2007). Stereotyping is characterized by group-based beliefs about PLHIV that are applied to specific individuals living with HIV by HIV-negative people (Kanahara 2006). Discrimination is characterized by behavioral expressions of prejudice by HIV-negative people directed at PLHIV (Allport 1954; Brewer 2007).
In addition to varying between sociocultural contexts, the nature of HIV stigma varies between people. For example, within the same sociocultural context, a Black heterosexual woman may experience HIV stigma differently than a Latino gay man. Aside from their common HIV infection, PLHIV are a diverse group. Many PLHIV belong to marginalized groups and may experience stigma related to their race, ethnicity, gender, ability status, incarceration status, immigration status, socioeconomic standing, and so forth. PLHIV may also be associated with other stigmas, such as drug use, sex work, or LGBTQ orientations, sometimes termed HIV-related stigmas.

A concept referred to as *intersectional stigma* explains how having multiple stigmas, including marginal-group status and/or HIV-related stigma, impact PLHIV’s experience of stigma (Earnshaw & Kalichman, 2013; Friedland et al., 2018). The notion of intersectional stigma stems from the concept of *intersectionality*, originally coined by Crenshaw (1991), and expanded by Black Feminist scholars (e.g., Collins, 2019; hooks, 2014) as a framework for understanding how various aspects of identity are experienced uniquely depending on other aspects of identity, and, therefore, should be viewed as multiplicative, rather than additive.

The value of intersectionality for understanding stigma is described by Berger (2010), who argues the explanatory power of various forms of oppression is greatly enhanced when they are viewed as interactive and interdependent on one another, rather than as separate, singular systems. Conceptually, therefore, an intersectional model of stigma suggests that multiple stigmas interact with each other to impact one’s experiences. This approach specifically argues against parceling out stigmas from each other. It recognizes that marginalized-group member status stigma, HIV-related stigma,
and HIV stigma can be identified and studied as separate entities but ultimately argues that considering how these stigmas interact with each other provides a richer understanding of how they impact PLHIV (Earnshaw & Kalichman, 2013; Friedland et al., 2018).

An intersectional approach to HIV stigma is uniquely positioned to capture how multiple stigmas are experienced by PLHIV who possess simultaneous devalued attributes. Research on PLHIV with multiple stigmas suggests that HIV stigma is manifested differently depending on other stigmas and individual attributes. For example, PLHIV with multiple stigmas have different levels of disclosure concerns, which are closely linked to HIV stigma (Smith et al., 2008; Wolitski et al., 2009). Mason and colleagues (1995) found that Latino men were less likely than white men to disclose their HIV status and that there were differences in HIV disclosure concerns and expectations of rejection between Latino and white men. This suggests that disclosure concerns vary as a function of marginal-group member status. Moreover, Latkin and colleagues (2001) found that injection drug users were less likely to disclose their HIV status than noninjection drug users. This further suggests that disclosure concerns vary as a function of possession of HIV-related stigmas. Körner (2007), examining marginal-group member status and HIV-related stigma simultaneously, found differences in disclosure due to cultural background, gender, and sexual identity.

If HIV stigma was experienced in an additive rather than multiplicative manner, then HIV stigma should be experienced and reacted to similarly by members of marginalized groups and people who possess HIV-related stigmas. They should experience HIV stigma in addition to their other stigmas rather than differently because
of their other stigmas. However, research on disclosure suggests that PLHIV experience HIV stigma differently because of their other stigmas, and therefore, an intersectional approach may be most appropriate for studying their experience of HIV stigma.

2.3 The Social Construction of Stigma

Research on HIV stigma typically references Goffman in its description of stigma but is rarely framed within a specific theoretical orientation (Parker & Aggleton, 2003). Over time, however, sociological research on discrimination shifted from viewing discrimination as unfair treatment based on a cultural “dislike of the unlike” (Marshall, 1998, p. 163) to “concentrate on patterns of dominance and oppression, viewed as expressions of a struggle for power and privilege” that occur within and are shaped by social systems and structures (Marshall, 1998, p. 522). This focus on structural dimensions is particularly valuable when trying to fully comprehend the process of HIV stigma as it helps reframe our understanding and conceptualize stigma as a social process within a context of power and domination (Parker & Aggleton, 2003). As Parker and Aggleton argue,

… stigma plays a key role in producing and reproducing relations of power and control. It causes some groups to be devalued and others to feel that they are superior in some way. Ultimately, therefore, stigma is linked to the workings of social inequality and to properly understand issues of stigmatization and discrimination, whether in relation to HIV and AIDS or any other issue, requires us to think more broadly about how some individuals and groups come to be socially excluded, and about the forces that create and reinforce exclusion in different settings (2003, p. 16; emphasis in original).
When employed together, Hall’s (1997) social constructionist theory of representation and the current conceptualization of stigma as an intersectional, social process offer a compelling framework to understand how stigma is socially constructed to establish and maintain social order, power, and control. Such a framework emphasizes the use of social systems and structures to reinforce the connections between labeled differences and stereotypes that produce and reproduce stigma. Investigating this process is conducive for understanding stigmatization as central to the constitution of the social order rather than as an isolated phenomenon or expression of individual attitudes (Parker & Aggleton, 2003). Given its central focus on the social construction of meaning and knowledge and how this affects power relations, this framework is ideal for the current study, which aims to explore how HIV exposure laws and relevant media discourse reproduce stigma toward PLHIV.
CHAPTER 3
HIV IN THE UNITED STATES

The history of the HIV epidemic began in illness, death, and panic as the world faced a new and unknown virus. Since then, however, scientific advances in treatment and prevention have enabled PLHIV to live long and healthy lives. Three major milestones in the history of the HIV epidemic are the development of combination antiretroviral therapy (ART) in the mid-1990s, the 2011 HPTN 052 trial which demonstrated that PLHIV who reach viral suppression through ART cannot sexually transmit HIV to another person (Cohen et al., 2012), and the 2012 FDA approval of pre-exposure prophylaxis (PrEP) as an effective means of HIV prevention for those at risk. As HIV shifted from a death sentence into a manageable chronic disease, it is plausible that public attitudes toward HIV, including stigma toward PLHIV were also transformed (Hoppe, 2017; Valdiserri, 2002). This section briefly outlines these major turning points in the history of HIV in the US before focusing on the current state of the HIV epidemic in the South. This is followed by a description of legislation pertinent to HIV exposure, and a discussion of the relationship between such legislation, HIV stigma, and public health.

In 1995, the CDC recommended combination ART (then known as highly active antiretroviral treatment, or HAART) as the first line treatment for PLHIV (James, 1995). This led to a 60%-80% decline in rates of AIDS-related death and hospitalization (CDC, 1998), and the first decline in the rate of new AIDS diagnoses since the epidemic began.
(A Timeline of HIV and AIDS, 2016). Prior to this, single medicine regimes were used but were largely ineffective at controlling the virus or preventing the development of AIDS, and ultimately death (Mann, 2000). Before widespread access to combined ART, 1996 saw a peak of 4.7 million new HIV infections globally, and unprecedented death rates (CDC, 1996; Mann, 2000). In the years following the CDC’s recommendation of ART, the treatment was further advanced to where administration was simplified to a single daily tablet, fostering treatment adherence (A Timeline of HIV and AIDS, 2016). Though major disparities in access to combined ART existed globally, the treatment became widespread within the US in the mid-1990s, and drastically improved the prognosis of PLHIV.

Research between 2007 and 2016 demonstrated that not only is ART effective in treating PLHIV, but it can also lead to viral suppression which prevents the virus from being transmitted from one person to another (Cohen et al., 2012). In fact, in three large studies of sexual HIV transmission among thousands of couples, of which one partner was living with HIV and the other was not, there was not a single case of sexual transmission from a virally suppressed person living with HIV to their partner (UNAIDS, 2018). These research findings led organizations around the world, including the CDC, to endorse “Undetectable = Untransmittable” (U=U), an anti-stigma slogan launched by the Prevention Access Campaign (The Lancet, 2017). Having a negligible risk of transmitting HIV is lifechanging for many PLHIV and is also argued to help improve the degree of stigma faced by these individuals. According to UNAIDS “In addition to being able to choose to have sex without a condom, many people living with HIV who are virally suppressed feel liberated from the stigma associated with the virus” (p. 2, 2018).
Alongside this development, in 2012, the FDA approved the use of pre-exposure prophylaxis (PrEP) to reduce the likelihood of infection for those at risk of acquiring the virus. PrEP has been demonstrated as highly effective for preventing HIV, reducing the risk of getting HIV from sex by roughly 99% (CDC, 2021). While uptake the drug remains limited in some regions and demographic groups, its use is increasing over time, and it is viewed as a crucial component of an HIV prevention strategy (Kamitani et al., 2018).

Overall, our ability to treat and prevent HIV has essentially pivoted over time. Antiretroviral therapy has substantially reduced HIV-related morbidity and mortality, and improved long-term outcomes among those living with the virus. The ability of ART to suppress the virus to undetectable levels also means that many PLHIV have effectively no risk of transmitting the virus sexually. In addition, the use of PrEP is increasing and serves as another valuable tool in our fight against HIV. These advances have led to a new understanding of HIV as a manageable health condition rather than a death sentence and allows for greater agency among PLHIV and those at risk in their efforts to prevent transmission of the virus.

Whether these advances have been accompanied by shifts in the public’s attitudes toward HIV is, however, debatable. Stigmatizing attitudes toward PLHIV, including fear or avoidance of contact with people who are infected, or assignment of personal blame for infection, have historically been widespread across the US (Pitasi et al., 2018; Valdiserri, 2002). Research indicates that while such attitudes have generally been decreasing since the 1990s, they remain persistent (G. Herek et al., 2002; Pitasi et al., 2018; Valdiserri, 2002). For instance, while a 2012 survey indicates that Americans are
far less likely to view the disease as an urgent national threat than they were in the 1980s, and also demonstrates long-term trend of increasing comfort at the idea of interacting with PLHIV, a 2018 study found one in five adults and one in three adolescents reported fear of PLHIV and levels of moral judgement equal to those reported in 2000 (Pitasi et al., 2018; Washington Post/Kaiser Family Foundation, 2012).

### 3.1 HIV in the Deep South

HIV does not impact all Americans equally, and the Southern US has been identified as an area where HIV is especially prominent (CDC, 2019). Among other health disparities, the Southern region consistently reports higher rates of HIV diagnosis than any other region in the country (CDC, 2019a; Reif et al., 2017). A nine-state region of the South (Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas), often referred to as the Deep South, is especially burdened in this regard (CDC, 2019a; Reif, S. et al., 2019). Indeed, the current National HIV/AIDS Strategy explicitly targets this region due to its substantial HIV disparities (*National HIV/AIDS Strategy for The United States: Updated to 2020*, n.d.). In this section, I will outline the epidemiology of HIV in the Deep South compared to the rest of the US, including HIV health outcomes, and discuss aspects of the unique Deep Southern context that commentators offer as explanation for such disparities in health.

The CDC’s most recent HIV Surveillance Report (CDC, 2019b) shows that the South is home to nine of the ten states with the highest incidence and prevalence rates in the country, and while comprising approximately 29% of the US population, accounts for more than half of the country’s new HIV diagnoses each year. HIV prognosis is also worse in the Deep South than in other areas, with a higher mortality rate than anywhere
else (National HIV/AIDS Strategy for The United States: Updated to 2020, n.d.). While HIV deaths in the Deep South have been decreasing in recent decades (in line with the national trend), these states have the greatest number of HIV deaths (CDC, 2019b), accounting for nearly 40% of all HIV deaths in the US in 2016 (Reif et al., 2019).

Across the nation, various demographic groups have been identified as being more vulnerable to HIV infection. These include gay, bisexual, and other men who have sex with men (MSM); Black women and men; Latinx women and men; individuals who inject drugs; youth aged 13 to 24; and transgender women, particularly Black transgender women (National HIV/AIDS Strategy for The United States: Updated to 2020, n.d.). These patterns of demographic vulnerability tend to be even more pronounced in the Deep South. For instance, the majority of HIV diagnoses in this region are among Black individuals (CDC, 2019b, 2019a; Reif, S. et al., 2019), and while 44% of individuals diagnosed with HIV across the country are Black, in the Deep South Black individuals account for 54% of new diagnoses (Reif et al., 2017). This number, however, does appear to be decreasing; in 2008, this group accounted for 56% of new HIV diagnoses, and in 2019, 52% (CDC, 2019b; Reif, et al., 2019). On the other hand, Latinx individuals appear to be contributing to HIV diagnoses at an increasing rate, accounting for 17% of new HIV diagnoses in 2008 and 22% in 2019 (CDC, 2019b; Reif, et al., 2019). Moreover, in 2016, 39% of Latinxs diagnosed with HIV resided in the Deep South (Reif et al., 2019).

Like the national trend, the HIV diagnosis rate among women in the Deep South has declined and is becoming more aligned with the national rate. Specifically, in 2008, women made up 24% of new HIV diagnoses in the US and 27% in the Deep South, whereas in 2016 these numbers reduced to roughly 20% in both areas (Reif et al., 2019).
However, racial disparities among women in the Deep South remain strong, with a diagnosis rate of 29 per 100,000 among Black women compared to 3 per 100,000 among White women (Reif et al., 2019).

Men, in general, have an HIV incidence rate about five times that of women, which is primarily attributed to male-to-male sexual contact (CDC, 2020a). Indeed, of all men across the US diagnosed with HIV in 2018, 82% of the cases were attributed to male-to-male sexual contact (CDC, 2020a). From 2008 to 2016, HIV incidence among MSM increased in all regions across the country, but the most significant increase was seen in the South (57% of new HIV diagnoses in 2008 to 65% in 2016; Reif et al., 2019). Racial disparities are hefty among this group as well. Over the same time, while HIV incidence rates for White MSM remained stable in the Deep South, this number increased for Black and Latino MSM (CDC, 2019; Reif et al., 2019).

Scholars have argued several factors are driving the HIV epidemic in the Deep South (Adimora et al., 2014; CDC, 2019a; Human Rights Watch, 2010). These include socioeconomic factors such as poverty and unemployment, lack of access to health care services, low funding for HIV prevention and care, and cultural factors such as stigma. Compared to other regions of the country, the South has the highest rates of poverty and the lowest median household income (Fontenot et al., 2018), both of which have been linked to poorer health outcomes and may contribute to higher rates of HIV (Reif et al., 2017). Moreover, this region is characterized by low levels of health insurance. In fact, the South is home to almost half of Americans without health insurance, and all of the Deep South states, except Louisiana, have greater numbers of uninsured individuals than the national average (CDC, 2019; Reif et al., 2017, 2019). Moreover, even for those with
insurance, these states are characterized by a history of restrictive Medicaid benefits for physician visits and prescriptions, and as of 2017, only one of the Deep South states (Louisiana) has embraced Medicaid expansion (Reif et al., 2017). In addition to the lack of health insurance, other barriers to HIV and other health care services include inadequate public transportation, longer travel time to care facilities, reduced availability of medical and social services, and possible shortages of health care providers, especially in rural areas which are common in the South (Adimora, 2014; CDC, 2019; Reif et al., 2017).

Furthermore, Reif and colleagues (2019) determined that the Deep South receives less funding for HIV prevention and care than the rest of the South and all other regions of the country. While the Deep South receives an average of $2966 per PLHIV, other regions receive up to $3500 per PLHIV. Low funding for and lack of access to HIV care and treatment is one reason that may explain why the Deep South has the lowest rate of PrEP use in the US (Reif et al., 2019). Though data suggest that the Deep South has the third-highest number of individuals utilizing PrEP, when compared to the number of people in the region with HIV, the Deep South has the lowest PrEP dissemination rate of all regions (Reif et al., 2019). Lower use of PrEP among those at risk for infection is likely to result in higher HIV incidence rates.

Lastly, researchers have identified HIV stigma as particularly prominent within the South (Adimora et al., 2014; NASTAD, n.d.). Stigma, in turn, has been linked to decreased preventative behaviors and worse health outcomes, thereby increasing the spread of HIV (Adimora et al., 2014; Reif et al., 2017). The relationship between stigma and HIV infection is discussed thoroughly further below. Here, I identify how aspects of
the Southern culture may influence stigma toward PLHIV. First, religious institutions have been implicated as perpetuating HIV stigma and tend to have a powerful influence in Southern communities (Reif et al., 2017; Wilson, 2014). Moreover, HIV stigma is more salient in rural areas (Heckman et al., 1998). This is of particular concern as, compared to other US regions, the South has the greatest number of PLHIV living in rural areas (CDC, 2019a; Reif et al., 2015).

Finally, scholars and activists argue that various laws and policies in place in the South foster the spread of HIV. Specifically, many Deep South states teach abstinence-based sex education, which has been demonstrated as ineffective in sexually transmitted infection (STI) prevention (Human Rights Watch, 2010; Underhill et al., 2007). Additionally, laws that prohibit syringe exchange programs, which are well documented to prevent disease transmission, are commonplace in the South (Adimora et al., 2014). Pertinently, laws that prohibit PLHIV from engaging in various behaviors are common in Southern jurisdictions (Reif et al., 2017). Based on these laws, PLHIV in the South have been prosecuted for actions that carry negligible or no risk of HIV transmission, such as biting or spitting. As Reif and colleagues explain, “These laws fuel stigma by perpetuating myths about how HIV is transmitted, further marginalizing populations at extremely high risk for acquiring HIV, such as sex workers and injecting drug users, discouraging HIV testing and making illegal interventions that have been proven effective” (2017, p. 850).

