

A Scoping Review of Qualitative Research Methods Used With People in Prison

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Abstract

Researchers undertaking qualitative interview and focus group research with people in prison must consider the research methods they use, given the ethical and practical complexities of prison-based research. In particular, there are explicit and implicit coercion risks and barriers to access, privacy, and confidentiality. To examine how the challenges of conducting rigorous qualitative research with prisoners were handled, we undertook a scoping review of recruitment and data collection processes reported in qualitative research with prisoners. We searched for peer-reviewed articles of qualitative interview and focus group research with adult prisoners, published in the English language from 2005 to 2017, using MEDLINE, Embase, PsycINFO, and CINAHL databases. There were 142 articles reporting on 126 studies which met the review inclusion criteria. Challenges related to coercion risk, participant recruitment, sampling, confidentiality, privacy, and working with prison-based intermediaries should be explicitly addressed and reported. Our findings highlight key considerations and contextualized strategies for recruitment and data collection for researchers who seek to conduct rigorous and ethical qualitative research with prisoners.

Keywords

prisoner, qualitative research, interview, focus group, health research, recruitment, sampling, confidentiality, privacy

What Is Already Known?

There is growing appreciation of the need to explore the experience of people who are in prison through qualitative research. However, undertaking such research is complicated by the restrictions of imprisonment and the inherent controls and power imbalances in prison contexts. There are increased risks of coercion and of impediments to research participation. The closed and inflexible nature of prison and custodial processes affects the confidentiality and privacy of participants and limits access to participants.

What This Paper Adds?

Using scoping review methodology, we provide a comprehensive review of recruitment, sampling, and data collection reported by contemporary researchers undertaking interviews and focus groups with people in prison. We provide insight into the challenges of qualitative health research in the prison context and highlight strategies used by researchers to undertake ethical, feasible, and credible qualitative research. Our review also emphasizes the importance of reporting adequate methodological information due to the unique characteristics of each

prison context. Researchers can enhance the integrity and rigor of their research by considering the effects of custodial surveillance, prison-based intermediaries, and recruitment and sampling methods on their research.

Introduction

There are a number of choices and dilemmas in research when participants are imprisoned, particularly when qualitative researchers seek to understand their perspectives and experiences through in-depth interview and focus group research. Limits on access, privacy, and confidentiality, as well as

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implicit and explicit coercion risks, are commonly encountered during recruitment and data collection and can affect the ethics and feasibility of the research.

The heightened risk of coercion is a central concern. People who are in prison may not feel they are in a position to refuse research requests and choices to participate may be influenced by their relative deprivation (Hanson et al., 2015). A well-defined power imbalance exists between people in prison and those who may prevent or facilitate their research participation, namely, prison authorities, prison health-care providers, and correctional staff. These authorities and the prison system itself exert power over all aspects of prisoner life (de Viggiani, 2007).

Scholars such as Byrne (2005); Coughlin, Lewis, and Smith (2016); and the National Commission for the Protection of Human Subjects of Biomedical or Behavioral Research (1976) have emphasized the history of high-risk research and unethical research designs in prisons. Studies have included experimental exposure to serious health threats such as viral hepatitis and agents used in chemical warfare (Hornblum, 1997).

Research with people in prison clearly requires careful ethical consideration before proceeding. Nevertheless, people in prison also have the right to participate in research that might benefit them and others, and qualitative research can have substantial value. For example, there is a call for more health services research in prisons (Kouyoumdjian, Schuler, Hwang, & Matheson, 2015), and the perspectives of people in prison on their health needs and health care are vital to such research. Therefore, a balance between safeguarding prisoners and enabling research participation is necessary (Coughlin, Lewis, & Smith, 2016). Such a balance is more likely to be achieved when research is carefully planned in the knowledge of specific challenges in the prison research context and how such challenges may be addressed through suitable research methods.

There has been little systematic review of qualitative research methods undertaken in prison-based research. One review, which aimed to inform standardized data collection procedures for cross-study comparisons, found low reporting of data collection processes in research with violent offenders (Daniels, Angleman, & Grinnan, 2015). We were prompted to undertake this review by our own research with women's experiences of health care in prison (Abbott, Magin, Davison, & Hu, 2017), during which we reflected on the challenges of conducting rigorous qualitative health research in this setting, particularly related to recruiting participants and collecting data. We saw the need for guidance as to the ways qualitative researchers undertake research within the constraints and opportunities provided by the prison setting.

We followed the methodological framework of Arksey and O'Malley (2005) to undertake a scoping review of the extent and nature of participant identification, sampling, recruitment, and data collection processes reported within qualitative interviews or focus group research with prisoners. Scoping reviews allow synthesis of broad research topics, while remaining systematic and accountable across a wider conceptual range than

standard systematic reviews (Peterson, Pearce, Ferguson, & Langford, 2017). In this article, we aim to provide insight into contextual considerations and useful strategies to assist researchers to undertake ethical, feasible, and credible qualitative health research with people who are in prison.

Method

The review was guided by the following research questions: What research processes are reported in qualitative interview and focus group research in people in prison, in particular relating to ethical approval, participant sampling, participant recruitment, and data collection? How can reported processes inform the planning and conduct of future research? We approached these questions from our perspective as a research team comprising an academic general practitioner experienced in prison-based health care and research, and three university-based researchers with backgrounds in psychology, medicine, and qualitative health research.

Eligibility Criteria

We included studies in which the primary research approach was qualitative wherein prisoners participated in interviews or focus groups. Peer-reviewed articles in the English language published after 2005 were eligible for inclusion. This period was chosen to ensure sufficient breadth of recent literature in our sample. An initial search was conducted on September 10, 2015. A subsequent search, using the same protocol, was done on June 15, 2017, to capture recently published articles and the results were merged in the final sample of scoped articles.

We included research that was driven by qualitative inquiry and excluded research in which qualitative data were collected through structured interviews, open-ended survey items, or was done solely for program evaluation. This distinction was made because such data are more distanced from the participant's perspective and subsequently, issues of confidentiality and coercion and the effect of the interviewers and researchers on the data are less marked. Other exclusion criteria were determined according to participants, type of article, and research methods (Table 1).

Information Sources and Searching

We searched MEDLINE, Embase, PsycINFO, and CINAHL databases using the search terms "prisoner" (detainee; inmate; offender; incarcerat*), "prison" (gaol; jail; penitentiary; custody; detention; correctional settings/facilities/health services), and "qualitative research" (qualitative studies; interviews in qualitative research; interviews as topic; focus group; focus groups as qualitative research). The terms were searched as key words, topics, Medical Subject Headings (MeSH) terms, and subject headings. Hand searching references for information-rich or linked research articles was done to maximize the yield of relevant papers. The search protocol was developed with a health librarian and tested against preselected

Table 1. Criteria for Exclusion of Articles.

Excluded participants	<ul style="list-style-type: none"> • Nonprisoners (staff, ex-prisoners, and family members) • Young offenders (under 18 years) • Other detainees (police custody, mandated substance misuse programs, military, or immigration detainees) • Prisoners interviewed in psychiatric or external health services
Excluded articles	<ul style="list-style-type: none"> • Nonprimary research • Program evaluations in which qualitative inquiry did not extend beyond the program • Conference abstract or report
Excluded methods	<ul style="list-style-type: none"> • Verbally administered structured questionnaires • Interviews analyzed quantitatively • Clinical interviews • Text analysis • Studies in which methods pertaining to prisoners was not presented separately to that of other research participants

articles. We made these database choices to focus our review on research published in the health literature, given our interest in health research. All articles elicited by the search protocol were, however, considered in our review, including those which did not relate to health care. The research topics were then tabulated for clarity.

Study Selection

One reviewer (P.A.) screened titles and abstracts according to the inclusion and exclusion criteria. A second reviewer (M.D.) undertook a verification check on one third of randomly selected articles and a third researcher (W.H.) adjudicated contested articles. We reviewed multiple articles from the same study together as they often provided complementary detail on research methods, and subsequently the first article published on the study is cited (all included articles are reported in the Online Appendix).

Data Extraction and Analysis

Two authors (P.A. and M.D.) tabulated study characteristics and extracted data into a spreadsheet using categories related to recruitment and data collection, informed by the Standards for Reporting Qualitative Research (SRQR) critical appraisal checklist (O'Brien, Harris, Beckman, Reed, & Cook, 2014). Although this checklist was developed by medical educators, it seeks to apply to both health-care- and non-health-care-related qualitative research. It was not used to critically appraise the included articles, rather to determine which data to extract from the articles, given the checklist comprised key components of methods which should be reported. We also reviewed whether data were reported by authors to have been collected in private or nonprivate conditions, as this is a particular issue in prison research. We defined prison staff as

correctional officers, prison employees who were not involved in health care, or those who were identified only as staff by authors. Having extracted descriptions of methods, including excerpts of article text, into categories, we then undertook content analysis on the extracted data (Hsieh & Shannon, 2005).

Results

Our first search generated 626 articles after duplicates were removed and our second search a further 167 articles. After screening abstracts, we undertook full-text review of 474 articles, determining 142 articles reporting on 126 studies to be eligible for inclusion (Figure 1). Articles were mainly excluded because participants were not prisoners (primarily ex-prisoners, prison staff, and family members) or methods were quantitative or open-ended surveys.

