

Public Health Nurs. Author manuscript; available in PMC 2013 June 27.

Published in final edited form as:

Public Health Nurs. 2012; 29(5): 467–472. doi:10.1111/j.1525-1446.2012.01027.x.

Challenges and Strategies for Research in Prisons

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Abstract

In this article, we discuss some of the challenges encountered while conducting research in two maximum security prisons and approaches we found helpful to facilitate the research process through the development of collaborative relationships, the establishment of prison contacts, and the implementation of rigorous research methods. As a result of our experiences, we have been successful at maintaining a high rate of inmate participation (>80%) and a well-functioning multidisciplinary team. The approaches described may be useful to other investigators planning to conduct research in a challenging setting such as prisons.

Keywords

prison collaboration; prison network; recruitment methods

Over 9.8 million people are incarcerated throughout the world, with the United States having the highest incarceration rate at 756 per 100,000 of the national population (Walmsley, 2009). Although a decline in the growth rate of the overall prison population has been seen in recent years, the number of adults under correctional supervision increased about fourfold between 1980 and 2009, from 1,840,400 to 7,225,800 (Walmsley, 2009). Inmates are a vulnerable population at high risk for violence, substance abuse, mental illness, and infectious diseases. As a result, correctional facilities are an important site for public health research. There is a growing body of literature regarding prison inmates, and a few publications have provided guidance regarding the challenges and strategies for public health research conducted within these facilities (Byrne, 2005; Fox, Zambrana & Lane, 2011; Innes & Everett, 2008; Patenaude, 2004; Quina et al., 2007; Wakai, Shelton, Trestman & Kesten, 2009). This article adds to the existing literature by addressing research challenges and approaches using our study (Risk Factors for Spread of Staphylococcus aureus in Prisons, 5R01AI82536) in two New York State maximum security prisons as a framework. Aims of this article are to propose methods to (a) develop a collaborative research relationship between an academic institution and a department of corrections, (b)

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establish prison contacts, and (c) maintain rigorous research methods in the context of sustaining security and confidentiality (Table 1). Although the collaborative and methodological procedures described below were tailored to our research goals, they can serve as a general guideline for investigators seeking to conduct research within the maximum security prison environment.

Develop a Collaborative Research Relationship

Know the system

By nature of its mission, The Department of Corrections must maintain a controlled, secure setting (Wakai et al., 2009). As part of the National Institute of Justice's appraisal action aimed at developing more effective decision tools, however, efforts are being made to develop cooperative relationships with research institutions (Welsh & Zajac, 2004). Hence, correctional facilities administrators have become more receptive to collaborations with universities and other research-based organizations in recent years (Welsh & Zajac, 2004). To facilitate successful research within correctional facilities, researchers need to acquire a basic knowledge of the administrative system within the Department of Corrections, and the various stakeholders and decision makers, to identify appropriate research partners and to get a realistic sense of what types of research methods and approaches are possible and acceptable in the context of a setting in which safety and security are primary (Fox et al., 2011; Greifinger, 2007; Vanderhoff, Jeglic & Donovick, 2011; Welsh & Zajac, 2004).

The involvement of key correctional officials, such as the Chief Medical Officer and the correctional facility Superintendent and Facility Health Services Director, is crucial for conducting public health research. As the Department of Corrections is a top down/hierarchical institution, all approvals must be granted first by the head of the appropriate departments. To properly set the stage for successful research, it is extremely important to identify a senior prison administrator as co-investigator. The close collaboration and support of the Chief Medical Officer of the New York State Department of Corrections as a collaborator on our study was essential to its successful implementation.

Obtain appropriate permissions

This study's initial challenge was to obtain the necessary approvals from both the Columbia University Institutional Review Board (IRB) and the Central Office of the NYS Department of Corrections. For studies involving inmates, IRBs are required to have a prisoner advocate who reviews the protocol. In addition, certification from the Office of Human Research Protections (OHRP) Division of Policy and Assurance is necessary (http://www.hhs.gov/ohrp/policy/populations/prisoncertlet.html). Because protocols must be reviewed and approved by both the Department of Corrections and the IRB, there may be considerable negotiations to request changes and clarifications. It may be difficult to determine whether it is more efficient to submit for approval simultaneously or serially as IRB approval and approval from the Department of Corrections are generally contingent upon each other. The appropriate staff at the Department of Corrections can be helpful in providing guidance throughout the review process, but researchers should not underestimate the amount of time required to review protocols that involve vulnerable populations such as prisoners (Fox et al., 2011).

