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From the Director

I am proud to present volume 13 of the Journals of Research Reports, "The Academic Spotlight." The articles featured in this journal represent the work of the Program participants from the 2007 – 2008 – grant year. As one reads through these articles, it is clear that the breadth of research interests is as diverse as the students that we serve and the quality is outstanding as well. My staff and I could not be more pleased with the efforts that went into producing this meaningful and scholarly body of works.

The Program could not achieve such great accomplishments without the support of the University faculty, staff and administrators who have mentored students over the past 13 years. These mentors have not only guided the McNair Scholars in completing their research manuscripts, but they have inspired them to unimaginable heights. All of the research mentors are to be applauded for their efforts in making undergraduate research a reality for the students in this Program.

As we begin a new four – year grant cycle, we send our gratitude to the University Administration and the U. S. Department of Education for their support over these past 13 years. We look forward to continuing our relationship for many years to come.

Within this journal we showcase the works of thirteen students from the campus of Wichita State University. Twelve of these students are McNair Scholars and one student conducted research through the NSF EPSCoR Summer Research Program. There are six full manuscripts and seven summaries presented.

A special word of thanks is directed to our research coordinator, Mr. Kyle Little. With his dedication and support for the students, he was able to encourage them to go that extra mile to make sure their documents were ready for publication. Appreciation is also given to our assistant director/counselor, Ms. Shukura Bakari-Cozart and the senior administrative assistant, Ms. Vicki Alfred who without their support and persistence in making sure that things were done correctly and in a timely manner, none of this would be possible. These individuals are invaluable and irreplaceable. Dedication and commitment are rare qualities, and I feel fortunate to have found staff members who hold these qualities in such reverence.

Finally, I would like to congratulate the students for going beyond the classroom and putting their research interest into practice. Their efforts will not go unnoticed and will prove to be something they can be proud of for many years to come. We are proud of our students and their accomplishments. This is a well-deserved acknowledgement for their hard work. These students are our future educators and we "spotlight" their "Academic Excellence." Thank you for the opportunity to serve.

LaWanda Holt-Fields, *Director*



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Effects of Sociodemographic Factors on Intimate Partner Violence

Christina G. Eaves
McNair Scholar

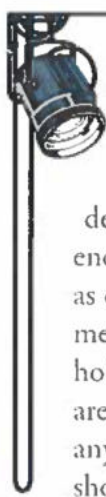
Linnea GlenMaye, PhD
Wichita State University

Abstract

This study investigated the phenomena of Intimate Partner Violence (IPV) and its relationship to socio-demographic factors in a mid-west city. Research employed a mixed-method approach using qualitative and quantitative methods in order to examine the relationship between IPV and various socio-demographic factors. Qualitative data was collected through semi-structured interviews, using a purposive sample of seven key informants: treatment providers, law enforcement, and various city employees including judges, court appointed liaisons, and criminal defense investigators. Quantitative data was obtained from the local police department and consisted of publically available incident and arrest records from 2000 to 2007. Major findings show that between 2003 and 2004 there was a decrease in total arrests and from 2004 and 2005 there was a dramatic increase in total arrests. This study found that community-wide education about the causes of IPV and its link to drugs and alcohol are keys to prevention and treatment. This study recommends strategies for creating greater community awareness including programs that teach victims and perpetrators how to recognize and defuse triggers of violence. The implications for policy changes in dealing with perpetrators are also discussed and alternatives to current law enforcement responses are presented; these approaches focus on rehabilitation in order to reduce recidivism.

Effects of Socio-Demographic Factors on Intimate Partner Violence

Intimate Partner Violence (IPV), also known as Domestic Violence (DV), has been an on-going social and health problem in the United States for many years. The U.S Department of Justice (USDOJ) estimates 960,000 incidents of violence against a current or former spouse, boyfriend, or girlfriend occur per year. According to the "National Violence Against Women Survey," conducted from November 1995 to May 1996, nearly 25 percent of American women report being raped and/or physically assaulted by a current or former spouse, cohabiting partner, or date at some point in their lifetime. The article, "Examining the Work of State Courts, 1995: A National Perspective from the Court Statistics Project" reports, "The most rapid growth in domestic relations caseloads is occurring in DV filings. Between 1993 and 1995, 18 of 32 states with three year filing figures reported an increase of 20 percent or more." IPV occurs between couples that are in or were in an intimate relationship. These include married couples, couples living together but



not married, couples dating but not living together, inter-racial relationships, transgender relationships, and same-sex relationships. DV encompasses other people in the household such as children, parents, grandparents, extended family members or anyone who lives in the same household. The criteria that define IPV include but are not limited to being threatened or struck with anything that causes harm; being pushed, grabbed, shoved, slapped, kicked, bit, beaten or choked; being threatened with a gun or knife; being forced to engage in sexual activity or being hurt in some way. IPV is not gender specific and roles of victim and perpetrator are interchangeable. Past studies show a relationship between IPV and other socio-demographic variables like race, abuse of alcohol or drugs, (Cetano, R. and Field, C. 2004) or employment/economical conditions of victims and/or perpetrators (Benson, M., Fox, G., DeMaris, A. & Van Wyk, J. 2003).

Individuals involved in IPV incidences are often law-abiding citizens in other aspects of their lives and usually have no outward appearance of criminal activity. IPV investigation and social intervention can only take place after an incident occurs, leaving police and other agencies frustrated. Then action can be taken towards getting the victim to a place of safety (if he/she chooses) and the perpetrator to a controlled environment. One tool that can help prevent IPV is education about possible contributing social, economic, and cultural factors. A recent study by the Kansas Bureau of Investigations (KBI, 2007) shows IPV incident reports are steadily rising in the state of Kansas. In 1992, there were 20,817 reported incidents of IPV which resulted in 7,721 arrests made for perpetrators of domestic violence. Victim and offender characteristics for domestic violence have not changed drastically. The average victim is still typically a white female between the ages of 20 and 24. The average offender is a white male between the ages of 20 and 24 and is most often the spouse/ex-spouse or boyfriend/ex-boyfriend of the victim. Saturdays and Sundays between the hours of 12 a.m. and 4 a.m. are the days and times IPV incidents are most likely to occur with recent

years showing a significant increase between 10:00 a.m. and 2:00 p.m. There were 23,077 reports of IPV in 2006, resulting in 12,624 arrests, showing an increase of arrests per reported incidents of IPV. This increase may be due to better education and training of first responders and public awareness provided by social services organizations. It is the interest of the researchers to see if socio-demographic factors such as location of residence, time and date of report, race and ethnicity, substance abuse, sexual preference, and couples' relationship status influence the treatment or reporting trends of individuals of IPV and if more education about IPV is needed to prevent future incidents from occurring.

Methods

Quantitative Procedures

This analysis used publically available data retrieved from the local police department's website. The data collected is from the years 2000-2007 and is in linear arrangements by month on the y-axis and types of incidences on the x-axis. The categories are Domestic Violence (DV) cases per year, DV arrests per month, female arrests, male arrests, misdemeanor arrests, felony arrests and battery arrests. Categories evaluated for this study were cases per year, cases per month, male arrests, and female arrests. A trend analysis of the selected data was conducted with years as the x-inputs and cases as the y-inputs to study the flow and identify trends of incidents per year. A trend analysis was also constructed to study the flow of incidents per month with the x-input as the months of the year and the y-inputs as the number of cases per month. The final trend report constructed was to study the comparison of male and female arrests per year with the x-input years 2000, 2002 and 2007 and y-inputs as the different genders.

Qualitative Procedures

The qualitative portion of this study contained seven interviews of key informants who are working professionals that currently assist or are in direct contact with victims and/or perpetrators of IPV on a daily basis. These individuals work for

organizations such as local police departments, the court system and social service providers. Interviews took place on location at the employees' work sites and lasted between 20-40 minutes. The sessions were recorded for transcription purposes only and the names of the interviewees will remain confidential as not to jeopardize their employment. The interview questionnaire listed approximately ten questions that addressed socio-demographic issues such as time, date, and neighborhood of reporting area; if race, sexual partner preference, or substance abuse was a factor in the incident report; or if economics was a factor in the arrest or reporting of the incident. Other questions included if there were any noticeable increases or decreases in the reporting of IPV and, in their professional opinions, did these factors affect the reporting of the incident or treatment of the victim/perpetrator? The final question was open-ended which provided the interviewee the ability to add additional information that may not have been asked by the co-researcher. Answers were reviewed by the co-investigator to identify common trends and differences among the interviews. Each individual was given a consent form to sign prior to being interviewed and each participant was given the option of refusing to be interviewed at anytime during the interview process without penalty. The consent form described the purpose of the research, selection of participants, explanation of procedures, discomforts or risks, benefits, confidentiality, compensation or treatment, refusal/withdrawal and contact information of researcher. A copy of the signed consent was provided to the participant at time of interview. The Institution Review Board of Wichita State University approved this research project.

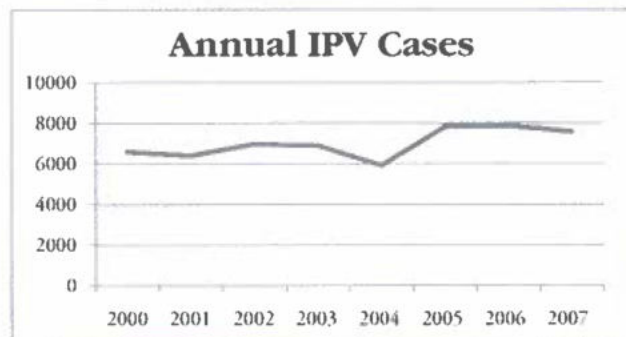
Findings

Quantitative

Three trend analysis figures were constructed using Microsoft Excel 2007. Figure 1 shows the annual trends of IPV with the number of incidents per year on the y-axis and the years 2000-2007 on the x-axis. This trend analysis reveals there was

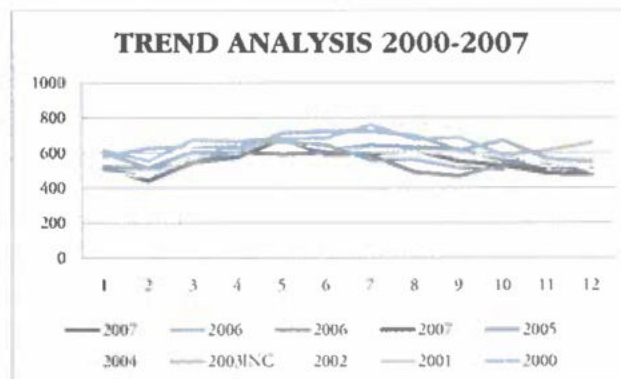
a decrease in IPV cases from 2003-2004. However, from 2004-2005, there was an increase that was maintained through 2007.

Figure 1 = Excel trend analysis of annual reported cases 2000-2007



The Figure 2 data report displays how many IPV cases were reported each month for the years 2000-2007, and years are marked separately for identification purposes with the number of incidents per year on the x-axis and the months of the year, January through December, on the y-axis. This trend analysis reveals that downward spikes are in the months of February for most years, and upward spikes increase until July. However, August through October for years examined have conflicting inconsistencies. Trends then begin a downward direction until around November and appear to level off until February.

Figure 2 = Excel trend analysis of reported cases per month on an annual bases from 2000-2007



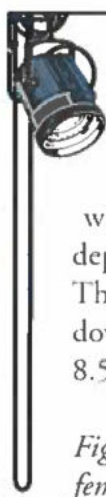
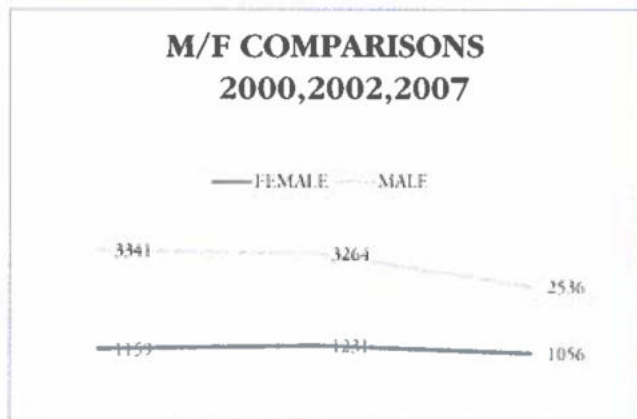


Figure 3 shows the difference between annual male arrests and annual female arrests with data made available from the reporting police department for the years 2000, 2002 and 2007. This analysis revealed the trend in male arrests is down by 67.08 percent while female may be up by 8.50 percent since 2000.

Figure 3= Excel trend analysis of reported male and female arrests for years 2000, 2002, 2007



Qualitative

This study revealed that education and awareness of the phenomena may be a key to prevention and recidivism of IPV. Key informants in the study unanimously agree that victims and perpetrators need to be educated about the eight cycles of violence and how to disengage from their anger and manage it before it escalates into a potentially violent rage. Another element unveiled in this study is that treatment facilities, like hospitals, and individuals living in the community also need more education on how to recognize victims in need of assistance and treatment and knowledge of where in the community to refer victims and perpetrators to get the help they need.

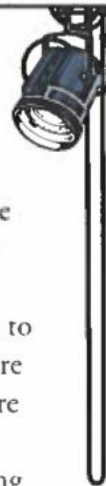
Also revealed is substance abuse is often a contributing factor and is often present when altercations occur. Victims don't always leave or report an incident due to fear of abandoning a child or a beloved pet. Research revealed that non-English speaking individuals often don't report because of language barriers. Also individuals in same-sex relationships often won't report due to

discrimination (Bentley, H., Buzawa, E., Faggiani, D., Hirschel, D. & Pattavina, A. 2007) or shame (Seelau, E. and Seelau, S. 2003).

Another finding is that individuals need to be educated about police procedures and, due to policies, they are only able to assist if physical evidence of harm is revealed and not for psychological or economical reasons. Qualitative findings show that organizations may need to be more educated about the cycle of violence in order to recognize signs of IPV even if physical evidence isn't evident and be able to offer alternate assistance which may lead to alleviating frustrations between reporting and responding parties.

Discussion

This study seeks to identify if reports of IPV are more prevalent in certain demographics in the mid-continent area of the U.S. and if socio-demographic factors such as substance abuse, financial status, sexual orientation, race, and place of residence have an effect on IPV. This study also seeks to see if these factors have an effect on treatment of individuals by police and/or other assisting organizations like hospitals or health treatment centers. The qualitative portion of this study reveals information about education of IPV and that the circle of violence is a key component to possibly preventing incidences of IPV; victims, perpetrators, community members, and organizations like police departments and public health facilities need to take measures in finding and providing resources needed for prevention and intervention of this crime. Previously reviewed research supports these findings and states that education about the crisis is needed in prevention and intervention and other socio-demographic factors may contribute to the phenomena (Barnett, O. 2001). Findings also show that substance abuse, financial status, sexual orientation, race, and place of residence may also play a role in the circle of violence. The professionals interviewed for this research conclude that education about IPV, how it begins, and how to stop the circle before it begins, will greatly reduce the number of incidence reports and perhaps prevent future incidences from occurring. Police



departments, IPV treatment centers, and community organizations need to make resources available, such as competent health care providers and technicians, accessible transportation from outlying areas, and literature about IPV prevention for the victims and perpetrators of this crime on how to get help and where to go for treatment. Quantitative data was collected from a local police department by way of public records to study the trends of IPV in the area. This data included statistics from the years 2000-2007 and the categories examined were number of cases per year, number of arrests made, male or female arrests, misdemeanor or felony arrests, and battery arrests. Results from trend analysis reports indicate there is an overall increase of reports of IPV across this time span. While the year 2003-2004 showed a downward spike in IPV, the following year showed a dramatic increase and has continued to do so until 2007. There were limitations from the years 2003-2006 for the female arrest category. More data needs to be obtained in order to analyze and report a complete trend in this area of our research. Future research is recommended in order to establish ways of empowering individuals in breaking the circle of IPV and to improve treatment centers and police departments that assist victims and perpetrators of IPV. Past research shows that IPV is a health issue for individuals in a relationship regardless if they are married, cohabitating, or dating. Age, race, income, sexual orientation, and place of residence may be socio-demographic factors that affect the phenomena.

Recommendations

Future research is recommended in order to establish ways of empowering individuals in breaking the circle of IPV and to improve treatment centers and police departments that assist victims and perpetrators of IPV. This research indicates there may be a need for more education in order for the cycle of violence to stop, and further research is necessary for prevention and intervention of IPV. Education of organizations such as responding police departments, health care provid-


ers and technicians, and other community services that help individuals in the circle of violence is warranted. These groups need to have more knowledge on how to become more effective in treating victims and perpetrators of IPV. Individuals caught in the circle of violence need to learn how to resolve their violence patterns before they need assistance from the police or healthcare providers. Future research in this area is recommended in order to establish ways of empowering individuals in breaking the circle of IPV and to improve treatment centers and police departments that assist victims and perpetrators of IPV.