A summary of the characteristics of the included studies is shown in Table 2. In keeping with the databases searched, most articles reported on findings related to health and well-being and to health services. Most articles originated from the United States and United Kingdom and reported on interview studies.

The application of the SRQR checklist brought to light that a significant number of the reviewed articles do not report their methods in detail (Tables 2–4). Approximately a third of studies had no information about approval by ethics committees or appropriate authorities or on recruitment procedures. In some studies, the limited reporting precluded clear understanding of how participants were identified or sampled. Statements on privacy during data collection or on researcher background were not usually included in articles.

Participant Identification, Sampling, and Recruitment

Findings related to recruiting research participants are presented in Table 3, including identification of participants, recruitment processes, and sampling methods. Articles that are illustrative examples are cited. Where researchers have used multiple strategies, the studies have been charted in more than one category. Sampling strategies were determined by our review of the study methods as a whole.

Participants were commonly identified via self-response to advertisement. Advertisements could target all or selected prisoners using flyers, posters, and letters instructing interested individuals to contact staff, researchers, or to demonstrate interest by choosing to attend focus groups. A potential advantage of this method is it avoids screening of participants by researchers or prison staff or administrators (Moe & Ferraro, 2006). However, in many studies, as seen in Table 3, prison staff and health-care providers advertised the research or identified potential participants through their own knowledge of eligible prisoners. At times, this was because they had dual roles as researchers as well as prison employees or visiting staff or students (Kennedy, 2014; O'Grady, Rolvsjord, & McFerran, 2015; Treloar, McCredie, & Lloyd, 2015). At other times, prison staff or health-care providers undertook

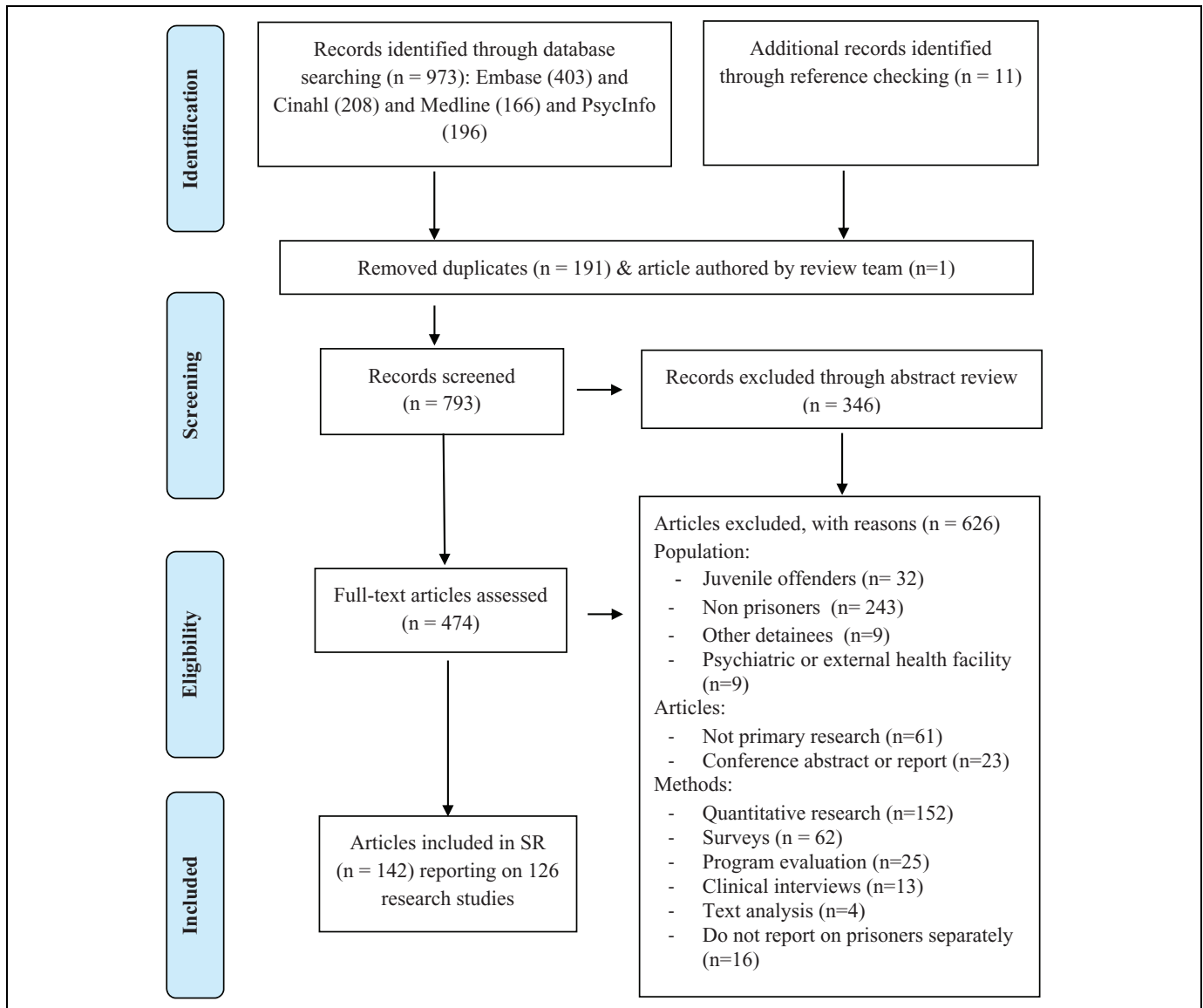


Figure 1. Search results.

recruitment and consent on behalf of the researchers (Einat & Rabinovitz, 2013; Soffer & Ajzenstadt, 2010; Tzvetkova et al., 2016).

Another way in which prison staff or health-care providers acted as intermediaries was when researchers consulted with them after potential participants had been identified but before recruitment. This was done as part of purposive sampling (Dinkel & Schmidt, 2014; Howerton et al., 2007) or to exclude those with impaired capacity to consent or whose health may be put at risk by participation (Condon et al., 2007; Earle, 2011; Fogel et al., 2014; Mercer, Gibson, & Clayton, 2015) or who presented a risk to researchers (Condon et al., 2007).

Researcher presentations to group meetings or direct researcher approach to prisoners, including by letter, were a means of recruitment to some studies. Ethnographic researchers who were embedded in prisons described recruiting

prisoners by seeking volunteers, selecting from custodial records, and convenience sampling (de Viggiani, 2007; Earle, 2011; Kjaer Minke, 2014; Liebling & Arnold, 2012; Mjaland, 2015). Inviting all the participants in a particular prison-based program was common and could be a means of access and opportunistic recruitment rather than a sampling strategy in which the research topic related to the program.

The most common sampling method was convenience sampling or sampling of a group sharing characteristics of interest. Custodial or health records or previous research records could be used to select participants with certain characteristics, such as health conditions or offending behaviors, or for convenience and random sampling. Purposive sampling for variation of selected characteristics or for information-rich cases was most commonly achieved through the assistance of prison staff and health-care providers. Another strategy allowing sampling for

Table 2. Study Characteristics.

Characteristic		Number of Studies (N = 126)
Geographic location	Africa	5
	Australia and New Zealand	10
	Canada	3
	China and Taiwan	3
	Europe (continental)	17
	India	1
	Iran	1
	Israel	5
	Jamaica	1
	Southeast Asia	2
	South America	2
	United Kingdom and Ireland	35
	United States	41
Data collection method	Individual interviews	87
	Focus groups/group interviews	26
	Both	13
Participant gender	Male	64
	Female	44
	Both male and female	15
	Transgender	1
	Not stated	2
Number of study participants	3–20	46
	21–40	46
	41–100	25
	101–250	9
Topic	Health and social and emotional well-being (communicable disease, self-harm, parenthood, tobacco, substance misuse, mental health, health profile, social antecedents to incarceration, impact of prison on well-being, sexuality, health behaviors, bereavement, financial difficulties, resilience, identity, and contraception)	62
	Health services, treatment programs and therapies (health services—general, programs—substance misuse, mental health, palliative care, sexual offending, HIV, and reading)	39
	Custodial issues and programs (offending behaviors, violence, radicalization, rioting, food, and custodial programs—e.g., cooking, animal visits, and conjugal visits)	22
	Education	2
	Prison-based research	1
	Institutional review board/formal research committee	80
Ethics approval processes	Authorities (including prison boards and administrators)	10
	Not stated	36

variation was to undertake an initial survey and subsequently determine who to invite to the qualitative study (Smirnova & Owens, 2017; Wainwright, McDonnell, Lennox, Shaw, & Senior, 2017). Purposive sampling also occurred at the level of the prison or prison unit, such as through choosing prisons or units with different security classifications or purposes. Snowball and theoretical sampling were uncommon.