In sum, due to a complex array of causes, the Deep South is affected by HIV to a greater extent than any other region in the country. Not only does this area have an HIV diagnosis rate beyond that of other regions, but its decrease in growth is also slower, and
the morbidity and mortality experienced by PLHIV is greater. Moreover, with the recent exception of women, the disparate rates of HIV among minorities and other oppressed groups that exist nationwide are exacerbated within the Deep South. In addition to socioeconomic, health care access, and funding issues, Southern laws and policies (including vast HIV exposure laws) that perpetuate stigma have also been identified as contributing to the HIV burden faced in this area. Therefore, this region serves as an ideal focus for investigations of HIV and HIV stigma specifically. The following section reviews HIV exposure legislation and enforcement broadly across the US as well as specifically within the Deep South.

3.2 HIV Exposure Legislation & Enforcement

The first HIV-specific criminal laws appeared at the state level in Florida, Tennessee, and Washington in 1986 (Lehman et al., 2014). Shortly thereafter, in 1988, the federal government published the Report of the Presidential Commission on the Human Immunodeficiency Virus Epidemic, which stated, “criminal sanctions for HIV transmission must be carefully drawn, must be directed only towards behavior which is scientifically established as a mode of transmission, and should be employed only when all other public health and civil actions fail to produce responsible behavior” (Watkins, 1988, p, 130). While several more states began implementing laws in the years that followed, an essential catalyst in the development of US HIV exposure laws was the Ryan White Comprehensive AIDS Resources Emergency Act of 1990, also known as the Care Act. As a condition for receiving federal funds, the Care Act required all US states to have certified legal mechanisms to prosecute HIV-infected persons who knowingly exposed others to the virus (Lehman et al., 2014). HIV exposure statutes are an adequate
mechanism for meeting this requirement, and in the years that followed, these laws flourished. As of July 2020, 32 states, two territories, and the federal government have HIV laws imposing criminal penalties (Center for HIV Law & Policy, 2020).

Laws criminalizing potential HIV exposure can be found in several state statutory code sections, such as the Health and Safety Code, Criminal Code, Public Health Code, and so forth. Generally speaking, these laws prohibit PLHIV from engaging in various behaviors thought to risk transmission of the virus. However, they can vary in many regards from one jurisdiction to another; this includes the specific acts prohibited, whether the charge is a misdemeanor or felony, the associated penalties, possible defenses, and whether or not those convicted are required to register as a sex offender (Lehman et al., 2014). The particularities of these laws across the country are outlined in the following paragraphs while Table 4.1 provides an overview of these laws within the Deep South states specifically.

Of the 32 states with HIV exposure laws, 24 require those who are aware that they have HIV to disclose their status to sexual partners; 17 require such disclosure to needle-sharing partners; and 22 require disclosure when selling or donating blood, tissue, or other bodily fluids, and in 12 states, sex work/solicitation while living with HIV is a specific offense (Center for HIV Law & Policy, 2020). While some laws use the term “exposure” broadly to refer to a variety of behaviors, including biting or spitting, the statutes most commonly address sexual activity, which can include insertive or receptive anal, vaginal and oral sex, and in some cases, mutual masturbation or sharing of sex objects (Harsono et al., 2017; Lehman et al., 2014). Notably, most of these laws
criminalize potential exposure whether or not the virus is transmitted (Harsono et al., 2017).

Moreover, eight states impose sentence enhancements that increase penalties for certain offenses committed by someone living with HIV (Center for HIV Law & Policy, 2020; Lehman et al., 2014). For instance, several states apply sentence enhancements to individuals convicted of prostitution or solicitation while HIV-positive, as well as to sexual offense convictions (Harsono et al., 2017). Additionally, eight states impose specific penalties or sentence enhancements if a PLHIV exposes a corrections or other public safety officer to bodily fluids, including urine or saliva (Harsono et al., 2017). Lehman and colleagues (2014) categorized these criminalized behaviors by the level of HIV transmission risk (without accounting for prevention measures such as condom use, ART, or PrEP) and identified 27 states that criminalize behaviors posing a high risk of transmission (i.e., anal and vaginal sex; prostitution, and donation of blood, tissue, and other bodily fluids) and 25 states that criminalize behaviors posing a low (i.e., oral sex), or even negligible (i.e., biting, spitting, throwing bodily fluids at another) risk of transmission.

The degree of punishment associated with violation of HIV exposure laws also varies. Currently, HIV-specific criminal laws are classified as felonies in 28 states and as a misdemeanor in two (Center for HIV Law & Policy, 2020). In three states, HIV exposure is not prosecutable alone but can result in a sentence enhancement or be considered an aggravating factor in the prosecution of a related crime (Lehman et al., 2014). Of states with quantifiable sentences (i.e., those without broad judicial discretion set forth under the law), HIV exposure can result in a prison sentence of up to 10 years in
In 16 of the 24 states that criminalize sexual behavior and/or needle-sharing without disclosing one’s positive serostatus, lack of disclosure is an element of the crime itself, placing the burden of proof on the prosecution (Center for HIV Law & Policy, 2020; Lehman et al., 2014). In the remaining states, disclosure is an affirmative defense to the crime, meaning the defendant is required to prove disclosure occurred, which often proves difficult as evidence of disclosure tends to be limited (Center for HIV Law & Policy, 2020; Lehman et al., 2014). Furthermore, this defense is denied to defendants charged with other criminalized acts such as prostitution or blood/tissue/fluid donation. Finally, though condom use has been shown to drastically reduce the risk of HIV transmission (CDC, 2016), it is only designated as a defense to criminal liability in four states. Other measures of risk reduction, such as adherence to ART, which can plausibly reduce the transmission risk to negligible (Rodger et al., 2019), are not legal defenses in any state at the time of writing.

Currently, relatively little is known about the enforcement of HIV exposure laws as there is no national database recording prosecutions or arrests for HIV exposure, and reporting systems vary across jurisdictions (Harsono et al., 2017). Nevertheless, enforcement of these laws has been documented by several studies since the early 2000s (e.g., Galletly & Lazzarini, 2013; Hoppe, 2015; Lazzarini et al., 2002). One study attempted to report and analyze all known arrests, prosecutions, and convictions for HIV-
related activity across all US jurisdictions and identified over 300 cases between 1986 and 2001 (Lazzarini et al., 2002). Case outcome data was only available for 142 cases, of which seven resulted in life imprisonment, including one case where a PLHIV spat on another person (Lazzarini et al., 2002), and another two received 20 years to life. Sentences ranged from two months to 125 years, with an average of 14.3 years imprisoned (Lazzarini et al., 2002). Because this study relied on cases reported in the media or recorded in court reports of mostly appellate cases, this number is likely a significant underestimate.

Other researchers utilized available data on arrests and prosecutions in a single city (Galletly & Lazzarini, 2013) as well as a single state (Hoppe, 2015). Specifically, Galletly and Lazzarini (2013) identified 52 arrests for HIV-related crimes in Nashville, Tennessee, between 2000 and 2010. For those convicted, sentences ranged from one month to eight years. Of the cases, over one-third involved nonsexual incidents such as biting or spitting and nearly half of the cases involving prostitution entailed solicitation of oral sex. Moreover, in only three of the cases, was transmission alleged to occur. Finally, most of the individuals charged experienced various vulnerabilities including addiction, mental health disorders, and/or homelessness. Additionally, Hoppe (2015) identified 58 such cases between 1992 and 2010 in the state of Michigan.

The role of race, gender, and sexual orientation has also been analyzed in regard to the enforcement of HIV exposure laws. To date, only two studies have analyzed relevant data (Galletly & Lazzarini, 2013; Hoppe, 2015). While the findings are informative, they may not be generalizable, and therefore must be interpreted with caution. While Hoppe (2015), who analyzed 58 HIV-related cases in Michigan, found no
evidence of independent effects of race or gender, but found support for an interaction effect of these variables. Specifically, Black men in his sample had a 60% greater chance of conviction than White men, and this discrepancy is further exacerbated when the complainant is a White woman. Hoppe’s results also indicate that White women have a relatively greater risk of conviction than other groups. While they did not test the joint effects of race and gender, Galletly and Lazzarini’s analysis of 52 HIV-related cases in Nashville, Tennessee, echoes the notion of racial discrepancies as the sentences of Black individuals arrested for HIV exposure were significantly more severe than those imposed on their White counterparts. Moreover, these authors found Black defendants were significantly more likely to be prosecuted for sexual (as opposed to nonsexual) exposure, which tend to receive harsher sentences. Finally, while it is plausible to expect poorer treatment of defendants with same-sex complainants due to heterosexual norms and widespread homophobia, Hoppe (2015) found a comparatively low risk of conviction among men with male partners as compared to men with female partners. While this was true of White, Black, and other men with female complainants, the difference was most dramatic for Black men.

In sum, while the enforcement of these laws is challenging to analyze empirically, research suggests that a substantial number of individuals are being prosecuted under these laws for a variety of behaviors that pose varying degrees of risk of HIV transmission (Galletly & Lazzarini, 2013; Hoppe, 2015; Lazzarini et al., 2002). It is also clear that sentences can be severe, and that convictions and punishments are likely subject to racial and gender disparities (Hoppe, 2015; Lazzarini et al., 2002). In the
following section, I review the literature on the association between HIV exposure laws and stigma and relevant public health outcomes.

### 3.3 HIV Criminalization, Stigma & Public Health

Scholars from a variety of disciplines have long criticized the use of HIV exposure laws based on the notion that they undermine public health efforts to prevent the spread of HIV (CDC, 2019b, 2019a; Reif, S. et al., 2019). For decades, public health efforts have been aimed at creating a supportive environment that encourages disclosure and voluntary participation in HIV testing, treatment, and prevention services (Harsono et al., 2017). HIV exposure laws, commentators argue, may undermine such efforts via their production of stigma, and rather than reducing the spread of HIV, may indeed have the opposite outcome (Galletly & Lazzarini, 2013; Galletly & Pinkerton, 2006). Specifically, these authors tend to argue that such laws may worsen public attitudes toward HIV, thereby increasing HIV stigma and discrimination. This in turn decreases the likelihood of testing among those at risk, as well as the probability of serostatus disclosure among PLHIV (Ahmed et al., 2009; Burris, 2008; Galletly & Pinkerton, 2006).

Galletly and Pinkerton (2006), for example, suggest that these laws exacerbate the distinction between PLHIV and uninfected persons, thereby reinforcing the “us versus them” mentality that is central to many prevailing theories of stigma. Moreover, they argue that associating HIV infection with criminality sends a message that PLHIV are dangerous individuals, diminishing their perceived social standing and moral character. Finally, the existence of these laws suggests that criminal laws are needed to protect the public from HIV infection, perpetuating a stereotype that PLHIV are a threat to society at large (Galletly & Pinkerton, 2006). While commentaries on this issue abound, only a
handful of researchers have sought to understand the associations between HIV exposure laws and stigma empirically. Here, I outline this research and briefly summarize the literature on the associations between HIV-related stigma and public health outcomes.

To date, four studies have explored the potential relationship between HIV exposure laws and HIV stigma or public attitudes specifically (Galletly, Glasman, et al., 2012; Galletly, Pinkerton, et al., 2012; Kelly et al., 2011; Lichtenstein et al., 2014). Qualitative work exploring this issue indicates that increased stigma is a common concern regarding HIV exposure laws. Specifically, Kelly and colleagues (2011) reported that many respondents in a national convenience sample of 103 women living with HIV in the US expressed concerns about the law increasing stigma and reinforcing discrimination toward PLHIV. Moreover, these participants felt that the criminalization of HIV exposure likened being HIV-positive to being a criminal. As one respondent expressed, “HIV criminalization laws hurt everyone with HIV because it’s hard enough to feel okay about being sexual without feeling like your body is a deadly weapon…” (Kelly et al., 2011, p.12). These concerns were echoed in in-depth interviews of 40 HIV care providers in North Carolina and Alabama (Lichtenstein et al., 2014). In explaining why they did not support the law, one respondent bluntly stated that “the laws increase stigma. They keep people from testing and HIV care” (Lichtenstein et al., 2014, p. 375).

Findings from quantitative tests of the relationship between awareness of HIV exposure laws and increased stigma contrast with those from the qualitative work outlined above. For example, by surveying samples of men and women living with HIV in Michigan (Galletly, Pinkerton et al., 2012) and New Jersey (Galletly, Glasman et al., 2012) researchers found those who were aware of their state’s HIV exposure laws had
lower scores on measures of HIV-related stigma than those who were unaware, and awareness was unrelated to perceived societal hostility toward HIV. To explain these unexpected results, the authors suggested that those unaware of the laws were less involved in HIV/AIDS services organizations where many PLHIV learn about advocacy efforts and the law. As such, they argued that individuals’ lack of awareness was indicative of social isolation, which could also increase HIV-related stigma (Galletly, Pinkerton, et al., 2012).

Several factors limit the research to date. First, all these studies rely upon samples of PLHIV and HIV care providers. While it is important to understand the perspectives and experiences of these key stakeholders, a thorough understanding of how these laws impact public attitudes and stigma toward HIV requires a broad sampling of the population. Moreover, the generalizability of findings is questionable due to the geographical focus of each study; aside from Kelly and colleagues (2011), who utilized a national sample, the remaining three studies are limited to four states.

Additionally, much of the existing research that supports the relationship between HIV laws and increased stigma is descriptive in nature, which precludes the ability to test for causal relationships. Finally, in the studies that quantitatively assess the relationship between awareness of HIV exposure laws and HIV stigma, awareness is conceptualized as awareness of such laws within one’s home state. This is problematic since an individual may know that such laws exist broadly across the US and numerous other nations yet may be unaware of whether specific laws exist in their state. Moreover, as already mentioned above, Galletly and colleagues (2012a; 2012b) did not control for
potential confounding variables that may explain the relationship between law awareness and stigma.

Research suggests stigma directed toward PLHIV has widespread consequences, including many that may perpetuate the HIV epidemic. First, fear of being stigmatized leads some to avoid HIV testing (Chesney & Smith, 1999; Eisenman, Cunningham, Zierler, Nakazono, & Shapiro, 2003; Gwadz et al., 2018). Lack of knowledge of one’s serostatus may, in turn, result in the inadvertent transmission of the virus and delays in the initiation of treatment. Additionally, among those aware of their positive serostatus, stigma constitutes a chronic stressor that may contribute to coping difficulties, inadequate self-care, and challenges with safer sex negotiation and condom use (Vanable, Carey, Blair & Littlewood, 2016).

Research has also long supported the association between HIV stigma and mental health issues. Individuals with HIV are often shunned by family, friends, and intimate partners, and overt acts of discrimination in employment, healthcare, and housing-related settings are not uncommon (Gostin & Webber, 1998). These stigmatization experiences may collectively contribute to stress and adjustment difficulties among PLHIV (Clark, Lindner, Armistead & Austin, 2004; Heckman et al., 2014). In fact, research suggests PLHIV are more than twice as likely to experience a mental health disorder than others (Duffy et al., 2017), and findings from a two-city sample of HIV positive men and women indicate an association between internalized stigma and self-reported symptoms of depression, anxiety, and hopelessness (Lee, Kochman, & Sikkema, 2002).

Stigma may also interfere with health behavior adaptation and medical regimen adherence (Chesney & Smith, 1999; Phillips et al., 2013; Harsono, Galletly, O’Keefe, &
Lazzarini, 2017). Experiences of social rejection, disapproval, and discrimination related to HIV may heighten a person’s sense of shame regarding their illness and serve to lessen their motivation to maintain optimal health. Further, because PLHIV may respond to stigma by concealing their illness from others, concern about the consequences of inadvertent illness disclosure could interfere directly with self-care. For example, Weiser et al. (2003) found that lapses in adherence were common when a person living with HIV was concerned about acquaintances witnessing their pill-taking or seeing pill bottles which could lead to questions about the person’s health status. Other researchers have also associated high levels of stigma with poor treatment adherence (Wolitski et al., 2009).

Stigma-related experiences may also undermine safer sexual practices. Fear of rejection and intimate partner violence – often exacerbated by past experiences of stigmatization – may lead some to hide their health condition from sexual partners (Zierler et al., 2000). Similar concerns may inhibit condom use negotiation because discussions about the need for safer sex often lead to questions about a partner’s serostatus. Empirical work on this topic suggests that high levels of stigma are related to risky sexual behaviors such as failure to use condoms (Preston, D’augelli, Kassab & Starks, 2007; Radcliffe et al., 2010) and a decreased likelihood of serostatus disclosure (Clark et al., 2004; Van Der Straten, Vernon, Knight, Gomez & Padian, 1998; Wolitski, Pals, Kidder, Courtenay-Quirk, & Holtgrave, 2009).

In sum, research indicates that the effects of HIV stigma are far-reaching and have important implications for numerous health-related behaviors. A thorough review of the consequences of HIV stigma is beyond the scope of this dissertation; however, this brief
discussion underscores the role that stigma plays in various essential health behaviors and emphasizes the need for a better understanding of factors that may influence the stigmatization of HIV.
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CHAPTER 4
THE ROLE OF THE MEDIA

The media is recognized as a powerful tool for disseminating information on both crime and illness within the US (Briggs & Hallin, 2016; Jewkes & Linnemann, 2017). The ways in which such information is provided to audiences, as well as the way we process such information, is demonstrated to have a significant impact on public perception and attitude, particularly on sociopolitical issues such as crime and public health (Wolitski et al., 2009). Communication experts identify the use of framing and heuristics as two means by which the media can influence the public’s views of diverse phenomena.