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The Impact of Welfare Reform on Temporary Assistance to Family Recipients and Their Response to Change

Diane Jefferson
McNair Scholar

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Abstract

This study examined the impact of Welfare Reform on Temporary Assistance to Families (TAF) recipients and their response to TAF changes. A sample of sixteen TAF recipients were referral clients of the Department of Social and Rehabilitation Services attending a required Life-skills class at a local faith-based social services agency. Through open ended semi-structured interviews with recipients, the researcher sought to determine client knowledge of welfare-to-work reform, how the recipient would define a successful outcome, and what additional services could be provided to enhance structured life-skills classes. Data revealed limited knowledge of welfare reform (in the context of how reform impacted the recipients' lives) and low perceptions of applicability of life-skills training to long-term self-sufficiency. The findings suggest further examination of policy in regard to time limit extensions, education for recipients, and the need for transitional support.

Introduction

Welfare reform and its impact on individuals who receive public assistance (Temporary Assistance to Families [TAF]) generated numerous studies after the passage of the Personal Responsibility and Work Opportunity Act (PRWORA) of 1996. PRWORA changed how federal financial assistance was administered. Legislators administered assistance in the form of allocating block grants, setting time limits on receiving benefits and requiring recipients to engage in work-related activities. The Act promoted work, its goals to reduce dependence on cash aid, while promoting marriage and the decrease of unwed childbearing (Grogger, Karoly, & Klerman, 2002).

Major emphasis was placed on the employment component of welfare reform as a means to decrease childhood poverty and reduce lifetime dependence on public assistance. By requiring the TAF recipients to engage in work-related activities, the responsibility for the success of their families was given back to the recipients. As states designed their programs, early programs emphasized work first; job skills and education became less than priorities. TAF recipients comprised a diverse population with numerous cultural and gender biases. Education, job histories or skills and health of the recipient had no bearing on the five-year time limits in the early welfare-to-work programs. Success was indicated by fewer clients receiving benefit. The



needs of former recipients to maintain employment or progress in those jobs remained unaddressed. The study's focus sought to understand the recipients' knowledge of welfare-reform mandates and how those mandates impacted their lives and what the recipients felt would facilitate their not returning to welfare rolls.

According to a report published by the Urban Institute, studies done in Wisconsin, South Carolina and Texas reported recipients leaving the welfare rolls in their states increased by 87%, 61% and 55% respectively (Brauner & Loprest, 2002). Yet, these falling welfare caseloads do not necessarily equate with reduced poverty and inequality (Lichter & Ruchamali, 2002). The number of poor female-headed families with children dropped from 3.8 million to 3.1 million between 1994 and 1999, a 22% decline compared to a 48% decline in caseloads; the working poor now constitute a greater share of all poor people (U.S. Bureau of Census, 2001; U.S. Department of Health & Human Services, 2000). Additionally, the official poverty rate did not adjust for geographic cost-of-living differentials or in-kind benefits.

Current welfare recipients may be longer-term recipients, with more problems such as few job skills and inadequate childcare. In a longitudinal study of welfare recipients in Michigan, nonworking women on welfare are less likely to have a high school degree, have fewer job skills and have more physical and mental health problems than do employed recipients (Danziger, 2001). Lichten (2000) questions the state of the economy versus the success of welfare reform. Lichten states, "More importantly further evaluation of the education and skills component of reform will be indicators for success." As recipients moved from public assistance as their primary source of income to employment, the rationale for success became convoluted. One of the goals of the PRWORA was to reduce the welfare rolls and force recipients to work. This was accomplished, but other issues arose. The types of employment, wages and benefits had not been taken into consideration.

Longterm financial security, the opportunity to advance within the current employment setting

and affordable health insurance to combat poverty had not been a priority. The population government officials were seeking to empower families with children who were faced with new barriers to self-sufficiency. The loss of no-cost healthcare coverage and food-stamp benefits were issues for the assisted families, as well as the cost of daycare for children under the age of five. In the article "Where Are They Now? What States' Studies of People Who Left Welfare Tell Us," Brauner addresses the employment issues of PRWORA. Job market, geographic locale, types of jobs and wages created barriers for welfare-to-work populations.

Many former welfare recipients had low employment skills which limited the types of jobs they could obtain. Leavers' jobs generally were concentrated in low-wage industries and occupations (Brauner & Loprest, 1999). This study compared state-to-state employment trends among former TAF recipients with some states fairing more favorably than others. Low skill entry-level jobs and the resultant low wages contributed to families living below the national poverty level, requiring government assistance. As welfare reform evolves, education for recipients should be seriously considered for a more successful outcome of moving welfare recipients to self-sufficiency. State and local government agencies investing more dollars of block grants in education and building job marketability would keep this population from returning to public assistance.

While the numbers of welfare recipients with jobs have shown a dramatic increase since the passage of PRWORA in 1996, there are still a small portion of recipients who are considered "hard to serve" approaching time limits. The study done by Moffitt (2000) provides support that PRWORA has achieved the goals it set out to do, but 25% of that population is considered "hard to serve," many of which are single women with children. This "hard to serve" population has poor education, little or no job skills, and poor health (Moffitt, 2000).

The Three-City Study by Moffitt and Cherlin (2002) was a longitudinal survey of approximately 2,500 low-income families with children who were



living in low-income neighborhoods of Boston, Chicago and San Antonio. Data for the Three-City Study, collected in 1999, provided a wide range of information on employment, income, family structure and characteristics of the caregiver. Given that this range of information was considerably broader than the data used for most other welfare-leaver studies, researchers were able to document more fully how welfare “stayers” were doing (Moffitt & Cherlin, 2002). The state of the welfare “stayers” (as Moffitt referred to them) appeared unchanged in the 12 years since PRWORA. Not enough support systems were in place for this “hard to serve” population. Policy changes were needed to develop programs to address education and job marketability.

Historically, women in the workforce have been disadvantaged. When coupled with lack of education and health issues, finding and maintaining well paying jobs to support their families are more difficult. In the 2002 follow-up study, Moffitt examined the characteristics of women staying on public assistance and those that left. Utilizing data analysis from the Current Population Survey and the Three-City Study, the findings showed little change in the “hard to serve” TAF families. The most common disadvantage in both studies was the lack of education of the recipient (Moffitt & Cherlin, 2002).

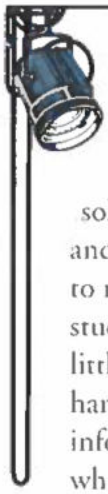
Providing more incentives to working mothers would assist the “hard to serve” in maintaining employment. Current incentives for welfare-to-work programs are healthcare coverage, childcare and transportation assistance for brief periods of time. Incorporating post-secondary education as an option to gaining and maintaining longterm job security would assist the TAF recipients in leaving public assistance permanently.

Recent welfare analysts and researchers agree that the large increase in single parents’ labor-force participation and the steep declines in welfare caseloads in the 1990s were due to a strong economy, increased support for working families and an emphasis on work by state TAF programs. Based on research in this area, Besharov estimated the economy accounted for 35 to 45 percent of the

decline in the welfare caseloads (Besharov & Germanis, 2003). Researchers have no choice but to re-examine outcomes and limitations of welfare reform in the face of a weakened economy.

The numbers of families on assistance have decreased since 1996; the plights of these families are now being examined. Prior research substantiated that large numbers of families who have been sanctioned faced significant barriers to employment, such as health problems, children with health problems, low basic skill levels and substance abuse problems (Pavetti, 2003). The goals of welfare-to-work programs were to increase employment and decrease poverty. Researchers have found the opposite occurring. The limits imposed on job training and education for TAF recipients should be lifted according to Martinson. These restrictions will not help states address the issues of stagnant earnings for former recipients and the increasing number of former recipients without jobs (Martinson & Strawn, 2003). The opposition to job training and education seems to be driven in part by research from the 1980s and early 1990s showing that welfare-to-work approaches that stressed basic education in classroom settings without strong links to employment had modest impacts on employment and earnings. Martinson states the design of current education and training approaches have taken this research into account and developed new approaches that increase welfare recipients’ skills and earnings by combining education and job-skills training. New evidence suggests the combined approaches are more effective than welfare-to-work programs that focus solely on job search and related activities (Martinson & Strawn, 2003).

Anderson (2004) agreed that combining education with job-skills training was more effective for TAF recipients’ success. A 2001 study re-examined the numbers of recipients off the welfare rolls and found many had returned to public assistance. In a focus group conducted by Anderson in high-poverty neighborhoods of Chicago, research revealed that women who had previously been off welfare had returned due to job instability, poor



wages, problems with daycare and various other reasons. As a social worker interested in solutions, Anderson sought to go beyond the data and provide suggestions for solutions as counters to returning to public assistance. The women in his study felt they had been pushed off the system with little support to be successful. The social workers handling their cases were not forthcoming with information regarding services available to them while employed, and recipients were forced into jobs that were temporary. Many thought more education would have helped them remain off public assistance.

Additionally, Anderson's research modeled the strengths perspective of the women leaving welfare which utilizes each woman's personal attributes, experiences and skills to overcome employment barriers (2004). Work-first programs demonstrated savings to the government and reduced the caseloads, but the well-being of the recipients was not addressed. Anderson suggests, "The need for negotiated services plan and expectations tailored to individual needs and strengths" will make the exit from public assistance more successful and permanent.

A true comparison study among varying countries may not be possible, as most countries have a different organizational structure for their social services agencies and apply different methodologies. For instance, reform in countries such as Norway and Canada are less restrictive in their time limits, but incorporate more funding in education and training to decrease their welfare caseloads. In fact, Hauges (2006) found the effects of welfare reform in Norway varied with the characteristics of the recipients and the conditions of the labor market. Programs that were voluntary had the greatest impact on those leaving welfare, as the recipients were more motivated than the "forced" participants. Hauges surmised that interventions intended to help welfare recipients become self-sufficient involved several components and to measure these components individually was impossible. To evaluate the success of former recipients, the variables of length of work experience, job-search assistance, remedial education, job clubs, vocation-

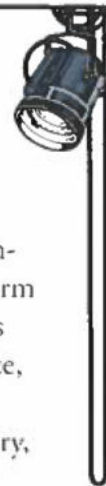
al training and financial incentives were observed. The end results were only marginal, in that other factors came into play that further decreased the positive outcomes for welfare recipients. Hauges further pointed out that criminal backgrounds and drug and alcohol issues were not accounted for in American studies (2006). These two negative attributes had significant effects on whether the welfare recipient was able to integrate into the workforce.

Much research has been done since the passage of the Personal Responsibility and Work Reconciliation Act in 1996, as well as much discrepancy in its success. Many researchers measure the bill's success by the decrease in numbers on the welfare rolls, while others see only marginal success. When defining welfare-to-work success, has the TAF recipient been empowered with tools to make a permanent exit from welfare? Have service providers assisted the recipient with the skills needed to get and keep a job? Have they provided educational options to increase job mobility? Further examination of welfare mandates by legislature in regards to extending time limits, education and training, and transitional support appear warranted. By extending the time limit for benefits and providing more education and training, can the TAF recipients now sufficiently care for their families? The intent of this study seeks to answer that question.

Methods

Subjects

Selected participants were referral clients of the Department of Social and Rehabilitation Services to a life-skills class conducted by a faith-based, social service agency. Participants were over the age of eighteen and screened by the Department of Social and Rehabilitation Services for competency in participating in the life-skills class. The initial screening done by the Department of Social and Rehabilitation Services eliminated further screening. Participation in the study was strictly voluntary. By the voluntary participation nature of the study, the intended goal was to gather data from a diverse pool of individuals with regards to age, ethnicity and gender.



Design

The design was a simple comparison study of the knowledge of welfare reform and the application of imposed mandates for the TAF recipients. The participants were selected from a convenience pool of clientele at a local social service agency. A phenomenological approach was employed, in that the researcher examined common themes of the experiences of the participants affected by welfare reform. Based on their responses, the researcher developed the “themes” of the phenomenon in the analysis section. The researcher sought to find common themes or barriers to poor outcomes for the TAF recipients in the workforce.

Instrument

The research project was a qualitative study of the impact of welfare-to-work mandates on families receiving public assistance. Through open ended semi-structured interviews with recipients, the researcher sought to determine client knowledge of welfare-to-work reform, how the recipient would define a successful outcome and what services could be provided to assist the TAF recipients leaving welfare permanently.

While reliability cannot be measured as easily in a qualitative study, the dependability of the structured interview will exhibit common themes. Golafshani (2003) asserts the equivalent of reliability and validity can be ascertained by triangulation of “credibility and trustworthiness” (p. 600). To establish credibility of this study, the structured interviews consisted of sixteen questions repeated with each test participant to allow for individualized responses. The bases for the structured questions were to seek a commonality of responses and to further understand welfare reform from the population most affected. Golafshani (p. 601) affirms the concept of reliability of qualitative research in terms of confirmability of the data, dependability of data collected and the transferability of data as essential criteria. Obtaining similar results from replicated studies using the structured interview instrument with diverse subject population would verify the trustworthiness of the measure.

Procedure

The investigator visited a local life-skills class. The research project was described by the investigator, and participants accepted. Those interested in participating were given a consent form describing the project. Male and female subjects were invited to participate without regard to race, nationality, marital status or sexual orientation. Participants were told participation was voluntary, and they could withdraw from the study at any time. Participants were required to sign a consent form to participate.

The interviewer questioned the participants in a quiet and private office to ensure confidentiality. The semi-structured interviews were audio-taped and later transcribed for reference purposes in the analysis phase of the study. The semi-structured interview questionnaire allowed for follow-up questions as appropriate. Each interview was approximately 15 - 20 minutes in length. Participants were informed the interviews would be taped; the participants were given the option of not being taped if that was their preference. The interview tapes were transcribed by the investigator to gather raw data. Utilizing thematic categorization, the transcripts were later used as a reference to analyze the data.

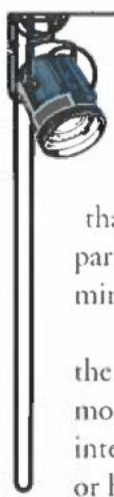
Limitations

The limitations encountered in this study were the small sampling population and a limited time factor. Due to time constraints, the sampling of interviewed clients was small and may not provide a complete picture of the short comings of life-skills classes and successful outcomes in welfare-to-work programs.

Analysis

Demographic Results

Sixteen participants from a local faith-based social services agency established the final sampling pool. The age range of the subjects interviewed was 18-46 years of age, with a median age of 28. The participants consisted of 13 females and three males. In terms of race/ethnicity, the sample included six African-American participants, six Cau-



casian participants, one Hispanic participant, one Asian participant and two participants that identified as "bi-racial." Thus, over 2/3 of the participants would be identified as racial/ethnic minorities.

All recipients had received benefits less than the five year limit with 75% collecting benefits six months or less. Ten of the 16 participants had an intermittent history of receiving welfare assistance or had been children in households receiving benefits.

Of the 16 interviewed, five participants had dropped out of school at the high school level. Two of the five had returned to receive a GED. Four of the remaining 11 participants graduated from high school and went to a vocational school or enrolled in at least one college course. Seventy-five percent (n=12) of the study participants rented a home or apartment, one was a homeowner and three participants lived with extended family. Fifteen of the 16 participants interviewed had two or more children, and one was pregnant with her first child. Further interaction with these participants revealed only two of sixteen had no previous work history.

Phenomenological Themes

Analysis of the interviews revealed two common themes regarding participants' knowledge of welfare reform (in the context of how reform impacted their lives) and perceptions of applicability of life-skills training to their long-term self-sufficiency. Additionally, this study noted additional findings that could be mitigating circumstances to the aforementioned two themes. Poor comprehension and reading skills contributed to participants' meager knowledge of welfare reform or how life-skills classes improved their lives. This will be addressed later in the analysis section, as these cases appeared to support the aforementioned literature profiles.

Knowledge About Temporary Assistance to Families' (TAF) Reform

For the purpose of this study, welfare reform was defined as the maximum time limit to receive TAF benefits (60 months) as well as the stipulation that the applicant or recipient must participate in classes such as life-skills or job readiness and

actively seek employment in order to continue receiving benefits. PRWORA required TAF recipients to participate in work-related activities. These requirements directed by the federal government gave state and local officials guidance in orienting their welfare systems toward work-focused policies and services, fostering organizational culture change and influencing the behavior of TAF applicants and recipients. Time limits heighten the need to engage clients, including those with barriers to employment, in activities that promote self-sufficiency. Of the participants, 62% (n=10) had some knowledge of welfare reform. Thirty-eight percent (n=6) had no knowledge of welfare reform. None of the subjects were well versed in the changes that impacted their lives. For instance, participant 13 stated that "This class won't help me get a job." This statement was representative of participants 12 and 3's statements, respectively: "While I'm sitting in here for six hours a day, I could be looking for a job"; "This is a psychology class...it ain't helping me find work [sic]."