Coercion risk at recruitment was explicitly discussed by some authors (Earle, 2011; O'Grady et al., 2015; Woodall, Dixey, Green, & Newell, 2009), including regarding monetary incentives (Howerton et al., 2007; Moe & Ferraro, 2006) and exclusion of participants with mental health vulnerabilities. Careful informed consent was emphasized by some authors (Guin, 2009; Kuo et al., 2014; Woodall, 2010). A well-articulated strategy used to decrease coercion risk and increase the reliability of informed consent was to require that a period, such as a day or a week, should elapse between the researchers

providing detailed participant information and actual recruitment (Garrett, 2010; Howerton et al., 2007; Plugge, Douglas, & Fitzpatrick, 2008).

Data Collection Processes, Privacy, and Confidentiality

Key data collection processes are charted in Table 4. The location of research visits was often not specified or noted to be “a private room.” Specified locations varied, including education rooms, common rooms, prison wings or cells, visitor rooms, offices, or health clinics. Recruitment by a usual health-care provider in a usual clinical room, or choosing an accustomed or usually accessed setting for interviews, was reported to increase the confidentiality of research participation (Garrett, 2010; Guin, 2009; Plugge et al., 2008; Saraiva, Pereira, & Zamith-Cruz, 2011). Such a setting meant participation would not be noticed, which could be important for sensitive research

Table 3. Participant Identification, Sampling, and Recruitment.

Methods	Number of Studies	Examples
Strategies to identify potential participants		
Custodial database or records	16	Bennett and Brookman (2009); Chambers, Ward, Eccleston, and Brown (2009); Fogel et al. (2014); Howerton et al. (2007); Plugge, Douglas, and Fitzpatrick (2008); Shen (2016); and Smirnova and Owens (2017)
Health database or records	8	Chambers (2009); Hassan, Edge, Senior, and Shaw (2013); Khaw, Stobbart, and Murtagh (2007); Newman, Cashin, and Waters (2015); and Topp et al. (2016)
Program participation	19	Boothby (2011); Bourke et al. (2012); Carlin (2005); Drapeau, Korner, Granger, and Brunet (2005); and Mahoney, Chouliara, and Karatzias (2015)
Linked research, researcher contacts	11	Alves, Maia, and Teixeira (2016); Copes et al. (2013); Haley et al. (2014); Harawa, Sweat, George, and Sylla (2010); Loeb and Steffensmeier (2011); Plugge et al. (2008); Treloar, McCredie, and Lloyd (2015); and Wainwright et al. (2017)
Resident in certain prison section/unit	6	Bennett (2014); de Viggiani (2007); Gilham (2012); Harner and Riley (2013); Kenning et al. (2010); and Ralphs, Williams, Askew, and Norton (2017)
Response to flyers and posters	21	Blagden, Winder, and Hames (2014); Cobb and Farrants (2014); Condon et al. (2007); Dinkel and Schmidt (2014); Easterling and Feldmeyer (2017); Enders, Paterniti, and Meyers (2005); Harner, Hentz, and Evangelista (2011); Oliver and Hairston (2008); and Pritchard et al. (2014)
Health-care provider	20	Baker, Wright, and Hansen (2013); Carlson, Sexton, Hammar, and Reese (2011); Feron, Tan, Pestiaux, and Lorant (2008); Guin (2009); Hassan et al. (2013); Mangnall and Yurkovich (2010); Soffer and Ajzenstadt (2010); and Yap et al. (2014)
Prison staff	10	Hefler, Hopkins, and Thomas (2016); Pinheiro, de Araujo, de Vasconcelos, and do Nascimento (2015); Ralphs et al. (2017); Todrys and Amon (2011); and Weldon and Gilchrist (2012)
Prison manager/administration	3	de Guzman, Imperial, Javier, and Kawasaki (2017); Loeb et al. (2013); and Machado and Silva (2012)
Other prisoners	2	Andrinopoulos, Figueroa, Kerrigan, and Ellen (2011) and Magee, Hult, Turalba, and McMillan (2005)
Fieldwork contacts	5	de Viggiani (2007); Earle (2011); Kjaer Minke (2014); Liebling and Arnold (2012); and Mjaland (2015)
Health screening	2	Chang, Huang, and Chen (2010) and Sondhi et al. (2016)
Random selection	8	Cobb and Farrants (2014); DeHart (2008); Earle (2011); Einat (2009); Fogel et al. (2014); Rahmah, Blogg, Silitonga, Aman, and Power (2014); Smirnova and Owens (2017); and Topp et al. (2016)
Attendees at nonaffiliated meeting/event	3	Hefler et al. (2016); Schonberg, Bennett, Sufrin, Karasz, and Gold (2015); and Woodall et al. (2009)
External records	1	Schneider and Feltey (2009)
Not stated	14	
Sampling methods		
Convenience	59	Saraiva, Pereira, & Zamith-Cruz (2011); Carlson et al. (2011); Easterling and Feldmeyer (2017); Haley et al. (2014); Hatton et al. (2006); Machado and Silva (2012); Mercer et al. (2015); Schonberg et al. (2015); Soffer and Ajzenstadt (2010); and Weldon and Gilchrist (2012)
All participants in a program	9	Akerman and Geraghty (2016); Billington, Longden, and Robinson (2016); Boothby (2011); Drapeau et al. (2005); Mahoney et al. (2015); Miller, Tillyer, and Miller (2012); O'Grady, Rolvsjord, and McFerran (2015); and Walton and Duff (2017)
Purposive for selected characteristic(s)	15	Baker et al. (2013); Borrill, Snow, Medicott, Teers, and Paton (2005); de Guzman et al. (2017); Fogel et al. (2014); Garrett (2010); Howerton et al. (2007); Kennedy (2014); Marzano, Ciclitira, and Adler (2012); Newman et al. (2015); Ralphs et al. (2017); Schneider and Feltey (2009); and Sondhi et al. (2016)
Purposive for variation of characteristics or views	20	Alves et al. (2016); Andrinopoulos et al. (2011); Bowen et al. (2009); Dinkel and Schmidt (2014); Feron et al. (2008); Hefler et al. (2016); Machado and Silva (2012); Plugge et al. (2008); Rocheleau (2015); Smirnova and Owens (2017); and Wainwright et al. (2017)
Snowball	4	Blagden et al. (2014); Carlin (2005); Fogel et al. (2014); and Magee et al. (2005)
Substudy of larger research	4	Kenning et al. (2010); Loeb and Steffensmeier (2011); Rocheleau (2015); and Wainwright et al. (2017)
Theoretical	2	Djachenko, St John, and Mitchell (2016) and Harawa et al. (2010)

(continued)

Table 3. (continued)

Methods	Number of Studies	Examples
Purposive at level of prison/unit (including for variation)	9	Bennett and Brookman (2009); Blagden et al. (2014); Condon et al. (2007); Decorte (2007); Giertsen, Nylander, Frank, Kolind, and Tourunen (2015); Kenning et al. (2010); Topp et al. (2016); Tzvetkova et al. (2016); and Woodall (2010)
Random or quasi-random	6	Cobb and Farrants (2014); DeHart (2008); Einat (2009); Fogel et al. (2014); Rahmah et al. (2014); and Topp et al. (2016)
Unclear	7	
Recruitment strategies (excluding self-response to advertisement)		
Researcher presented to group (including meetings for other purposes)	8	Aday, Krabill, and Deaton-Owens (2014); Harawa et al. (2010); Harner and Riley (2013); Lewin and Farkas (2012); Saraiva et al. (2011); Staton-Tindall et al. (2007); and Woodall, Dixey, Green, and Newell (2009)
Individual invitation by researchers (including researchers in dual roles)	22	Alves et al. (2016); A. N. Chambers (2009); Earle (2011); Fogel et al. (2014); Gilham (2012); Haley et al. (2014); Howerton et al. (2007); Kennedy (2014); Khaw et al. (2007); Mjaland (2015); Pedlar, Yuen, and Fortune (2008); Plugge et al. (2008); Reading and Bowen (2014); Schneider and Feltey (2009); and Treloar, McCredie, and Lloyd (2016)
Health-care provider invitation/facilitation	16	Baker et al. (2013); Carlson et al. (2011); Castro Madariaga, Gómez Garcés, Carrasco Parra, and Foster (2017); Einat and Rabinovitz (2013); Elisha, Idisis, and Ronel (2012); Guin (2009); Hassan et al. (2013); Havnes et al. (2014); Lee et al. (2006); Mangnall and Yurkovich (2010); Ritter and Elger (2013); Soffer and Ajzenstadt (2010); and Yap et al. (2014)
Prison program leader/worker invitation	7	Billington et al. (2016); Borrill et al. (2005); Kerley and Copes (2009); O'Grady et al. (2015); and Sondhi et al. (2016)
Prison staff invitation/facilitation	11	Decorte (2007); Harner and Riley (2013); Havnes et al. (2014); Muessig et al. (2016); Oliver and Hairston (2008); Ralphs et al. (2017); Todrys and Amon (2011); Tzvetkova et al. (2016); Yap et al. (2014); and Zamani et al. (2010)
Inmate peer invitation	2	Andrinopoulos et al. (2011) and Enders et al. (2005)
Unclear	43	
Participant incentives		
Monetary or equivalent (eight while in prison; one after release)	13	Ahmed, Angel, Martell, Pyne, and Keenan (2016); Hatton et al. (2006); Howerton et al. (2007); Lewin and Farkas (2012); and Smirnova and Owens (2017)
Refreshments/cosmetics/clothes	5	Fogel et al. (2014); Oliver and Hairston (2008); Plugge et al. (2008); Schonberg et al. (2015); and Zamani et al. (2010)
Group donation	1	Andrinopoulos et al. (2011)
No	23	Akerman and Geraghty (2016); Alves et al. (2016); Enders et al. (2005); Facchin and Margola (2016); and Harner et al. (2011)
Not stated	84	

Table 4. Data Collection Processes.