Framing theory suggests that decisions by news media on which aspects of a story to emphasize and the manner by which media describe an event or issue can influence public perception and attitude (Entman, 1993). The research on framing sheds light on the processes by which selective knowledge comes to shape our understandings of the world around us. Entman (1993, p. 52) describes the process: “To frame is to select some aspects of a perceived reality and make them more salient in a communicating text, in such a way as to promote a particular problem definition, causal interpretation, moral evaluation, and/or treatment recommendation.” From this definition, it is apparent that framing is an underlying process in the social construction of reality by the news media: the media’s dissemination of select aspects of reality serve as the basis for the constructed reality upon which media audiences base their understandings of reality.
Media frames can be conceptualized as particular presentations of certain issues. Entman’s (1993) definition of framing highlights the importance of selection and salience. It is important to note that framing goes beyond the selection and salience of different issues\(^2\), but rather framing is the selection of specific aspects of an issue and making them salient compared to other aspects of the same issue (see Scheufele, 1999). For instance, on the issue of crime, the media have shown a tendency to frame crime as a violent phenomenon by placing an emphasis of reporting violent crimes and making these incidents seem particularly salient by implying a risk of personal violent victimization to the media audience (Jewkes & Linnemann, 2017).

It is important to note that not all media frames are equally effective in shaping audience frames. Both Gamson and Modigliani (1989) and Benford and Snow (2000) offer discussions as to what influences the degree to which frames resonate with their audience. Gamson & Modigliani (1989) identify cultural resonance as an important determinant of a frame’s effectiveness in influencing public perception and attitude. Frames have cultural resonance if they align with larger cultural themes within the target audience and make the audience more liable to accept the framing. The authors also point out that the purposeful effort and skillful use of language play a role in frame resonance, as does journalistic practices in the challenging (or lack thereof) of particular frames.

Benford & Snow (2000) offer a more in-depth discussion of the determinants of frame resonance. They identify two factors that interact to influence the degree to which frames resonate with their audiences: credibility and relative salience. Frames that are

\(^2\) This process has been described as agenda-setting, wherein the emphasis that the mass media place on certain issues signal to the audience the importance of these issues (see McCombs & Shaw, 1972; Scheufele & Tewksbury, 2007).
consistent in their message and that fit in with observed real-world events are more credible. The credibility of those who articulate frames plays a role in overall frame credibility as well. Frames are more salient when they address an issue that is central to the audience, are congruent with the audience’s personal experience, and are culturally relevant to the audience.

Pan and Kosicki (1993) discuss the structural dimensions of media discourse, particularly those used by the news media in framing stories. These structural dimensions serve as models of the ways in which different aspects of an issue are made salient. For instance, syntactical structures refer to “the stable patterns of the arrangement of words or phrases into sentences” (Pan & Kosicki, 1993, p. 59). By manipulating the syntax of a news story, journalists can highlight certain aspects of a story and make them more salient for the audience. Other structural dimensions of news framing include the ordering of events in a story in a sequential script, the highlighting of particular themes, and the stylistic choices made by journalists.

The framing literature has detailed a number of factors that play into trends in the way journalists frame stories in the ways that they do. Gamson (1988) discusses the active role that journalism norms and practices play in the process of framing certain issues. Their reliance on official sources, for instance, influences the message that is conveyed to audiences while giving the impression of source objectivity (see also Beckett & Sasson, 2004). Even when a counterframe is presented to a particular narrative in the news, journalists have immense discretion in the source of the counterframe, which influences the degree to which the original narrative is challenged (Gamson & Modigliani, 1989).
In addition to the way phenomena are framed within the media, our own cognitive processing of such information can also skew our understanding of a given issue. According to “dual-process” theories of thinking, knowing, and information processing, people comprehend reality in two fundamentally different ways, one characterized as intuitive, automatic, natural, and experiential, and the other as analytical, deliberative, and rational (Tversky & Kahneman, 1973). For instance, humans regularly process complex pieces of information gathered from discursive or communicated sources. Instead of, or in addition to, performing empirical, or even, “logical” analyses to process such social information, people rely on simplified strategies known as heuristics to reach conclusions and decisions to make sense of the social world in which they live (Epstein, 1994; MacLeod & Campbell, 1992). Three forms of heuristics are particularly relevant to understanding how media portrayals influence public perceptions and attitudes: availability, representativeness, and affect.

In 1973, Tversky and Kahneman articulated a now well-established hypothesis of the availability heuristic, a mechanism of social cognition which is thought to influence individual judgments and decision-making about the frequency and probability of social phenomena. According to Tversky and Kahneman, the availability heuristic allows one to “evaluate the frequency of classes or probability of events by the ease with which relevant instances come to mind” (Tversky & Kahneman, 1973, p. 207). In other words, the ease with which a person can recall examples of specific events determine how prevalent or important those events are perceived as being. In support of this hypothesis, decades of research demonstrates a strong correlation between issues that participants believe to be important and the rate at which these issues are reported in the news.
(Blumler & Kavanagh, 1999; Erikson & Tedin, 2015; Iyengar et al., 1982; McCombs & Shaw, 1972).

Public perceptions of the nature and importance of a topic, then, can be manipulated by media coverage of specific events (Kuran & Sunstein, 1998; McCombs & Valenzuela, 2020). For instance, the reality of crime known to criminologists based on systematically collected data is not accurately reflected in the media (Graber, 1980; Jewkes & Linnemann, 2017; Potter & Kappeler, 1998; Quinney, 1970). Driven largely by the goals of a capitalist media (Quinney, 1970) as well as organizational needs of news agencies (Beckett & Sasson, 2003; Jewkes & Linnemann, 2017), the media focuses on and overrepresents sensational crime, typically of a violent or sexual nature (Linnemann, 2015; Mastrorocco & Minale, 2018). The pervasiveness with which such stories are covered by the media has resulted in the public perceiving them as occurring more frequently than they actually occur in reality and therefore, believe themselves to be at greater risk of being victimized in such a way (Dolliver et al., 2018; Heath & Gilbert, 1996).

The related notion of the representativeness heuristic describes how people determine whether a particular object, event, or person belongs to a larger class of social phenomena (Kahneman & Tversky, 1972). Tversky and Kahneman demonstrated that people’s classification of stimuli into certain categories or groups are based on the extent to which a stimulus (an object or event) represents the “typical” feature of the category (Kahneman & Tversky, 1972). The representativeness heuristic is a mental process whereby stimuli are intuitively categorized based on their closeness to stereotypes. When provided with a description of a quiet, conscientious, and solitary man, for example,
people are more inclined to suggest that this man was, for example, a librarian rather than an airline pilot or salesperson (Tversky & Kahneman, 1974). This is in spite of there being far fewer librarians than members of the other occupational groups. Similarly, people are more likely to suggest that a mock student with a meticulous and orderly personality profile is an engineering student than a liberal arts student (Kahneman & Tversky, 1973). These outcomes were reported to be reflective of mental stereotypes that we all hold, whether consciously or unconsciously, about the types of people who are likely to engage in different types of careers.

The representativeness heuristic is not limited to judgements about occupations or education. Medical professionals make use of the heuristic in order to make diagnoses on the basis of the symptoms present within their patients (Groopman, 2008). This allows patients to visit their primary care providers and quickly receive effective medication for minor acute ailments. However, there are many dangers of the representativeness in this context, with the potential for incorrect diagnoses being made based upon the characteristics of patients rather than physical symptoms (Klein, 2005). These findings demonstrate the pervasiveness of heuristic-based decision-making in a range of contexts.

Relevantly, Eagly (1987) suggests that if observers know very little about a group and have little opportunity to interact with them, they tend to rely on the media to inform their understanding. This allows the media to shape stereotypes of various groups and essentially create the “prototype” against which people compare cases to determine categorization (Sanghara & Wilson, 2006; Tversky & Kahneman, 1973). This has been demonstrated in research on media coverage of individuals convicted of crimes of a sexual nature. Sanghara and Wilson (2006), for example, found that experienced
professionals involved with sexual offenders held views of this group that aligned less with stereotypes portrayed by the media than did schoolteachers who were inexperienced with such offenders. These researchers concluded that media portrayals of certain groups moderate the relationship between personal knowledge or experience with a topic, and the degree to which people’s perceptions of that topic align with stereotypes.

The third heuristic that plays a role in the relationship between media portrayals and public perception is the affect heuristic, a mental process whereby decisions are made on the basis of automatic positive or negative feelings about a given object or issue (Slovic & Peters, 2006). According to Slovic and colleagues (2007), representations of objects and events in people’s minds are tagged to varying degrees with affect, or the qualities of “goodness” or “badness”. In the process of making a decision or judgement, people draw upon a mental collection of all the positive and negative connotations consciously or unconsciously associated with the representations (Slovic et al., 2007).

The importance of affect has been supported empirically. Winkielman and colleagues (1997), for example, demonstrated the speed with which affect can influence judgements in studies employing a subliminal priming paradigm. Participants were “primed” through exposure to a smiling face, a frowning face, or a neutral polygon presented for a fraction of a second, an interval brief enough to preclude recognition or recall of the stimulus. Immediately following this exposure, an ideograph was presented for two seconds, following which the participant rated the ideograph on a scale of liking. Mean liking ratings were significantly higher for ideographs preceded by smiling faces. This effect was lasting. In a second session, ideographs were primed by the “other face”,

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the one not associated with the stimulus in the first session. This second priming was ineffective because the effect of the first priming remained.

It is not just subliminal cues that affect our judgment. LaFrance and Hecht (1995) found that students accused of academic misconduct who were pictured as smiling received less punishment than nonsmiling transgressors. Smiling persons were judged as more trustworthy, good, honest, genuine, obedient, blameless, sincere, and admirable than nonsmiling targets.

The perseverance of induced preferences was tested by Sherman and colleagues (1998) who asked participants to study Chinese characters and their English meanings. Half of the meanings were positive (e.g., beauty), half were negative (e.g., disease). Then participants were given a test of these meanings followed by a task in which they were given pairs of characters and were asked to choose the one they preferred. Participants preferred characters with positive meaning 70% of the time. Next, the characters were presented with neutral meanings (desk, linen) and subjects were told that these were the “true” meanings. The testing procedure was repeated and, despite learning the new meanings, the preferences remained the same. Characters that had been initially paired with positive meanings still tended to be preferred.

These various studies demonstrate that affect is a strong conditioner of preference, whether or not the cause of that affect is consciously perceived. They also demonstrate the independence of affect from cognition, indicating that there may be conditions of affective or emotional arousal that do not necessarily require cognitive appraisal.

In sum, framing and heuristics are two important factors that highlight the power of media representations on public understanding. Framing, or the selecting of specific
story aspects for emphasis, serves to define problems, identify the source of the problem, evaluate causal agents and offer and justify treatment for the problem (Entman, 1993). The availability heuristic explains how the degree of media coverage of a given topic can impact the public’s perceptions of an event’s frequency or importance. The representativeness heuristic aids in the stereotyping of certain groups through media representations. Finally, the affect heuristic explains how we make judgements based on our perceptions of “goodness” or “badness” as portrayed in the media.

4.1 HIV Crimes in the Media

Although HIV exposure laws are present in close to 70 nations (Mayer et al., 2018), research exploring how the media reports their alleged violations is concentrated in the US, Australia, the United Kingdom, and Canada (Mykhalovskiy et al., 2016). With a few notable exceptions, most investigations focus on media coverage of one or a small number of high-profile cases. While the foci of these studies vary, they are generally concerned with how representations of PLHIV relate to stigma, and many include an emphasis on the intersections of race and immigration status (e.g., Groopman, 2008), while others investigate aspects of gender and sexual orientation (e.g., Carratalá, 2019; Kilty & Bogosavljevic, 2019; Persson & Newman, 2008).

Scholars have sought to understand social representations of HIV and AIDS in the media since the emergence of the epidemic. Focusing mainly on representations in mass media in the Western world, it appears that representations of HIV have shifted over time. In the early years, media coverage focused on linking infection with ‘other’ identities located outside the mainstream (Labra, 2015; Persson & Newman, 2008). For instance, when analyzing media coverage from this timeframe, researchers extensively
documented the demonization of gay men, drug users, immigrants, and other marginalized populations as culpable conduits of the disease (e.g., Crimp, 1992; Gilman, 2019; Kitzinger, 1993; Kitzinger et al., 1995; Sontag, 1988; Treichler, 1999; Watney, 1987, 1989). Toward the mid-1990s, analyses suggest Western media shifted away from blame and hysteria and toward reporting HIV as a health and social justice issue (Persson & Newman, 2008). Later, however, a new focus of HIV representations in the media emerged – the criminal prosecution of HIV-related offenses. With this change in focus has come the revival and reframing of the ‘innocent victims’ and ‘guilty others’ – or good versus evil – narrative, familiar from news reporting in earlier decades (Persson & Newman, 2008). This framing appears to occur in a number of ways. One is the construction of HIV as a moral and social flaw; another is the construction of HIV as psychologically, emotionally, and physically destructive; and the third is the construction of PLHIV as criminals or otherwise linking HIV to crime.

First, the construction of HIV as a moral and social flaw is typically done through associating PLHIV with immorality or evil, or otherwise portraying this group as socially unworthy outcasts. For instance, many researchers found story headlines juxtaposed HIV with animalistic metaphors, such as “predator”, “brute”, “beast”, and “fiend” (Hastings et al., 2020; Kilty & Bogosavljevic, 2019; Mykhalovskiy et al., 2016), and in one case, a subject was explicitly described as a “devious and deceptive predator” (Jaspal & Nerlich, 2020, p.8). The portrayal of PLHIV as dangerous and threatening is another common finding. Research suggests that by exaggerating the risk of HIV transmission and describing subjects as evil and immoral, media reports frame these individuals as a “dangerous threat” to society (Hastings et al., 2020; Kilty & Bogosavljevic, 2019;
Mykhalovskiy et al., 2016). Narratives that portray this group as the blameworthy party in the occurrence of HIV transmission also establish the immorality of PLHIV (Hastings et al., 2020). For example, Jaspal and Nerlich (2020), in their analysis of news reports on the first criminal prosecution for intentional transmission of HIV in the UK, found that the media was hyper-focused on the notion that the subject had “set out to infect others”. Hastings and colleagues similarly found that articles represented subjects as a “particular kind of threatening … blameworthy outsider” (2020, p.1).

The construction of HIV as a moral and social flaw is also primarily accomplished by structuring the coverage around a victim/villain dichotomy (Carratalá, 2019; Jaspal & Nerlich, 2020; McKay et al., 2011). Indeed, Jaspal and Nerlich reported that the media had an “overarching focus on communicating the evil of the perpetrator and victimhood and plight of those who acquired HIV as a result of his actions” (2020, p.12). Moreover, Kilty and Bogosavljevic (2019) found that the media portrays the ‘victims’ in these cases as innocent (predominantly) women betrayed by monstrous men. Across the literature, those in the news stories who were exposed to HIV, whether or not transmission occurred, were consistently referred to as “HIV victims” (Carratalá, 2019; Jaspal & Nerlich, 2020; Kilty & Bogosavljevic, 2019; McKay et al., 2011); meanwhile, unequivocal headlines such as “One-man HIV epidemic”, “AIDS assassin”, and “HIV timebomb” demonize those accused of HIV exposure (Persson & Newman, 2008).

The second stigma-producing construction, that of HIV as a psychologically, emotionally, and physically destructive disease, is also done in a number of ways. First, the threat of HIV transmission is often severely exaggerated (Hastings et al., 2020; Kilty & Bogosavljevic, 2019; Mykhalovskiy et al., 2016). Second, while the focus of most
coverage was on the defendant, the health and wellbeing of those who were exposed to HIV were also prominent (Jaspal & Nerlich, 2020). Additionally, the lived experience of HIV was often linked to misery and death. For example, many articles used the judicial metaphor of HIV as “life sentence” (Jaspal & Nerlich, 2020; McKay et al., 2011). Moreover, the physical and psychological experience of living with HIV was often represented as involving significant psychological distress, with one article referring to victims as “having to live with the devastating consequences of contracting the disease”, and many inaccurately portrayed HIV as an inevitably fatal virus, using terms such as “the deadly virus” and “a deadly sexual disease” (Jaspal & Nerlich, 2020).

The third construction documented in media coverage is that of PLHIV as criminals or HIV as a criminal weapon. McKay and colleagues suggest that the legal nature of the stories results in the articles being “framed around the criminality of transmitting HIV and the resulting legal ramifications” (2011 p. 31). The association of HIV and crime often occurs through the juxtaposition of HIV with judicial metaphors such as “HIV hairdresser brought to justice”, “HIV suspect”, “HIV trial man”, “HIV fugitive”, and “HIV carrier jailed for life” (Jaspal & Nerlich, 2020). This reinforces the idea that all PLHIV are potential criminal subjects who threaten the population (Kilty & Bogosavljevic, 2019; Mykhalovskiy et al., 2016; Persson & Newman, 2008).