Emphasize mutual goals

Even with approval from top administrators, however, difficulties in the day-to-day operational aspects of the project may be encountered at lower administrative levels and among staff in direct contact with inmates. Hence, other correctional staff must also be well informed and involved in ongoing planning and discussions (Appelbaum, 2008; Greifinger,

2007). To facilitate the development of mutually agreed-upon goals, meetings to discuss research interests and aims with facility superintendents, for feedback and modifications, are essential. Clarifying benefits of the research with the superintendents can deepen their involvement as stakeholders throughout the project (Trulsona, Marquartb & Mullingsb, 2004). Properly aligned negotiations best succeed at the intersection of common interests.

We used a variety of mechanisms to enhance mutual goals. For example, we formed an Advisory Council, which included prison leaders who met on a regular basis. In addition, these prisons also had Inmate Liaison Committees (ILCs) with whom we meet to keep inmates updated and to obtain their feedback. Furthermore, we identified a "point person" within each prison to facilitate communication. Depending on the nature of the study, the position of this person may vary; in our case, the "point person" was a member of the health care staff who advised us as we navigated the system. We also met with correctional officers (COs) to describe the study and respond to any concerns, published an article in the state prison newsletter, and planned co-authorship opportunities with prison staff. Early in the project, at the request from one of the prison superintendents, we produced a video describing the study to inmates and correctional staff in which inmates were offered the opportunity to volunteer as "actors" in the video.

Establish the Prison Contacts

Prisons are unique, restricted, and, at times, unpredictable environments that operate as secure settings where each group has a well-defined, discrete role. To successfully carry out our prison research, we built collegial relationships within the prison system to establish a positive rapport with four distinct groups of personnel: administrative staff, health care staff, security staff, and inmates.

Administrative staff

Once appropriate approvals and clearances are obtained, a researcher's interactions with the administrative staff are likely to be minimal. However, the researcher must maintain a positive relationship by keeping administrators well informed of the status of the project. Administrators need to hear directly from the researcher of progress, as well as any problems encountered, so that they are fully involved and understand any untoward or unexpected events that occur.

Health care staff

Health care staff, including physicians, nurses, and physician assistants, provide needed health care services for the inmate population. Studies that investigate different elements of inmates' health require that researchers establish professional relationships with these key medical providers, who can help to facilitate the study.

Security staff

The prison security staff comprised largely COs whose role is to ensure security among the prison population and to help coordinate inmate activities. Thus, researchers will frequently interact with COs. In terms of security logistics, COs are empowered to delay or suspend inmates' activities. Much depends on level of security-minimum, medium, and maximum. All visitors to the prison, including researchers, must be screened to enter. The steps in this process include having an appointment (i.e., being expected), carrying proper identification, and electronic or manual scanning. Depending on the prison security level, approved visitors might be stamped before entering the facility. For additional security in some prisons, visitors may be required to carry personal alarm pagers within the prison grounds. Electronic

devices, such as computers and cell phones, are not allowed within the maximum security prisons; thus, all data collection must be in paper form in such security level prisons.

The research team is usually escorted by a CO to the data collection site(s). Developing a positive relationship with COs is important not only to ensure that research steps are completed effectively but also for the researchers' safety. In addition, a positive relationship can help reduce concerns or suspicions that COs may have about the nature of the research being conducted and whether they will be expected to contribute or participate in any way. Responding to issues raised by COs and working with them to allay any concerns will prevent delays and greatly facilitate navigating the prison system. COs may be reluctant to express concerns, so it is essential that the research team members are sensitive and attuned to potential issues that may arise. During the course of our study, we found that efficient movement within the prison was greatly influenced by the security personnel; thus, being courteous and respectful to COs encouraged them to help us surmount encountered obstacles. This included making sure that inmates were present for interviews and obtaining as well as equipping the interview rooms.

Inmates

The inmates are the largest group in prison settings. In our study, meeting with the ILCs to discuss our study aims and solicit their suggestions for ways to approach recruitment and data collection was the most effective means to communicate with the inmates. Through working with such representative bodies, relationships can be developed based on openness and mutual respect to maximize understanding and support for the study.

Maintain Rigorous Research Methods

Accommodate variations in prison cultures

Although the overall goals of prisons may be similar, each prison has established its own culture and system. We recruited inmates from a women's and a men's maximum security prison in NYS, and the major challenge was learning their respective systems and finding the best ways to accommodate and plan for variations in access to inmates and data sources. For example, like most correctional facilities, both sites operated around a scheduled inmate routine. In one facility, the research team was allowed to interact with inmates only in the medical unit and only during their free time. In the other facility, we were allowed to directly recruit inmates from different sites during their assigned programs. Similarly, we were allowed to walk unescorted within one facility but were escorted by bus within the other facility, which required considerably more time. Such differences require careful planning and time management to account for mandated variations in prison systems and their individual requirements.

