Retention Strategies in Working With Justice-Involved Women

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Abstract

Research-based findings with vulnerable populations are strengthened by strong retention rates at the time of postintervention data collection. Women in the criminal justice system face a variety of gender-specific challenges including histories of childhood and adult sexual and physical abuse, substance abuse, untreated mental health problems, and chronic housing insecurity that can hinder follow-up of a research sample. The authors highlight a variety of retention strategies that they successfully used in their work with women following incarceration in local county jails.

Keywords

research methods, incarcerated populations, women, community corrections, retention

Introduction

Women involved in the criminal justice system are an underserved population, frequently overlooked by health researchers. Making up less than 10% of the incarcerated population, justice-involved women face issues that include reuniting with family, securing housing, securing employment, and dealing with long histories of trauma and abuse. These factors contribute to the incarceration of many women (Herbst et al., 2016).

Despite the many unmet needs of incarcerated women, relatively few researchers engage in intervention and program evaluation work with women in jails and prisons. An important part of such interventions is follow-up of participants to assess the longer term impacts of any changes that may have occurred (Bryman, 2016). However, postincarceration tasks, such as reuniting with family and securing housing and employment, coupled with gender-specific issues such as trauma and abuse that contribute to the incarceration of many women, make retention and follow-up of participants a challenge for researchers.

Our research team employed strategies that resulted in excellent retention rates for a cohort that we surveyed at 6 months postintervention and then annually for the past 2 years. We sought to assess

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the impact of our intervention and, as a secondary aim, document the challenges that women discharged from county jails face during reentry. With the overall goal of facilitating intervention research with justice-involved women, we present the strategies we used to retain our participants.

Background

The Sexual Health Empowerment Project was a cervical health literacy intervention for women incarcerated in local jails. Between 2014 and 2016, we delivered the 10-hour-long intervention to 182 women. Groups of 6 to 10 women participated in groups that discussed knowledge, beliefs, self-efficacy, and confidence in navigating health systems as related to cervical cancer screening and prevention. The intervention and results have been described elsewhere (Ramaswamy et al., 2017; Ramaswamy, Simmons, & Kelly, 2015). After the 5-day intervention, researchers followed participants to assess their cervical cancer screening and sexual health-seeking behaviors over time. Inclusion criteria were women over the age of 18 who could understand English and the voluntary nature of the consent process. Baseline and immediate postintervention surveys were administered to assess the effects of the behavioral intervention. Participants were also contacted to complete 6-, 12-, 24-, and 36-month postintervention surveys. Our final follow-up rate for 12-month surveys was 75% (137/182), for 24 months it is currently 92% (90/98), and for 36 months it is 95% (19/20). The 24- and 36-month surveys are ongoing.

Feminist and intersectional theory informed our approach to intervention development and delivery and ultimately was reflected in our general approach to the women in the study, including our retention strategies (Ramaswamy et al., 2015). For example, our underlying theoretical orientation allowed us to frame the intervention so that we focused on the women's perspectives given their own social and political context. We framed content to reflect the intersectional nature of women's race, gender, and class experiences. In practical terms, we met the women where they were at—we often repeated to them “this is a no judgment zone.” We also capitalized on their own knowledge of health systems and used the group context to help them leverage their own social capital to navigate these systems.

Retention Strategies

Establish Relationships/Build Trust

While face time is important to establishing trust, the reality was that our team had only 2 hours for 5 days each week to spend with participants. The limited time with participants meant that we sometimes had to use methods that were unconventional. To address the challenges in securing consent, completing surveys, delivering program content, being in an often less-than-ideal physical environment, and coping with lockdowns, tired correctional officers, and up to 31 women per cohort, we used the following strategies.

Each session began with a planned or occasionally spontaneous icebreaker activity. Our primary activity was the “Vagina Name Game”: “OK, now we’re gonna take 30 seconds and shout all the names that mean vagina!!” While elementary, this activity allowed us to show ourselves as women, not researchers. We too participated in the activity, and yes, sometimes the words were graphic.

Members of the research team introduced themselves in a manner that diminished their role as researchers and highlighted the importance of the participants. We used language like, “We may be experts in sexual health education, but you are the experts of your own lives.”

A “no judgment zone” was implemented, which meant that the women were free to share or not share any part of their lives in a safe environment. Since participants had often been victimized and/or taken part in illegal activities, it was important to mention this safeguard specifically. We operated from a harms reduction perspective, not judging the women’s engagement in drug use or sex work but rather working with women to address the sexual health harms associated with these activities.

A National Institutes of Health Certificate of Confidentiality was secured and described during the recruitment process. This assured participants that any information shared in the study could not be subpoenaed and was important especially as women transitioned back into the community and again became involved in or witnessed illegal activity.

Women were generously and frequently thanked for the importance of their participation.