A second way the media construct HIV as a criminal weapon is the volitional ambiguity characteristic of many articles. To elaborate, headlines tend to be ambiguous regarding the degree to which the subject intentionally attempted to infect partners with HIV (Jaspal & Nerlich, 2020). When the transmission of HIV is constructed as a crime without clarifying the circumstances under which transmission occurred, and especially,
the degree to which transmission was intentional, it is HIV in and of itself that is viewed as the criminal tool, rather than its deliberate transmission. This was a common finding, with headlines such as “man held over HIV infection” and “man charged over HIV” leaving open the possibility that HIV transmission was unintended (Jaspal & Nerlich, 2020).

Finally, PLHIV are constructed as criminals through the strategy of writing articles in *criminal justice time*. Generally, HIV non-disclosure cases are not reported as a complex problem but as a type of “crime story” drawing on concepts, descriptors, and other forms of language associated with the criminal justice system (Mykhalovskiy et al., 2016). Articles also tend to follow criminal justice system processing developments. For instance, Hastings and colleagues found “news stories about [subjects] are published when [they are] arrested, when bail hearings are held, when people testify in court” etc., which they argue “produces a first-order characterization of people living with HIV as criminals (2020, p. 3). Writing in criminal justice time situates PLHIV within a standardized sequence of events through which criminal cases proceed and uses the language of the criminal justice system to write and talk about them. This way of writing objectifies the subjects and “others” PLHIV who face HIV-related charges by treating them as nothing more than criminal subjects (Mykhalovskiy et al., 2016).

Issues of race, immigration, gender, and sexuality are also commonly considered when investigating how media representations of HIV relate to stigma. Across quantitative and qualitative analyses of relevant news articles, the overrepresentation of racial minorities and immigrants as defendants in HIV exposure cases is well documented (Kilty & Bogosavljevic, 2019; McKay et al., 2011; Mykhalovskiy et al., 2016; Persson &
Newman, 2008). Indeed, in an analysis of the largest dataset of Canadian newspaper articles about HIV non-disclosure cases, Mykhalovskiy and colleagues (2016) discovered that while Black men account for 20% of people who have faced criminal charges related to HIV non-disclosure, they are the focus of 62% of news reports on such cases. Additionally, while 18% of defendants were known to be immigrants or refugees, 62% of the relevant articles were about this population (Mykhalovskiy et al., 2016). Black immigrant men are especially overrepresented in these media cases, being featured four times as often as would be warranted based on the proportion of defendants they represent (Mykhalovskiy et al., 2016).

Equally concerning as the overrepresentation of these groups is how the media represents these individuals as dangerous racialized/foreign others. Several authors report that the representations of PLHIV as evil and immoral are often linked with representations of racialized difference and immigration status (Hastings et al., 2020; Kilty & Bogosavljevic, 2019; McKay et al., 2011; Mykhalovskiy et al., 2016; Persson & Newman, 2008). Mykhalovskiy and colleagues (2016) argue that this strategy amplifies the connections between HIV, criminality, race, and “foreignness”. Newspapers produce racial otherness by identifying defendants as Black and as “foreigners”, which is typically done through including photographs of defendants, by referring to so-called “rare” strains of HIV that originate in African countries, and by mentioning the subjects’ visa status or identifying defendants by their country of origin (Hastings et al., 2020; McKay et al., 2011; Mykhalovskiy et al., 2016). Moreover, Hastings and colleagues (2020) found that sensationalistic storytelling, negative stereotypes, and exaggerating the threat that PLHIV pose to the general public were particularly stark in news reports on immigrant or refugee
defendants. McKay and colleagues (2011) argue that this focus on racial minorities and immigrants is reminiscent of the homophobic nature of reporting on gay men with HIV in the early days of the epidemic; now that the epidemic has shifted toward heterosexuals, race and immigration status is being used to construct a new “other”.

This image of the blameworthy outsider is often juxtaposed with representations of the rest of the nation as a White, disease-free community. As Hastings and colleagues explain from their analysis of Canadian news reports, “defendants in criminal HIV non-disclosure cases [are presented] as threatening, racialized outsiders”, whereas “the nation of Canada [is presented] as pure and free of disease” (2020, p. 3). Similar findings come from Australia, where Persson and Newman (2008) show that defendants are portrayed as Black men who “import” HIV to “an otherwise supposedly disease-free heterosexual Anglo-Australian community” (2008, pp. 638-639).

In the early years of the epidemic, HIV was associated mainly with gay men, which was reflected in media coverage (Labra, 2015; Persson & Newman, 2008). Today, however, HIV has become repositioned as a global heterosexual epidemic, and as such, media stories have reframed issues of guilt and innocence in the context of heterosexual HIV transmission (Persson & Newman, 2008). Many researchers find that this is accomplished through the intersection of race and sexuality. Specifically, scholars argue that the media construct an archetype of the heterosexual Black male predator who deceptively spreads HIV to White women (Kilty & Bogosavljevic, 2019; Mykhalovskiy et al., 2016; Persson & Newman, 2008). This tends to be done by producing a “monstrous” masculinity in which subjects, alongside being portrayed as racialized or immigrants, are described as promiscuous, hypersexual, and dangerous (Kilty &
Bogosavljevic, 2019; McKay et al., 2011; Mykhalovskiy et al., 2016; Persson & Newman, 2008). Persson and Newman (2008) suggest that this representation results in a bifurcated representation of male heterosexuality: a Black monstrous masculinity versus a respectable, civilized, White masculinity. This serves to stigmatize Black and immigrant heterosexual men living with HIV “as dangerous, foreign sexual and public health threats to the safety of individual (White) women” in particular, and the entire population more broadly (Mykhalovskiy et al., 2016, p. 9).

It is important to note that while women are the fastest-growing subgroup of PLHIV (Reif et al., 2019), women are predominantly the victims in HIV non-disclosure cases, and analyses of women who have been charged with HIV exposure are largely absent in the literature (Kilty & Bogosavljevic, 2019).

Finally, a common conclusion from these investigations is the inconsistency between how HIV is constructed in the media and public health messaging (Hastings et al., 2020; Jaspal & Nerlich, 2020; Kilty & Bogosavljevic, 2019; McKay et al., 2011; Persson & Newman, 2008). Reporting generally fails to note innovations in HIV treatment and prevention, and there is little to no attempt to convey the difficulties of HIV disclosure (Jaspal & Nerlich, 2020; McKay et al., 2011; Persson & Newman, 2008). Moreover, media reports tend to be characterized by scientific inaccuracies regarding HIV treatment and prevention, especially regarding the risk of HIV transmission (Hastings et al., 2020; Jaspal & Nerlich, 2020; Kilty & Bogosavljevic, 2019; McKay et al., 2011; Persson & Newman, 2008). Focusing instead on the sensational aspects of cases allows for alarmism and increased social stigma, which in turn shapes public understanding and behavior (Jaspal & Nerlich, 2020). Researchers conclude that the
media’s reliance on sensational and emotional language, their reproduction of negative stereotypes, and their exaggeration of the threat that PLHIV pose to the general public contribute to shaping punitive mentalities that serve to worsen the problem of HIV transmission (Hastings et al., 2020; Kilty & Bogosavljevic, 2019).
CHAPTER 5
METHODOLOGY

To better understand the influence of media representations of HIV exposure crimes on HIV stigma, this study employs an explanatory sequential mixed methods approach. In general, mixed methods designs involve the integration of quantitative and qualitative research to provide a more comprehensive understanding of the research problem than either approach can provide alone as well as a means to overcome the shortcomings of each individual approach (Creswell, 2018a; Creswell & Poth, 2016). Based in a pragmatist paradigm, this methodology places priority on the research problem and encourages the utilization of varied research approaches to best derive knowledge on the subject (Creswell, 2018a; Morgan, 2007, 2014; Patton, 2002; Tashakkori & Teddlie, 2021).

The explanatory sequential mixed method approach in particular entails first conducting quantitative data collection and analysis followed by qualitative data collection and analysis, and drawing on both analyses for interpretation, thus allowing for a deep understanding of the issue (Creswell, 2018a, 2018b). Data collection and analysis is intended to occur in distinct phases so that the qualitative research builds directly from the quantitative results. In other words, the quantitative results are meant to shape the qualitative questions, enabling the researcher to better understand and explain the quantitative findings (Creswell, 2018a; Tashakkori & Teddlie, 2021). In interpreting the findings, generally, the quantitative results are explained first, followed by the qualitative
results, and finally, in a third phase of interpretation, the researcher explains how the qualitative findings help explain the quantitative results (Creswell, 2018b; Morgan, 2007; Tashakkori & Teddlie, 2021). In line with the sequential nature of this methodology and given that the qualitative research is guided by the quantitative findings, the methods and results of the first quantitative phase are discussed before moving on to the methods and findings of the second qualitative phase.
CHAPTER 6

PHASE I – QUANTITATIVE STUDY

6.1 Methods

This phase aims to determine the influence of HIV criminalization on the degree of HIV stigma held at the micro-level. Specifically, I employ a quantitative experimental design to test for a causal relationship between media portrayals of HIV exposure cases and HIV stigma. Due to their unique ability to simultaneously test for correlation, directionality, and spuriousness, experimental designs are ideal for determining causal relationships (Maxfield, 2015) and enable me to establish whether reading media reports of HIV exposure cases impacts one’s attitude toward HIV. Based on the notion of stigma as a social construct and supporting previous research findings, I hypothesize that those who read a media report on an HIV exposure case will hold greater levels of HIV stigma than those who read a media report on a neutral topic. Below, I outline the study procedure, measures, participants, and statistical analysis.

Procedure

This study is a two-group experimental design. Participants are randomly assigned to read either 1) a brief fictional news article describing an HIV exposure case or 2) a brief news article on a neutral topic. All participants then complete a survey measure of HIV stigma as well as demographic information and two control variable items, described below. A pre-test is not utilized as exposure to the measure of HIV stigma may impact scores on the post-test, decreasing the study's internal validity.
(Maxfield, 2015; Weinrich et al., 2007). Moreover, the purpose of a pre-test is to 1) ensure the experimental and control groups are comparable before manipulating the independent variable and 2) to determine the degree of change attributable to the independent variable (Maxfield, 2015). In the current study, random assignment of participants into groups is utilized to ensure pre-treatment equality between groups, and because this is the first known study testing for a causal relationship between these variables, the focus is explicitly on whether the relationship exists; more detailed analyses on the nature of the relationship (such as the degree of change) should be explored after the relationship is established.

Recruitment and data collection took place in University of South Carolina-Columbia classrooms, before or after instructional periods. Classroom selection entailed emailing the chairs of all departments within the College of Arts and Sciences, asking them to forward a request to collect survey data from their students to all teaching faculty in their department. Attached to the email was the IRB approval letter for the current study, and dates/times research assistants were available for data collection were listed at the bottom. If willing and available, faculty were asked to respond to the email with their preferred date/time for data collection, the approximate number of students, and the location of the class.

After obtaining instructor permission, researchers attended a class session either before or after instructional time and informed students that they were gathering data to study media reports and attitudes. Students were told that participation is voluntary, all responses are anonymous, and lack of participation would not negatively impact their course or participation grade. No incentives for participation were provided. The
instructors were asked to leave the room to ensure students felt no pressure to participate, and students were asked to spread out in the classroom, leaving empty seats in between when possible, to increase privacy and ensure quality data. Study materials were then randomly distributed to those students who wished to participate.

The study materials include a sheet of paper with one of the two news articles, along with instructions. Stapled to the back of this sheet is a double-sided survey containing the HIV stigma measure as well as demographic and control variable items. Study materials are available in Appendix A. Participants were instructed to read the instructions and the news article before completing the survey. Reading the news article and completing the survey took approximately five to ten minutes, after which research assistants collected materials from students individually. Participants were then thanked for their participation and provided with the researchers’ contact information if they had any questions or concerns.

**Measures**

*Independent Variable.* The independent variable is media representations of HIV exposure cases. This is manipulated via the presence or absence of a fictional news story regarding an individual who has been alleged to have exposed another to HIV. Since the media is a common avenue for individuals to gain information on this topic (Briggs & Hallin, 2016; Mykhalovskiy et al., 2016), using a realistic news article accurately reflects how many individuals come to understand and form opinions on this matter. The fictional article was drafted based on common themes and elements found across a sample of genuine articles. To ensure authenticity, the fictional article was presented to six peers with limited knowledge of the subject, along with four other legitimate articles. None of
the reviewers were able to determine the fictional article from the rest of the sample. To increase internal validity, participants in the control group also read a brief news article on a neutral topic. This equalizes participants' experiences in the experimental and control groups, negating the possibility that simply reading a news article, regardless of the content, would impact the dependent variable. The news articles presented to both groups are available in Appendix A.

**Dependent Variable.** To measure HIV stigma, I use the *Perceived Stigma of AIDS Scale*, which aims to quantify personal beliefs and feelings that individuals hold toward someone with HIV (Westbrook & Bauman, 1996). Though not a standardized measure, other researchers have often employed this scale in previous research on HIV stigma and have also used it as the base for the development of additional measures of internalized and attributed HIV stigma (Herek et al., 2013; Persson & Newman, 2008; Visser et al., 2006, 2008). For the purpose of the study, an abbreviated 17-item version was used. This measure includes items such as “I think less of someone because they have HIV”, “People with HIV/AIDS have only themselves to blame”, and “I would not like someone with HIV to be living next door”. Response options are a 4-point Likert-style scale ranging from one (strongly disagree) to four (strongly agree). Possible total scores on this measure range from 17 to 68, with higher scores indicating greater HIV stigma. Research indicates this measure has good reliability and internal consistency, with a previous study showing a two-week test-retest Cronbach’s alpha of .88 (Idemudia & Matamela, 2012).

**Control Variables.** Basic demographic data are also collected, including participants’ age, gender, and race/ethnicity, to provide descriptive information of the sample, and also because these factors have been shown to influence individual attitudes
and perceptions of various issues. In addition, since having personal experience with HIV may impact one’s attitudes, the survey also asked participants if they live with HIV, have close friends or family with HIV, know any acquaintances with HIV, or have had any other experiences with HIV. Participation was anonymous to ensure that no identifiable information was collected during this process. An additional item also asked participants to estimate how many instances of HIV exposure they have read or heard about in the past six months to assess for familiarity with HIV criminalization and exposure cases. By collecting this data, I can confirm pre-treatment equivalency between the experimental and control groups and can also test for unanticipated differences in HIV stigma scores based on these variables. Finally, a compliance-check item is included, which differs slightly between the experimental and control groups, to ensure participants read the article before completing the survey.

**Participants**

Participants were a convenience sample of 618 students enrolled in undergraduate criminology and psychology courses at the University of South Carolina, Columbia campus. Listwise deletion was utilized for missing data, resulting in a final sample of 586 (95%). Two-thirds of the sample identify as female, and ages range from 17-52 years ($M = 20.3$, $SD = 2.9$). Most of the sample is White (80.2%), followed by Black (12.3%), Asian (2.8%), other (2.8%), and Latinx (2.0%). This information is summarized in table 6.1. Aside from a slight overrepresentation of women, these demographics generally reflect that of the student population at the university (University of South Carolina,
Very few participants reported any HIV-relevant experience (9%), and a majority had not read or heard of any HIV exposure cases in the past six months (64%).

**Statistical Analysis**

An independent samples t-test is designed to compare the mean difference between two groups – specifically, to test hypotheses regarding differences between two groups (Maxfield, 2015; Privitera, 2011). As such, I employ this test to determine if HIV stigma scores significantly differ between the experimental group, who read a news article about an individual alleged to have exposed another to HIV, and the control group, who read a news article on a neutral topic. Multiple linear regression, which can predict values of an outcome variable given the value of two or more predictor variables (Baguley, 2012; Privitera, 2011), is also used to further explore this data. Specifically, with this analysis I can test for unexpected predictors of HIV stigma levels that I cannot manipulate via the experimental design (e.g., demographic variables, personal experience with HIV).

### 6.2 Results

This study employs an independent samples t-test to determine whether there is a significant difference in the mean stigma scores between the participants who read a brief fictional news article on an alleged HIV exposure case (i.e., the experimental group) and participants who read a brief news article on a neutral topic (i.e., the control group). Inspection of Q-Q plots reveals that stigma scores are normally distributed for both groups and Levene’s Test for Equality of Variances indicates homogeneity of variance, meaning that the assumptions of an independent samples t-test are not violated and that

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3 At the time of data collection, the undergraduate student population at UofSC Columbia was 77% White, 10% Black, 2% Asian, and 4% Latinx; 54% female; information on age was not available.
this test is appropriate for the data (Maxfield, 2015; Privitera, 2011). The stigma scores of
the experimental group \((M=33.41, SD=7.29)\) are significantly higher than those of the
control group \((M=31.81, SD=7.30)\); \(t(584)=-2.65, p<.01\). These findings are visualized in
figure 6.1. This analysis supports the hypothesis that those who read a media report on an
HIV exposure case will report greater levels of HIV stigma than those who do not.

Multiple linear regression is also utilized to test for unexpected predictors of HIV
stigma. Specifically, multiple linear regression was used to test if age, gender,
race/ethnicity, experience with HIV, and/or awareness of HIV exposure laws
significantly predicted HIV stigma scores. Multiple linear regression entails several
assumptions that must be met to ensure the analysis is reliable and valid. These
assumptions include a linear relationship between the outcome variable and each
predictor variable, a lack of multicollinearity among the variables, independent residual
values, homoscedasticity, normal distribution of residuals, and no outlying cases. All but
one of these assumptions are met in the current analysis; the values of the residuals are
less independent than ideal. This assumption was tested using the Durbin-Watson
statistic, which can range from zero to four, with scores below one and above three
indicating a degree of dependency among the variables (Maxfield, 2015). In the current
analysis, the Durbin-Watson value is .54, causing a degree of concern regarding the
validity of the analysis, so the results of this particular analysis should be interpreted with
cautions.