There were logistical advantages and disadvantages within each system. Although having to wait for a bus at one site prolonged our time, this process allowed the researchers to approach inmates directly and talk with them about the study. In contrast, the other facility's system called out inmates to the medical unit which limited the number of interviews/participants due to issues such as inmates not receiving the call, deciding not to show up, or simply refusing to participate because they may not have been accurately informed about the study. Emphasizing the importance and overall benefit of this research to COs who delegated the calls minimized these issues.

In the beginning of our recruitment process at both facilities, we learned that explaining the study to a group of inmates, instead of individually, could have adverse effects. If a single inmate made a negative comment about the study, it was then amplified by the group so that other inmates were less likely to express interest in participating. In addition, we distributed

approximately 50 flyers describing the study to recruit inmates, and only received a single response informing us that an inmate had moved. Subsequently, we found more appropriate ways to invite study participation such as getting support from the ILC to inform inmates of our study and talking to each inmate separately to avoid miscommunication.

Data collection

At the inception and before each phase of our study, we performed extensive pilot testing to assure that data collection methods were feasible, minimally disruptive, and acceptable to staff and inmates. We vetted the questionnaire with inmates at the outset and throughout the study. In addition, we have conducted meetings, formal presentations, and discussions with prison personnel and inmates to obtain feedback on a regular basis throughout the project. These activities have greatly facilitated the smooth functioning of the project.

A wide variety of data sources are available, each with advantages and disadvantages. Thus, researchers have increasingly combined a mix of data sources to achieve their research goals (Greifinger, 2007). We reviewed medical files and computerized records, collected nares/ oropharynx swab samples for microbiologic examination, and conducted interviews with inmates. Any study that uses self-reported information must address the possibility of underreporting or over-reporting due to issues such as inaccurate or untruthful responses or misinterpretation of the questions (Fox et al., 2011; Harrison, 1997; Singer, 1978; Stephenson et al., 2006). For example, inmates may be reluctant to respond accurately to questions related to personal information such as drug use or involvement in physical fights for fear of being reported to prison authorities. Hence, whenever possible we compared data available from medical records with information obtained from inmate interviews. In general, agreement between information provided by the inmates and information abstracted from records was high for information available from both sources, but information from records was sometimes unavailable or difficult to locate. In addition, much of the data needed for our study was only available by self-report. Overall, the inmates appeared very open and willing to provide information. In fact, we found a number of duplicate interviews from inmates who enrolled more than once, making it possible to assess whether their responses were similar at different time points. In other instances, inmates may have no interest in participating or may refuse certain procedures. In our study, for example, some inmates expressed concerns that the nasal and oropharyngeal samples being obtained were actually contaminating them.

Maintain inmate's privacy

It is vital to carefully consider privacy and inmates' rights, as they may feel coerced to participate or fear that their information will be shared with others. To alleviate such concerns, we worked to establish a positive rapport with the inmate population to earn their trust and respect. We requested that the interviews be conducted in private, without the presence of COs or other inmates, to reassure them that our research team was not affiliated with the correctional system and that no individual information from the research study would be reported to the Department of Corrections or a third party (Fox et al., 2011; Noaks, Wincup & ebrary, 2004; O'Brien & Bates, 2003; Patenaude, 2004; Quina et al., 2007). To address these concerns, we provided clear and accurate information and obtained a Certificate of Confidentiality from the National Institutes of Health (http://grants.nih.gov/grants/policy/coc/) to help protect inmate privacy. Using these strategies, we were able to attain a recruitment rate of 90.6% in the male and 81.6% in the female maximum security prisons, a rate higher than has been previously reported (Fox et al., 2011; Moser et al., 2004; Peterson, Braiker, Polich & Rand Corporation, 1981; Struckman-Johnson, Struckman-Johnson, Rucker, Bumby & Donaldson, 1996).

The purpose of this article was to describe some of the challenges and solutions derived from the development and implementation of our research study in two maximum security prisons. Although not all prisons have the same issues and policies, many of the challenges we faced are likely to resonate with others. Researchers must not underestimate the amount of time and preparation required for approval from the IRB and Department of Corrections as well as access into the correctional facilities. Once granted access, it is crucial for researchers to establish and maintain a positive relationship with the COs and inmates, to understand rules and security issues to navigate swiftly through the prison system for data collection, and to consider all limitations and obstacles throughout the process. Such strategies have proven successful in establishing and maintaining a high rate of study participation and high-quality data collection in this challenging research setting.