Process Column	Reported	Number of Studies (N = 126)
Interview location	Stated	51
	Not stated (beyond in private room)	75
Privacy during data collection	Yes	51
	No or semiprivate	12
	Not stated	63
Interviewer characteristics/role (excluding statement of independence)	Any information	59
	No information	67
Audiotaping of interview	Yes	84
	No	18
	For some participants/prisons only	5
	Not stated	19

such as related to HIV (Shaliyu, Pretorius, van Dyk, Vander Stoep, & Hagopian, 2014). Decreasing staff awareness of the research could also be achieved through minimizing custodial escorts to research-related interactions (Copes, Hochstetler, & Brown, 2013). Some articles detailed the custodial involvement with research interactions. Custodial involvement included officer escort to the interview (Einat & Rabinovitz, 2013), unspecified guard supervision (Magee, Hult, Turalba, & McMillan, 2005; Weldon & Gilchrist, 2012), video surveillance (Harner & Riley, 2013; Lee, Fu, & Fleming, 2006; Supiano, Cloyes, & Berry, 2014; Yap et al., 2014), monitoring through windows (Smirnova & Owens, 2017), and an officer outside the closed room (A. N. Chambers, 2009; Dinkel & Schmidt, 2014) or out of earshot (Condon et al., 2007; Copes et al., 2013; Moe & Ferraro, 2006; Todrys & Amon, 2011). Surveillance could also include officers periodically entering the interview room (Copes et al., 2013; Harner & Riley, 2013;

Supiano et al., 2014). Some authors did not provide details but acknowledged the setting was semiprivate (Harawa, Sweat, George, & Sylla, 2010; Harner, Wyant, & Da Silva, 2017).

Some authors acknowledged or discussed the privacy and confidentiality implications of this surveillance. Confidentiality tended to be carefully reported in HIV research (Guin, 2009; Lee et al., 2006; Shalihu et al., 2014). Some authors reflected on how limits on privacy and confidentiality affected research data (Earle, 2011; Giertsen, Nylander, Frank, Kolind, & Tourunen, 2015; Kennedy, 2014; Lee et al., 2006; Supiano et al., 2014) and on potential repercussions for prisoners if data were collected under surveillance of prison staff (Miller, Tillyer, & Miller, 2012; Plugge et al., 2008).

Authors most commonly reported that participant confidentiality and privacy were safeguarded by prison staff not being present during interviews or focus groups, without further detail. Additional strategies used included institutional confidentiality agreements (Kjaer Minke, 2014), restating the rules of mandatory reporting during interviews (Harner et al., 2011; Mangnall & Yurkovich, 2010), avoiding collecting demographic information (Pedlar, Yuen, & Fortune, 2008; Staton-Tindall et al., 2007) or signed consent forms (Copes et al., 2013), and otherwise maintaining anonymity during recruitment, data collection, and dissemination of findings (Guin, 2009; Hatton, Kleffer, & Fisher, 2006; Havnes, Clausen, & Middelthon, 2014; Lee et al., 2006; Tzvetkova et al., 2016).

Confidentiality was of concern to some authors reporting on focus group research. Some reflected on its limits due to other prisoners participating in the groups (Harner & Riley, 2013; Hatton et al., 2006; Kuo et al., 2014; Lee et al., 2006; Stöver, Casselman, & Hennebel, 2006). Focus groups were usually on topics that were relatively safe to talk about in front of peers and relevant to discuss in a group, for example, program availability or smoking cessation. However, at times, focus groups explored potentially sensitive topics such as HIV, sexuality, and intimate partner violence. Researchers reported managing this through informed consent and focus group invitation and facilitation strategies. These included encouraging people to speak generally about sensitive topics in focus groups without personal disclosure (Hatton et al., 2006; Pritchard, Jordan, & Jones, 2014; Staton-Tindall et al., 2007) and designing study advertisements to allow people to attend groups because of general views on a topic rather than personal experience (Pritchard et al., 2014). Some researchers discussed the need to carefully ensure participant understanding of focus group methods and the limits on privacy and confidentiality in the prison context (Akerman & Geraghty, 2016; Kuo et al., 2014). A useful strategy was to hold meetings ahead of the focus groups to discuss their scope and process so participants were more comfortable and were less likely to disclose any sensitive personal matters during the actual focus groups (Akerman & Geraghty, 2016).

Interviewer and Researcher Characteristics

Interviewer and researcher characteristics were usually reported briefly by gender, language, or professional roles, such as

“doctoral student” or “prison nurse,” or in terms of experience in prison-based research (Dinkel & Schmidt, 2014; Harner & Riley, 2013; Hatton et al., 2006). Working in partnership with prisoners was part of some research (Hatton et al., 2006; Torre & Fine, 2005) and some reported on the absence of prior relationships with participants (Copes et al., 2013; Loeb et al., 2013).

It was uncommon for authors to include substantial detail on researcher positioning or the effect of the researcher on the research, although this was included at times (Cloyes, 2007; Moe & Ferraro, 2006). Reflections on the effects of interviewers or researchers on the research or on relationships with participants usually related to independence from the prison (Bourke, Ward, & Rose, 2012; Bowen, Rogers, & Shaw, 2009; Giertsen et al., 2015; Plugge et al., 2008). Some authors who were embedded within the prison in ethnographic studies emphasized the ways they were independent from the prison and why that was important (de Viggiani, 2007; Woodall, 2010). Some reflected on how their role as a clinician or program director currently or previously working in the prison system affected the research (Harner & Riley, 2013; Kennedy, 2014; O’Grady et al., 2015; Shalihu et al., 2014).

Discussion

Commonly used qualitative research processes are likely to require adaptation and increased planning when participants are in prison. In our review, a number of articles did not provide enough methodological details to meet recommended reporting standards for qualitative recruitment and data collection processes. Clarity on how qualitative research data may have been affected by recruitment and data collection processes is needed for understanding the trustworthiness of findings (Kristensen & Ravn, 2015). However, adequate detailing of recruitment and data collection processes is perhaps even more important for understanding the ethical conduct and credibility of the research with prisoners, given the challenges to access and rigorous sampling, the explicit and implicit coercion risk, and the heightened yet impeded need for privacy and confidentiality.

Nevertheless, a number of articles in our review provided details of and reflections on research processes which highlight some of the important considerations in prison-based qualitative research and could assist other researchers. Given the diverse and highly contextual nature of prison-based research across the world, it is not possible to create universal procedural “guidelines” for researchers to follow, beyond the broad and frequently stated principles of research with prisoners. However, a detailed examination of procedures used in recruitment and data collection will assist researchers to consider whether methods used by other researchers are transferable to their own context. We discuss some of the key contextual issues which were highlighted by our review below.

Consent and Coercion

There is tension between minimizing coercion while ensuring inclusion of prisoners in research. Research participation can

bring benefits, such as access to treatments through clinical trials (Eldridge, Robinson, Corey, Brems, & Johnson, 2012). Equitable prisoner access to research participation is consistent with the principle of equivalence in prison health care (Charles, Rid, Davies, & Draper, 2016) and some qualitative research indicates that prisoners believe coercion risk is overstated (Copes et al., 2013). However, given the relative deprivation of prisoners and the power differential between prisoners and prison staff and managers, coercion risk goes beyond the explicit loss of choice and control in the prison environment. Decisions whether to participate in research can be affected by subtle incentives of access to services or resources and promotion of positive relationships with prison staff. Even the prospect of visiting researchers may be an attractive opportunity for social support and a break from boredom (Eldridge et al., 2012; Hanson et al., 2015; Johnson, Kondo, Brems, & Eldridge, 2015).

Informed consent is a critical safeguard of ethical research and particular care is required to ensure consent really is informed in the prison setting. Literacy, communication skills, and cultural or linguistic barriers may limit understanding of participant information (Eldridge et al., 2012; Johnson, Kondo, et al., 2015; Pont, 2008). Limits to confidentiality in the prison setting may need careful emphasis, as highlighted in our review. Participants may conceivably disclose risk of self-harm or danger to others. Furthermore, the requirement of mandatory reporting to protect the “public good” must be clear to potential participants. For example, any security risk or disclosure of crimes for which the person has not been charged would be passed on to authorities by researchers (Cowburn, 2010; Quraishi, 2008).