To run this analysis, dummy codes were created for race (0 = white, 1 = non-
white), experience with HIV (0 = none, 1 = any), and awareness of HIV laws (0 = none, 1
= some), and gender was coded (0 = male, 1 = female). The results of this analysis
indicate that the model is a significant predictor of stigma scores, $F(5, 573)=14.89, p<.001$, with the predictors explaining 12% of the variation in stigma scores. While gender ($B=-4.00, p<.001$), age ($B=-.21, p=.04$), and experience with HIV ($B=-4.09, p<.001$) each significantly contributed to the model, race/ethnicity ($B = -.73, p = .31$) and awareness of HIV exposure laws ($B=-1.05, p=.08$) did not.

Overall, these analyses reveal that those who read a media report of an HIV exposure case held significantly higher levels of stigma toward PLHIV than those who did not read such an article. Additionally, men are predicted to score 26% higher on the stigma scale than females, those who have any personal experience with HIV (e.g., have a friend, family member, or acquaintance living with HIV) are predicted to score 16% lower on the stigma scale than those who have no personal experience with HIV, and for every one-year increase in age, stigma scores are predicted to decrease by 8%.
### Table 6.1 Phase I Sample Demographics

<table>
<thead>
<tr>
<th></th>
<th>%</th>
<th>Mean</th>
<th>SD</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
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<td>20.3 years</td>
<td>2.88 years</td>
<td>17 – 52 years</td>
</tr>
<tr>
<td>White</td>
<td>80.2</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Black</td>
<td>12.3</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Asian</td>
<td>2.8</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Latinx</td>
<td>2.0</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Other race/ethnicity</td>
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<td>-</td>
<td>-</td>
<td>-</td>
</tr>
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<td>-</td>
</tr>
<tr>
<td>Female</td>
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<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Other gender</td>
<td>0.7</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

**Figure 6.1 Mean Stigma Scores by Group**
CHAPTER 7

PHASE II – QUALITATIVE STUDY

7.1 Methods

The purpose of this phase of the mixed-methods design is to collect and analyze qualitative data in an effort to better understand and explain the quantitative results from the first phase of this research. The key finding from the quantitative phase was the causal relationship between media reports of HIV exposure cases and stigma toward PLHIV. As such, in this phase of the project, I seek to understand and explain why this is the case, or how such media reports serve to increase stigma toward PLHIV among readers. Because the measure of HIV stigma focused largely on how participants view and feel about PLHIV in particular (rather than the virus or disease itself), this phase of the project specifically seeks to understand how media reports of HIV exposure cases represent PLHIV to influence stigma toward this group. To achieve this goal, I employ a qualitative content analysis (QCA) of news articles on HIV exposure cases in the Deep South. Such an approach allows me to empirically examine media depictions of PLHIV alleged to have exposed others to HIV, specifically focusing on how these depictions may produce stigma. Below, I outline this methodology and my study design in greater detail.

Qualitative Content Analysis

Researchers have offered a variety of definitions for QCA. Patton (2005) defines this methodology as a data reduction and sense-making strategy that takes a volume of
text and “attempts to identify core consistencies and meanings” (p. 453). Hsieh & Shannon (2005) define QCA more elaborately as “a research method for the subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns” (p. 1278). While definitions may differ in their emphases, there are several overlapping facets. Specifically, they tend to emphasize an integrated view of textual data within their specific context, with analyses going beyond quantifying words or otherwise extracting objective content to explore themes, patterns, and meanings that may be manifest or latent (Zhang & Wildemuth, 2009). Transcending various academic disciplines, researchers have long used QCA to study crime, deviance, victimization, and the media, allowing us to gain insight into our social reality in a subjective yet scientific manner (Lune & Berg, 2017).

QCA emerged due to criticisms of quantitative content analysis. Namely, scholars argued that the overemphasis on quantifying data can lessen the accuracy of results and that overlooking the latent contexts within the texts limits the conclusions that can be made (e.g., Kracauer, 1952; Mayring, 2000). Research findings are not always manifest but rather emerge in the form of contextual patterns, themes, and latent meanings within a body of text (Bryman, 2016; Reason & García, 2007; Zhang & Wildemuth, 2009). Critics suggest that by defining specific codes before data collection and analysis, quantitative content analyses limit researchers’ ability to interpret the text holistically (Bryman, 2016). In contrast, QCA offers greater freedom of interpretation, as the researcher codes text using open-ended coding strategies that allow themes to emerge from the data freely. As such, QCA is argued to be “the most prevalent approach to the qualitative analysis of documents” (Bryman, 2016, p. 392).
This is not to say that one method is superior to the other, but rather that they each serve a unique purpose. Quantitative content analyses are generally intended to test hypotheses or address objective questions generated from theory or previous research findings; QCA, on the other hand, is designed to explore and uncover deeper themes or meanings and the inferences we can draw from them to provide a rich description and understanding of a particular phenomenon within its context (Zhang & Wildemuth, 2009). As the purpose of this study is to explore how PLHIV are depicted in media coverage of HIV exposure cases and how these depictions may reproduce HIV stigma, QCA is an apt method.

QCA differs from its quantitative counterpart in several additional ways. While quantitative content analysis tends to be limited to the manifest content present within a source, QCA enables exploration beyond how something is printed on a page to examine the latent meanings present within the source. Thus, taking contextual cues into account is far more crucial in QCA (Berelson, 1952; Kracauer, 1952). In the present study, these cues could include the entirety of the passage or other information such as the publication location, political leaning of the news source, or author demographics (Schreier, 2012).

Additionally, quantitative content analysis is intended to be an objective process, meaning that the findings obtained should be highly congruent regardless of who conducts the research. This is one of the most significant distinctions between quantitative and qualitative content analysis, as QCA is far more subjective in scope. Though typically guided by some form of coding strategy, findings derived from QCA will likely vary from one researcher to another due to their diverse backgrounds and lived experiences (Patton, 2002; Schreier, 2012). Relatedly, the findings of quantitative content
analyses tend to be more generalizable, whereas the findings of QCA are meant to be applied (with caution) only to specific relevant contexts (Bryman, 2016; Patton, 2002). These methods are also distinct in terms of considering quality or trustworthiness. How my subjectivity and positionality may influence the current study as well as how I address issues of trustworthiness are discussed below, after I outline the design of the study, detailing the data collection and analysis strategies.

Article Sample Selection

To allow for a holistic examination of how news media represents PLHIV in HIV exposure cases, it is crucial to explore the full context of the representation. As such, full newspaper articles are the unit of analysis for this study; thus, a sample of articles pertinent to the research was obtained via extensively searching a database of online and print English language newspapers from the US.

In contrast to quantitative research, in which researchers typically seek a probability sample to ensure adequate representation of the population and increase generalizability, qualitative research tends to utilize purposeful sampling to select information-rich cases for in-depth study (Patton, 2002). There are several purposeful sampling strategies, but the one that best suits the purpose of the current study is typical case sampling. This strategy is ideal when the researcher seeks to illustrate to those with limited familiarity with the topic what is typical about cases (Patton, 2002). Avoiding cases that are atypical, extreme, deviant, or intensely unusual enables me to illuminate critical issues prevalent within such articles and gain a broader understanding of how such articles typically represent HIV and how they may impact HIV stigma large scale.
Following Myers & Caniglia's (2004) corrective methodological suggestions for improving data derived from newspapers, sample selection for the present study aims to “collect more and better data by expanding the number of media sources consulted” (p. 536). To do so, I utilize America’s News online database, as it is the most comprehensive domestic news source available, with current content and archives from nearly 4,000 US online and in-print news sources (America’s News, 2021). Moreover, this database consolidates all news formats (i.e., full-text articles and web-only content) from national, regional, and local news sources into a single interface, allowing for a thorough yet efficient search (America’s News, 2021). Using a common database and search engine provides for standardized query results across multiple news sources.

Articles were identified by searching the following keywords after setting the time and location parameters (detailed below): HIV; OR AIDS; AND expos* OR charge* OR crim* OR law*. As such, the articles must include the term HIV or AIDS and either exposure, exposing, exposed, charge, charged, crime, criminal, law, or laws. Because terminology across articles can vary drastically, this broad set of keywords allowed for a comprehensive search of potentially relevant articles. Any article was considered for inclusion as long as the major element of the story was regarding an alleged or confirmed HIV exposure by a PLHIV.

To ensure the articles are relevant to the current study, certain limitations are placed on the search. First, due to its uniquely high HIV and HIV stigma rates compared to other regions of the country, this study is focused on the Deep South. Therefore, the search is limited to news sources within the nine Deep South states (i.e., Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee,
Texas). Second, because the US HIV epidemic began in 1980, the search is limited to 1980 through the present. Because typical cases are rarely sensational enough to be covered nationally, all local and regional newspapers are included along with national sources.

A total of 332 articles were identified as meeting the inclusion criteria. Upon inspection of the articles, four were eliminated as their focus was on HIV exposure by an individual who was not living with HIV/AIDS (e.g., exposure via contaminated blood and/or equipment at a medical facility). Seven more were excluded because the subject was a well-known public figure (e.g., Earvin "Magic" Johnson Jr.) thereby increasing the sensationalism of the articles and decreasing their typicality. This brought the final sample to 321 articles on 197 separate individuals. All articles included in the sample are referenced in Appendix C. The number of articles per person ranged from one to 11, and the average was 1.62. The subjects were predominantly male (79.2%), with the remainder of the subjects identified as female (20.3%) aside from one transgender female subject. There were 14 cases (7.1%) pre-1996, 151 (76.6%) cases between 1996 and 2016, and 32 (16.2%) cases in 2017 and beyond. Finally, the mode of alleged exposure was sexual in most cases (79.7%), followed by biting/spitting (9.1%). In 6.1% of the cases, exposure was attempted via sex work solicitation, and in the remaining cases (5.1%), the mode of exposure was not specified.

Data Analysis

Unlike its quantitative counterpart, qualitative data analysis has scarce hard-and-fast rules or step-by-step instructions. Though scholars have now produced many guidelines, “we have few agreed-on canons for qualitative data analysis, in the sense of
shared ground rules for drawing conclusions and verifying their sturdiness” (Miles & Huberman, 1984, p. 16). Patton states the researcher’s task is to “do the very best with [their] full intellect to fairly represent the data and communicate what the data reveal given the purpose of the study” (2002, p. 372). Therefore, he argues the uniqueness of each qualitative study necessitates the use of a unique analytical approach and that guidelines should be applied with judgment and creativity (Patton, 2002).

That said, the present analysis is guided principally by Creswell & Poth (2016), who explain the process of qualitative data analysis as a spiral, rather than a fixed linear process, in which researchers enter with data, circle around and around, touching on several aspects of analysis cyclically, and exit with an account or narrative. Additionally, I utilize several specific coding techniques described by Saldaña, (2021), namely, attribute coding, simultaneous coding, value coding, emotion coding, and provisional coding, each of which are described below as they come into play in the analysis process.

The first loop in Creswell and Poth's (2016) data analysis spiral is data management. Due to my large volume of data, I utilize NVivo, a qualitative data management software program, to file and organize the data. During this stage, I engage in what Saldaña (2021) terms attribute coding, which entails notating basic descriptive information from each case. For instance, as outlined above, the history of HIV in the US has undergone several major milestones that may influence public attitudes toward PLHIV; therefore, each case was categorized as occurring pre-1996 (before ART was recognized as an effective treatment, reconceptualizing HIV as a manageable chronic condition), 1996-2016 (before widespread development of U=U campaigns, which endorsed the notion that adherence to ART results in an undetectable viral load.
effectively disabled PLHIV from transmitting HIV sexually, and before PrEP became a widely accepted preventative measure for those at risk), or post-2017.

Moreover, because researchers have found gender to play a role in media representations of HIV exposure cases (e.g., Kilty & Bogosavljević, 2019; Labra, 2015; McKay et al., 2011), that information was also notated as could be inferred by the articles. Finally, because diverse modes of exposure are now known to entail a greater or lesser degree of transmission risk, each case was also categorized by mode of alleged exposure. In addition to aiding in the data organization, this step allows for the emergence of patterns across specific groupings of articles.

The next step in analyzing the data is to become familiar with the dataset as a whole. Reading and re-reading the articles in their entirety, Creswell and Poth (2016) argue, allows the researcher to become immersed in the details and get a sense of the data as a whole before breaking it into parts. This step also entails memo writing – writing short phrases, ideas, or key concepts that occur while reading – that can be utilized to help guide the more formal analyses of later steps (Creswell & Poth, 2016; Saldaña, 2021). Creswell and Poth (2016) suggest disregarding any pre-determined questions during this phase and considering the data with fresh eyes. This provides an opportunity to seek out broad themes present in the data to help form initial codes or categories.

Once familiar with the dataset in its entirety, the next stages of the data analysis spiral entail describing, classifying, and interpreting the data (Creswell & Poth, 2016). This process consists of describing the phenomenon in detail, developing themes through a classification system, and interpreting the findings in light of the researcher’s perspectives, relevant research findings, and theory. During this process, the researcher
develops codes or categories to sort the text. Creswell and Poth (2016) advise researchers to begin by creating a shortlist of tentative codes. Similarly, Saldaña (2021) refers to provisional coding, which entails establishing a priori codes that are anticipated to arise in the analysis. This provisional list of codes should be based in previous literature, the study’s theoretical framework and specific research questions, and the researchers previous knowledge on the topic (Saldaña, 2021). Through continuous reading, re-reading, memoing, reflection, and peer debriefing, these initial codes are inevitably expanded, collapsed, cut, refined, or otherwise modified into a final coding scheme (Creswell & Poth, 2016; Saldaña, 2021).

In addition to attribute and provisional coding, I also employ simultaneous coding, which is simply the application of more than one code to a singular passage of text (Saldaña, 2021), as well as emotion and value coding. Emotion coding captures emotions either explicitly mentioned or inferred in the text. Goleman, who first introduced emotion coding, defines an emotion as “a feeling and its distinctive thoughts, psychological and biological states, and range of propensities to act” (1995, p. 289). Emotion coding is particularly apt for explorations of intrapersonal and interpersonal experiences and offers deep insight into participants’ perspectives and worldviews (Saldaña, 2021). Values coding is also geared toward understanding perspectives and worldviews by applying codes that reflect participants’ values, beliefs, and attitudes (Gable & Wolf, 1993). According to Saldaña, “a value is the importance we attribute to oneself, another person, thing or idea… an attitude is the way we think and feel about oneself, another person, thing or idea… [and] a belief is part of a system that includes our values and attitudes, plus our personal knowledge, experiences, opinions, prejudices,
morals, and other interpretive perceptions of the world” (2021, pp. 89-90). This type of coding is also ideal for exploring intrapersonal and interpersonal issues, as well as cultural values.

Qualitative research experts recommend the use of a codebook to organize and reevaluate your codes throughout the coding process (e.g., Creswell & Poth, 2016; Saldaña, 2021). A codebook is a record of emergent codes with a content description, and typically, a brief example of reference data. Because the number of codes can quickly accumulate and the process involves continuous reevaluation of codes, a codebook can make this task much more manageable. The final codebook for this project is available in Appendix B.

Following coding, the process of classifying involves taking the text apart to search for categories, themes, or dimensions of information. Themes may also include subthemes or sub-subthemes to best represent segments of the data (Creswell & Poth, 2016). Finally, interpretation – making sense of the data, the codes, and the themes – occurs in light of theory, previous research, insights from the research process, and personal subjectivity (Creswell & Poth, 2016; Zhang & Wildemuth, 2009). Interpretation may involve exploring the nature and dimensions of categories, identifying relationships between categories, uncovering patterns, and testing categories against the full range of data (Bradley, 1993). The quality of interpretations is argued to be largely dependent on the reasoning abilities of the researcher (Zhang & Wildemuth, 2009).

Trustworthiness

In discussing the evaluation of the quality of research, Merriam states that “the question of trustworthiness becomes how well a particular study does what it is designed
to do” (1995 p. 52). Likewise, Maxwell (1992) argues that validity is relative and should be judged based on the purposes and circumstances of the research. The distinct natures of quantitative and qualitative research, then, necessitate distinct measures of quality and diverse means of countering threats to validity. Here, I justify the distinct criteria employed to determine trustworthiness between quantitative and qualitative research, then outline how these criteria are maximized in the current study.

Validity – a key element on which judgments of quality and trustworthiness tend to be based – can be described straightforwardly as “the correctness or credibility of a description, conclusion, explanation, interpretation, or other sort of account” (Maxwell, 2012, p.87). A validity threat is, simply stated, a way you might be wrong. These threats are often conceptualized as alternative explanations or rival hypotheses. No study is perfectly valid, but the key to increasing validity is to utilize strategies that minimize validity threats as much as possible. In quantitative research, investigators can incorporate into their research design means to deal with anticipated and unanticipated validity threats. Means such as control groups, statistical control of extraneous variables, randomized sampling and assignment, explicit statement of hypotheses prior to data collection, and tests of statistical significance allow quantitative researchers to handle validity threats broadly by countering numerous threats without specifying any of them in particular (Campbell, 1988). The ability to control for the effect of particular variables through such means is rare in qualitative research. However, these researchers must try to rule out most validity threats after the research has begun, using evidence collected during the investigation (Maxwell, 2012). In contrast to handling validity threats broadly in quantitative research, this approach requires the researcher to identify the specific
threat in question and develop ways to rule out that threat (Glesne, 2016; Maxwell, 2012; Merriam, 1995).