Connection Between Job Training Skills and Gainful Employment

Ninety-four percent (n=15) of the participants said they saw no connection between their attendance in life-skills classes and increasing their self-sufficiency. For instance, participant 13 stated, "I know how to get a job; they not teaching nothing I can use [sic]." Participants 2, 3, 11 and 16 collectively said "The topics don't apply to my life." Although not semantically exact, participants 12 and 3 expressed a similar premise: "How do coming here help me [sic]?" "What have I learned when this class is over... still don't have no job."

Additional Results

The study identified five major barriers that inhibit self-sufficiency: education, criminal backgrounds, medical conditions, childcare and transportation cost. Eight of the 16 interviewed had a high school education or less. Five of 16 had criminal backgrounds and two of the 16 had major medical issues. Fourteen of 16 reported having childcare issues. All respondents indicated problems with transportation. For example, one partici-

pant stated, "The only jobs I can get are at night. The buses don't run after 6 o'clock." Participant 11 stated, "If you don't live on a bus route, you are stuck walking a mile to the bus stop." Many participants reported that taking public transportation with children was difficult: "I have four kids to try and get to school before I can go to work on the bus. It cost a lot and the bus ain't convenient [sic]," stated participant 2.

Discussion

The federal government has issued a mandatory time limit for receiving benefits and has given individual states the discretion to utilize which activities to promote welfare-to-work transition. Job search and job readiness assistance are components utilized most often in conjunction with life-skills classes. Data from this study illustrates a poor correlation of what the TAF recipient knows in regard to welfare reform and how life-skills classes will help them achieve self sufficiency. The data further implies the need to investigate options to overcome barriers of criminal histories and longterm and persistent physical and mental illnesses. In theory, if the recipient had a more thorough understanding of the welfare-to-work mandates, a clearer connection between life-skills and job readiness training classes to gainful employment and the opportunity of employment in spite of a criminal history, the barriers that keep the recipient dependant on government assistance would be reduced.

These numbers are not representative of the national profile, but provide insight to warrant further study of benefits knowledge versus the need of life-skills classes from the recipient's point of view. It calls in to question to whom social workers direct change: clients receiving services, the agencies providing the services or the government for mandating change.

When discussing the barriers that kept the recipient dependant on assistance, many became angry. Participant 14 stated, "They make you feel rushed to get off assistance, but don't give you the tools to get a job making enough money to take care of my family [sic]." Participant 4 responded,


"I want to get a good job, but how can I do that after dropping out of school? I can't read good or type [sic]." Faced with these issues, can the welfare recipients successfully integrate into the work force without an educational intervention? Non-working women on welfare are less likely to have a high school degree and have fewer job skills than do employed recipients (Danziger, 2001).

Individuals receiving public assistance are an at-risk population nation-wide. They include those who have not completed high school, single parents, people with physical and mental health issues, immigrants and individuals with criminal backgrounds. How do we as a society expect such a large population to integrate into mainstream society without a full understanding or the tools by which success is measured?

Education should be given serious consideration for a more successful outcome of moving welfare recipients to self-sufficiency. State and local government agencies investing block grant allocations into education and building job marketability for the TAF recipients could theoretically prevent this population from returning to public assistance.

Another common barrier uncovered upon interview was the criminal histories of five of the 16 participants. Participant 2 stated, "I got arrested when I was 17 for burglary and a lot of companies still won't hire me 'cause I got a record [sic]." Participant 9 stated, "I was arrested and did time in jail for possession; the only jobs I can get since I've been out is at fast food restaurants." These statements exemplify the setbacks some TAF recipients face in trying to achieve self-sufficiency. Hauges (2006) notes that criminal backgrounds and drug and alcohol issues are not accounted for in American studies. He further implies these two negative attributes had detrimental effects on whether the welfare recipient was able to integrate into the workforce.

Childcare and transportation are issues for TAF recipients as well. Due to poor job skills and lack of education, jobs which the recipients are qualified for are customarily on second or third shift. These unconventional work schedules leave the recipients



without transportation to and from work, amplifying the difficulties of finding childcare.

Conclusion

The focus of the study was to understand how TAF recipients felt about the governmental changes that impacted their lives. To understand their perspective, their knowledge of welfare-to-work mandates was first examined. Sixty-two percent of those interviewed had some knowledge of welfare reform. The breadth of that knowledge was the five year time limit and the requirement to attend life-skills classes. Attending life-skills classes was perceived as a hindrance as opposed to a help in gaining self-sufficiency. Overcoming criminal and medical conditions as well as enhancing their education were concerns of this population. Many felt getting a job was the primary focus of welfare reform, but post-secondary education as a means to earning a higher wages was not an option. Utilizing intensive case management to aid the TAF recipient in resolving employment barriers is a plausible solution. Childcare and transportation were minor issues for the TAF recipients. One hundred percent of participants interviewed indicated that lack of education barred them from maintaining employment at times conducive to daycare and public transportation schedules. By supporting post-secondary education in state block grants, long-term childcare and transportation problems could be eliminated. The findings of this study suggest legislative changes are needed, including extending the five year time limit, education and training, and transitional support. These recommended changes would provide ways to address barriers to self-sufficiency and to better equip TAF recipients to care for their families.

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Evaluating the Baseline Results of the “Real Men, Real Heroes” Program

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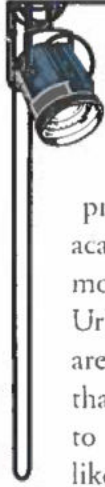
Abstract

This study examined the baseline results of the “Real Men, Real Heroes” project. The “Real Men, Real Heroes” program was designed to provide male students with systematic exposure and interaction with adult male role models. As widely known, African-American males are at a significant risk for poor academic performance, school absenteeism and increased violent behavior. These negative outcomes may be, in part, a result of a lack of positive male role models within the family and the community. Young males from three elementary schools, two middle schools, and one high school from USD 259 school district were surveyed. These schools were selected because of the high percentage of African Americans in the schools. Due to existing research, an initial hypothesis seems to indicate that African-American males will be less likely to live with their fathers than any other racial group; that African-American males will be more likely to aspire to be professional athletes than any other racial group; that African-American males will aspire to attend college as other racial groups; that African-American males believe that they can become whatever they want to become; and that African-American males feel that the adults in their lives support them. Limitations and further research will be discussed.

Introduction

The outlook for success for African-American males is bleak. African-American males are more likely to die by homicide, more likely to be incarcerated than their white counterparts and are contracting HIV at an alarming rate. According to the National Urban League (2007) “State of Black America Portrait of the Black Male” Report, not only are “Black males under 25 years of age 15 times more likely to die by homicide than their white counterparts,” but African-American males are also more likely than their white counterparts to be convicted and receive longer sentences. A new trend that is growing in the African-American male community is contraction of HIV/AIDS. According to Pedro Noguera, “African American Males are contracting AIDS and HIV at a faster rate than any other segment of the population” (pg. 431). These facts reveal the dismal present situation of the African-American male.

The educational outlook of young African-American males does not appear much better. African-American males are struggling in schools. Educator James Earl Davis (2008) states in “Early Schooling and



Academic Achievement of African American Males” that African-American males are disproportionately represented in several categories of academic failure. African-American males are also more likely to drop out of school. The National Urban League 2007 report revealed that “Blacks are more likely to have dropped out of high school than their white counterparts (18% compared to 14%),” and African-American males are more likely to have poorer grades and lower graduation rates than white students (Gutman, Sameroff, and Eccles, 2002). Despite these findings, African-American males consistently report that their education is important to them. In a study conducted by Pedro Noguera, 90% of African-American respondents agreed that their education was important and that they wanted to go to college. Interestingly, however, in the same study, only 18% of respondents stated that they worked hard to achieve good grades. These findings seem to be inconsistent. This indicates a disconnect with the aspirations and behavioral outputs of African-American males.

Risk factors associated with poor academic performance in young African-American males include impoverished living conditions, neighborhoods with high crime rates, exposure to substance abuse at an early age, low socioeconomic status, single parent households and lack of male role models (Noguera, 2003). Protective factors associated with academic success in young African-American males are a supportive family environment, parental involvement, availability of external support systems (such as peers and teachers) and the presence of a familial role model (Gutman, Sameroff, and Eccles, 2002; Bryant and Zimmermann, 2003).

There is a dearth in the literature concerning the lives and behavioral outcomes of African-American males. In one study, Bryant and Zimmerman (2003) surveyed adolescents about whether they have role models, who those role models are, and their responses were correlated with their school attitudes, their grade point averages and their school absences. The results showed that those with no role model exhibited the most

problem behavior and that having a male role model was associated with higher grade point averages and better school attitudes. Adolescents who live with their fathers are more likely to report him as their male role model. The study also revealed that adolescents without a positive role model may be more at risk for negative outcomes such as problem behaviors, poor school attendance and attitudes, which may lead to dropout or expulsion.

This evaluation examined the baseline results of the “Real Men, Real Heroes” program. In order for African-American males to attain success, it is important that young African-American males have someone that they can look up to. The Wichita Children’s Fund financed the “Real Men, Real Heroes” program to provide elementary, middle and high school African-American male students with systematic exposure and interaction with positive adult male role models. The young males were supplied with trading cards of local men within the community that were described as heroes due to their academic or professional success. These “Real Men” also attended functions in the community and discussed future educational pursuits with young men as well as career aspirations. The “Role Model” survey was administered to capture the opinions of the young men about role models and their future goals.

Methods

Participants and Setting

The participants in this study were 473 male adolescents ages 8-15. The sample included third, fifth, seventh and ninth grade males. The mean age for the participants was 11 years old and the average grade was sixth. There were 212 African-American participants (45%), 106 Caucasian (22%), 43 Asian American (9%), 32 Hispanic (7%), 19 Native American (4%) and 61 biracial (13%). Participants were surveyed from schools in Wichita, Kansas, school district USD 259.

Procedure

The Institutional Review Board at Wichita State University approved this study. The USD 259 assistant superintendent helped with the selection

of schools. This was based on these schools having the highest percentage of African-American students enrolled. The schools selected were three elementary schools (Adams, Jackson and Spaght), two middle schools (Brooks and Coleman), and one high school (Southeast). At the elementary schools and middle schools, the Behavioral Community Research and Action Team administered the surveys. Intercom announcements were made for all 3rd, 5th and 7th grade male students. Surveys were administered to the students in either the classroom (Spaght), in the auditorium (Brooks and Coleman) or in the cafeteria (Adams and Jackson). The surveys were read aloud for the third-grade participants. At the high school, the guidance counselor administered the surveys.

Instrumentation

The "Role Model" Survey was the instrument used to collect the data. The survey included 17 items created by Dr. Rhonda Lewis-Moss and Dr. Jim Snyder. The survey consisted of questions concerning role models, activities that students like to participate in and outside of school as well as future career and educational goals. For the purposes of this study, five questions were analyzed.

Role Model Survey

Do you live with your father?

- Yes, all of the time
- Yes, some of the time
- No, I do not live with my father

What kind of job do you want to have when you grow up?

Open-ended question

How far do you see yourself going in school?

- High School
- Some College
- 4-year College degree

Role Model Survey (continued)

I believe that I can become whatever I want to become.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

I believe the adults in my life support me in achieving my dreams.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

Hypothesis

1. It is hypothesized that African-American males will be less likely to live with their fathers than any other racial group.

2. It is hypothesized that African-American males will be more likely to aspire to be professional athletes than any other racial group.

3. It is hypothesized that African-American males will aspire to attend college equivalent to other racial groups.

4. It is hypothesized that African-American males believe that they can become whatever they want to become.

5. It is hypothesized that African-American males feel that the adults in their lives support them.

Results

Do you live with your father?

The results show that 35% of African American males reported living with their fathers most of the time. Sixty-eight percent of other racial groups reported living with their fathers most of the time. Thus, African American males are less likely to live with their father than other races.



What kind of job do you want to have when you grow up?

Table 1 shows the results for the top three jobs that African-American adolescent males wanted and non African-American males wanted.

Table 1

<i>African-American Males</i>	
National Basketball Association	36 participants (17%)
National Football League	27 participants (13%)
Doctor	14 participants (7%)
<i>Non African-American Males</i>	
Doctor	17 participants (7%)
Engineer	11 participants (4%)
National Football League	10 participants (4%)

As the results show, African-American adolescent males were much more likely to aspire to become professional athletes than non-African-American males.

How far do you see yourself going through school?

Table 2 shows the results for the percentage (by race) of male adolescents who envision themselves completing a four-year college degree.

Table 2

African-American	74%
Caucasian	74%
Hispanic/Latino	50%
Asian American	67%
Native American	79%
Biracial	81%

The results reveal that African-American males aspire to attend college as any other racial group.

I believe that I can become whatever I want to become.

The results show that 69% of African-American males strongly agreed with this statement and 56.5% of non African-American males strongly agreed with this statement.

I believe that the adults in my life support me in achieving my dreams.

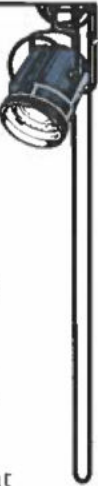
The results show that 61% of African-American males strongly agreed with this statement and 53.4% of non African-American males strongly agreed with this statement.

Discussion

According to the results of this study, African-American male adolescents were less likely to live with their fathers than non African-American adolescent males; were much more likely to aspire to be professional athletes than non African-American adolescent males; aspired to attend college as any other racial group; believed that they could become whatever they wanted to become; and believed that the adults in their lives supported their dreams.

Major Contributions

African-American males were less likely to live with their fathers than other racial groups. This is consistent with previous research. In our study only 35% of African-American participants lived with their fathers, and previous literature states that 70% of African-American males do not reside with their fathers. As previously stated, one protective factor associated with academic success for African-American males is having a familial role model, and it is important that African-American males have a male role model to look up to. Without a father in the home, a positive male role model may be difficult to find. There may be numerous reasons why African-American males do not live with their fathers. One reason is that African Americans in general do not marry as frequently as other ethnic groups, although the number having children has not changed over time. Thus, African-American



children are less likely to have intact families. Yet, this does not suggest that African-American fathers are not involved in their children's lives or that other male role models are not present.

African-American males were also more likely to aspire to be professional athletes than any other racial group. This is also consistent with previous literature: "Many black males view sports or music as a more promising route to upward mobility than academic pursuits" (Noguera, 2003, pg. 438). This may explain the inconsistency with the findings that African-American males value their education, but do not work hard enough to attain good grades. If they feel that the only way to become successful is to be a professional athlete or famous musician, then education may not be the avenue that leads to success in their eyes. Something else that may contribute to African-American males aspiring to be professional athletes more than any other racial group is that they lack positive male role models within the family or the community who pursue other professions and the only successful African-American males that they observe in the media are professional athletes.

According to our study, African-American males aspired to attend college as any other racial group. This is consistent with other research: "Literature has noted that Afro-American children and youth have higher aspirations to achieve than any other group" (Shade, 1983, pg. 140). The question becomes if they do aspire to attend college as any other racial group, why are they not attending college at the same rate as other racial groups? According to the 2005 Census, African-American males only make up 5% of the college population. Possible explanations may be associated with teacher expectations or a feeling of financial insolvency, which may lead to young African-American males' lack of success.

African-American males believe that they can become whatever they want to become. There has been little research conducted on whether this is a true statement for African-American males, but the results from this study show that African-American males do, in fact, believe that they can become whatever they want to become.

Lastly, the results of this study show that African-American males believe that the adults in their lives support their dreams. Again, there has been little research conducted in this particular area. It must be questioned that if African-American males believe that they can become whatever they want to become and they believe that the adults in their lives support their dreams, why does the outlook for success for African-American males appear so bleak and what factors are contributing to their failure?

Limitations

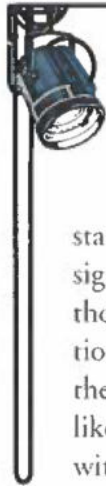
One limitation of this study is that the sample size may not be representative of all African-American and non African-American males in the Wichita School district. It is difficult to generalize the sample to the broader population. However, with the guidance of the assistant superintendent, the researchers selected the schools with the highest African-American population.

Another limitation of this study was the wording of the questions. The third grade participants commonly misinterpreted the question "I believe that I can become whatever I want to become." To be assured that questions are interpreted correctly, some questions may need to be written in a manner that corresponds with the appropriate reading level.