References

- Appelbaum KL. Correctional mental health research: Opportunities and barriers. Journal of Correctional Health Care. 2008; 14(4):269–277.
- Byrne MW. Conducting research as a visiting scientist in a women's prison. Journal of Professional Nursing. 2005; 21(4):223–230. doi:S8755-7223(05)00073-6 [pii] 10.1016/j.profnurs.2005.05.001. [PubMed: 16061169]
- Fox K, Zambrana K, Lane J. Multivariate comparison of male and female adolescent substance abusers with accompanying legal problems. Journal of Criminal Justice Education. 2011; 22(2): 304–327.
- Greifinger, R. Public health behind bars. Vol. Vol. XVI. New York, NY: Springer; 2007.
- Harrison L. The validity of self-reported drug use in survey research: An overview and critique of research methods. NIDA Research Monograph. 1997; 167:17–36. [PubMed: 9243555]
- Innes CA, Everett RS. Factors and conditions infuencing the use of research by the criminal justice system. Western Criminologgy. 2008; 9(1):49–58.
- Moser DJ, Arndt S, Kanz JE, Benjamin ML, Bayless JD, Reese RL, et al. Coercion and informed consent in research involving prisoners. Comprehensive Psychiatry. 2004; 45(1):1–9. [PubMed: 14671730]
- Noaks, L.; Wincup, E.; ebrary. Vol. Introducing qualitative methods. London: SAGE; 2004. Criminological research: Understanding qualitative methods.
- O'Brien P, Bates R. Negotiating the waves: Challenges of conducting in-prison and follow-up research with women. Affilia. 2003; 18(2):210–225.
- Patenaude AL. No promises, but i'm willing to listen and tell what i hear: Conducting qualitative research among prison inmates and staff. The Prison Journal. 2004; 84(4 suppl):69S–91S.
- Peterson, MA.; Braiker, HB.; Polich, SM. Rand Corporation. Who commits crimes: A survey of prison inmates. Cambridge, Mass: Oelgeschlager, Gunn & Hain; 1981.
- Quina K, Garis AV, Stevenson J, Garrido M, Brown J, Richman R, et al. Through the bullet-proof glass: Conducting research in prison settings. Journal of Trauma and Dissociation. 2007; 8(2):123– 139. [PubMed: 17804387]
- Singer S. Comment on alleged overreporting. Criminology. 1978; 16(1):99–103.
- Stephenson BL, Wohl DA, McKaig R, Golin CE, Shain L, Adamian M, et al. Sexual behaviours of HIV-seropositive men and women following release from prison. International Journal of STD & AIDS. 2006; 17(2):103–108. [PubMed: 16464271]
- Struckman-Johnson C, Struckman-Johnson D, Rucker L, Bumby K, Donaldson S. Sexual coercion reported by men and women in prison. The Journal of Sex Research. 1996; 33(1):67–76.
- Trulsona CR, Marquartb JW, Mullingsb JL. Breaking in: Gaining entry to prisons and other hard-to-access criminal justice organizations. Journal of Criminal Justice Education. 2004; 15(2):451–478.
- Vanderhoff H, Jeglic EL, Donovick PJ. Neuropsychological assessment in prisons: Ethical and practical challenges. Journal of Correctional Health Care. 2011; 17(1):51–60. [PubMed: 21278320]

Wakai S, Shelton D, Trestman RL, Kesten K. Conducting research in corrections: Challenges and solutions. Behavioral Sciences & the Law. 2009; 27(5):743–752. [PubMed: 19743521]

Walmsley, R. World prison population list. 2009. Retrieved from www.kcl.ac.uk/depsta/law/research/icps/.../wppl-8th_41.pdf

Welsh WN, Zajac G. Building an effective research partnership between a university and a state correctional agency: Assessment of drug treatment in Pennsylvania prisons. The Prison Journal. 2004; 84(2):143–170.

TABLE 1Essential Components and Approaches for Conducting Research with a Department of Corrections

Essential Component	Steps to Be Taken	Suggested Approaches
Develop a collaborative research relationship	Know the system	Review Department of Corrections rules and regulations; Establish early contact with decision makers at the state and prison levels
	Obtain appropriate permissions	Obtain approval from Institutional Review Board and from Department of Corrections; Obtain OHRP Certification Letter
	Emphasize mutual goals	Identify a senior corrections administrator as collaborator/co- investigator; Discuss research interests and aims with facility superintendents for feedback and modification; Clarify benefits to each facility
Establish the prison contacts	Work with administrative personnel, health care staff, security personnel, and inmates	Identify key personnel; Establish and maintain a professional relationship; Emphasize their importance in carrying out the study; Keep them fully informed throughout the study
Maintain rigorous research methods	Accommodate to variations in prison cultures	Learn how each facility is set up; Know and follow the rules; Identify strategies to cope with differences between facilities; Manage time to accommodate different recruitment and interview requirements
	Data collection, maintain inmate's privacy	Maintain security and confidentiality during interviews and data collection; Obtain Certificate of Confidentiality