A minority of studies in our review reported that monetary or other participant incentives were offered and a comparable number stated they were not given. Usually incentives were not mentioned and it is likely they were not available. Providing incentives to prisoners for research participation is frequently disallowed to avoid inducement (Hek, 2006; Institute of Medicine Committee on Ethical Considerations for Revisions to DHHS Regulations for Protection of Prisoners Involved in Research, 2007). It is likely different jurisdictions have different rules. Recent arguments have been made that people in prison have the same right to receive recompense for their time and lost wages as other community members and that participant incentives for prisoners is a socially just practice (Matheson, Forrester, Brazil, Doherty, & Affleck, 2012).

Access, Sampling, and Research Intermediaries

In prison, there are time-limited windows of access within a regulated daily schedule and a transient population serving custodial sentences which may be short or include frequent movements between prisons. Custodial imperatives take precedence and participants may be unpredictably unavailable when researchers visit. This may be resource intensive and determine what research designs are feasible in different prison contexts and may lead to a choice to use opportunistic

sampling, as was common in our review, instead of more rigorous sampling methods. Focus groups may be chosen to sample more participants quickly (Sondhi, Birch, Lynch, Holloway, & Newbury-Birch, 2016). Other mechanisms of promoting rigor in qualitative research may be impeded by access barriers, such as through limiting opportunities to interview participants more than once or to check findings with participants. Co-creation of research with people in prison is rarely reported, although collaborative and participatory approaches may be growing more common (Martin et al., 2016).

Importantly, there is particular reliance on prison-based intermediaries to bring researchers and participants together and multiple stakeholders need to approve the research and work together (Johnson, Kondo, et al., 2015). Researchers cannot usually make direct contact with prisoners, even after self-response to prison-approved advertisements. Use of intermediaries, also known as research mediators or gatekeepers, is common in all research practice and well known to have implications for ethics and rigor (Kristensen & Ravn, 2015). As highlighted in our review, prison authorities, staff, or health-care providers commonly mediate participant identification and recruitment. Recruiting prisoners to qualitative research without any prison-based mediator or researcher involvement would appear unlikely. As well as increasing coercion risk at recruitment, there is also significant risk of privileging certain prisoners to research participation because of the reliance on prison-based intermediaries. The risk that “difficult” voices are silenced is high in prison-based qualitative research and of added significance, given the power differential inherent to incarceration.

The role of prison-based intermediaries and the control exerted on researchers and participants does require reflection when undertaking research in the prison context. In articles in this review, the predominant reflection from authors emphasized their independence from the prison. Researchers are likely to be concerned about research integrity and that authorities may censor their work (Byrne, 2005). This is a valid concern as there may be political threat to prisoners and to those working in prisons if research is on a sensitive topic or if they are cast in a negative light (Cowburn, 2010). Nevertheless, when research is undertaken with prisoners, researcher independence is operationalized in a context of permission and facilitation by prison authorities, correctional officers, and prison health-care providers. Prison authorities and staff may be represented as a potentially malevolent force who need to be overcome by researchers (Bladt & Nielsen, 2013; Magee et al., 2005), even though the research has been facilitated by many prison-based mediators. Such reporting may result from qualitative researchers’ epistemological standpoints or advocacy aims, but risks stereotyping of prison intermediaries.

Confidentiality and Privacy

In the closed system of the prison, confidentiality and privacy can be compromised during recruitment and data collection, a particular consideration in research on prisoners with

stigmatizing conditions. Researchers were particularly mindful of the effect of custodial surveillance. Correctional officers have a responsibility to be aware of the movements of inmates, staff, and visiting researchers, with surveillance being a trade-off between researcher security and participant privacy (Eldridge et al., 2012). In our review, some authors detailed how they decreased the visibility of their research within the prison, such as by undertaking visits in frequently accessed areas where they would be many reasons for prisoners to be present or, alternatively, in areas that were infrequently accessed and participants were unlikely to be seen.

Focus group research in prison raises particular considerations. Focus groups are useful to seek views and experiences in a collective context and may empower people to be more confident in speaking out (Halcomb, Gholizadeh, DiGiacomo, Phillips, & Davidson, 2007). However, participating in groups with other prisoners and then continuing to live with them in the closed prison community may be problematic (Lee et al., 2006). Findings from our review suggest that focus groups in prison are best suited to topics which do not require personal disclosure. Care when informing participants about the proposed research and the limits of confidentiality in this method is needed.

Dissemination of research findings may have significant confidentiality implications, as highlighted by some authors in our review. For example, participants who have committed high-profile offenses may conceivably be identified if researchers are not diligent. This is a known risk for participants in qualitative research (Wolgemuth et al., 2015), but greater when participants are prisoners.

Reflecting on Being a Qualitative Researcher in Prison

The rigor of qualitative health research is enhanced if the researcher's positioning in relation to those being researched is explicitly considered (Doyle, 2013). This is particularly acute in the restrictive setting of the prison and because of the many possible power differentials between researcher, prisoner, and prison staff. In our review, the majority of articles did not include significant detail about the researchers or interviewers. Reflexive approaches to research undertaken in prison will also allow consideration of philosophical as well as pragmatic methodological challenges (Freshwater, Cahill, Walsh, Muncey, & Esterhuizen, 2012).

Researchers also need background knowledge of local prison systems and research regulations (Johnson, Brems, Bergman, Mills, & Eldridge, 2015; Kondo, Johnson, Ironside, Brems, & Eldridge, 2014), and of the prisoner population, so that their research is inclusive of participants with differing perspectives and needs. Participants who are perceived to have vulnerabilities or to be harder to reach may be excluded from research, thus excluding many prisoners, such as those with mental health issues, cognitive disability, or limited proficiency in the local language. Prison-based research which includes Indigenous participants should be planned according to locally defined values, principles, and requirements,

including those of partnership, consultation, and self-determination (Castellano, 2004; Smith, 1999).

Limitations

The databases searched were health-related and literature from the sociology and criminology disciplines was less likely to be included in this review. Health journals are more likely to have a positivistic approach, include more articles which require less reflexive reporting, and have more restrictive word limits and decreased focus on qualitative rigor than the sociological literature. The majority of studies in this review came from Europe and the United States; different prison systems necessitate different approaches.

Finally, we only reviewed selected elements of methodological reporting directly relevant to our focus on recruitment, sampling, and data collection. Other components relevant to research rigor were not examined in detail.

Conclusion

Despite the unique challenges of conducting qualitative research with people in prison, to date, there has not been a review of how contemporary researchers have approached participant sampling and data collection within the limits imposed by the prison context. Coercion risk, informed consent, participant identification, recruitment, sampling, confidentiality, privacy, and working with prison-based intermediaries require specific consideration and reporting. This article aims to assist researchers through encouraging reflection on the specific challenges and solutions to support ethical and rigorous qualitative research with people in prison.

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References

- Abbott, P., Magin, P., Davison, J., & Hu, W. (2017). Medical homelessness and candidacy: Women transiting between prison and