Another limitation is that this survey was self-reported, and therefore the children may have given socially desirable answers rather than honest ones. Self-report reduces confidence in our results, although the surveys were completely anonymous.

Future Research

For future research, it would be appropriate to conduct a short-term follow-up as well as a long-term follow-up to evaluate whether participating in this project actually changed the adolescent males' educational and career aspirations. Also, it would be beneficial to ask more in-depth questions. In addition to inquiring into their opinions on role models and career goals, questions concerning sexual activity and substance use as well as general health behaviors might be beneficial. It might be important to collect qualitative information in order to ask more in-depth questions.



Conclusion

Taken together, it is important to understand the opinions of young people in order to design effective interventions and to determine their thoughts and perceptions about their career aspirations, lifestyles and future aspirations. Although the success for African-American males appears unlikely, there are protective factors that are associated with the academic success of African-American males and positive outcomes. Interventions and programs that are developed must be tailored to fit the unique situation of young African-American males. Success is a possible outcome for African-American males. It seems that they desire success in academics as well as in their future professional careers. They just may not know how or what to do to get there. With the assistance of effective interventions that provide mentoring and positive role models for African-American males, improvement in academic outcomes and other positive outcomes is attainable.

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Assessing Two Causes of Risky Sexual Behavior in Men Who Have Sex with Men: Self-Esteem and Perception of Advancements in HIV/AIDS Treatment

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Abstract

Since the onset of the HIV/AIDS virus in the United States, Men Who Have Sex with Men (MSM) have been disproportionately infected. As of 2005, MSM have accounted for 68% of male adults and adolescents, as well as 54% of all people who have received an HIV/AIDS diagnosis. The Center for Disease Control and Prevention (CDC) declared a number of factors contribute to the high rates of HIV-infection. The success of Highly Active Antiretroviral Therapy (HAART) may have minimized the negative perceptions of HIV/AIDS and thus lead to an increase in unprotected anal intercourse. Self-esteem has also been suggested to have increased risky sexual behavior. This study will examine these two causes of risky sexual behavior among MSM. One-hundred MSM participated in this study. Participants completed a 55 item survey titled "Risk Assessment Survey." Results of this study indicated a statistically significant difference between self-esteem and risky sexual behavior for two risk behaviors: mean number of unprotected sexual partners and frequency of condom use. The results also indicated a statistically significant difference between perceptions of HIV/AIDS treatment and risky sexual behaviors for three risk behaviors: mean number of sexual partners, mean number of unprotected sexual partners, and frequency of condom use. Limitations of this study were the number of participants, educational level of participants, and self-reported survey information.

Since the onset of the HIV/AIDS virus in the United States, Men Who Have Sex with Men (MSM) have been disproportionately infected. In 2005, MSM accounted for 71% of adult males and adolescents, and 53% of all people who received an HIV/AIDS diagnosis that year (Center for Disease Control and Prevention [CDC], 2007). There was an 11% increase in HIV/AIDS diagnoses among MSM from 2001 to 2005 (CDC, 2007). These statistics are alarming considering less than 7% of adult men and adolescents in the United States are MSM (CDC, 2007).

MSM in the United States, as of 2005, have also accounted for 68% of male adults and adolescents, as well as 54% of all people, who have ever received an HIV/AIDS diagnosis (CDC, 2007). This indicates that not only has HIV/AIDS affected MSM at disproportionate rates, but as of 2005 it still continues to affect this population. Researchers and practitioners are alarmed at the high infection rates of HIV/AIDS among MSM. The present statistics illustrate the need for continued intervention and prevention strategies designed for this population.



Factors of HIV/AIDS Infection Among MSM

It is important to examine what factors place MSM at risk for HIV/AIDS infection. The CDC (2007) declared there are several reasons for high HIV/AIDS rates among MSM: (A) Sexual Risk Factors; (B) Substance Use; (C) Complacency about Risk; (D) Unknown HIV Sero-Status; (E) MSM who are HIV-positive; (F) The Internet; (G) Social Discrimination and Cultural Issues; (H) Lack of Communication and Risk Assessment; and (I) Concurrent Psychological Problems. This study will examine two causes of risky sexual behavior among MSM: self-esteem and perceptions of advancements in HIV/AIDS treatment. Current research suggests that these factors may increase unprotected anal intercourse (UAI).

Advanced HIV/AIDS Treatment (HAART)

Combination antiretroviral therapies have resulted in improved health and increased survival among people living with HIV/AIDS (CDC, 2007). Current research indicates that negative perceptions of HIV/AIDS have decreased since the introduction of more effective treatments, particularly the success of Highly Active Antiretroviral Therapy (HAART). The availability of HIV/AIDS treatments may have brought about reduced concern for HIV/AIDS, which may be influencing risky sexual behaviors (Kalichman et al., 2007; Adam et al., 2005; Venable et al., 2000; Remien et al., 1998). Drug therapies that became available in 1996 have revolutionized HIV/AIDS treatments which may have caused a belief that HIV/AIDS has become a chronic illness and not the life-threatening disease that it once was (Kalichman et al. 2007; Kalichman et al., 1998). Due to the success of HAART, some MSM have lost the sense of urgency surrounding AIDS and have reverted to unsafe sex practices (Bakeman & Peterson, 2007; Kalichman et al., 2007; Adam et al., 2005; Venable et al., 2000; Remien et al., 1998).

Improved HIV/AIDS treatments are changing perceptions of HIV/AIDS. Treatment advances may increase risky sexual behavior among some MSM who now view HIV/AIDS as less threaten-

ing (Bakeman & Peterson, 2007; Kalichman et al., 2007; Adam et al., 2005; Venable et al., 2000; Remien et al., 1998). According to Suarez and Miller (2001) and Ostrow et al. (2000), the negative aspects of HIV infection have been minimized since the introduction of HAART. The minimizing effect of HAART has given MSM a false perception of what life is like living with HIV/AIDS and has led to an increase in risky sexual behavior (CDC, 2007). In a study done in the Midwest by Kell et al. (1998) of 379 participants, 13% felt that the threat of AIDS is less serious than in the past and 18% of HIV-positive men admitted practicing safe sex less frequently because of the new combination therapies. HAART has drastically changed treatment of individuals living with HIV/AIDS; however, it is important that MSM understand that advancements in treatments do not affect the rate of HIV transmission (CDC, 2006).

Self-Esteem

Self-esteem has been suggested to serve as a direct risk or protective factor for engaging in risky sexual behavior, specifically UAI (CDC, 2007). Adam, Husbands, Murray and Maxwell (2005) found that depression and low self-esteem were indicators for condomless sex for HIV-positive and negative MSM. Schindehl and Hospers (2006) found that MSM who are not open about their sexual orientation are at a greater risk for UAI than men who are open about their sexual orientation. Research suggested that "self-esteem explanations, which appear to enjoy support in ASO's (AIDS service organizations), postulate that unsafe sex is related to a low self-esteem engendered by homophobia, sexism, poverty, or other social conditions" (Adam et al. 2005, p. 238). Shernoff (2006) suggested that gay men grow up in families and societies where they are made to feel marginalized and rejected by mainstream society, affecting self-esteem among MSM.

Previous Studies

Kalichman et al. (2007) examined changes in beliefs about the effects of HIV treatment and sexual risk behaviors in 1997 and 2005. In 1997, researchers surveyed 498 participants from the



Atlanta Gay Pride Festival. Participants completed an anonymous survey that examined several factors such as HIV-treatment beliefs and perceptions of sexual risk in relation to HIV-treatment status. Participants were also asked the number of sexual partners they have had with and without a condom in the past six months. Participants responded to items that assessed their beliefs on HIV-treatments, such as do they believe that "HIV-positive persons who take HIV-drug cocktails are less likely to infect their sex partners during unsafe sex" and "Men in my community are less worried about AIDS because of new treatments" (Kalichman et al., pg. 651). HIV-treatment related risk perceptions were measured using prompts such as "Imagine that an HIV-negative man has sex with an HIV-positive man who is being treated for his HIV infection and has an undetectable viral load. Please rate how risky you believe anal sex without a condom is when the HIV-negative partner is bottom" (Kalichman et al., pg. 652).

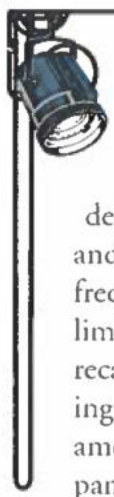
The results of this study were that from 1997 to 2005, UAI increased by 9%. In 2005, participants believed that there was a lower risk for acquiring HIV-infection when a sexual partner was HIV-positive and had an undetectable load than the participants in 1997. Condom use also declined among HIV-positive men in this study from 1997 (82%) to 2005 (49%). This study notes that HIV risk behaviors were more prevalent in 2005 than in 1997, which suggests changing perceptions of HIV/AIDS among participants. Limitations of this study were that the sample size consisted mainly of white, middle-class, educated men; this may misrepresent MSM of diverse racial, ethnic, and socio-economic backgrounds, which makes generalizing this study difficult. Other limitations of this study were the men who participated in this study in 1997 were not the same men who participated in 2005.

A study done by Adam et al. (2005) examined explanations for unsafe sex. This study examined particularly men who have abandoned safe sex. One hundred and two high risk gay and bisexual participants were recruited from various places in Toronto. They were given in-depth interviews to

examine reasons behind their sexual encounters. The study sought out high risk men defined by one of two criteria: having had unprotected sex within the last 6 months or having sero-converted within the last 5 years (Adam et al., 2005). Participants were interviewed between one and one and a half hours about recent sexual encounters, sex in and outside of relationships, and safe and unsafe sexual encounters.

The results for this study were that 74.7% of these MSM in the Toronto area reported using only safe sex practices with casual partners in the past three months; the remainder often or mostly used safe sex practices or have abandoned safe sex altogether. One-third of the men who did not use a condom suggested it was because condom use decreases sexual stimulation. Heat of the moment situations also lead to unsafe sex practices. This study found that heat of the moment unsafe sexual encounters also came into play if someone had low self-esteem and they felt disadvantaged by age, ethnicity, or attractiveness (Adam et al., 2005). Unsafe sex practices were found when men felt that their sexual partners had control of the situation (Adam et al., 2005). Personal turmoil and depression were factors in unsafe sexual practices in this study (Adam et al., 2005). A few of the men in this study attempted to use personal intuition to determine if they should use condoms (Adam et al., 2005). A limitation of this study is that the researchers recruited specifically high-risk MSM in the Toronto area. Therefore the results of this study are not reflective of the entire MSM population because not all MSM would be classified as high risk.

Diclemente et al. (2002) examined if HIV treatment is associated with unprotected sexual behavior. The study assessed the impact of protease therapy on sexual risk behavior. A total of 592 participants were interviewed in the study. Sexual behavior was assessed over a relatively short period: the past 30 days. Frequency of condom use was measured using a likert scale with five response options (Diclemente et al., 2002). Among MSM who were on treatment with a protease inhibitor, there was a strong association with failure to use a condom during sexual intercourse while using



the protease inhibitor (Diclemente, et al., 2002). Results also showed having an AIDS-defining characteristic, being medically insured, and being less educated were associated with less frequent condom use (Diclemente, et al., 2002). A limitation of this study was that participants had to recall sexual behavior over the past 30 days. Recalling memory could have led to some inaccuracy among participants. The study only used participants who had been sexually active in the past 30 days; therefore, the results are not reflective of all MSM. Finally, the participants were recruited at major clinics which served people with HIV/AIDS in nonurban areas; therefore, the results cannot be generalized to all MSM.

Vanable et al. (2000) conducted a study on the impact of combination therapies on HIV-risk perceptions and sexual risk among HIV-positive and HIV-negative gay and bisexual men in Chicago, Illinois. The sample size consisted of 554 participants. Participants completed an anonymous survey that examined demographics, HIV-treatment awareness, attitudes, risk perceptions for hypothetical sexual encounters, and sexual risk behaviors. The results of this study showed 46% of participants had unprotected anal sex in the past six months and 12% had unprotected anal sex with an HIV-positive partner. Sixty-seven percent of participants agreed that new treatments have made other people more tempted to have unsafe sex. Twenty-one percent of participants agreed with the statement "An HIV+ man whose level of virus in the blood has become undetectable is unlikely to transmit HIV to his partner" (Vanable et al., 2000).

Researchers found a relationship between reduced HIV concern and sexual risk behavior. HIV-positive men were more likely to engage in unprotected anal intercourse with other men that were HIV-positive. HIV-positive men were less likely to engage in unprotected anal intercourse with a man that was HIV-negative. Reduced HIV concern emerged as an independent predictor of all three sexual risks outcomes: 1.) unprotected anal sex; 2.) unprotected anal sex with an HIV-positive partner; and 3.) number of sexual partners. Participants also perceived that unprotected sex with an HIV-

positive man was less risky when the HIV-positive partner was described as taking combination therapies and having an undetectable viral load. The results of this study indicated that there is a need for continued education among MSM, particularly educating MSM that having an undetectable viral load does not make having unprotected sex with an HIV-positive man less risky. There is also a need to educate MSM that HIV treatments do not reduce the risk of transmitting HIV/AIDS.

A limitation of this study was "because of the cross-sectional nature of these findings, it is impossible to determine the causal direction of the relationship between reduced concern and sexual risk demonstrated here" (Vanable et al., pg. 142). A limitation was the majority (92%) of the participants in this study had some sort of college education. The majority of participants in this survey were white (74%) and of middle income; therefore, the results of this study may not be generalized to a less educated, more at risk, diverse population. Another limitation of the study was the small sample size. The study findings suggest that many MSM may not be concerned with possible HIV infection when engaging in high risk sexual activity because of perceptions of advancements in treatment.

Hypotheses

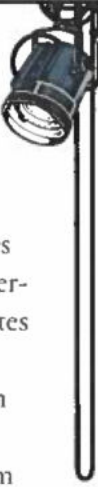
Researchers developed two hypotheses based off the literature available examining self-esteem and perception of HIV/AIDS treatment on risky sexual behavior. First, this study hypothesizes that participants with low self-esteem will report engaging in risky sexual behaviors more than participants who do not. Second, this study also hypothesizes that participants who perceive HIV/AIDS as less threatening due to advances in treatment will report engaging in risky sexual behaviors more than individuals who do not.

Methods

Participants and Settings

Demographics

Forty-two percent of participants were Caucasian and 28% African-American, 9% more than one race, 7% Hispanic/Latino, and 14% other



groups. Eighty-seven percent of participants had some college education. Participants were also asked their income, age, gender, sexual preference/ orientation, and openness about their sexuality.

Procedures

The Wichita State University Institutional Review Board approved this study. One hundred MSM participants were recruited from Wichita State University and the internet website Facebook; participants were recruited from several Facebook gay groups. Surveys were administered and collected. The survey took approximately 10 minutes to complete. After the survey was administered, participants were debriefed and asked whether the survey resulted in any discomfort.

Instrument

Participants completed a 55 question survey titled "Risk Assessment," measuring demographic characteristics, self-esteem, health, perceptions of HIV/AIDS medication, social support, knowledge on HIV/AIDS medication and transmission, risky sexual behavior, relationships, and HIV/AIDS status. Table one outlines the measure for risky sexual behavior.

Table 1 Measure: Risky Sexual Behavior

Questions	Scale
In the last three months how many sexual partners have you had?	
In the last three months how many unprotected sexual partners have you had?	
Do you use condoms when engaging in anal sex?	1 Every Time 2 Almost Every Time 3 Some Times 4 Seldom 5 Never
Prior to intercourse if someone does not ask to use protection I never insist on using a condom.	1 True 2 False

Self-Esteem and Risky Sexual Behavior

It was hypothesized that the participants with low self-esteem will report engaging in risky sexual

behavior more than participants who do not. The Rosenberg Self-Esteem scale was used to measure self-esteem of participants. A score below 15 on a 30 point likert scale indicates a low self-esteem score. A score of 15-25 is an average self-esteem score and a score above 25 indicates above average self-esteem. Seventy-one (n=71) percent of participants had an average self-esteem score, 15% (n=15) had a low self-esteem score, and 14% (n=14) had an above average self-esteem score. To test for statistical significance researchers did a one way Anova test using a 95% confidence interval. Table 2 compares participants with low self-esteem, average self-esteem, and above average self-esteem score.

The results in table 2 indicate that there was a statistically significant difference for self-esteem and number of unprotected sexual partners (p<.01). There was also a statistically significant difference for frequency of condom use when engaging in anal intercourse (p<.05). The results in Table 2 indicate that there was no statistically significant difference for mean number of sexual partners (p<.05). There was no statistically significant difference for participants who do not insist on using a condom if their sexual partners did not

ask to use protection (p<.05). Thus the results for hypothesis 1 (participants with low self-esteem will report engaging in risky sexual behavior more than

participants who do not) was true for two risky sexual behaviors.