Grounded in the unique assumptions, purposes, and processes of QCA, Lincoln & Guba, (1985) put forth four criteria for evaluating its quality and trustworthiness: credibility, dependability, confirmability, and transferability. Put briefly, credibility refers to confidence in the truth of the findings. These authors recommend a set of strategies to increase the credibility of one’s research. Most applicable to the current study are prolonged engagement, triangulation, peer debriefing, and negative case analysis. Prolonged engagement, most often discussed in terms of collecting field data, refers to spending sufficient time to achieve a comprehensive and deep understanding of the data within its context (Merriam, 1995). In the current case, this can be accomplished by reading the news articles multiple times over to ensure maximum familiarity and saturation (Creswell & Poth, 2016; Glesne, 2016).

Triangulation typically refers to using multiple data sources to determine the congruency of findings, but many scholars now use this technique to ensure that an account is rich, robust, comprehensive, and well-developed (Patton, 2002). In the current study, triangulation of sources, which examines the consistency of data from different data sources, is most applicable. Because the data are collected from a multitude of news sources, written by diverse authors at various points in time, I can consider variation and consistency across numerous variables.

Peer debriefing is a strategy in which the researcher discusses the research process and their relevant personal experiences to peers with a range of expertise on the methods or subject matter (Lincoln & Guba, 1985; Merriam, 1995). By discussing the research
process and preliminary findings with others, I may uncover personal biases, perspectives, and assumptions of which I was previously unaware and test and defend emergent hypotheses to determine their reasonableness and plausibility (Lincoln & Guba, 1985).

Finally, through negative case analysis, I can search for and discuss elements of the data that do not support or appear to contradict patterns or explanations emerging from the data analysis. This allows me to refine the analysis to explain the majority of cases better and understand this phenomenon more holistically (Creswell & Poth, 2016; Patton, 2002). In addition to these strategies, Zhang and Wildemuth (2009) suggest that researchers can maximize the credibility of a QCA by designing data collection strategies that allow for the adequate solicitation of representations and being transparent about the processes used to code and draw conclusions from the data.

Dependability refers to the replicability of the findings. While the subjective nature of qualitative research negates the likelihood of entirely congruent results from one researcher to another, Bradley suggests we can judge dependability by “the coherence of the internal process and the way the researcher accounts for changing conditions in the phenomena” (1993, p. 437). Confirmability refers to the neutrality of the findings or the degree to which the findings are shaped by the data rather than researcher bias, motivation, or interest (Zhang & Wildemuth, 2009). Dependability and confirmability are best established through audits of the research process and findings. Though this is an independent project, this research is overseen by my research advisor and dissertation committee. I can maximize dependability by having this group audit my research plan and check the consistency of my study process, as well as maximize my
confirmability via their check of the internal coherence of the data, findings, interpretations, and recommendations of my final product (Zhang & Wildemuth, 2009).

Transferability refers to the applicability of the research findings to other contexts (Lincoln & Guba, 1985). This is distinct from the concept of generalizability – often used in evaluating quantitative research – which judges whether the findings of a study would be replicated across multiple contexts. Because qualitative work focuses on understanding a particular phenomenon within its unique context, generalizability is not necessarily desired in this type of research. Instead, qualitative researchers achieve transferability by providing thick descriptions; that is, describing a phenomenon in sufficient detail that others can evaluate the extent to which the conclusions drawn are transferable to other times, settings, situations, and people (Creswell & Poth, 2016; Glesne, 2016; Maxwell, 1992; Zhang & Wildemuth, 2009).

**Researcher Subjectivity**

Researcher subjectivity can be viewed as both a strength and weakness of qualitative research. For example, I do have strong feelings and opinions attached to this issue. As such, I have to be cautious not to selectively observe or interpret the data to confirm my personal beliefs. If I do not adequately monitor this risk, it could reduce the trustworthiness of the study. The impact of my subjectivity will be monitored and controlled through engaging in the quality- and rigor-enhancing strategies outlined above. However, my subjectivity can also strengthen my research. As someone with a strong desire to identify and rectify social injustices, I am motivated to engage in a rigorous and high-quality project. I believe a thorough exploration of this issue could lead to highly valuable information regarding how HIV exposure laws serve to reproduce HIV stigma.
and thereby negatively impact public health efforts to reduce the spread of this disease. Because I place such value on the information to be learned through this process and see its potential in aiding the development of more effective and just policy, I want the findings of this project to be published in a top-tier journal to achieve widespread dissemination, allowing the knowledge gained to be shared among other scholars, the public, and policymakers.

7.2 Findings

This study employs a QCA to investigate how PLHIV are portrayed in news articles on HIV exposure cases to better understand how such media reports impact stigma toward PLHIV through their portrayals of such individuals. The analysis revealed three dominant themes in media representations of PLHIV – 1) Criminality, 2) Threat and Dangerousness, and 3) Immorality and Blameworthiness. Table 7.1 displays the frequencies with which these themes occur in the entire sample as well as by gender, mode of exposure, and timeframe. Criminality was, by far, the most common theme, occurring in all articles, with an average of 3.10 references per article. Threat and Dangerousness was found in 39% of articles, with an average of 1.01 references per article. Finally, Immorality and Blameworthiness was present in 44% of the articles, being referenced at an average of 1.18 times per article. The nature of these themes also differs by gender, time frame and mode of exposure. The following sections provide a deeper description of each theme and describes these categorical differences.

Criminality

The Criminality theme entails discourse that portrays the subject as a criminal. Table 7.1 shows this theme was the most prominent throughout the sample and was
common across all case categories. Criminal portrayals of subjects happened in four separate ways. First, by including the criminal charge the subject was currently facing regarding the HIV exposure; second, by including any additional charges related to the HIV exposure incident; third, by including information on the subjects’ criminal history (e.g., a criminal record, previous/current sentence in a correctional or community setting); and lastly, by including other criminal or deviant behavior unaligned with the three aforementioned categories. The rate at which each of these four criminality sub-themes appeared across case categories is displayed in Figure 7.1, and the frequency with which they are referenced, in Figure 7.2.

The criminal charge related to the alleged HIV exposure was included in all articles. This is unsurprising given the focus of articles included in the sample and the search terms utilized to gather the sample. The HIV charge was referenced an average of 1.79 times per article. These references were fairly equal across case categories, but as shown in Figure 7.2, there were slightly more HIV charge references for male subjects (1.89) than female subjects (1.74), during the 1996-2017 timeframe (1.87) than both before (1.77) and after (1.79) this period, and for sexual exposure (1.84) than sex work solicitation (1.73) and biting/spitting (1.69).

Sometimes, this was referenced with the actual legal charge faced by the subject, which included charges such as “reckless conduct”, “attempted murder”, “aggravated sexual assault” (e.g., articles 2, 13, 25). These more general criminal charges were more common in the pre-1996 timeframe before most jurisdictions implemented HIV exposure

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4 Articles are cited by number to save space and improve readability. Article references are listed in Appendix C.
specific legislation. Beyond this period, the charges were often referred to as “intentional exposure to HIV” or “criminal exposure to HIV” (e.g., articles 65, 67).

In many articles, however, rather than naming the official legal charge, the charge was described with the conduct that occurred. For example, “...a charge that he knowingly exposed another person to the virus that causes AIDS” (article 227), “…charged with having sex with a local woman and never informing her that he was HIV positive” (article 12), and “…charged with knowingly exposing someone to the HIV virus without informing them” (article 26). While some of the HIV charge references highlighted the transmission of HIV, for example “…charged with infecting his girlfriend with HIV” (article 288), “…charged with knowingly spreading HIV” (article 304), and “…charged with passing HIV” (article 322), most articles either stated that it was unknown whether transmission occurred (22%), noted that the HIV status of the victim was private (9%), or failed to mention any aspect of transmission (42%).

Additionally, some of the charge references involved vague and/or unclear phrasing such as “…charged with a first-degree felony for unlawful acts prior to sex” (article 49), and “…charged with not informing partner he is HIV-positive (article 56).

Finally, while the severity of the charge (i.e., misdemeanor versus felony) was often mentioned in close proximity to the charge reference (68%), some of the charge references did not include nearby mention of a lack of disclosure (22%).

Additional charges the subject was facing stemming from the HIV exposure incident were listed in 44% of the articles and are referenced an average of .73 times per article. The rate and frequency of reference to additional charges, however, varied across case categories. As shown in Figures 7.1 and 7.2, articles with female subjects (49%)
were more likely to include reference to additional charges than those with male subjects (39%) and averaged .77 references per article, compared to .65 references in male-subject articles. Moreover, reference to additional charges appeared to increase over time, occurring in 27% of articles pre-1996, 38% of articles from 1996-2017, and 44% of articles after 2017, with the average number of references being somewhat lower pre-1996 (.60) than between 1996-2017 (.69) and after 2017 (.71). Finally, potential exposure via sex work solicitation was the most likely to include reference to additional charges, occurring in 80% of articles on these type of cases with an average rate of .88 references per article. Biting/spitting cases had the next greatest percentage of articles including this reference (61%) and an average of .85 references per article, followed by cases of sexual exposure, where additional charges were mentioned an average of .69 times in 37% of articles.

Due to the sexual nature of the majority of the alleged exposure cases (i.e., sexual modes of exposure and sex work solicitation), many of the additional charges were for sexual offenses and/or solicitation. Many cases highlighted the number of charges facing the subject, typically by listing them consecutively or specifically noting the number of charges. For example, one article listed that the subject was:

charged with criminal transmission of HIV, battery on a firefighter by way of spitting, domestic violence battery, resisting arrest without violence, fleeing and attempting to elude police, giving a false name, unlawful possession of molly/ecstasy, possession of drug paraphernalia, and grand theft. (article 240)

And another listed the subject as:
charged with violation of vehicle registration law, violation of financial law, driving while license suspended/revoked, resisting official detention, criminal exposure to HIV, two counts of aggravated assault, two counts of possession of a controlled substance and possession of cocaine with intent to manufacture/sell/deliver. (article 302)

And, finally, another stated that the subject “faces 16 different charges including aggravated burglary, aggravated robbery, aggravated kidnapping and criminal exposure to HIV” (article 264). In at least one article, the additional charges were listed consecutively and then described individually:

In addition, [name removed] was indicted on four charges of sexual battery, one charge each of attempted sexual battery, aggravated assault, unlawful possession of a firearm by a convicted felon and armed robbery.

Attempted sexual battery: He's accused between Feb. 1, 2012, and March 26, 2012, of attempted sexual battery of a woman, who was able to escape before the act occurred.


Sexual battery: He's accused between March 1, 2012, and March 26, 2012, of forcing a woman to engage in a sex act.


Unlawful possession of a firearm by a convicted felon: He's accused on March 26, 2012, of possessing a .380-caliber handgun.
Two counts of sexual battery: He's accused on March 19, 2012, of forcing a woman against her will to engage in a sex act.

Aggravated assault: He's accused on March 19, 2012, of firing a gun at a woman.

As demonstrated in the above examples, references to additional charges were typically made alongside, or in close proximity to the HIV charges. Many articles also included the bond amount near the charges, as well as either the sentence given, or the potential sentence if convicted. Notably, nearby the charge references, two articles mentioned that the subject would not be required to register as a sex offender (articles 28, 110), and five articles stated that the subject would be required to register as a sex offender (articles 59, 65, 203, 265, 266).

Many articles also included information on the subjects’ criminal history, regardless of whether it was relevant to the current HIV exposure case. Specifically, reference to a subject’s criminal history was found in 28% of the articles, averaging .44 references per article. As shown in Figures 7.1 and 7.2, articles with female subjects (31%) were slightly more likely to reference criminal history than articles with male subjects (28%), and both groups had roughly the same number of references per article (.47 for men, .46 for women). Articles were more likely to reference the subjects’ criminal history between 1996-2017 (28%) than they were pre-1996 (18%), or post-2017 (22%), though the average number of references appeared to increase over time (.39 in pre-1996, .42 between 1996-2017, and .49 after 2017). When comparing between modes of exposure, criminal history was most referenced in cases of sex work solicitation (37%), which had an average of .40 references per article, followed by sexual exposures
(28%) which contained .37 references on average, and biting/spitting exposures (25%), which had an average of .49 references per article.

Criminal history was noted in several ways. Sometimes, it was mentioned explicitly and listed various previous charges. For example, “Court records show [name removed] has a lengthy criminal history that includes several aliases and convictions for aggravated battery, theft, third-offense DWI and unauthorized entry of a dwelling” (article 256), and

[name removed] was indicted as a habitual offender, meaning he will face stiffer penalties if convicted, because of previous convictions dating to 1997. He was convicted in 1997 in Covington County on charges of felony accessory after the fact to drive-by shooting and felony burglary; in 2006, he was convicted, also in Covington County, of causing exposure of HIV to a victim. (article 134)

Other times, particularly when the subject had a history of HIV exposure charges, the article would simply note that it was not the first time the subject faced such charges. For instance, “[name removed] was indicted on four counts of the same felony in October” (article 67), and “This is not the first time [name removed] has been accused of exposing a woman to HIV” (article 282).

In other articles, a criminal history was inferred by referencing a current correctional or community sentence. For example, one article stated that an authority “filed the charges Thursday against [name removed], who was in jail on unrelated charges” (article 69), and another noted, “[name removed], who was on probation for an unrelated charge…” (article 14). On rare occasion, articles implied a criminal history through the title or label given to the subject, for instance, referring to him or her as an
“HIV-positive prisoner” (article 91), or in the description of the offense, such as “jail rape” (article 107).

Finally, the criminality of subjects was portrayed by mentioning additional criminal or deviant behavior in 11% of the articles, with an average of .32 references each. Such references were made in roughly the same proportion of articles with male (7%) and female (6%) subjects. Those with male subjects however, had slightly more references on average than those with female subjects (.34 v. .29). Articles from pre-1996 were the least likely to reference other criminality or deviance (4%) and had .24 references per article on average. Fourteen percent of articles from 1996-2017 made such references, with an average of .32 references per article, as did 11% of articles from beyond 2017, with an average of .37 references per article. These references were made in 7% of articles where the HIV exposure was sexual in nature, 9% of articles with sex work solicitation, and 12% of articles pertaining to exposure via biting/spitting, and these categories had an average of .22, .38, and .38 references per article, respectively.

These additional references to criminality and deviance are quite varied. Some refer to the subject’s behavior or conduct either during or leading up to arrest. For example, as noted in one article, “A check by officers also showed [name removed] driver’s license was suspended and she did not have insurance” (article 302), and in another, “during the altercation, [name removed] made death threats against the officer’s family” (article 240). Others described forms of deviance unrelated to the legal issue focal to the article, such as “[name removed] said his office decided to part ways with [name removed] over police professionalism issues, including speeding in his police vehicle and abuse of sick leave” (article 136). Most of these references, however, focused
on the subject’s lack of cooperation with law enforcement or criminal justice policies. For instance, one article noted that the subject’s “failure to appear for a hearing in the case caused [name removed] to issue a warrant for his arrest” (article 49), and another noted that the subject “was arrested in November 1991 after a two-week manhunt involving 50 Metro-Dade detectives” (article 250), and in another, “[name removed] then fled on a bicycle, police said. An officer spotted [name removed] and ordered him to stop but [name removed] pedaled faster” (article 240).

To summarize the findings on this theme, criminality was the most common theme in articles on HIV exposure cases and occurred in three additional ways distinct from the charge that was the focal point of the article. These are the inclusion of additional charges stemming from the incident, the subject’s criminal history, and any additional criminal or deviant behavior. The implications of this theme and its nuances are discussed in the following chapter.

*Threat & Dangerousness*

The Threat and Dangerousness theme is reflected in text that portrays the subject as one who is able and likely to inflict damage or harm to others. Overall, this theme was documented in 39% of articles and had an average of 1.01 references per article. The proportion of articles portraying this theme was greater when the subject was male (43%) than when the subject was female (36%) though male subjects had fewer average references per article (.88) than did female subjects (1.17). Additionally, this theme was most prominent between 1996-2017 (41%) while appearing in 36% of articles pre-1996, and 37% of articles post-2017. The greatest average number of references per article occurred in the pre-1996 time frame at 1.04, and decreased to .92 in 1996-2017, and to
Moreover, articles on sex work solicitation cases were most likely to portray this theme (44%), followed by articles where the mode of exposure was biting/spitting (42%), and articles on sexual exposure cases entailed this theme the least (39%). In line with this pattern, sex work solicitation articles contained the greatest number of Threat and Dangerousness references (1.30), followed by biting/spitting (1.02), and sexual exposure (.98).

While the concepts of threat and danger are similar and may appear to overlap, we can distinguish them by defining dangerousness as one’s ability to inflict damage or injury unto another, while threat is the increased likelihood or probability of doing so. Dangerousness, then, is reflected in text that describes the subject as having the means to bring harm to others. This analysis identified three ways in which PLHIV are represented as dangerous in media reports of HIV exposure cases: describing the subject as hostile, violent, or unpredictable, by implying that PLHIV have an inherently deadly weapon at their disposal, and by emphasizing the detriment faced by the victim.