- community health care. *International Journal for Equity in Health*, 16, 130.
- Aday, R. H., Krabill, J. J., & Deaton-Owens, D. (2014). Religion in the lives of older women serving life in prison. *Journal of Women & Aging*, 26, 238–256.
- Ahmed, R. A., Angel, C., Martell, R., Pyne, D., & Keenan, L. (2016). The impact of homelessness and incarceration on women's health. *Journal of Correctional Health Care*, 22, 62–74.
- Akerman, G., & Geraghty, K. A. (2016). An exploration of clients' experiences of group therapy. *Therapeutic Communities*, 37, 101–108.
- Alves, J., Maia, A., & Teixeira, F. (2016). Health conditions prior to imprisonment and the impact of prison on health: Views of detained women. *Qualitative Health Research*, 26, 782–792.
- Andrinopoulos, K., Figueroa, J. P., Kerrigan, D., & Ellen, J. M. (2011). Homophobia, stigma and HIV in Jamaican prisons. *Culture, Health & Sexuality*, 13, 187–200.
- Arksey, H., & O'Malley, A. S. (2005). Scoping studies: Towards a methodological framework. *International Journal of Social Research Methodology*, 8, 19–32.
- Baker, A., Wright, K., & Hansen, E. (2013). A qualitative study exploring female patients' experiences of self-harm in a medium secure unit. *Journal of Psychiatric & Mental Health Nursing*, 20, 821–829.
- Bennett, A. L. (2014). Service users' initial hopes, expectations and experiences of a high security psychologically informed planned environment (PIPE). *Journal of Forensic Practice*, 16, 216–227.
- Bennett, T., & Brookman, F. (2009). The role of violence in street crime: A qualitative study of violent offenders. *International Journal of Offender Therapy and Comparative Criminology*, 53, 617–633.
- Billington, J., Longden, E., & Robinson, J. (2016). A literature-based intervention for women prisoners: Preliminary findings. *International Journal of Prisoner Health*, 12, 230–243.
- Bladt, M., & Nielsen, K. A. (2013). Free space in the processes of action research. *Action Research*, 11, 369–385.
- Blagden, N., Winder, B., & Hames, C. (2014). "They treat us like human beings"—Experiencing a therapeutic sex offenders prison: Impact on prisoners and staff and implications for treatment. *International Journal of Offender Therapy and Comparative Criminology*, 60, 371–396. doi.org/10.1177/0306624X14553227.
- Boothby, M. R. K. (2011). Insiders' views of their role: Toward their training. *Canadian Journal of Criminology and Criminal Justice*, 53, 424–448.
- Borrill, J., Snow, L., Medlicott, D., Teers, R., & Paton, J. (2005). Learning from 'near misses': Interviews with women who survived an incident of severe self-harm in prison. *Howard Journal of Criminal Justice*, 44, 57–69.
- Bourke, P., Ward, T., & Rose, C. (2012). Expertise and sexual offending: A preliminary empirical model. *Journal of Interpersonal Violence*, 27, 2391–2414.
- Bowen, R. A., Rogers, A., & Shaw, J. (2009). Medication management and practices in prison for people with mental health problems: A qualitative study. *International Journal of Mental Health Systems*, 3, 24.
- Byrne, M. W. (2005). Conducting research as a visiting scientist in a women's prison. *Journal of Professional Nursing*, 21, 223–230.
- Carlin, T. (2005). An exploration of prisoners' and prison staff's perceptions of the methadone maintenance programme in Mountjoy Male Prison, Dublin, Republic of Ireland. *Drugs: Education, Prevention & Policy*, 12, 405–416.
- Carlson, R. G., Sexton, R., Hammar, L., & Reese, T. H. (2011). Driving themselves to drink: Qualitative perspectives from "hardcore" DUI repeat offenders in Ohio. *Journal of Ethnicity in Substance Abuse*, 10, 363–379.
- Castellano, M. B. (2004). Ethics of Aboriginal Research. *Journal of Aboriginal Health*, 1, 98–114.
- Castro Madariaga, F. A., Gómez Garcés, B. E., Carrasco Parra, A., & Foster, J. (2017). Sexuality behind bars in the female central penitentiary of Santiago, Chile: Unlocking the gendered binary. *Nursing Inquiry*, 24, 1.
- Chambers, A. N. (2009). Impact of forced separation policy on incarcerated postpartum mothers. *Policy, Politics, & Nursing Practice*, 10, 204–211.
- Chambers, J. C., Ward, T., Eccleston, L., & Brown, M. (2009). The pathways model of assault: A qualitative analysis of the assault offender and offense. *Journal of Interpersonal Violence*, 24, 1423–1449.
- Chang, C. C., Huang, C. L., & Chen, C. Y. (2010). The impact of implementing smoking bans among incarcerated substance users: A qualitative study. *Evaluation and the Health Professions*, 33, 473–479.
- Charles, A., Rid, A., Davies, H., & Draper, H. (2016). Prisoners as research participants: Current practice and attitudes in the UK. *Journal of Medical Ethics*, 42, 246–252.
- Cloyes, K. G. (2007). Prisoners signify: A political discourse analysis of mental illness in a prison control unit. *Nursing Inquiry*, 14, 202–211.
- Cobb, S., & Farrants, J. (2014). Male prisoners' constructions of help-seeking. *Journal of Forensic Practice*, 16, 46–57.
- Condon, L., Hek, G., Harris, F., Powell, J., Kemple, T., & Price, S. (2007). Users' views of prison health services: A qualitative study. *Journal of Advanced Nursing*, 58, 216–226.
- Copes, H., Hochstetler, A., & Brown, A. (2013). Inmates' perceptions of the benefits and harm of prison interviews. *Field Methods*, 25, 182–196.
- Coughlin, S. S., Lewis, S. R., & Smith, S. A. (2016). Ethical and social issues in health research involving incarcerated people. *Journal of Health Care for the Poor & Underserved*, 27, 18–28.
- Cowburn, M. (2010). Principles, virtues and care: Ethical dilemmas in research with male sex offenders. *Psychology, Crime & Law*, 16, 65–74.
- Daniels, J. A., Angleman, A. J., & Grinnan, E. (2015). Standardizing research methods on violent offenders: Perpetrator-motive research design and consensual qualitative research. *Aggression and Violent Behavior*, 21, 125–132.
- Decorte, T. (2007). Problems, needs and service provision related to stimulant use in European prisons. *International Journal of Prisoner Health*, 3, 29–42.
- de Guzman, A. B., Imperial, M. Y. G., Javier, R. R. L., & Kawasaki, A. M. (2017). As pliant as the bamboo: A grounded theory study of

- incarcerated Filipino elderly people's sense of resiliency. *Educational Gerontology*, 43, 1–10.
- DeHart, D. D. (2008). Pathways to prison: Impact of victimization in the lives of incarcerated women. *Violence Against Women*, 14, 1362–1381.
- de Viggiani, N. (2007). Unhealthy prisons: Exploring structural determinants of prison health. *Sociology of Health & Illness*, 29, 115–135.
- Dinkel, S., & Schmidt, K. (2014). Health education needs of incarcerated women. *Journal of Nursing Scholarship*, 46, 229–234.
- Djachenko, A., St John, W., & Mitchell, C. (2016). Smoking cessation in smoke-free prisons: A grounded theory study. *International Journal of Prisoner Health*, 12, 270–279.
- Doyle, S. (2013). Reflexivity and the capacity to think. *Qualitative Health Research*, 23, 248–255.
- Drapeau, M., Korner, A. C., Granger, L., & Brunet, L. (2005). What sex abusers say about their treatment: Results from a qualitative study on pedophiles in treatment at a Canadian penitentiary clinic. *Journal of Child Sexual Abuse*, 14, 91–115.
- Earle, R. (2011). Boys' zone stories: Perspectives from a young men's prison. *Criminology & Criminal Justice: An International Journal*, 11, 129–143.
- Easterling, B. A., & Feldmeyer, B. (2017). Race, incarceration, and motherhood: Spoiled identity among rural white mothers in prison. *The Prison Journal*, 97, 143–165.
- Einat, T. (2009). Inmate harassment and rape: An exploratory study of seven maximum- and medium-security male prisons in Israel. *International Journal of Offender Therapy and Comparative Criminology*, 53, 648–664.
- Einat, T., & Rabinovitz, S. (2013). A warm touch in a cold cell: Inmates' views on conjugal visits in a maximum-security women's prison in Israel. *International Journal of Offender Therapy and Comparative Criminology*, 57, 1522–1545.
- Eldridge, G. D., Robinson, R. V., Corey, S., Brems, C., & Johnson, M. E. (2012). Ethical challenges in conducting HIV/AIDS research in correctional settings. *Journal of Correctional Health Care: The Official Journal of the National Commission on Correctional Health Care*, 18, 309–318.
- Elisha, E., Idisis, Y., & Ronel, N. (2012). Window of opportunity: Social acceptance and life transformation in the rehabilitation of imprisoned sex offenders. *Aggression and Violent Behavior*, 17, 323–332.
- Enders, S. R., Paterniti, D. A., & Meyers, F. J. (2005). An approach to develop effective health care decision making for women in prison. *Journal of Palliative Medicine*, 8, 432–439.
- Facchin, F., & Margola, D. (2016). Researching lived experience of drugs and crime: A phenomenological study of drug-dependent inmates. *Qualitative Health Research*, 26, 1627–1637.
- Feron, J.-M., Tan, L. H. N., Pestiaux, D., & Lorant, V. (2008). High and variable use of primary care in prison. A qualitative study to understand help-seeking behaviour. *International Journal of Prisoner Health*, 4, 146–155.
- Fogel, C. I., Gelaude, D. J., Carry, M., Herbst, J. H., Parker, S., Scheyette, A., & Neevel, A. (2014). Context of risk for HIV and sexually transmitted infections among incarcerated women in the south: Individual, interpersonal, and societal factors. *Women & Health*, 54, 694–711.
- Freshwater, D., Cahill, J., Walsh, E., Muncey, T., & Esterhuizen, P. (2012). Art and science in health care research: Pushing at open doors or locked in institutions? *Qualitative Health Research*, 22, 1176–1183.
- Garrett, L. H. (2010). Childhood experiences of incarcerated male child sexual abusers. *Issues in Mental Health Nursing*, 31, 679–685.
- Giertsen, H., Nylander, P.-Å., Frank, V. A., Kolind, T., & Tourunen, J. (2015). Prisoners' experiences of drug treatment and punishment in four Nordic countries. *Nordic Studies on Alcohol and Drugs*, 32, 145–164.
- Gilham, J. J. (2012). A qualitative study of incarcerated mothers' perceptions of the impact of separation on their children. *Social Work in Public Health*, 27, 89–103.
- Guin, S. (2009). A qualitative exploration of HIV/AIDS health care services in Indian prisons. *Journal of Correctional Health Care*, 15, 179–189.
- Halcomb, E. J., Gholizadeh, L., DiGiacomo, M., Phillips, J., & Davidson, P. M. (2007). Literature review: Considerations in undertaking focus group research with culturally and linguistically diverse groups. *Journal of Clinical Nursing*, 16, 1000–1011.
- Haley, D. F., Golin, C. E., Farel, C. E., Wohl, D. A., Scheyett, A. M., Garrett, J. J., ... Parker, S. D. (2014). Multilevel challenges to engagement in HIV care after prison release: A theory-informed qualitative study comparing prisoners' perspectives before and after community reentry. *BMC Public Health*, 14, 1253–1253.
- Hanson, B. L., Faulkner, S. A., Brems, C., Corey, S. L., Eldridge, G. D., & Johnson, M. E. (2015). Key stakeholders' perceptions of motivators for research participation among individuals who are incarcerated. *Journal of Empirical Research on Human Research Ethics*, 10, 360–367.
- Harawa, N. T., Sweat, J., George, S., & Sylla, M. (2010). Sex and condom use in a large jail unit for men who have sex with men (MSM) and male-to-female transgenders. *Journal of Health Care for the Poor and Underserved*, 21, 1071–1087.
- Harner, H. M., Hentz, P. M., & Evangelista, M. C. (2011). Grief interrupted: The experience of loss among incarcerated women. *Qualitative Health Research*, 21, 454–464.
- Harner, H. M., & Riley, S. (2013). The impact of incarceration on women's mental health: Responses from women in a maximum-security prison. *Qualitative Health Research*, 23, 26–42.
- Harner, H. M., Wyant, B. R., & Da Silva, F. (2017). "Prison ain't free like everyone thinks": Financial stressors faced by incarcerated women. *Qualitative Health Research*, 27, 688–699.
- Hassan, L., Edge, D., Senior, J., & Shaw, J. (2013). Staff and patient perspectives on the purpose of psychotropic prescribing in prisons: Care or control? *General Hospital Psychiatry*, 35, 433–438.
- Hatton, D. C., Kleffer, D., & Fisher, A. A. (2006). Prisoners' perspectives of health problems and healthcare in a US women's jail. *Women & Health*, 44, 119–136.
- Havnes, I. A., Clausen, T., & Middelthon, A. L. (2014). Execution of control among "non-compliant," imprisoned individuals in opioid maintenance treatment. *International Journal of Drug Policy*, 25, 480–485.