Table 2 Results Hypothesis 1

Question	Responses			
In the past three months how many sexual partners have you had?				
Rosenberg Composite	N	Mean	Standard Deviation	Significance
Low Self-Esteem Score	15	3.93	2.15	P<.05 (.168)
Average Score Self-Esteem Score	71	3.47	1.09	
Above Average Self-Esteem Score	14	3.00	1.24	
In the past three months how many unprotected sexual partners have you had?				
Low Self-Esteem Score	15	3.13	1.24	P<.01 (.004)*
Average Score Self-Esteem Score	71	2.47	.65	
Above Average Self-Esteem Score	14	2.28	.46	
*p<.01 statistically significant differences between mean number of sexual partners and self-esteem				
Do you use condoms when engaging in anal intercourse?				
Low Self-Esteem Score	15	2.73	1.33	P<.05 (.010)*
Average Self-Esteem Score	71	1.94	1.01	
Above Average Self-Esteem Score	14	1.64	.49	
*p<.05 statistically significant differences between frequency of condom use and self-esteem.				
Prior to intercourse if someone does not ask to use protection I never insist on using a condom.				
Low Self-Esteem Score	15	1.86	.35	p<.05 (.401)
Average Self-Esteem Score	71	1.88	.31	
Above Average Self-Esteem Score	14	2.00	.00	

Perception of HIV/AIDS Treatment and Risky Sexual Behavior

It was hypothesized that participants who perceive HIV/AIDS as less threatening due to advances in HIV/AIDS treatment will engage in risky sexual behavior more frequently than participants who do not. The prompt "The development of new drug treatment for HIV infection has made me more willing to practice unsafe sex" was used to measure the hypothesis. Sixty-two percent (n=62) of participants responded "Strongly Disagree"; 22% (n=22), "Disagree"; 12% (n=12), "No Opinion"; and 4% (n=4), "Strongly Agree." To test for statistical significance researchers did a one way Anova test using a 95% confidence interval. Table 3 compares the results of participants who responded "Strongly Disagree," "Disagree," and "Strongly Agree."

The results in table 3 indicate that there was a statistically significant difference for the willingness to practice unsafe sex due to the development of new drug treatments for HIV and number of sexual partners and unprotected sexual partners (p<.01). There was also a statistically significant difference for frequency of condom use (p<.01). There was no statistically significant difference for participants who do not insist on using a condom if their sexual partners do not ask to use protection (p<.05). Thus, the results for hypothesis 2 (the participants who perceive HIV/AIDS as less threatening due to advances in HIV/AIDS treatment will engage in risky sexual behavior more frequently than participants who do not) was true for three risky sexual behaviors.

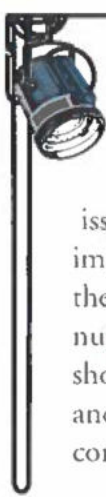
Table 3 Results Hypothesis 2

Question	Responses			
In the past three months how many sexual partners have you had?				
The development of new drug treatment for HIV infection has made me more willing to practice unsafe sex.	N	Mean	Standard Deviation	Significance
Strongly Disagree	62	3.00	.99	P<.001 (.000)*
Disagree	22	4.16	.93	
Strongly Agree	4	4.63	1.52	
P<.01 statistically significant differences between mean number of sexual partners and perception of treatment.				
In the past three months how many unprotected sexual partners have you had?				
Strongly Disagree	62	2.32	.47	p<.001 (.000)*
Disagree	22	2.90	1.10	
Strongly Agree	4	3.16	.93	
P<.01 statistically significant differences between mean number of unprotected sexual partners and perception of treatment.				
Do you use condoms when engaging in anal intercourse?				
Strongly Disagree	62	1.85	.92	p<.01 (.004)*
Disagree	22	2.04	1.17	
Strongly Agree	4	3.75	1.25	
P<.01 statistically significant differences between frequency of condom use and perception of treatment.				
Prior to intercourse if someone does not ask to use protection I never insist on using a condom.				
Strongly Disagree	62	1.96	.17	p<.05 (.585)
Disagree	22	1.90	.29	
Strongly Agree	4	1.25	.50	

Discussion

The CDC (2007) suggested that psychological issues such as low self-esteem were an indicator for condomless sex among MSM. Eighty-four percent of participants in this study did not have a low-self esteem score. The results for hypothesis 1 (participants with low self-esteem would report engaging in risky sexual behavior more than participants who did not) was accurate for two of the four risky sexual behaviors. The results did indicate that there was a statistically significant difference (p<.01) for self-esteem and number of unprotected sexual

partners. Adam et al. (2005) also found that low self-esteem was an indicator for condomless sex. The results of this study indicated that there was a statistically significant difference (p<.05) for self-esteem and how often participants used protection when engaging in anal intercourse. Adams et al. (2005) found that non-condom use came into effect during heat of the moment sexual encounters when issues of self-esteem were present. Shernoff (2006) also found that self-esteem may contribute to risky sexual behaviors among MSM. The results



of this study indicated a need for prevention, particularly among MSM with self-esteem issues, designed to educate MSM about the importance of safe sex. The research showed that there was no significance for self-esteem and number of sexual partners. The research results also showed there was no significance for self-esteem and participants who did not insist on using a condom if their sexual partners did not ask.

The results for hypothesis 2 (participants who perceive HIV/AIDS as less threatening due to advances in HIV/AIDS treatments will engage in risky sexual behavior more than participants who do not) was true for three of the risky sexual behaviors. There was a statistically significant difference for mean number of sexual and unprotected sexual partners in the past three months ($p < .001$; $p < .001$). The results of this study are consistent with Bakerrman & Peterson, 2007; Kalichman et al., 2007; Adam et al. 2005; Vanable et al., 2000; Kalichman et al., 1998; and Remien et al., 1998, that due to the success of HAART, some MSM may have lost the sense of urgency surrounding HIV/AIDS and have reverted to unsafe sex practices. There was also a statistically significant difference for frequency of condom use and participants who were more willing to practice unsafe sex due to advances in treatment. Vanable et al. (2000) found that there was a relationship between reduced HIV/AIDS concern and sexual risk behavior. The results indicated that there was not a statistically significant difference for participants who agreed or disagreed that the development of new drug treatment for HIV infection has made them more willing to practice unsafe sex and if someone did not ask to use a condom they did not insist on using a condom. Results of this study indicate there is a need for awareness of the dangers of HIV/AIDS among MSM who now view the virus as less threatening.

Limitations

This study contained several limitations. First, participants consisted of 100 men; a larger sample size may have been more generalizable to the larger MSM population. Second, because 87% of par-

ticipants were enrolled in college or had completed a college degree, the population sample was more educated than the general population. This could have biased the results. Third, the survey was based upon self-report; participants may have given socially desirable answers.

Future Research

Future research would be to examine what are the reasons for low self-esteem among MSM and why men with low self-esteem are willing to practice unsafe sex and put themselves at risk for HIV/AIDS. A future study might examine the changing perceptions of HIV/AIDS among MSM of different age cohorts to examine if changing perceptions among age cohorts leads to risky sexual behavior among young MSM. A future study might examine MSM who look for sexual partners on the internet and examine if they are at higher risk for acquiring HIV/AIDS. The researcher would also examine the differences in risky sexual behavior among MSM who identify as homosexual or bisexual and MSM who identify as heterosexual and examine what risky sexual behaviors are putting them at risk for HIV/AIDS infection. Another area of interest of the researcher would also be to examine the development of gay identity among gay and bisexual men and how it serves as a risk or protective factor for risky sexual behavior.

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An Assessment of College Students' Knowledge, Perceptions, and Behaviors Regarding HIV/AIDS

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What Impact Does Knowledge and Perceptions About HIV/AIDS Have on Sexual Behavior?

Abstract

One of the most at-risk populations for contracting sexually transmitted infections is today's youth including teenagers and those of traditional college age. In 2004, an estimated 4,883 young people between the ages of 13-24 received a diagnosis of AIDS or HIV infection, representing 13% of diagnoses for that year (2006). Does this risk influence college students' sexual decision-making? If so, in what ways? This study examines the sexual knowledge, perceptions, and behaviors of undergraduate students at a Midwestern public university. One hundred and ninety-nine undergraduate students completed a thirty-four item survey assessing students' knowledge and incorporation of HIV prevention strategies. Participants' knowledge of HIV transmission and prevention could be considered adequate. However, undergraduates reported a high incidence of unprotected intercourse and little communication of one's HIV status with sexual partner(s). Although gender differences were noted of significance, over a third of participants reported low scores of perceived personal susceptibility to HIV infection. Results, limitations, and recommendations for the future will be discussed.

An Assessment of College Students' Knowledge, Perceptions, and Behaviors Regarding HIV/AIDS

Many diseases causing illness or death have plagued Americans over the years, but it is likely none have had the profound medical, social, economic and psychological effects as Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome (HIV/AIDS). HIV is a virus that destroys T-helper cells. These cells are vital to proper immune functioning, as they help the body to ward off infection and disease. A diagnosis of AIDS comes after HIV has completely destroyed the immune system and T-cell count drops below 200 cubic millimeters of blood (a normal level is about 1000 per cubic millimeter). Since the beginning of the epidemic in 1981 through 2003, the Center for Disease Control and Prevention (CDC) estimates 1.3 - 1.4 million people in America have been infected with HIV/AIDS. Of these, about a quarter are unaware of their infection, and about a third (500,000) have died (CDC 2006).



Since 1996, when a new class of medications to treat HIV was introduced, there has been a decrease in the percentage of HIV-positive individuals who progress to full-blown AIDS (CDC, 2002a). The percentage decrease in those who do not progress to full-blown AIDS can be attributed to protease inhibitors (medication that block the replication of HIV cells) that were combined with other drugs to form a drug therapy called Highly Active Antiviral Therapy (HAART). This combined drug therapy works by keeping the viral load (the amount of HIV virus present in the bloodstream) levels down while keeping the body's T-cell count up (CDC 2002a). In the last decade, major medical advances in prevention and treatment have prolonged and improved the lives of many. Currently, scientists believe that all persons with HIV will eventually progress to AIDS and die. Today, a life expectancy after a HIV positive diagnosis is estimated around 24 years (White, R., T., A, Van Wagenen 2008).

Despite much progress, the battle against HIV/AIDS is far from over. The incidence of HIV in the monogamous, heterosexual population is on the rise. In 2003, heterosexual adults and adolescents comprised 34% of all new diagnoses according to the CDC (2004). It is important to note that populations affected by HIV/AIDS are changing. Historically, the groups who have been at highest risk since the beginning of the epidemic are men who sleep with men (MSM) and intravenous drug users (IDUs). Today, other groups are at increasing risk for contracting HIV/AIDS including ethnic minorities, women, and youth. In 2004, 13% of those diagnosed with HIV/AIDS were 13 to 24 years of age. This group accounts for nearly 50% of all new sexually transmitted diseases (STDs) acquired each year, and it is estimated that about 5,000 HIV cases occur annually among persons 15-24 years of age (McGuire 2006). For this reason, college students have been studied extensively in HIV/AIDS research. A wealth of knowledge about their knowledge, perceptions, and self-reported behaviors as they pertain to HIV/AIDS exists. College students are convenient to study and many studies have concluded this group is highly sexually active with

multiple partners, and are inconsistent with their condom use. In 2005, the American College Health Association (ACHA) conducted a national survey of 17,000 college students. Results showed that in the previous month, 43.9% had engaged in oral sex, 49.1% reported engaging in vaginal sex, and 5.6% had participated in anal sex. Of those who reported engaging in vaginal sex, less than 50% used a condom the last time they had sex; and only 23% of those who had engaged in anal sex used a condom. Although HIV transmission through oral sex is minimal, the risk still exists; but only 3.6% of college students reported using a protective barrier when they last performed oral sex (Polacek, Hicks, & Oswalt 2007). The above findings indicate that college students are at risk for contracting HIV/AIDS, warranting continued HIV prevention efforts.

When reviewing the extant literature, one can't help but wonder about the factors that continue to influence college students' perceptions about HIV/AIDS. Numerous studies have found that college students are knowledgeable about HIV/AIDS, but they continue to indulge in high-risk behaviors (Keller, 1993; Lance 2001; Lance, Morgan & Columbus, 1998; Opt & Loffredo, 2004; Prince & Bernard, 1998; Ratliff-Crain, Donald, & Dalton, 1999; qtd. in Polacek et al. 2007). For instance, one study found that college students have high overall knowledge levels, yet limited understanding of disease transmission and low practice of safer sex behaviors (Lewis & Mallow, 1997). The lack of consistent safer sex practice may be related to college students' low levels of perceived threat. Polacek et al., (2007) found most college students (84.5%) report that they are not threatened by the dangers of HIV/AIDS or only somewhat threatened. Only 12% believed themselves to be at threat of HIV/AIDS and only 3.4% to be very threatened by HIV/AIDS. As the United States quickly approaches its third decade of this crisis, changes in the knowledge, perceptions, and behaviors of college students regarding HIV/AIDS needs to be re-assessed in order to more fully understand where current knowledge gaps occur and why high-risk behavior continues to exist (Polacek et al. 2007).



Research Objective

The purpose of this study was to assess the knowledge levels, perceptions, and behaviors of college students regarding the transmission and prevention of HIV/AIDS. We hope to learn more about the impact knowledge and attitudes have on sexual behavior. In addition, we explore continued misconceptions in order to gain further insight into the gaps in existing prevention efforts and research. Thus, the findings of this study have important applied implications and can be utilized to effectively inform and/or educate the next generation of young people about HIV/AIDS transmission and prevention. Because the current body of literature suggests college students are sexually active, report low incidence of consistent condom use, are adequately knowledgeable about HIV/AIDS, and have low personal perceived susceptibility to HIV/AIDS, we hypothesize the following:

1. Undergraduates ages 18-25 will be moderately to highly knowledgeable concerning the transmission of HIV/AIDS and are more likely to be tested for HIV/AIDS than students over the age of 26.
2. Women will be more knowledgeable about HIV transmission and will report more consistent condom use than their male counterparts.
3. The majority of participants will report low rates of communication about their HIV status with their partner(s).
4. Perceived personal susceptibility to HIV/AIDS will be low among participants in the highest risk group (aged 18-25).
5. There will be no differences in level of knowledge about HIV/AIDS transmission based on racial-ethnic status.

Methods

Participants

A convenience sample of undergraduate college students (N=199) at a Midwestern public university was used for this research. The data was collected from students enrolled in classes offered by the school of Liberal Arts and Sciences (Politi-

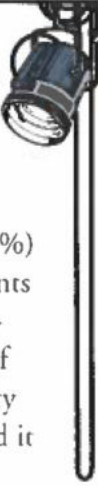
cal Science, Public Speaking, Communications, Sociology, and Ethnic Studies) during the summer session of 2008. Participants completed a 34 item survey developed to assess their knowledge, perceptions and behaviors around HIV/AIDS. Survey participation was voluntary and all respondents were at least 18 years of age. Most participants were between the ages of 18-25 (76%), were women (71%), and were Caucasian (65%). Table 1 outlines more specific demographic data on the participants.

Table 1 - Participant Demographics

	Frequency	Percentage
Male	57	28.6
Female	142	71.4
Age 18 – 25	151	75.9
Age 26 & above	48	24.1
Asian	20	10.0
Black/African American	19	9.5
Caucasian	130	65.3
Hispanic/Latino	12	6.0
Multi-racial	13	6.5
Other	5	2.5

Instrument

The HIV/AIDS Knowledge, Attitude and Behavior Survey consisted of 34 items and was used to obtain data that would assist in testing the hypotheses. Questions 1-14 were developed from a review of literature and pertained to HIV/AIDS knowledge and prevention of transmission. Questions 15-20 were taken from the 2006 Kaiser Family Foundation Survey of Americans on HIV/AIDS. These questions assessed overall perceptions relating to personal susceptibility to HIV/AIDS, perceptions about people living with HIV/AIDS, and perceptions about the most useful sources of HIV/AIDS information. Numbers 21-28 were self-reported sexual practices and adapted from the North Dakota Youth Risk Behavior Survey developed by Jennifer Hicks. Finally, numbers 30 & 31 were related to testing and partner communication about HIV status, while 32-34 covered demo-



graphics. To increase the level of participant confidentiality, no identifying information was collected on the survey or consent forms. Instead, implied consent was utilized.

Data Collection

Approval from the Institutional Review Board for the use of human subjects was received prior to any collection of data. This study was conducted at a Midwestern university with approximately 15,000 students in the summer of 2008. Before respondents completed the HIV/AIDS Knowledge, Perceptions and Behaviors Survey, the co-investigator provided a brief overview of the research topic and issues of consent. Surveys were distributed to all students and completed in class. Professors were present while students completed the survey, but they did not participate in data collection or data analysis. To ensure an unbiased sample, subjects were not compensated for their participation.