Numerous articles portrayed the subject as hostile, violent, or unpredictable. Examples of this include narrative such as, (article 297), “When the paramedic tried to check [name removed]’s vitals, he became irate and spat on the firefighter-paramedic’s arm” (article 240), “When officers tried to arrest her, she became belligerent, eventually biting [name removed] (article 50), and “As he was being booked at the Lake Charles Police Department, [name removed] said [name removed] became hostile and bit an officer on the hand and leg, drawing blood (article 33). Another article described the correctional facility at which the subject was currently serving a sentence as “a maximum-security prison, [housing] violent offenders” (article 107).
Implying PLHIV have a deadly weapon at their disposal tended to be done by framing HIV as a deadly disease. First, in some articles, particularly those pre-1996, the charges assigned for the HIV exposure was “assault with a deadly weapon” (e.g., articles 112, 122, 125, 206, 270). Additionally, HIV is often described as fatal. For instance, article 225 states that the alleged exposure “could have a possibly death-dealing result”, and numerous others explicitly describe HIV as a deadly disease (e.g., articles 10, 81, 103, 105, 108, 200). In at least one article, the subject’s body was referred to as a “deadly weapon” (article 112), and in another, exposing someone to HIV was likened to shooting bullets into a crowd (article 71). As a final example, article 245, noting the possibility of additional victims, stated that “They have a finite amount of time to live”. Notably, these articles appear to occur across all time frames relatively evenly.

The dangerousness of PLHIV was also portrayed by emphasizing the harm experienced by the victim. For instance, while transmission certainly does not occur with every exposure, it tends to be highlighted when it does, reflecting the ability of the subject to bring harm to others. As mentioned earlier, transmission is sometimes emphasized through including it in the charge terminology (for example, stating that the subject is “charged with infecting his girlfriend with HIV, or simply charged with “spreading” or “passing” HIV; articles 288, 304, 322). Other times it is explicitly stated elsewhere in the article. For instance, article 14 states “In February, the victim learned that he had tested positive for the HIV virus”. In other cases, whether or not transmission occurred is left ambiguous, with articles expressing that it is unknown if the victim acquired HIV or that they are not disclosing the HIV status of the victim due to privacy. For example, article 176 says, “it was unknown whether she had contracted the virus”,

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and another states, “At the time of [name removed]’s arrest in 2015, deputies could not say whether the victim had contracted HIV, citing federal medical privacy rules” (article 59).

Additional negative experiences of victims (outside of transmission) are also commonly noted, further emphasizing the subject’s ability to produce harm. For example, in article 215, the victim is quoted as saying: “If I could keep just one person from going through what I went through because of him, then all this is worth it”, and a victim in another article states, “I have suffered a lot through this whole thing… My family has, too. I can't express to you what we've gone through the last six months” (article 125). Additionally, one article says, “The victims in this case would say [the subject’s sentence is] nothing compared to the trauma that's occurred to them” (article 280), and another states, “You would think as devastating as this could be to someone, there should be a harsher penalty” (article 290).

Finally, the dangerousness of subjects is also communicated by a lack of mentions of any preventative efforts that were or could be used to prevent transmission. Specifically, very few articles include mention of the subjects’ treatment and how that might impact their ability to transmit the virus. Moreover, while instances of unprotected sexual activity were commonly noted, instances where condoms were utilized were very rare, and the mention of the use of PrEP was essentially non-existent in the sample. Finally, a small number of articles made note of the likelihood of transmission given the mode of transmission and other circumstances of the exposure. For example, article 91 says “Health experts testified that transmission of HIV through saliva is unlikely, and
through latex gloves, nearly impossible”. Such information, however, is limited to cases of exposure via biting/spitting and are also rare in the sample.

In addition to portraying the dangerousness, or ability of the subject to inflict harm, the articles also tend to describe the subject as a threat to society, implying that she or he either intends to, or is at heightened risk of harming others. This is also done multiple ways. First, articles often indicated that the subject’s actions were deliberate and intentional. Indeed, the most common word used to describe exposures was “intentional”, and this term was often used to describe transmission as well. For example, article 87 describes a subject charged with “intentionally giving a woman HIV”. Moreover, another article explains that knowing one’s positive HIV status is legally sufficient to indicate intent to kill; it describes the subject’s charge as “assault and battery with intent to kill due to the fact that [name removed] knew he was HIV-positive and that simple assault was no longer applicable” (article 114). Article 91 included a similar notion: “If someone is HIV-positive and goes and rapes somebody, there is sufficient intent to bring attempted murder charges”.

The articles further imply the threat of the subjects by establishing their actions as continuous, rather than a single incident. For example, many articles note when the case involved multiple victims. For example, “[name removed] had sexual contact with several men” (article 278), “We got information there were numerous partners” (article 138), and “Police say, at this point, they do not know how many people [name removed] exposed to HIV” (article 304). Moreover, many articles suggest the possibility of additional victims that had not yet been identified, or additional victims to come. For instance, article 245 states, “Prosecutors are looking for anyone who may have had
contact with [name removed] during the past two years as they continue to investigate whether the Bradenton man knowingly spread the virus that causes AIDS to additional victims”, and article 241 similarly notes, “Palm Beach County sheriff's deputies say there may be more women out there who don't know that he exposed them to the virus”. Other articles give warning about the possibility of future exposures, for example “I just want to get the word out about him, so he does not infect anyone else” (article 97), and “Assistant District Attorney [name removed] opposed bond, saying a psychiatric problem and her refusal to take her medication in the past could create the risk she might commit the same offense again” (article 24).

A final way in which the subjects are portrayed as a threat to society in these articles is through statements that imply that the public need protection from PLHIV. For instance, article 290, after noting the length of probation included in the subject’s sentence, states “This is considerably longer than a typical probationary period…That's because we want those people under the microscope as long as possible". In another article, after noting the sentence given when the subject was convicted said “Judge [name removed] did exactly the right thing. He separated the defendant from society” (article 225). Later in the same article, it was noted that the sentence had been overturned by an appellate court “in order to allow consideration of appropriate alternative sentencing options”. Following this, the article claimed:

The [alternative sentencing] options would be some kind of probation and counseling and other conditions -- but anything short of imprisonment surely would free the defendant for possible exposure of other people to his HIV infection for the same reason he was in court in this case. (article 225)
As a final example of how these articles imply that the public need protection from PLHIV is in article 138, which quotes a County Health Director as saying “My job is not to punish people. But I have a duty. I have taken an oath to uphold the law and protect the health of the public. I don’t object to sending people to prison if that’s what it takes”.

Overall, Dangerousness and Threat was a dominant theme throughout the sample. PLHIV were portrayed as dangerous by representing them as having the means to bring harm to others, and as a threat by indicating they are at increased likelihood of purposefully harming others. The implications of this theme and the various ways it was manifested are discussed in Chapter Eight.

*Immorality & Blameworthiness*

The Immorality and Blameworthiness theme is reflected in text that portrays the subject as a violator of moral principles and as responsible or at fault for harming others. Overall, this theme was found in 44% of articles, with an average of 1.18 references per article. This theme occurred more so in articles with male subjects (56%) than female subjects (45%), and articles with male subjects also had a greater average number of references per article (1.37) than did articles with female subjects (1.09). Moreover, this theme has become more prominent over time as 37% of articles from pre-1996 contained this theme, compared to 52% of articles from 1996-2017, and 55% of articles from 2018-present. The earliest time frame also had the lowest average number of references per article (.87), followed by articles in the most recent time frame (1.14), then by articles from 1996-2017 (1.33). Articles on exposure cases involving biting/spitting had the lowest proportion of articles demonstrating this theme at 29%, as well as the lowest
number of references per article at .89. This theme was found in nearly twice the proportion of articles on sex work solicitation cases (58%) and the average number of references per article was also higher (1.19). Fifty-one percent of articles on sexual exposures contained this theme, with 1.42 references per article on average.

Subjects are portrayed as immoral when they are presented as engaging in actions that are unaligned with those that are socially accepted as ethical. This was demonstrated in various ways throughout the sample. One tactic was including narratives of the subject not simply failing to disclose their HIV status but as being purposely deceptive about it. For instance, article 57 says, “The two discussed sexually transmitted diseases, and she said [name removed] assured her that he was ‘good’”, and article 215 similarly says that “Both men discussed sexually transmitted diseases, including HIV, and [name removed] assured [name removed] he was HIV-negative”. Furthermore, in some articles it was noted that the victim discovered the subject’s HIV infection after coming across medication commonly used to treat HIV. In such incidents, many articles further noted that the subject then lied to the victim in an attempt to convince them that they did not have HIV. For example, article 227 states that after discovering the subject’s HIV medication, “[name removed] told her he had leukemia instead of HIV”, and in a similar narrative told in article 62, “[name removed] later denied to her that he had the virus, insisting that he was taking the medication for lung cancer”. The portrayal of subjects as deceitful is further exemplified in article 97, which states, “The defense is probably going to say he didn't know [of his HIV status] up until very recently, but I think we will be able to prove that he knew well before that”.

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Subjects are further portrayed as violators of moral principles by indicating that they engaged in behaviors even after they have been instructed not to by an authority. Many articles made note of warnings or directives given to subjects instructing them not to engage in the specific behaviors that are the focus of the article. For example, in article 121 it states, “As part of the Army's program for handling HIV-infected soldiers, [name removed] was counseled and then ordered by officers not to have unprotected sex… investigators later learned [name removed] had had unprotected sex with four other female soldiers assigned to the training center”, and another article on the same case also noted, “He was ordered by his commander in November not to have unprotected sex after it was discovered he was HIV positive” (article 122). This narrative is also expressed in article 138:

Fearful that the virus could spread further, [name removed] issued isolation orders prohibiting them from having sex without a condom, from sharing needles and from donating or selling blood or blood products. The orders also required them to warn future sex partners that they were HIV-infected. Despite the orders, [name removed] continued to receive tips over the next two years, saying that [names removed] were engaging in sexual activity that put uninfected and sometimes unsuspecting people at risk.

And in article 290:

Furthermore, like all people who test positive for HIV, they had signed forms agreeing to certain control measures set by the state… They also agreed to notify past, present and future sex or needle-sharing partners about their infection… The
public health law and penalties didn't stop [name removed] from exposing the public to a communicable disease a second time.

The blameworthiness of subjects is portrayed by framing them as responsible for immoral actions. Specifically, subjects were often framed as the responsible party when it came to a lack of protection used in sexual exposure cases. When articles noted that sexual activity was “unsafe” or “unprotected”, it was the subject who was described as engaging in such activities, rather than both parties involved. For instance, it was much more common to read “He didn't use condoms in either case” (article 290), “[name removed] admitted he had unprotected sex” (article 190), “She also said [name removed] didn't always use condoms” (article 29), and “[name removed] never … suggested using contraception” (article 192), than it was to read “police say the two had unprotected sex” (article 161).

In conclusion, the theme of Immorality and Blameworthiness was dominant in news articles on HIV exposure cases. PLHIV were portrayed as immoral by highlighting their actions that are not socially accepted as ethical, and as blameworthy by emphasizing their responsibility for such actions. Chapter eight discusses the implications of this theme and its manifestations.
Table 7.1 Themes by Gender, Timeframe, and Mode of Exposure

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<th>Criminality</th>
<th>Threat &amp; Dangerousness</th>
<th>Immorality &amp; Blameworthiness</th>
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<td>39%</td>
</tr>
<tr>
<td>Sex work solicitation</td>
<td>100%</td>
<td>3.32</td>
<td>44%</td>
</tr>
<tr>
<td>Biting/spitting</td>
<td>100%</td>
<td>2.87</td>
<td>42%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>3.10</td>
<td>39%</td>
</tr>
</tbody>
</table>

Figure 7.1 Rate of Criminality Subthemes by Gender, Timeframe, and Mode of Exposure
Figure 7.2 Mean Criminality Subtheme References by Gender, Timeframe, and Mode of Exposure
CHAPTER 8
DISCUSSION

Grounded in a social constructionist theoretical framework and employing a conceptualization of stigma as a sociocultural context-dependent social process, this project sought to investigate how the criminalization of HIV impacts stigma toward PLHIV. Because the media are a prominent means through which the public learn about both HIV and crime, and therefore, a mechanism through which HIV stigma may be constructed, this project specifically sought to understand if and how media representations of HIV exposure cases affect HIV stigma via their portrayals of PLHIV. To answer these research questions, this dissertation utilized an explanatory sequential mixed methods design, in which quantitative data were first collected and analyzed and then drawn upon to shape further qualitative analyses to better explain and understand the issue. In this chapter, I elaborate on the findings of this research and discuss their implications in light of the theoretical and conceptual framework as well as previous literature. I later address the limitations of this work and provide suggestions for future research before making final conclusions and recommendations.

8.1 Findings & Implications

In the first phase of this research, a quantitative experimental design was employed to determine if reading a single news article on an HIV exposure case would cause an increase in individual HIV stigma scores. The results of this study support a
causal relationship between reading such an article and holding greater levels of stigma toward PLHIV, as participants who read the relevant article scored significantly higher on an HIV stigma measure than participants who read an unrelated article.

In light of this result, the second phase of this research aimed to explain how reading such an article could lead to increased stigma toward this population. To explore this, I performed a QCA of a sample of newspaper articles from the Deep South that covered HIV exposure cases. This analysis revealed that Criminality, Threat and Dangerousness, and Immorality and Blameworthiness were dominant themes in how PLHIV were represented. Being portrayed in each of these ways may explain how news articles on HIV exposure cases serve to increase stigma toward this population.

The findings of this work imply that news reports of HIV exposure cases may – at least in the immediate aftermath – heighten the degree of stigma one holds toward PLHIV by representing this group as criminals, as a dangerous threat to society, and as immoral and blameworthy. Viewing stigma as a social process, as put forth by Link and Phelan (2001) and Parker and Aggleton (2003), we can see how such representations serve to maintain the labelling of PLHIV, the stereotyping of this group with various negative attributes, the separation of “them” as fundamentally different than “us”, as well as connotations of PLHIV as being of lower status than people without HIV/AIDS. As these processes are all components of stigma (Link & Phelan, 2001), this project adds to the empirical evidence supporting the notion that HIV criminalization increases stigma toward PLHIV and explains this relationship using themes dominant in relevant media representations.
To elaborate, representing PLHIV as criminals contributes to stigma in multiple ways. For example, the charges faced by PLHIV for the act of exposing another to HIV were wildly diverse. From “reckless conduct” to “attempted murder” to “intentional exposure to HIV” to “infecting his girlfriend with HIV” to “not informing partner he is HIV-positive”, this wide range of sometimes unclear or ambiguous charge terminology is likely to result in confusion or a lack of accurate understanding of these laws among readers. Misperceptions of these laws also likely stem from the lack of noting that the exposure occurred without disclosure, or by leaving out that the exposure was intentional. Without a proper understanding of the law and what acts are specifically prohibited, it is possible readers will simply associate HIV with crime and perceive PLHIV generally as criminals, thereby increasing the fear and dislike of this population.

Moreover, other aspects of the criminality theme are likely to influence the degree to which the subject is perceived as a criminal. For example, the exhaustive listing of all additional charges, the inclusion of subjects’ criminal histories and additional deviant behavior, in addition to referencing bond amounts, the severity of the charge, and actual or potential punishments may cause the reader to not only perceive the subject as a criminal, but as a particularly “bad” criminal. In other words, selecting this information for inclusion emphasizes the criminal nature of the subject, thereby framing him or her as a more extreme form of criminal.

The fact that these additional criminal subthemes appear to have generally increased over time may be explained by the novelty of such cases in the early years of the epidemic. Specifically, at the beginning of the epidemic, the HIV exposure itself, being a novel issue, was likely the most sensational aspect of the story, and other aspects
of the subject’s criminality was likely perceived as less important. More recently, with HIV exposure cases becoming more common, the association between PLHIV and criminality has likely strengthened, leading to greater emphasis on wide ranging aspects of criminality when framing these cases.

Finally, additional aspects of criminality were also more prevalent in cases of exposure via biting/spitting and sex work solicitation than they were for sexual exposure cases. This is possibly due to the criminal nature of the sex work and most incidents of biting or spitting on someone, which would naturally result in a greater number of additional charges, and possibly indicate a greater criminal history. While a portion of sexual exposure cases involved other sexual offenses, in many of them, the sexual activity was otherwise consensual, meaning the exposure was the likely the only criminal act, thereby decreasing opportunities for additional criminal references. The fact that sex work is predominantly done by women (at least in the cases in this sample) also likely explains the finding that articles with women subjects were more likely to reference additional charges than were articles with male subjects.

The theme of Threat and Dangerousness is also likely to contribute to stigma by increasing the public’s fear of this group. This was done in various ways in the news articles including overemphasizing the likelihood of HIV transmission and the fatal nature of HIV. Selecting these aspects of the story for emphasis frames PLHIV as able and likely to inflict serious harm upon others.

While it is undeniable that an HIV exposure could lead to transmission and that acquiring HIV could be fatal, with adequate protective measures and effective treatment,
these are unlikely scenarios. Nonetheless, instances of transmission were highlighted throughout the sample. Research on the availability heuristic suggests that the frequency with which people believe events to occur is impacted by how easily they can recall similar instances, regardless of how common they actually are. Therefore, the more instances we see of transmission presented in the media, the more likely we are to believe that it is a common outcome.