- Hefler, M., Hopkins, R., & Thomas, D. P. (2016). Successes and unintended consequences of the Northern Territory's smoke-free prisons policy: Results from a process evaluation. *Public Health Research & Practice*, 26.
- Hek, G. (2006). Unlocking potential: Challenges for primary health care researchers in the prison setting. *Primary Health Care Research and Development*, 7, 91–94.
- Hornblum, A. M. (1997). They were cheap and available: Prisoners as research subjects in twentieth century America. *British Medical Journal*, 315, 1437–1441.
- Howerton, A., Byng, R., Campbell, J., Hess, D., Owens, C., & Aitken, P. (2007). Understanding help seeking behaviour among male offenders: Qualitative interview study. *British Medical Journal*, 334, 303.
- Hsieh, H., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, 15, 1277–1288.
- Institute of Medicine Committee on Ethical Considerations for Revisions to DHHS Regulations for Protection of Prisoners Involved in Research. (2007). *Ethical considerations for research involving prisoners*. Washington, DC: The National Academies Press.
- Johnson, M. E., Brems, C., Bergman, A. L., Mills, M. E., & Eldridge, G. D. (2015). Knowledge of federal regulations for mental health research involving prisoners. *AJOB Empirical Bioethics*, 6, 12–18.
- Johnson, M. E., Kondo, K. K., Brems, C., & Eldridge, G. D. (2015). HIV/AIDS research in correctional settings: A difficult task made even harder? *Journal of Correctional Health Care: The Official Journal of the National Commission on Correctional Health Care*, 21, 101–111.
- Kennedy, N. (2014). An interpretative phenomenological analysis of prisoners' experience of riotous behaviour in an adult male prison. *Journal of Forensic Practice*, 16, 203–215.
- Kenning, C., Cooper, J., Short, V., Shaw, J., Abel, K., & Chew-Graham, C. (2010). Prison staff and women prisoner's views on self-harm; their implications for service delivery and development: A qualitative study. *Criminal Behaviour & Mental Health*, 20, 274–284.
- Kerley, K. R., & Copes, H. (2009). "Keepin' my mind right": Identity maintenance and religious social support in the prison context. *International Journal of Offender Therapy and Comparative Criminology*, 53, 228–244.
- Khaw, F. M., Stobbart, L., & Murtagh, M. J. (2007). "I just keep thinking I haven't got it because I'm not yellow": A qualitative study of the factors that influence the uptake of Hepatitis C testing by prisoners. *BMC Public Health*, 7, 98.
- Kjaer Minke, L. (2014). Cooking in prison—From crook to cook. *International Journal of Prisoner Health*, 10, 228–238.
- Kondo, K. K., Johnson, M. E., Ironside, E. F., Brems, C., & Eldridge, G. D. (2014). HIV/AIDS research in correctional settings: Perspectives on training needs from researchers and IRB members. *AIDS Education and Prevention*, 26, 565–576.
- Kouyoumdjian, F. G., Schuler, A., Hwang, S. W., & Matheson, F. I. (2015). Research on the health of people who experience detention or incarceration in Canada: A scoping review. *BMC Public Health*, 15, 419.
- Kristensen, G. K., & Ravn, M. N. (2015). The voices heard and the voices silenced: Recruitment processes in qualitative interview studies. *Qualitative Research*, 15, 722–737.
- Kuo, C., Johnson, J., Rosen, R. K., Wechsberg, W., Gobin, R. L., Reddy, M. K., . . . Zlotnick, C. (2014). Emotional dysregulation and risky sex among incarcerated women with a history of interpersonal violence. *Women & Health*, 54, 796–815.
- Lee, T. S.-H., Fu, L.-A., & Fleming, P. (2006). Using focus groups to investigate the educational needs of female injecting heroin users in Taiwan in relation to HIV/AIDS prevention. *Health Education Research*, 21, 55–65.
- Lewin, L. C., & Farkas, K. J. (2012). Living with the loss of a child: Mothers in the criminal justice system. *Palliative & Supportive Care*, 10, 265–272.
- Liebling, A., & Arnold, H. (2012). Social relationships between prisoners in a maximum security prison: Violence, faith, and the declining nature of trust. *Journal of Criminal Justice*, 40, 413–424.
- Loeb, S. J., Hollenbeak, C. S., Penrod, J., Smith, C. A., Kitt-Lewis, E., & Crouse, S. B. (2013). Care and companionship in an isolating environment. *Journal of Forensic Nursing*, 9, 35–44.
- Loeb, S. J., & Steffensmeier, D. (2011). Older inmates' pursuit of good health: A focus group study. *Research in Gerontological Nursing*, 4, 185–194.
- Machado, H., & Silva, S. (2012). Criminal genomic pragmatism: Prisoners' representations of DNA technology and biosecurity. *Journal of Biomedicine & Biotechnology*, 2012, 592364.
- Magee, C. G., Hult, J. R., Turalba, R., & McMillan, S. (2005). Preventive care for women in prison: A qualitative community health assessment of the Papanicolaou test and follow-up treatment at a California state women's prison. *American Journal of Public Health*, 95, 1712–1717.
- Mahoney, A., Chouliara, Z., & Karatzias, T. (2015). Substance Related Offending Behaviour Programme (SROBP): An exploration of gender responsivity and treatment acceptance issues for female prisoners. *Journal of Forensic Psychiatry & Psychology*, 26, 798–823.
- Mangnall, J., & Yurkovich, E. (2010). A grounded theory exploration of deliberate self-harm in incarcerated women. *Journal of Forensic Nursing*, 6, 88–95.
- Martin, R. E., Turner, R., Howett, L., Howard, T., Hanberg, D., Buxton, J. A., . . . Oliffe, J. L. (2016, October 25). Twelve Committed Men: The feasibility of a community-based participatory HIV-prevention intervention within a Canadian men's correctional facility. *Global Health Promotion*. doi:10.1177/1757975916659045
- Marzano, L., Ciclitira, K., & Adler, J. (2012). The impact of prison staff responses on self-harming behaviours: Prisoners' perspectives. *British Journal of Clinical Psychology*, 51, 4–18.
- Matheson, F. I., Forrester, P., Brazil, A., Doherty, S., & Affleck, L. (2012). Incentives for research participation: Policy and practice from Canadian Corrections. *American Journal of Public Health*, 102, 1438–1442.
- Mercer, J., Gibson, K., & Clayton, D. (2015). The therapeutic potential of a prison-based animal programme in the UK. *Journal of Forensic Practice*, 17, 43–54.
- Miller, H. V., Tillyer, R., & Miller, J. M. (2012). Recognizing the need for prisoner input in correctional research: Observations from an in-prison driving while intoxicated reduction program evaluation. *The Prison Journal*, 92, 274–289.