Data Analysis

To assess the effect of social location, age, gender, and racial composition, the sample was dichotomized and summarized as percentages. The categories for age became 18-25 (representing the highest risk group) and 26 or older. Because the majority of the sample was Caucasian, a collective racial-ethnic minority category was created. Pearson's chi-square was ran first to examine differences in perceived knowledge of HIV/AIDS transmission, personal concern about becoming infected with HIV/AIDS, and sexual behaviors. A one-way Analysis of Variance (ANOVA) was then used to investigate if differences in actual knowledge and behavior existed. The researchers sought to confirm whether knowledge and perceptions were related to sexual behaviors.

Results

HIV/AIDS Knowledge

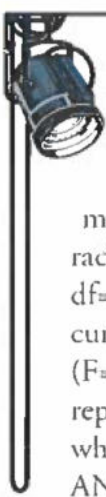
Participants in this study are knowledgeable about the transmission of HIV/AIDS. In general, participants were able to correctly identify the four bodily fluid modes of transmission: semen (94.5%), vaginal fluids (96%), blood (98%), and breast milk (69.8%). The majority were also able

to identify two of the three main types of sexual contact that transmit HIV/AIDS: vaginal sex (84.9%) and anal sex (76.9%). Just under half correctly identified that oral sex (47.7%) could also transmit the disease. Finally, participants were asked whether being diagnosed with a sexually transmitted disease increased one's chances of becoming infected with HIV/AIDS. The majority of participants answered this item incorrectly and it is displayed in Table 2.

Response	Number of responses	Percentage of responses
No	103	52%
Yes	57	29%
Don't Know	39	19%

In terms of perceived personal knowledge, participants rated themselves on a five-point likert scale ranging from not knowledgeable to somewhat knowledgeable to moderately knowledgeable to knowledgeable to very knowledgeable. The majority of participants (67%) reported that they were knowledgeable to very knowledgeable about the means of transmitting HIV. To investigate whether social location influenced perceptions of personal knowledge, Pearson Chi-squares tests were run. The results indicated that age differentiates perceptions of knowledge ($\chi=22.157$, $df=4$, $p=.000$). College students between the ages of 18-25 were more likely to perceive themselves as being moderately knowledgeable (30%) to knowledgeable (40%), while non-traditional students (over age 26) were more likely to perceive themselves to be knowledgeable (46%) to very knowledgeable (44%). Only 21% of traditional aged students self reported that they were very knowledgeable. However, the results indicated that neither gender differences ($\chi=1.195$, $df=4$, $p=.879$) or racial-ethnic status ($\chi=3.977$, $df=4$, $p=.409$) differentiate college student perceptions of knowledge.

While the chi square analysis indicated that perceptions of knowledge were affected by age, the ANOVA suggested that there are no mean differences in levels of actual knowledge based on age



group ($F=1.343$, $df=1$, $p=.248$). In addition, ANOVA results suggest there are no mean differences for actual knowledge between racial-ethnic minorities and Caucasians ($F=.019$, $df=1$, $F=.039$, $p=.844$), between students who are currently sexually active and those who are not ($F=.001$, $df=1$, $F=.002$, $p=.967$) or those who report consistently using a condom and those who do not ($F=1.268$, $df=1$, $F=2.398$, $p=.123$). ANOVA results do suggest, however, that gender differences exist ($F=2.516$, $df=1$, $F=5.264$, $p=.023$), with females (mean=3.65) holding a higher mean score on actual knowledge of HIV/AIDS transmission than males (mean=3.40).

Finally, respondents in this study were asked which information sources they found to be the most useful. Education was rated the most informative source (59.6%), followed by a physician or other healthcare provider (38.7%), the media (15.6%), family (11.1%), and friends (10.1%).

HIV/AIDS: Personal Perceived Susceptibility

Previous research suggests heterosexual college students and heterosexual adults are comparable in terms of perceiving themselves at minimal risk for contracting HIV/AIDS, and being confident of their ability to select uninfected partners (Lewis et al 1997). In the current study, we asked participants how concerned they were about becoming infected with HIV. This item allowed students to respond on a four-point likert scale ranging from not concerned at all, not too concerned, somewhat concerned, and finally very concerned. In general, our findings are consistent with other studies, with

participants reporting low rates of perceived HIV susceptibility. About one fourth (23.4%) of respondents reported being very concerned about their personal HIV infection susceptibility, but a little over a third (32.5%) were not too concerned about becoming infected with HIV at all. Previous research conducted by the Kaiser Family Foundation (2006) suggests that college students at highest risk (between the ages of 18-25) vary in their level of concern about personally becoming infected with HIV with 22% reporting being very concerned, 23% somewhat concerned, 26% not too concerned, and 29% not all concerned. Participants between the ages of 18-25 in the current study responded in a comparable manner: 26% were very concerned, 23% were somewhat concerned, 34% were not too concerned, and 17% were not at all concerned.

To more fully explore demographic differences in perceived susceptibility, we ran a chi-square analysis. Results indicated that there are no differences in perceptions of being susceptible to HIV/AIDS by age ($\chi = 6.115$, $df=3$, $p=.106$), gender ($\chi=1.866$, $df=3$, $p=.601$), or current sexual activity status ($\chi=.844$, $df=3$, $p=.839$). However, we did find significant differences based on racial-ethnic minority status ($\chi=25.283$, $df=3$, $p=.000$), with a higher percentage of minorities reporting that they are very concerned about contracting HIV/AIDS (44%) than Caucasian students (12%). Table 3 outlines participants' perceived personal concern about becoming infected with HIV/AIDS.

Table 3 - Participants' Perceived Personal Concern About Becoming Infected with HIV/AIDS

	Not at all concerned	Not too concerned	Somewhat concerned	Very concerned
18 - 25	17.3%	34%	22.7%	26%
26 & above	31.9%	27.7%	25.5%	26%
Male	25.5%	30.9%	25.5%	18.2%
Female	19%	33.1%	22.5%	25.4%
Caucasian	24.8%	36.4%	26.4%	12.4%
Racial Ethnic Minority	13.2%	25%	17.6%	44.1%

HIV/AIDS and Partner Perceptions: Do You Really Know Your Sex Partner?

Inquiring about a sex partner's STD and HIV sexual history may be viewed as implying a lack of trust, violating gender related relationship norms, and reducing intimacy between partners (Ellen, Vittinghoff, Bolan, & Padian 1998). However, an individual's perception about their partner's sexual risk behaviors may affect their own sexual behavior. For instance, when communication does not occur, interactions can be marked by ambiguous messages and indirect information gathering. Once partners feel comfortable enough to discuss HIV testing, condom use, or STD history they may feel that they already know each other as they likely have already engaged in unprotected sex.

In the current study, risky behaviors included: having had more than one sex partner(s) in the last three months, having ever had unprotected sex, and not communicating with one's partner about their HIV/AIDS status. More than half of our participants reported being currently sexually active (65%), but only 10% of our participants reported engaging in sexual intercourse with more than one partner in the last three months. While 88% of participants reported that they would be very uncomfortable having a partner who was HIV positive, the majority (73%) do not talk to their partners about their HIV status. In addition, the majority of participants in our study did not consistently use condoms (70%), and have never been tested for HIV (59%).

Sexual Behaviors

Our final set of analyses focus on sexual behavior. In order to assess whether sexual behavior practices are influenced by social location variables, a series of chi-square analysis were run. The results indicate that gender significantly differentiates reports of condom use ($\chi = 6.159$, $df = 1$, $p = .013$). A higher percentage of female college students (46%) reported that they consistently use condoms than male college students (26%). However, gender did not differentiate the use of a protective barrier when giving oral sex ($\chi = .386$, $df = 1$, $p = .535$). In addition, there were no gender differences in having ever been tested for HIV ($\chi = 1.511$, $df = 1$,

$p = .219$) or in the likelihood of returning for HIV test results ($\chi = .860$, $df = 1$, $p = .354$).

Similarly, age was found to differentiate reports of condom use ($\chi = 3.963$, $df = 1$, $p = .047$). A higher percentage of college students under 25 (36%) reported consistently using condoms than those over age 26 (20%). However, a significantly higher percentage of college students over age 26 (81%) reported getting tested for HIV than those between ages 18-25 (29%). No age differences were noted in regards to using a barrier when giving oral sex ($\chi = .386$, $df = 1$, $p = .535$), or returning for HIV test results ($\chi = 2.609$, $df = 1$, $p = .106$).

Finally, we assessed differences in sexual behavior practices by racial-ethnic minority status. Results indicated there were no differences between racial-ethnic minority or Caucasian students in terms of using a condom consistently ($\chi = 2.200$, $df = 1$, $p = .138$), using a protective barrier to perform oral sex ($\chi = 1.118$, $df = 1$, $p = .290$), ever being tested for HIV ($\chi = .296$, $df = 1$, $p = .587$), and returning for test results ($\chi = 2.500$, $df = 1$, $p = .114$).

Discussion

It has been 27 years since the first cases of AIDS were identified and diagnosed. Since then, numerous education efforts aimed at increasing knowledge about transmission and prevention have been implemented. Because of these campaigns, one would expect high knowledge levels to be related to safer sex practices. We found that college students are relatively knowledgeable about the transmission of HIV. However, this knowledge does not prevent them from engaging in high risk behaviors. It is possible that sexual behavior is more influenced by perceptions of vulnerability than by knowledge. Consistent with previous research (Lewis et al., 1997), the majority of participants in this study did not report high levels of perceived susceptibility. This finding is true for two out of the three high risk groups in our study including college students between the ages of 18-25 and women. While racial-ethnic minorities were more likely to report an awareness of personal risk, under half reported being very concerned. Nonetheless, HIV/AIDS has claimed many lives in the U.S.



and globally; 33 million people are currently infected with HIV/AIDS (CDC 2007).

Overall, the findings of our study are similar to the current body of literature finding college students to be a highly sexual group who are aware that having unprotected sex is a risk factor for contracting HIV. It appears that students are making sexual decisions based on subjective information about a partner versus objective information such as HIV/STD test results. Therefore, these findings indicate the need for continued education, particularly about transmission from mother to child, the combined risk of other STDs, and the necessary steps to dropping safer sex practices in monogamous long-term relationships.

Limitations

This sample was collected from a mid-size public university in the Midwest, but cannot be used to generalize student populations from other universities in the region by gender, age, or racial-ethnic minority status. The data was collected from a convenience sample in a classroom setting. Because the respondents were asked sensitive and private information, they may not have answered all questions factually. Therefore, response bias is a risk. Also, due to time constraints, this study did not investigate several important variables such as current relationship status, substance use, sexual orientation, and the respondents' engagement in unprotected anal sex. However, the similarity of our findings with previous research lends credence to the results.

Recommendations for the Future

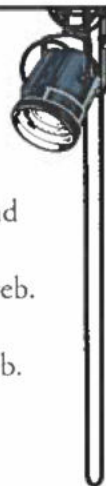
College students are at risk for contracting HIV/AIDS and other STDs. This study indicates that efforts aimed at addressing all modes of transmission should continue. While this group of college students was found to be knowledgeable regarding the transmission of HIV/AIDS, some areas still need to be reinforced. Educators on college campuses should consider what emphasis are currently put on HIV infection and what increased emphasis this deserves. At the same time, researchers must continue to investigate changes in college students' knowledge, attitudes, and behav-

iors about HIV/AIDS over time, as at some point most everyone becomes at risk for contracting HIV or other STD. Researchers now understand that HIV transmission involves both individual risk behavior and social vulnerabilities such as poverty, racism, gender bias and homophobia (White et al., 2007). Thus, ultimately reducing the risk of HIV transmission requires interpersonal, institutional, and societal driven means for sustaining behavior change.

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Emission Properties of Ruthenium-Tris(2,2'-bipyridyl) Dichloride in Sugar Glass

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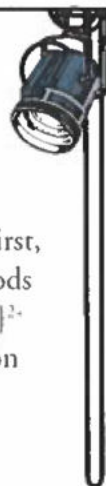
Abstract

Extensive research has been conducted on the emissions of Ru(II) polypyridyl complexes such as ruthenium-tris(2,2'-bipyridyl) dichloride, which has the chemical formula $[\text{Ru}(\text{bipy})_3]\text{Cl}_2$ [1-5]. Ruthenium-tris(2,2'-bipyridyl) dichloride is the transition-metal complex of study. Even though the complex is obtained as a salt, which is a hexahydrate and completely soluble in water, the molecule of interest is in the cation form $[\text{Ru}(\text{bipy})_3]^{2+}$, which has received much attention for its optical properties [1, 2, 6]. Furthermore, $[\text{Ru}(\text{bipy})_3]^{2+}$ has caught the eye of many researchers for a number of reasons: chemical stability, light absorption, luminescence emission, and excited state life times. Research regarding this complex and other Ru(II) polypyridyl complexes have made a great impact on several branches of chemistry [5]. Characteristically, $[\text{Ru}(\text{bipy})_3]^{2+}$ absorbs UV and visible light to produce an excited state with a lifetime of 600 nanoseconds at room temperature. The aforementioned excited state relaxes to the ground state by the emission of a photon with the wavelength of 605 nm [2].

An important aspect in the study of this Ru(II) polypyridyl is its emission properties. According to various studies, the $[\text{Ru}(\text{bipy})_3]^{2+}$ in solution has a emission of 605 nm at room temperature (298K) and has an emission of 590 nm at liquid-nitrogen temperature (77K) [2,7]. This resulting blue shift in the complex is due to a change in state of matter. At 298K, the $[\text{Ru}(\text{bipy})_3]^{2+}$ is in solution which means the molecules of the liquid are in motion and their interaction with $[\text{Ru}(\text{bipy})_3]^{2+}$ expends much of its energy. When the molecule is in its rigid solid state at 77K, the molecules are ordered and less energy is lost. However, working at liquid nitrogen temperatures can be both tedious and dangerous.

Liquid nitrogen's ability to maintain below-freezing temperatures, 77K (-196 °C), makes it useful in different areas of research: cryogenics, medicine, computer technology, food industry, and chemistry as well. The use of liquid nitrogen for emission studies, however, is time consuming. Sample preparation for emission studies requires the use of liquids which form glasses at that temperature and then freeze-thaw-pump techniques requiring two to three hours of work. The sample must be maintained at liquid-nitrogen temperatures in the cavity of the emission spectrophotometer as well.

Handling of liquid nitrogen is another problem. It causes more fatalities than any other chemical in the



laboratory [8]. Because nitrogen is odorless and tasteless, it may produce asphyxia without warning [9]. So, when performing emissions at 77 K, the chemist must exercise extreme caution. The tendency is to avoid this process and discover an alternate way of obtaining the results of emission for metal complexes than liquid-nitrogen temperature, using $[\text{Ru}(\text{bipy})_3]^{2+}$ as a model to obtain the same emission at room temperature—thus, making methods for emission of the ruthenium(II) polypyridyl more convenient to study.

It is hypothesized that the emission of ruthenium-tris(2,2'-bipyridyl) dichloride in sugar glass at room temperature will be similar to emission at 77 K in a solid glass. If this hypothesis is correct, the emission of $[\text{Ru}(\text{bipy})_3]^{2+}$ in a sugar glass will experience blue shift in its emission energy from 605 nm in solution to 590 nm in the glass. This would make acquisition of emission spectra more convenient and safer.

In recent years there has been an increased interest in the use of sugar glasses [10-12]. The most useful area of sugar glasses has been in food-stuffs and pharmaceuticals. Emission of dyes from sugar glasses is a new interest of study in chemistry. This was shown in the doctoral dissertation of Dr. Sarah E. Hubbard where she assessed the solid-matrix luminescence of heterocyclic aromatic amines in sugar glasses. In this study, Hubbard examined the absorption and emission of the solid sugar-glass matrices. Hubbard incorporated a heavy atom in the matrix and other molecules and examined the intensity changes [13]. Other work with sugar glasses includes the reports of Wright, Guffanti, and Vanderkooi, where researchers incorporated proteins and indole-containing compounds in the sugar films and studied these films by IR and optical spectroscopy [7].

Indeed, by “spiking” the sugar glass with the Ru(II) polypyridyl and examining the emission of the compound at 298 K, it may be similar to the emission of the same complex at liquid-nitrogen temperature. This study will provide an alternative method that will allow for the rapid determination of emission properties at room temperature.

Methods

This study of emission of metal complexes in sugar glass encompasses several techniques. First, the sugar glass was made using one of the methods described by Hubbard [13]. Second, $[\text{Ru}(\text{bipy})_3]^{2+}$ was incorporated into the glass and its absorption and emission were determined.