Moreover, transmission can be prevented through adequate treatment, the use of PrEP, and by practicing safer sex with the use of condoms or opting for sexual activities that have a lower likelihood of transmission, such as oral sex. However, other than the rare mention of condom use, none of these other preventative measures were referenced as either being utilized or not. Failing to reference preventative measures is likely to give readers the impression that they were not employed, thereby framing the subject as engaging in higher risk behaviors than they may have actually been and heightening their perceived level of threat. This idea also relates to how the articles frame exposure as equated to intent to harm or kill another. It is possible in many of the cases that the subject may have been utilizing various preventative measures that brought the risk of transmission to negligible, and had no intend to transmit the virus, or otherwise harm the other person.

Lastly, the extent to which HIV was framed as deadly is notable. While charges of “assault with a deadly weapon” were limited to articles pre-1996, articles across all timeframes framed HIV as a deadly disease. As described earlier, with proper treatment adherence, most PLHIV have a normal life expectancy, and the death rate from AIDS is the lowest it has been since the epidemic began. As such, describing HIV as fatal is
misleading and reinforces the disconnect between the current state of HIV medicine and current social perceptions of the virus.

Media representations of HIV exposure cases further contribute to stigma by promoting the theme of immorality and blameworthiness among PLHIV. Among other tactics, PLHIV were framed as immoral by highlighting instances they engaged in deception, to hide or deny their HIV status. Understandably, outright deception is easily viewed as outside of socially accepted ethical behavior. However, these articles made no mention of the challenges associated with HIV disclosure, which may have mitigated their behavior or made it more understandable, and thereby lessened the degree to which PLHIV were portrayed as immoral.

Additionally, these media reports contribute to the stigmatization of PLHIV by framing them as blameworthy. Specifically, when sexual activity was referenced as unprotected (i.e., sexual activity with the lack of a condom), the subject was framed as the sole responsible party, rather than as sharing that responsibility with their partner. This is contrary to public health messaging that encourages all individuals to take responsibility for practicing safe sex. Placing the responsibility solely on the PLHIV not only portrays the subject as blameworthy, but also counters public health messaging.

Framing, in addition to being conceptualized as the selection of specific aspects of a story for inclusion and emphasis, can also be considered as the selection of specific aspects of an issue to make salient in relation to other aspects of the same issue (Entman, 1993; Scheufele, 1999). In this way, this analysis suggests that the media have a tendency to frame HIV as a criminal issue by placing an emphasis on reporting HIV exposure
cases, making these incidents seem particularly salient and thereby implying a risk of personal victimization. This issue is further perpetuated by the availability heuristic in our cognitive processing of information on HIV. Because this heuristic affects judgements of the frequency and importance of an issue or event, the more articles on HIV exposure cases, the more prevalent these incidents will be perceived to be, and the more fearful people will become over potential victimization. Since the media is known to focus on and overrepresent crimes of a violent and sexual nature (Linnemann, 2015; Mastrorocco & Minale, 2018), which many HIV exposure cases are framed as, it is unlikely that coverage of these incidents will decrease any time soon.

Furthermore, due to the representativeness heuristic, people classify stimuli into categories based on the extent to which that stimulus matches the “typical” features of the category (Kahneman & Tversky, 1972). Because many people are unfamiliar with HIV, the representations that are portrayed in the media of this group are likely to become what people perceive to be “typical” of this population (see Eagly 1987; Sanghara & Wilson, 2006). Therefore, by linking PLHIV to criminality, dangerousness, threat, immorality, and blameworthiness, people, especially those otherwise unfamiliar with this group, are likely to stereotype all members of this population with these characteristics.

The affect heuristic is another means by which the media’s representations of HIV exposure cases increase stigma. Representations of events, objects, or people are tagged in people’s minds to varying degrees of “goodness” or “badness”, which are drawn upon when making decisions or judgements about similar events, objects, or people (Slovic et al., 2007). The themes uncovered in the present analysis are all characteristically negative or “bad”. As such, in the process of making a decision or judgement the negative
connotations stemming from media portrayals are likely to impact that judgement. This is especially troubling as research has demonstrated the pervasiveness of preferences induced via this heuristic, even when presented with contradicting evidence (Sherman et al., 1998).

8.2 Limitations & Future Directions

This research is limited in several ways. First, the sample utilized for the quantitative phase consisted of undergraduate students at a single university in the Southern US, and, therefore, is not representative of the national population. It is likely that this group differs from the broader public in important ways (e.g., age, gender, income, education, religion), meaning the results may not be widely generalizable. Further, the fictional news articles used in the quantitative phase are an imperfect operationalization of the independent variable. Because it was not possible to use authentic newsprint articles, I opted instead to print the fictional content (in the case of the experimental group) and the actual content (in the case of the control group) on simple white paper along with the other study materials. The degree to which participants believed, and therefore responded as though the articles were legitimate is unknown. Additionally, as mentioned, one of the assumptions of the multiple linear regression analysis was not met, raising concern regarding the validity of the analysis. As such, that particular analysis should be interpreted with caution.

There are a number of limitations regarding the process used to select the sample of news articles in the second phase of the project. First, while every effort was made to include search terms that would identify all relevant articles, it is possible that some
articles were not identified by the search, and therefore excluded from the sample selection. Moreover, during the search process, many articles were determined to be duplicates as articles were sometimes published by more than one source. Duplicates were identified based solely on sight and wordcount and were deleted at random, leaving only one version of the article in the sample. Because the methods used to eliminate duplicates relied on sight and word count alone, it is possible there were minor differences in some of the duplicates. As such, it is possible the analysis may have missed important or relevant data from the eliminated duplicates.

Utilizing the America’s News online database, though efficient and effective, also involved several limitations. For instance, the database does not include authorship information for the articles, only the publishing source, and photos accompanying original articles are also excluded in the database. As such, these additional, potentially informative data were unable to be analyzed in the current project. Moreover, the only feasible means of determining demographic information on the article subjects was through the articles themselves. So, gender pronouns were used to determine subject gender, but no other demographic information was explicit enough in the articles to utilize. As such, this project lacks the ability to analyze potentially valuable data on subject race/ethnicity, immigration status, sexual orientation, etc.

An additional limitation is the unequal distribution of articles across case categories (i.e., male/female, timeframe, mode of exposure). Because there were far fewer cases of women than men, from pre-1996 and post-2017 than 1996-2017, and for sex work and biting/spitting cases than sexual, making comparisons between categories is difficult.
Finally, this project is limited in that it is shaped and influenced directly by my own positionality and subjectivity. The findings from QCA in particular are largely dependent on individual interpretations of data. This is not a weakness of the study, per se, and I am confident in the efforts and strategies employed to maximize the validity of the study. Nonetheless, it should be noted that the results and interpretation may differ if the research was performed by another researcher.

Considering the findings and limitations of this study, future research should continue to explore this topic. First, phase one is the first known study that supports a causal relationship between media portrayals of HIV exposure cases and HIV stigma. As such, this work should be replicated in different contexts and with a more representative sample in order to determine the generalizability of the current findings. It should also be replicated using different operationalizations of the independent variable and different measures of the dependent variable. Such replications would further add to the validity of the current findings.

Future research should also focus on additional geographical regions to determine whether the qualitative findings are specific to the Deep South, or if they can be applied elsewhere. Moreover, while including articles from the early years of the epidemic provided the opportunity to investigate how media portrayals have changed over time, future researchers may wish to focus specifically on current articles, allowing for a more thorough and comprehensive analysis of this phenomenon in its current state.

Furthermore, future research on this topic may benefit from utilizing a different database for gathering news articles, particularly one that includes more data than did
America’s News. Alternatively, future researchers could attempt to link the subjects in the articles to official legal records, which would provide additional demographic data as well as valid legal data pertaining to the case. Including more contextual data would allow for a more comprehensive understanding of this issue. Moreover, future research may benefit from expanding search parameters to gather a larger sample in order to alleviate the issue of small case numbers in specific categories.

Finally, to broaden our understanding of the role of the media in reproducing HIV stigma, additional opportunities for future research include considering other forms of media aside from printed and online news reports. For example, researchers could analyze social media, films, television, radio, podcasts, advertising, books, magazines, etc., which would provide a much more comprehensive understanding of the relationship between mass media and HIV stigma.

8.3 Conclusions & Recommendations

This study sought to examine if and how media representations of HIV exposure crimes impact stigma toward PLHIV. Based on the findings, it is apparent that the media has a causal role in contributing to stigma toward this population, and that this contribution occurs through portraying PLHIV as criminal, as dangerous and threatening, and as immoral and blameworthy.

It is clear that HIV exposure legislation does not reflect the current state of HIV medicine or knowledge on transmission and treatment. By equating an exposure with the intent to cause harm to another, these laws ignore and negate the fact that preventative measures can reduce the risk of transmission to negligible. Applying criminal sanctions
in such cases not only unnecessarily punishes PLHIV, but it also fuels their stigmatization.

Because stigma has such detrimental implications and can indirectly contribute to disease incidence by lowering rates of testing as well as serostatus disclosure, it is imperative that we improve our understanding of the structural factors that contribute to stigma so that we can effectively tackle this barrier to ending HIV. With this goal in mind, based on the findings of this research, every effort should be made to decriminalize HIV as a means to lower the stigmatization of those living with this disease. At the very least, these laws should be modified to better reflect actual transmission risk, and the prognosis of HIV. This should include taking preventative measures into account in order to better determine the culpability of individuals alleged to have intentionally brought harm to another.

Despite public health campaigns geared toward reducing HIV stigma, the media continues to portray this population in a negative light, which appears to be largely dependent on the conceptualization of HIV as a crime. Elimination or drastic modification to HIV exposure laws based in evidence of transmission risk would reduce the degree to which PLHWA are portrayed in the media as criminals, as dangerous and threatening, and as immoral and blameworthy.

In conclusion, decriminalizing HIV is a crucial step in shifting public perceptions of PLHIV. Eliminating the association between HIV and criminality would enable the public to base their perceptions of this population in more accurate information. Only by
continuing and strengthening our efforts to eliminate HIV stigma do we have hope of ending this disease.
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APPENDIX A

PHASE I MATERIALS

Thank you for agreeing to participate in our study!

Please read the following brief news article BEFORE completing the survey on the following pages. Note that the survey is two pages, please be sure to complete them both.

If you have any questions or concerns, please feel free to ask the researchers.

Man Arrested in Connection with Exposing Another to HIV Virus

A 45-year-old man was arrested Thursday in connection with exposing others to the HIV virus after an investigation revealed he had unprotected sex with at least one person, police said.

The suspect was arrested early Thursday evening in his home, but further details on his arrest were not available, according to jail records.

An investigation on the suspect began earlier this month when his girlfriend found prescription drugs for HIV in his home and reported to police that they had been having unprotected sex for several weeks.

Medical records confirmed the suspect’s HIV status, however, whether or not the virus was transmitted to his partner is unknown.

Criminal penalties for exposing others to HIV vary by jurisdiction, but generally range from 10 to 20 years imprisonment.

The suspect is being held at Stuart County Jail and is expected to start legal proceedings next week.

Figure A.1 Experimental Group Materials
Thank you for agreeing to participate in our study!

Please read the following brief news article BEFORE completing the survey on the following pages. Note that the survey is two pages, please be sure to complete them both.

If you have any questions or concerns, please feel free to ask the researchers.

---

**Nitehawk Theatre Finally Has Opening Date**

After a year-long delay of its original opening date, Nitehawk is finally ready to debut its new location inside Park Slope’s restored Pavilion Theater, across from Prospect Park in Brooklyn, New York.

A Facebook post on Nitehawk’s page revealed that the theater will host its grand opening on Wednesday, February 20, a date that PR reps for the company have confirmed. The official opening will be preceded by an invitation-only press preview.

Last November, Nitehawk founder Matthew Viragh told Curbed during a construction tour that various historic elements of the original theater had been discovered during the renovation phase.

These included marble stairs underneath the carpeting, an exposed balcony, and ceiling panels. Nitehawk wanted to preserve as many of these elements as possible and went back to the drawing board to incorporate them into the new multiplex, resulting in delays to its 2017, and later, its early 2018 anticipated opening dates.

---

Figure A.2 Control Group Materials
Please circle a response to indicate how much you agree or disagree with the following statements:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I think getting HIV is a punishment for bad behavior</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>2. If I was in public or private transport, I would not like to sit next to someone with HIV</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>3. Having HIV is just a matter of bad luck</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>4. I think less of someone because they have HIV</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>5. I would not like someone with HIV to be living next door</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>6. I would not like to be friends with someone with HIV</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>7. It is safe for a person with HIV to look after somebody else’s children</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>8. People with HIV can teach us a lot about life</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>9. I would not date a person if I know that they have HIV</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>10. I feel afraid to be around people with HIV</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>11. People with HIV/AIDS have only themselves to blame</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>12. People with HIV deserve as much respect as anyone else</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>13. I would not want to work with someone with HIV</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>14. I would not use a water fountain if a person with HIV had just drank directly from it</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>15. If you have HIV you must have done something wrong to deserve it</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>16. People with HIV should be ashamed of themselves</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>17. I feel uncomfortable around people with HIV</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
</tr>
</tbody>
</table>
18. Please select your gender
   a. Male
   b. Female
   c. Other________________________

19. Please provide your age in years: __________

20. Please select your race/ethnicity
   a. White/Caucasian
   b. Black/African American
   c. Hispanic
   d. Asian
   e. American Indian
   f. Pacific Islander
   g. Other________________________

21. Please select your experience with HIV (select all that apply)
   a. I am living with HIV
   b. I have a close friend or family member living with HIV
   c. I have an acquaintance living with HIV
   d. I have some other experience with HIV
   e. I have no personal experience with HIV

22. In the past, you may have read or heard about someone being legally charged for exposing another person to HIV. Approximately how many cases of such a situation have you read or heard about in the past six months?
   a. None
   b. 1-2
   c. 3-4
   d. 5+

23. The news article I read was about:
   a. The opening of a theatre
   b. A car accident
   c. A man being charged with insurance fraud
   d. The county fair

Figure A.3 Participant Survey
## APPENDIX B

### PHASE II CODEBOOK

<table>
<thead>
<tr>
<th>Code name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Criminality</strong></td>
<td></td>
</tr>
<tr>
<td>HIV charge</td>
<td>Mention or description of charges based on HIV exposure</td>
</tr>
<tr>
<td>Additional charges</td>
<td>Mention or description of additional charges stemming from HIV exposure incident</td>
</tr>
<tr>
<td>Criminal history</td>
<td>Mention or description of subject’s previous criminality</td>
</tr>
<tr>
<td>Other criminality/deviance</td>
<td>Mention or description of criminality/deviance not otherwise categorized</td>
</tr>
<tr>
<td><strong>Severity</strong></td>
<td></td>
</tr>
<tr>
<td>Bond</td>
<td>Specification of bond set for HIV or all charges</td>
</tr>
<tr>
<td>Sentence</td>
<td>Specification of sentence given or potential sentence if convicted</td>
</tr>
<tr>
<td><strong>Danger/Threat</strong></td>
<td></td>
</tr>
<tr>
<td>Hostility/violence</td>
<td>Narrative or description of subject being violent, hostile, or unpredictable</td>
</tr>
<tr>
<td>Lethal</td>
<td>Description or implication of HIV as lethal</td>
</tr>
<tr>
<td>Harm to victim</td>
<td>Reference to harm experienced by victim</td>
</tr>
<tr>
<td>Transmission</td>
<td>Declaration of whether transmission occurred, or did not occur, or remains unknown</td>
</tr>
<tr>
<td>Prevention</td>
<td>Mention or description of efforts to prevent HIV transmission</td>
</tr>
<tr>
<td>Intent</td>
<td>Reference of intent of subject to harm victim</td>
</tr>
<tr>
<td>Multiple victims</td>
<td>Mention of multiple victims, or the possibility of</td>
</tr>
<tr>
<td>Need protection</td>
<td>Reference to the necessity of legal protection from PLHIV</td>
</tr>
<tr>
<td><strong>Immoral</strong></td>
<td></td>
</tr>
<tr>
<td>Deception</td>
<td>Narrative or description of subject hiding/denying HIV</td>
</tr>
<tr>
<td>Defiance</td>
<td>Narrative or description of HIV engaging in behaviors despite directives</td>
</tr>
<tr>
<td>Lack of protection</td>
<td>Reference to lack of protection (i.e., condom use)</td>
</tr>
</tbody>
</table>
APPENDIX C

PHASE II ARTICLE SAMPLE


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val-base
0=%28HIV%29%20near5%20%28expos%2A%20OR%20charge%2A%20OR%20
0crim%2A%20OR%20law%2A%29&fld-base
0=Title&docref=news/101E3ACD9B9B9930

view?p=WORLDNEWS&t=country%3AUSA%21USA/state%3ATN%21USA%20B%20Tennessee&sort=YMD_date%3AA&maxresults=20&f=advanced&val-base
0=%28HIV%29%20near5%20%28expos%2A%20OR%20charge%2A%20OR%20
crim%2A%20OR%20law%2A%29&fld-base
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B%20Tennessee&sort=YMD_date%3AA&maxresults=20&f=advanced&val-base
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0=%28HIV%29%20near5%20%28expos%2A%20OR%20charge%2A%20OR%20
crim%2A%20OR%20law%2A%29&fld-base
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0=%28HIV%29%20near5%20%28expos%2A%20OR%20charge%2A%20OR%20
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