- Mjaland, K. (2015). The paradox of control: An ethnographic analysis of opiate maintenance treatment in a Norwegian prison. *International Journal of Drug Policy*, 26, 781–789.
- Moe, A. M., & Ferraro, K. J. (2006). Criminalized mothers: The value and devaluation of parenthood from behind bars. *Women & Therapy*, 29, 135–164.
- Muessig, K. E., Rosen, D. L., Farel, C. E., White, B. L., Filene, E. J., & Wohl, D. A. (2016). ‘Inside these fences is our own little world’: Prison-based HIV testing and HIV-related stigma among incarcerated men and women. *AIDS Education & Prevention*, 28, 103–116.
- National Commission for the Protection of Human Subjects of Biomedical or Behavioral Research. (1976). *Report and recommendations: Research involving prisoners* (Department of Health, Education and Welfare Publication No. [OS] 76–131). Washington, DC: United States Government.
- Newman, C., Cashin, A., & Waters, C. (2015). A hermeneutic phenomenological examination of the lived experience of incarceration for those with autism. *Issues in Mental Health Nursing*, 36, 632–640.
- O’Brien, B. C., Harris, I. B., Beckman, T. J., Reed, D. A., & Cook, D. A. (2014). Standards for reporting qualitative research: A synthesis of recommendations. *Academic Medicine*, 89, 1–7.
- O’Grady, L., Rolvsjord, R., & McFerran, K. (2015). Women performing music in prison: An exploration of the resources that come into play. *Nordic Journal of Music Therapy*, 24, 123–147.
- Oliver, W., & Hairston, C. F. (2008). Intimate partner violence during the transition from prison to the community: Perspectives of incarcerated African American men. *Journal of Aggression, Maltreatment & Trauma*, 16, 258–276.
- Pedlar, A., Yuen, F., & Fortune, D. (2008). Incarcerated women and leisure: Making good girls out of bad? *Therapeutic Recreation Journal*, 42, 24–36.
- Peterson, J., Pearce, P. F., Ferguson, L. A., & Langford, C. A. (2017). Understanding scoping reviews: Definition, purpose, and process. *Journal of the American Association of Nurse Practitioners*, 29, 12–16.
- Pinheiro, M. C., de Araujo, J. L., de Vasconcelos, R. B., & do Nascimento, E. G. (2015). Health profile of freedom-deprived men in the prison system. *Investigacion y Educacion en Enfermeria*, 33, 269–279.
- Plugge, E., Douglas, N., & Fitzpatrick, R. (2008). Imprisoned women’s concepts of health and illness: The implications for policy on patient and public involvement in healthcare. *Journal of Public Health Policy*, 29, 424–439.
- Pont, J. (2008). Ethics in research involving prisoners. *International Journal of Prison Health*, 4, 184–197.
- Pritchard, A. J., Jordan, C. E., & Jones, L. (2014). A qualitative comparison of battered women’s perceptions of service needs and barriers across correctional and shelter contexts. *Criminal Justice and Behavior*, 41, 844–861.
- Quraishi, M. (2008). Researching Muslim prisoners. *International Journal of Social Research Methodology: Theory & Practice*, 11, 453–467.
- Rahmah, A., Blogg, J., Silitonga, N., Aman, M., & Power, M. R. (2014). The health of female prisoners in Indonesia. *International Journal of Prisoner Health*, 10, 252–261.
- Ralphs, R., Williams, L., Askew, R., & Norton, A. (2017). Adding spice to the porridge: The development of a synthetic cannabinoid market in an English prison. *International Journal of Drug Policy*, 40, 57–69.
- Reading, L., & Bowen, E. (2014). A thematic analysis of how prisoners overcome suicidality. *International Journal of Prisoner Health*, 10, 212–227.
- Ritter, C., & Elger, B. S. (2013). Second-hand tobacco smoke in prison: Tackling a public health matter through research. *Public Health*, 127, 119–124.
- Rocheleau, A. M. (2015). Ways of coping and involvement in prison violence. *International Journal of Offender Therapy and Comparative Criminology*, 59, 359–383.
- Saraiva, B. A., Pereira, B. O., & Zamith-Cruz, J. (2011). School dropout, problem behaviour and poor academic achievement: A longitudinal view of Portuguese male offenders. *Emotional & Behavioural Difficulties*, 16, 419–436.
- Schneider, R. Z., & Feltey, K. M. (2009). “No matter what has been done wrong can always be redone right”: Spirituality in the lives of imprisoned battered women. *Violence Against Women*, 15, 443–459.
- Schonberg, D., Bennett, A. H., Suffrin, C., Karasz, A., & Gold, M. (2015). What women want: A qualitative study of contraception in jail. *American Journal of Public Health*, 105, 2269–2274.
- Shalihu, N., Pretorius, L., van Dyk, A., Vander Stoep, A., & Hagopian, A. (2014). Namibian prisoners describe barriers to HIV antiretroviral therapy adherence. *AIDS Care*, 26, 968–975.
- Shen, A. (2016). Motivations of women who organized others for prostitution: Evidence from a female prison in China. *Criminology & Criminal Justice: An International Journal*, 16, 214–232.
- Smirnova, M., & Owens, J. G. (2017). Medicalized addiction, self-medication, or nonmedical prescription drug use? How trust figures into incarcerated women’s conceptualization of illicit prescription drug use. *Social Science and Medicine*, 183, 106–115.
- Smith, L. T. (1999). *Decolonizing methodologies: Research and indigenous peoples*. New York, NY: St. Martin’s Press.
- Soffer, M., & Ajzenstadt, M. (2010). The multidimensionality of “pains of imprisonment” among incarcerated women in Israel. *Women & Health*, 50, 491–505.
- Sondhi, A., Birch, J., Lynch, K., Holloway, A., & Newbury-Birch, D. (2016). Exploration of delivering brief interventions in a prison setting: A qualitative study in one English region. *Drugs: Education, Prevention & Policy*, 23, 382–387.
- Staton-Tindall, M., Leukefeld, C., Palmer, J., Oser, C., Kaplan, A., Krietemeyer, J., Saum, C., & Surratt, H. L. (2007). Relationships and HIV risk among incarcerated women. *The Prison Journal*, 87, 143–165.
- Stöver, H., Casselman, J., & Hennebel, L. (2006). Substitution treatment in European prisons: A study of policies and practices in 18 European countries. *International Journal of Prisoner Health*, 2, 3–12.
- Supiano, K. P., Cloyes, K. G., & Berry, P. H. (2014). The grief experience of prison inmate hospice volunteer caregivers. *Journal of Social Work in End-of-Life & Palliative Care*, 10, 80–94.
- Todrys, K. W., & Amon, J. J. (2011). Health and human rights of women imprisoned in Zambia. *BMC International Health and Human Rights*, 11, 1.

- Topp, S. M., Moonga, C. N., Mudenda, C., Luo, N., Kaingu, M., Chileshe, C., . . . Henostroza, G. (2016). Health and healthcare access among Zambia's female prisoners: A health systems analysis. *International Journal for Equity in Health, 15*, 157.
- Torre, M. E., & Fine, M. (2005). Bar none: Extending affirmative action to higher education in prison. *Journal of Social Issues, 61*, 569–594.
- Treloar, C., McCredie, L., & Lloyd, A. R. (2015). Acquiring hepatitis C in prison: The social organisation of injecting risk. *Harm Reduction Journal, 12*, 10.
- Treloar, C., McCredie, L., & Lloyd, A. R. (2016). The prison economy of needles and syringes: What opportunities exist for blood borne virus risk reduction when prices are so high? *PLoS One, 11*, e0162399.
- Tzvetkova, M., Pardal, M., Disley, E., Rena, A., Talic, S., & Forberger, S. (2016). Strategies for a risky business: How drug dealers manage customers, suppliers and competitors in Italy, Slovenia and Germany. *International Journal of Drug Policy, 31*, 90–98.
- Wainwright, V., McDonnell, S., Lennox, C., Shaw, J., & Senior, J. (2017). Treatment barriers and support for male ex-armed forces personnel in prison. *Qualitative Health Research, 27*, 759–769.
- Walton, J. S., & Duff, S. (2017). "I'm not homosexual or heterosexual, I'm paedosexual": Exploring sexual preference for children using interpretive phenomenology. *Journal of Forensic Practice, 19*, 151–161.
- Weldon, S., & Gilchrist, E. (2012). Implicit theories in intimate partner violence offenders. *Journal of Family Violence, 27*, 761–772.
- Wolgemuth, J., Erdil-Moody, Z., Opsal, T., Cross, J., Kaanta, T., Dickmann, E., & Colomer, S. (2015). Participants' experiences of the qualitative interview: Considering the importance of research paradigms. *Qualitative Research, 15*, 351–372.
- Woodall, J. (2010). Exploring concepts of health with male prisoners in three category-C English prisons. *International Journal of Health Promotion & Education, 48*, 115–122.
- Woodall, J., Dixey, R., Green, J., & Newell, C. (2009). Healthier prisons: The role of a prison visitors' centre. *International Journal of Health Promotion & Education, 47*, 12–18.
- Yap, L., Carruthers, S., Thompson, S., Cheng, W., Jones, J., Simpson, P., . . . Butler, T. (2014). A descriptive model of patient readiness, motivators, and hepatitis C treatment uptake among Australian prisoners. *PLoS One, 9*, e87564.
- Zamani, S., Farnia, M., Tavakoli, S., Gholizadeh, M., Nazari, M., Seddighi, A. A., . . . Kihara, M. (2010). A qualitative inquiry into methadone maintenance treatment for opioid-dependent prisoners in Tehran, Iran. *International Journal of Drug Policy, 21*, 167–172.