Materials

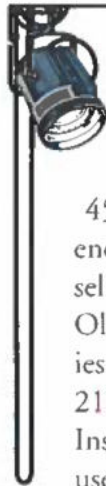
Ruthenium-tris(2,2'-bipyridyl) dichloride dextrose, methanol and distilled water were used in this experiment. Water and methanol were used in a (50:50) mixture to prepare Ru(II)/sugar glass mixture for the absorption and emission studies. A black ray lamp from Ultra-Violet Products was used to determine if the glasses would emit.

Preparation of $[\text{Ru}(\text{bipy})_3]\text{Cl}_2/\text{Dextrose}$ Solution [8].

A 6 g sample of D-Glucose (Dextrose) was weighed into a 10 mL volumetric flask. Ten mL of MeOH:H₂O (50:50) was made and added to the flask; the solution was then mixed with a stirring rod. The volumetric flask and its contents were heated in a boiling hot water bath to dissolve the sugar. Next the clear contents of the flask were cooled under tap water and shaken to make sure the solution stayed homogeneous. The flask and its contents were examined with a Black Ray lamp to see if the solution was an emitter. .000064g of $[\text{Ru}(\text{bipy})_3]\text{Cl}_2$ was dissolved in the solution. The addition of the Ru(II) polypyridyl complex gave the solution a faint yellow color. This solution was mixed using a pipette and appeared orange under the Black Ray lamp, a normal result for $[\text{Ru}(\text{bipy})_3]\text{Cl}_2$ solutions. Thirty-five μL of this solution was placed in a quartz plate and placed in a vacuum oven for one hour in order for the water to evaporate and the solution turn into a glass.

Physical Measurements

Absorption measurements were obtained using a Hewlett-Packard model 8452A diode array spectrophotometer. Water was used as the reference (background) in the absorption studies. The

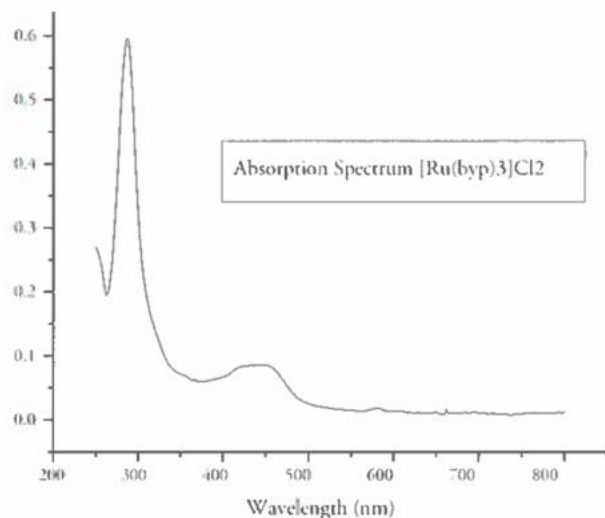


concentration of the solution was altered in order to achieve an absorbance of 0.10 at 450 nm [2]. A concentration of such provides just enough solution for acquiring data but eliminates self-quenching process [2]. The software used was Olis Global Works version 2.0.108. Emission studies and spectra were obtained using a Spex Fluorolog 212 spectrofluorometer and the software was the Instrument Control Center. The emission samples used were the $[\text{Ru}(\text{bipy})_3]_2\text{Cl}_2/\text{Dextrose}$ both in solution and as a glass.

Results

Absorption Studies

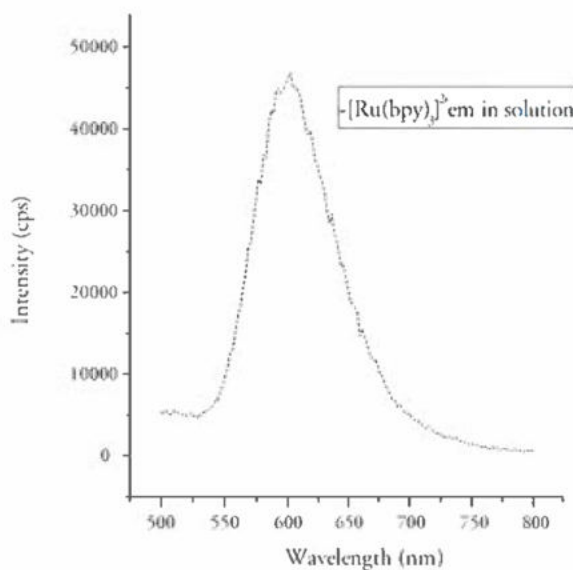
The absorption studies used the Hewlett-Packard model 8452A diode array spectrophotometer at room temperature in solution with water as the reference. The sugar solution was examined by visible/UV spectroscopy and the result of the study is shown below. The spectrum shows the absorbance of 0.10 at 450 nm.



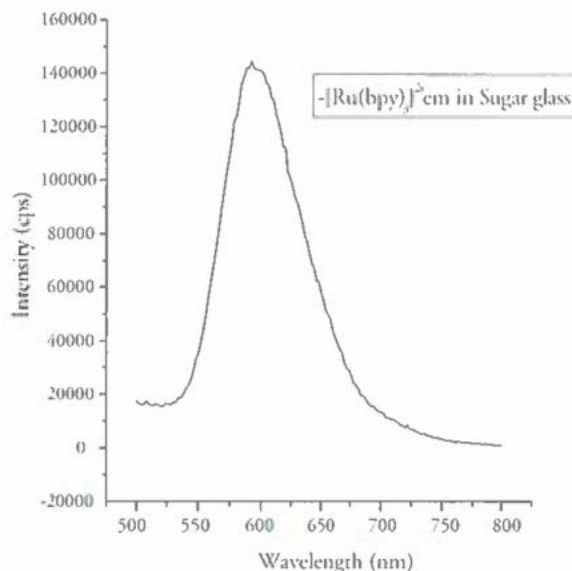
Emission Studies

The emission studies were carried out at 298 K in the sugar solution and in the solid matrix. In the sugar solution, the emission properties were characteristic of other emission studies of $[\text{Ru}(\text{bipy})_3]^{2+}$ in solution with an emission maximum of 604 nm [2]. When the solution was dried in the oven and converted into a solid-matrix, emission properties were collected. It resulted in a blueshift with its emission maximum located at 588 nm, which is the

emission of the Ru(II) polypyridyl at liquid nitrogen temperature. Emission spectra of both the glass and solution are shown below.



$[\text{Ru}(\text{bipy})_3]^{2+}$ in solution exhibited an emission $\text{max}(\lambda_{\text{max}})$ at 604 nm in solution



$[\text{Ru}(\text{bipy})_3]^{2+}$ in sugar glass exhibited an emission $\text{max}(\lambda_{\text{max}})$ of 590 in solution

Discussion

The hypothesis that emission of the Ru (II) polypyridyl complex incorporated in sugar glass at room temperature will be similar to emission at liquid-nitrogen temperature was correct and supported by results attained during emission studies. The sugar glass mimicked the glass used at 77K, which is a clear glass made from ethanol and methanol used in 4:1 mixture solution. The result from emission was an emission max (λ_{max}) at 588 nm which is similar to emission of $[\text{Ru}(\text{bipy})_3]^{2+}$ at 77K, which using this alternative method works for emission with $[\text{Ru}(\text{bipy})_3]^{2+}$. This is a new method of study with $[\text{Ru}(\text{bipy})_3]\text{Cl}_2$ which is important in the disciplines of inorganic and photochemistry [1-4]. The study of sugar glasses has also been important in research because of its main applications, but little information has yet to be reported pertaining to emissions of metal complexes in sugar glasses [10-12].

The only similar information that has been reported is the study of fluorescence and phosphorescence (luminescence) of organic dyes in sugar glass [15]. The future objective is to apply this method to other metals with optical properties using $[\text{Ru}(\text{bipy})_3]^{2+}$ as the standard. The question still remains if the method is in fact the best method. Future studies will address emission lifetimes of the Ru(II) polypyridyl in sugar glass and see if they are similar to emissions at 77K. Future studies will also examine the emission quantum yield and other photochemical properties of $[\text{Ru}(\text{bipy})_3]^{2+}$ in a solid matrix.

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Old Town to New: The Other Side of Wichita

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Summary

From its beginning, the success of the Old Town development was something that many people questioned. Now located in downtown Wichita, Kansas, Old Town is a place for retail, entertainment and living opportunities for those who call Wichita home. David Burke dreamed of renovating old, vacant buildings into new establishments. Now his masterpiece is making a life of its own, restoring beauty in Wichita and redefining the true meaning of private and public partnerships. This project has importance to not only the community, but to the ever-changing history of the great state of Kansas. Even though Old Town only holds a small part of this history, its potential promise will determine where Wichita is going and what it has to offer the thousands of people who call it home. Old Town, time and time again, has brought not only economic prosperity, but cultural worth to this already diverse community. Old Town is a model for other thriving cities to follow.

The creation of Old Town stemmed from examples of private and public partnerships in other cities. Wichita's effort to work with David Burke showcased how the government could have a healthy relationship with existing companies while creating something for the greater good for its citizens. This type of partnership was modeled after other cities that conducted this type of relationship. Cities like Milwaukee, Wisconsin and Louisville, Kentucky are prime examples of what makes these developments a success. Not only did they bring income to their communities, but like Old Town, added to their diversity and culture.

Studies also further explain how the city of Wichita appears to be divided between east and west. This highlights the retail shift from existing primarily on the west side to ultimately residing on the east side as well. This economic change brought concern to many community leaders and led to the discussion of what to do with the vacant downtown. With David Burke's idea for retail and residential projects residing in the area, many business owners feared that it would take away their customers, while others felt they would lose money. Despite the negative forecast, the city thought otherwise and continued with the project in hopes to inspire the community to be more engaged with the culture around them.

The Jobbers and Warehouse district not only holds historic architecture that dates back to the early 1800's, but it is a site for the city of Wichita where residents can live, work and even play. This establishment goes far beyond the dreams of the "Urban Pioneers," nearly 25 years before, hosting retail, business

and entertainment venues, a component that was in dire need of improvement. As time goes on, the creation of the Intrust Bank Downtown Arena, the extension of the Water Walk and the continued development of residential areas will bring fresh ideas that will further the progress of Old Town. Wichita started as a place with limited resources and blossomed into a land of endless opportunity, becoming one of the best cities in which to live—that is a rewarding accomplishment.

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A Phenomenology: The Prison Experiences of Deaf Inmates

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Summary

The social science literature has focused on the communication barriers faced by Deaf inmates and the repercussions of miscommunication. The proper means of communication can alleviate some of the problems Deaf inmates encounter while incarcerated. According to an article in the *Prison Service Journal*, "Incarceration is particularly difficult for deaf offenders, because prisons are not designed to accommodate hearing loss" (Gibbs, 1999, p. 31). The typical prison atmosphere is controlled through communication, with prison officials using voice commands as well as alarms and other auditory signals to maintain order. If inmates do not respond appropriately to these commands and cues, they are disciplined or punished. Unfortunately, the two most serious problems Deaf inmates face are physical danger and isolation. Deaf inmates are vulnerable to rape and other forms of assault because they cannot hear what transpires around them and identify potentially dangerous interactions. Additionally, isolation occurs when the Deaf inmate lacks the communication skills to interact adequately with hearing inmates; this is the case with 90% of Deaf prison inmates (Miller, 2005, pp.285).

Previous research has primarily addressed linguistic diversity within the Deaf inmate community. A study conducted by Katrina Miller focuses on the linguistic diversity in a Deaf Prison Population. This research measured the language abilities and reading scores of 97 Deaf inmates in a Texas State Prison. The results of this study estimate that 50% of the 97 Deaf inmates may not have received due process throughout their arrests, trials and other legal proceedings (Miller, 2004, p. 118). Furthermore, Miller found that it is common for the criminal justice system to incarcerate Deaf defendants with linguistic incompetence. Linguistic incompetence involves persons with minimal language skills, restricted vocabulary in signed and spoken languages, functional illiteracy, a limited formal education, and a lack of basic life skills that are common to most people (Vernon, 1996, p. 121-135). According to Miller, "This condition is not so rare in the Deaf population, in which an estimated 20-40% of prelingually Deaf persons are linguistically incompetent" (Miller, 2004, p. 117). Linguistic incompetence plays a significant role in court procedures, because of the due process clause of the Fourteenth Amendment that ensures all citizens the right to participate in their own defense. Deaf inmates may not receive due process because of their limitations in communication and their understanding of the procedure.



Few publications exist which address the communication barriers of the Deaf inmate community. The social science literature does not address the prison experience of the Deaf inmate; therefore this research takes another approach by directly asking Deaf inmates to share their experience.

The purpose of this research is to document the prison experience of Deaf inmates within the Kansas Department of Corrections (KDOC). This study will employ a Phenomenology, a qualitative research design in which the researcher transcends or suspends past knowledge and experience to understand a phenomenon at a deeper level. The results of the data will provide a voice for a silent population by documenting the prison experience through the eyes of the Deaf inmate. This research will contribute to the lack of empirical knowledge regarding perceptions of Deaf inmates and correctional practice.


Methodology

In this phenomenological study, inmates selected by the KDOC in accordance with the Medical Authority will be interviewed regarding their experience as an inmate. Participants will be asked a series of questions relating to communicating with others within the prison system. The overall purpose of the interview will be for the inmates to describe their experiences: positive, negative, or indifferent.

The phenomenological approach is an attempt to understand empirical matters from those being studied. It explores the structures of consciousness in human experiences (Polkinghorne, 1989). Phenomenological studies are especially useful when the research is interested in discerning the lived experiences and perceptions of a phenomenon among a specific person or group (Creswell, 1998). Phenomenological data analysis proceeds through the methodology of reduction, the analysis of specific statements and themes, and a search for as many meanings as possible.

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Informing a Creative Piece: Psychological Slavery and the Matriculation of African American Adolescent Males in the Midwest

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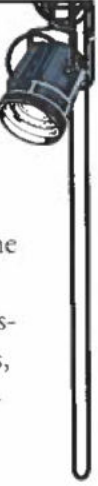
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Summary

This study explores the relationship between American slavery and modern African American male adolescent psyche in reference to high school matriculation. African American adolescent males are excessively represented in the category of academic failure. Although examples of African American male achievement can be found in every facet of the nation's political and social structure, instances of such successes are still statistically very low. For example, the rate of drop out among African American adolescents in many metropolitan areas is 50 % and a nationwide study determined that, by the end of high school, African American students' math and reading skills are comparable to that of Caucasian eighth graders (Smith, 2004; Dallman-Jones qtd in Martin, Martin, Gibson, Wilkins, 2007). Another study found only two percent of African American boys enrolled in the public school system of a large Midwestern U.S. city achieved a cumulative grade point average of at least 3.0 on a 4-point scale (Martin, et al., 2007).

Current studies of African American adolescent male achievement have largely focused on external factors such as high rates of poverty, lack of resources, poor communication between home and school, and low rates of male parental involvement (Trotman, 2002). This view point creates a gap in the investigation of internal locus of control factors. Consider the common denominator of successful main-group and sub-groups within a community is strong identity within the specific group. Encased in strong identity is role appointment, which then leads to positive generational success. According to the Locus of Control Theory, this role appointment informs familial, student, and school characteristics (Flowers, Milner, and Moore III, 2003). We contend that the persisting internalization of self-hatred, resulting in low self-concept, continues to be the most significant factor in low high school matriculation rates of African American adolescent males. It is hypothesized that:

1. African American males who internalize an awareness of systemic oppression are more likely to graduate from high school,
2. African-American males who are aware of the relevance of education to economics are more likely to graduate from high school, and
3. African American males insubordinate to mainstream influences are more likely to graduate from high school.



Since this study explores a connection between a bygone institutional system and current behaviors, psychological slavery must first be defined.

Implementing a slave system within the U.S. required the breaking of the Africans' will to resist. Intelligence, being a state relative to environment within the concept of survival, is contextualized by the systematic generational breakdown of the African American family. The statistical difference in data between male and female African American achievement, for instance, exemplifies the generational roles assigned to African American females as independent and African American males as dependent, mentally weak, and scared. The 1712 Willie Lynch text, "Let's Make a Slave", a comprehensive guide to "constructing" slaves (that is, systematically breaking the human will to resist among a specified group of people, in this case Africans) details the need to reverse gender roles. One significant outcome of the slave system was making the female dependent on the slave master for the continued cycle of oppression within the enslaved community (Spann, 1970).

While the physical enslavement of the African in America demised long ago, the implications of current psychological effects are apparent by several behaviors contributing to the disproportionate high school dropout rate of African American men. According to historian, activist, journalist, and author Woodson G. Carter, such behaviors include being individualistic while lacking group consciousness, mis-prioritizing the economic, political and social sequences of success, and connoting being "Black" with negative ideology.

The relevance of psychological slavery in a modern day contextualization is that it is conversant to current ideology informing identity. We will refer to this identity as *lack of positive identity*. Because we assert African American males who internalize an awareness of systemic oppression are more likely to graduate from high school, examining a relationship between American slavery and current African American adolescent male matriculation requires knowledge of locus of control of African American high school students' educational aspirations. The control variables of motivation

that must be taken into account, family characteristics, student characteristics, and educational characteristics, all contribute to the psychological state of the child because each of the three variables inform students' internal locus of control; identity is informed by family characteristics, esteem is informed by student characteristics, and self-perception is informed by school characteristics.

Future Implications

Recommendations for future research include a quantitative study of at least 200 local African American adolescent male high school students from the ages 14 to 18. Each participant would complete a survey that assesses identity, esteem, and self-perception as informed by family, student, and school characteristics. Research will discover differences of esteem levels and awareness among students with above average, average, and below average school performance and be used to inform community based educational, workforce development, and housing programs that serve "at-risk" youth, low income families, and unskilled jobseekers. Qualitative methods are also recommended to ensure in-depth analysis of family and contextual factors. Results of the study would establish whether students who attribute high school matriculation with a success paradigm reflective of African American culture are more likely to graduate from high school, as well as be used to construct a creative piece with interwoven vignettes from the perspectives of two African American adolescent males.

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The Keys to Recovery: A Study of Prolonged Post-Miscarriage Grief

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Introduction

The Extended Literature Review

“The Keys to Recovery: A Study of Prolonged Post-Miscarriage Grief” is a project in which the primary elements consist of an extended literature review over contributors to post-miscarriage grief, an interview with a couple that has experienced this grief, and a summary of how the previous two elements were used to edit an original full length tragedy, entitled *Everything that’s Alive*. The following summary outlines key concepts drawn from this series.

Incongruent Grief

The term “incongruent grief” describes a perceived or real disparity in the individual mother’s and father’s style of grieving that isolates them in the grieving process (Smart 59; Lasker 80). This disparity exists due to expectations that both partners should grieve in the same way (the problem is compounded by the different styles of grieving father and mother have) (Smart 59, 62; Lasker 80). When a spouse is led to believe that his or her partner’s alternate style of grieving is “unproductive,” it can be destructive toward the couple’s communication and may prolong bereavement (Smart 62; Woods 17).

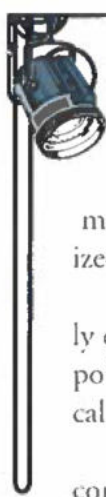
The alternate styles of grief that feed this view are not completely perception; men and women are programmed to handle grief differently by their genders (Woods 17). In most cases, men privatize their grief, refrain from displaying emotions publicly, and expend “energy toward reinitiating” the sexuality of their wives (Smart 61, 62-63; Lasker 80). Women react to these male responses negatively, as they are commonly the polar opposite of the woman’s response (Lasker 84; Smart 62; Swanson).

Incongruent Bonding

Incongruent bonding may contribute to incongruent grief, as the different rates at which the mother and father bond with the unborn baby can create dichotomy in the grief they experience (and can result in a breakdown in communication: a notable factor to incongruent grieving) (Peppers 58-59). Incongruence in bonding, as a theory, relies heavily on differing conceptions of the child pre-birth.

The Mother’s Conception

The mother’s relationship with the unborn child is much more intense than the father’s; the mother has



a natural bond with the child that is growing inside her body (Leon 24; Ilse 22). This bond may have been generating since the mother realized she was pregnant (Peppers 59).

Being pregnant also forces her to evaluate nearly every aspect of her life up to and beyond that point, fulfilling as many as ten different psychological needs (Leon 24; Peppers 60; Woods 7).

Additional studies suggest that "mothers clearly conceive of their children as 'real people' before they are born": she has conceptualized the baby's existence, fantasizing "about ... its sex, its appearance" and "its personality" (Peppers 60, 61; Ilse 22). "By the second trimester almost two-thirds of mothers in one study viewed the fetus as a distinct person" and further studies revealed "that a mother's postpartum views of her child's personality were more powerfully associated with her prenatal images of the child than with samples of actually observed interactions" (Leon 9).

The Father's Conception

The child might not yet be a fully materialized being in the father's mind (Peppers 62). Therefore, his response may be limited because he doesn't yet perceive the child as real (Peppers 68). As Peppers and Knapp put it, "[t]he father, not yet having begun the bonding process, may view it as a little more than a disappointment" (Peppers 68).

This response is not always fixed: "Frequently ... the initial announcement of a positive pregnancy test elicits an emotional response from the father" (Peppers 61). Like the mother, the presence of the fetus forces him to go through evaluations of himself (Peppers 62). It's not that a man isn't bonding, but instead that a woman (through the nature of her tie to the child) has had a jumpstart in bonding with the child (Peppers 64).

A differing theory is that men are under social constraints not to cry (Mander 145). This leads them to rely on not having seen the baby as an excuse for not grieving (Mander 145). Puddifoot and Johnson concluded that the man becomes trapped in a situation where he cannot help. So, he either tries to help and unintentionally hurts or gets frustrated and purposely hurts (Mander 145).

Social Constraints on the Father

While Mander believes that society can impose a view of male grief as stereotypically feminine, she is quick to state that the man may impose this upon himself (Mander 139). It's entirely possible that he suppresses his grief so that he can be the "strong one" for his wife (Smart 58). In the study of Smart and Gilbert, men reported "feeling helpless ... out of control" and "unable to talk to their wives about their feelings" (Smart 58). Additionally, there was "the stress of maintaining the family, facing financial worries, needing to go to work and being expected 'to produce one hundred percent'" (Smart 58). When expressing his grief, the man "finds few outlets for expression and little social support" (Peppers 68).

The Treatment of Miscarriage by External Society

The grieving process "can span weeks, months, or even years" (Gray 7). However, external comfort providers sometimes discontinue support near the exact point when parents actually begin grieving (Gray 7). Peppers and Knapp conclude that "the total resolution of maternal grief may never occur" (Peppers 22).

Often women report that "Family, friends, and others" create the impression that the mother should just forget her loss, which tends "to amplify the emotional feelings and extend the mother's grief over a long period of time" (Peppers 20).

Correlations Between the Interview and Pre-Existing Theory

Affirmation of "Incongruent Bonding"

In all three phases of questioning, the couple stated that communication seemed fine at first and then became difficult; the father confirmed that his wife didn't recognize his style of grieving (which appears to suggest a reasonable disparity and may imply that he grieved alone [a possibility mentioned by Smart and Gilbert]) and the mother replied and later reaffirmed that she wasn't given the proper time to grieve (an issue touched on by Peppers and Knapp) (Peppers 20, 22; Smart 58).

These statements suggest that a form of incon-

gruent grieving resulted after the couple experienced their loss (they are in correlation with what Woods says about communication and with how Peppers and Knapp relate this factor to incongruence) (Woods 17; Peppers 67).

A Contradiction with "Incongruent Bonding"

Interview evidence provided by this couple rules out incongruent bonding as the source of grief incongruence; evidence of this is apparent when the husband was asked a question (designed to sort out his true feelings about how the miscarriage made him feel) and he responded by stating he had suppressed his personal feelings to remain strong for his wife. Additionally, this answer brings a philosophical or religious element into the bonding theory. While the aspect of sex role is fundamental in the incongruent bonding process, personal beliefs might also contribute.

Third Draft Edits to the Dramatic Piece

Since the protagonist's tragic flaw results from a disparity in the grief he feels and the grief he expresses to his wife, information from this research proved valuable in discovering the ways this pattern could be revealed.

Prior to the edits, the protagonist's flaw was alcoholism. Research was instrumental in understanding what fed this disease. It was soon discovered that expressing this underlying trait in a subtle manner worked toward purposely concealing the motive of the play and making its understanding more valuable to the sensitive mind.

The antagonist, as both a result of her husband's style of grieving and her own reaction to that grief, became more realistic. Also, her more realistic emotions feed the protagonist's alcoholism, as he keeps his destructive feelings to himself in order to be strong. Eventually, his strength turns to weakness in isolation and further feeds the tragic flaw of the disease.

Conclusion

Incongruent grief can enhance the negative effects of grieving in the post-miscarriage relationship (Woods 17). The breakdown of communication, which some theorists have stated as a primary

factor to properly grieving with loss, can be caused and reinforced by many issues: incongruent bonding with the unborn baby (a factor that often results in the disparity between the mother's special relationship and the father's absence from that relationship); the male's unresponsiveness to the grief (due to a different bond with the child, social constraints, or choice); and/or the treatment of the loss by external society (Smart 64; Peppers 20, 62, 64; Mander 139, 145). While these factors constitute a small portion of existent theory, the interview, demonstrating a number of correlations and contradictions, suggests that these theories retain a level of accuracy. In the fictional world of the play, based on the reality of this research, the issues resulting from this type of incongruence became the foundation on which a more true tragedy was built.

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A Qualitative Study of the Impact of “The Revised Kansas Code Care of Children” Law

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Introduction

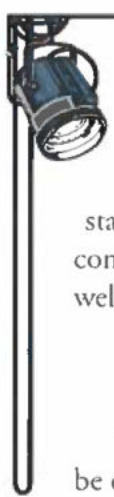
Child welfare is a critical concern for all citizens, and the purpose of this study is to identify possible consequences of a recent law passed in the state of Kansas, commonly called “Revised Kansas Code for Care of Children” (2006). This research paper examines whether or not this newly adapted statute has had ill effects on both professionals in the field of child welfare and the legal process itself in the city of Wichita, Kansas since the statute was enacted as law.

Summary

This study explored the effects of this statute on child welfare laws, as well as whether or not it should be examined more thoroughly for change or modification within the city of Wichita, Kansas. A comparison of statistics was made between the state of Kansas and other parts of the United States in terms of child welfare laws and placement statistics. Wichita is composed of approximately 78% of the total amount of children in need of care clients, and thus has a significant impact on the entire state of Kansas. The method of research included personal interviews with a minimum of twelve professionals that work under the guidelines of this law, children in need of care and placement statistics, as well as case studies comparing those statistics in an analysis of the impact of this statute.

The objective of this project was to acquire qualitative and/or quantitative evidence in addressing this particular child welfare legislation, as well as comparing the statistics in a pre-statute and post-statute comparison of children that fulfill the required label of children in need. A direct comparison chart has also been offered as evidence that this state law has had negative effects of child placement statistics, not improved them, in the city of Wichita and compared to other areas in the United States.

The results of this paper offer a two-part solution: (1) modify the existing statute for the city of Wichita immediately, and (2) ensure that this modification includes a lengthier time period for professionals to make child placement decisions within the city of Wichita based on the approximate 78% of total child placement cases in this area compared to the rest of the state of Kansas. This modification would also ensure that this statute will be more proficient in the requirements of the larger percentage rate of child placement decisions.



The paper ends by discussing how professionals that are being affected by this recent statute are feeling complete burnout and are contemplating thoughts of leaving this area of child welfare totally as a result of their frustration.

Conclusion

The results have reiterated that this law should be examined further in terms of possible modification within the city of Wichita, Kansas. The conclusive results from this study showed that the child welfare professionals affected by this law are being overwhelmed due to the results of this law. The evidence that has been gathered and analyzed indicates that there has been a greater strain both statistically and in worker morale since this law was enacted in January 2006. Professionals that were sampled clearly state they are now overworked and heavily overloaded in terms of caseloads compared to an identical time period prior to this statute taking effect. They also state that they believe that this law has both hindered and increased their workload to the point of burnout.

The analysis of this evidence furthermore supports the fact that professionals in Wichita, Kansas seem to be "singled-out" due to the discrepancy of the larger volume of case loads in comparison to the rest of the state of Kansas. This indicates that the time per client for a thorough analysis of a custody placement decision needs to be increased regarding the determination of custody. This change, based on the results of the research findings, would require a modification of this state law.

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The Ineffectiveness of Habitual DUI Offender Laws in Kansas

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Summary

According to the National Transportation Safety Board (2007), "one alcohol-related death occurs in our country every 31 seconds, and one alcohol-related injury occurs every two minutes." In 2006, 17,602 people were killed in the United States from an alcohol-related incident (NTSB, 2007). Repeat offenders (2007) represent about one-third of drivers arrested or convicted of driving while intoxicated (DWI), or driving under the influence of alcohol (DUI). The National Transportation Safety Board (2007), reports that between 1983 and 2006, more than 210,000 people died in crashes involving "hard core" drinking drivers. In 2006, people identified as "hard core drinking drivers" those with high blood alcohol concentration (BAC) levels of 0.15 percent or greater and who are repeat offenders with a drunk driving arrest or conviction in the past 10 years, were involved in more than 53 percent of the alcohol-related fatalities and more than 22 percent of the total highway deaths (The Century Council, 2003, p. 9). State legislators are concerned that repeat drunk drivers are driving on suspended or revoked licenses, causing current laws to be deemed ineffective.

For years, legislators from both the House and Senate have introduced and implemented laws in an attempt to reduce the number of fatalities caused by this reckless group of offenders by lowering the BAC level from .10 to .08 (MADD, 2008). Legislators have revoked licenses to prevent drivers from driving while intoxicated. In 2007, K.S.A.2007 Supp.8-1014 was amended by the Senate as Senate Bill No. 611. This bill required repeat offenders to install an ignition interlock device in their vehicle to reduce the probability of an accident. An ignition interlock device (<http://www.ignitioninterlockdevice.org/>) is a breathalyzer that is installed into the dashboard of the vehicle. The driver must blow into the device in order to start the car. If the BAC level (<http://www.ignitioninterlockdevice.org/>) is .02% or in some states .04%, the vehicle will not start. The breathalyzer records the driver's blood alcohol content (BAC) to prevent others from blowing in the breathalyzer in an attempt to alter the reading. In a quasi-experiment performed in Hamilton County, Ohio (Morse, Elliott, 1992), the effective use of the interlock device was tested to see if the device would reduce the recidivism rate caused by habitual DUI offenders. The findings were based on 30 months of data collection. The longitudinal study (1992) showed that when the interlock device was installed in the offender's vehicle the offenders were less likely to be re-arrested. When the BAC level was over the pre-determined level the vehicle would not start. The national cost of the equipment is approximately \$60.00 per month.

The ignition interlock served as a specific deterrence for reducing the likelihood of an alcohol-related incident.

Other states such as California, Colorado and 36 other states require that repeat offenders wear a Secure Continuous Remote Monitoring device (SCRAM). A SCRAM bracelet ([http:// www.alcoholmonitoring.com](http://www.alcoholmonitoring.com)) is a light-weight device that weighs approximately 8 lbs. and is water resistant. The device measures the BAC level in the perspiration of the person wearing the device. The measurement is taken at different pre-determined intervals. The judge or probation officer determines when the sample is taken. The device has a tamper proof strap that is worn on the leg of the offender. This device has been proven to reduce the recidivism rate by monitoring the offenders BAC level while the offender is in the community. This measurement cuts down on jail overcrowding while passing the cost on to the offender.

This study explored whether Kansas state legislators have introduced and passed substantive legislation to address DUI offenses; it will also examine the legislative oversight of passed legislation to ensure these bills are administered properly. This study will focus on Kansas, because the lack of enforcement of the current DUI laws are enabling thousands of DUI offenders to drive with a suspended or revoked license. This puts unsuspecting citizens at risk of being injured or killed in an alcohol-related accident. The federal government requires that states pass and implement laws that would crack down on the recidivism rate amongst DUI offenders or lose federal funding.

Though Kansas has taken an active approach by implementing laws that would reduce the recidivism rate amongst Habitual DUI Offenders, they have failed to enforce the policy that requires offenders to register the interlocking device before their license is restored.

Due to the fact that so many drivers are driving on a suspended license a more aggressive approach is needed to reduce the recidivism rate of DUI drivers. Ignition interlock devices have been proven to be an effective device for reducing the likelihood of one driving under the influence, but the

device must be effectively enforced through legislation in order to be effective. SCAM bracelets, which monitor the offenders BAC at pre-determined levels, is also an effective device used by states to assist in reducing the recidivism rate of Habitual DUI offenders. It has also reduced the issue of jail overcrowding by allowing the offender to remain in the community instead of serving mandatory jail sentences.

Further study on establishing a pilot DUI court, modeled after a drug court, would be effective in providing consistent prosecution and adjudication of all cases. The pilot court would also be effective in providing treatment and rehabilitative services to substance abusers or DUI offenders decreasing the likelihood of a re-arrest. It is my finding that Kansas has a tough approach and laws when dealing with DUI offenders; however, they have a soft approach when enforcing current laws.

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