We thank you all so much for allowing us into your lives. We thank you for sharing some intimate details of your life to help us teach you about your health. We hope that you all have learned as much as we have learned from you all. We hope that we can use the information you shared to make better programs for other women.

In addition to verbal recognition, we provided the women with a certificate of completion that they received with pride

The group setting of this sexual health intervention allowed women to share sensitive topics such as trauma, sexual experiences, drug use, and other sensitive topics that were often difficult to say and to hear. To end on a memorable “high note” and to facilitate a continuing connection among the participants and between participants and moderators, we used an informal, fun, closing activity. On the last day, following our postintervention survey, we asked women to participate in an art project. We supplied markers and a roll of poster paper and asked the women to draw a female body using some of the anatomical and other information they had learned; to personalize the drawings with embellishments, quotes, and other added details; and to ask questions and provide answers to one another regarding topics covered during the intervention.

Collect and Maintain Adequate Contact Information

Collecting contact information is a common practice when attempting to follow up research participants. At the end of our postintervention survey, we asked that each participant provide us with three persons who “no matter what, know where you are” and for the addresses for these contacts. We also asked how much information we could give, providing the option of different introductions that we could use, such as “We are researchers from x Institution and we met Sarah while she was incarcerated at Detention Center x. She said we could contact you if we needed to get in touch with her,” or, “Hi, this is _ from X Institution. Is Sarah around?”

In addition, we requested other forms of contact information such as areas in the community—street corners, bars, or shelters—that the women frequented and organizations of which they were a member. We asked women about the place where they thought they would most likely be upon release, including prison or a treatment facility. Finally, we asked the women for the names they used on social media accounts such as Facebook and Twitter.

In trying to locate women in the community, searching public databases was one of the more successful methods. We searched the public inmate jail and prison databases on a regular basis to locate participants who had been unreachable for a while. While searching databases is time-consuming, there were often great rewards in doing so, such as when we found multiple participants

at one facility. While we did not always know for whom we were looking, we met with good results by weekly going through the lists scanning for familiar names.

Frequent Communication

We sent hundreds of letters, birthday and holiday cards, newsletters, and emails to our participants. Letters were also sent to the addresses that participants provided. We always used a personalized format, so the participant would know that the letter was specifically for them.

Hey Krystal, Joi here. We just wanted to let you know that you're due for a 2-year survey. Please let us know if you're still interested. If so, we will send your survey. By the way, how's that bird you rescued? Hope all is well, Joi.

If we located a participant in the corrections database, we sent letters to the facility where she was housed, with personalized information, so the participant would know that we remembered who she was. Sometimes, we were able to email incarcerated participants via the inmate emailing system, and we purchased a prepaid "e-stamp" so that the inmate could respond to our emails. The responses we received often included how grateful the women were to receive a letter and know that someone was thinking about them. Sustained personalized communication of this kind with 182 women over 3 years played an important role in our successful retention. But it was truly a time-consuming activity.

Another way in which we maintained communication was through Facebook. We created a private Facebook group for invited participants only. This account enabled us to send messages to participants as a closed group. Even when participants had a disconnected telephone, which was frequently the case, or when they severed the relationship with one of our contact points, they usually were able to use local public wireless Internet services at libraries, restaurants, or other public places to access Facebook accounts. We posted pictures of the research team, relevant public health facts, and positive messages in order to maintain frequent contact with those who had social media accounts. For example, one public message that the team posted on the Facebook page read, "Happy Cervical Cancer Awareness month, tell us what you know about cervical cancer prevention!"

We also used more traditional modes of contact, including the telephone. Unlike social media, however, telephones proved a difficult way to stay in touch. The hectic environments in which the women live create much opportunity for phones to be lost or stolen. Lack of employment and other income increases the risk that phones will be disconnected. We did indeed find that the women rarely had the same telephone number at the follow-up points as they did while incarcerated or immediately postintervention. We frequently encountered disconnected phones, wrong numbers, and alienated (and sometimes angry) contacts.

Phones did prove useful in one way. The research team maintained a study cell phone, which was a great way for participants to reach *us*. We often received phone calls out of the blue, many of them coming days, weeks, or months after we had reached out through various other methods. Eventually word of our efforts filtered down to our participants, and having a study phone made us reliably accessible to the women. From our end though, we found that sending a Facebook message, an email, or a letter with our telephone numbers enclosed offered more success as a primary method for contact than a telephone call.

Budget for Incentives

All participants were provided a monetary incentive for interval check-ins. For quarterly check-ins, the incentive was \$10. For each survey completed, \$50 was given. The women's monetary need

made our incentives highly valued. We used the ClinCard (n.d.) payment system through our institution. Because of the transient lifestyles of our population, these cards were often lost or even stolen. This inadvertently provided a useful means for follow-up since the women often called needing to be issued a new card. This, in turn, ended up being an additional expense for the institution. Over the period of 3 years, some participants have gotten 10 replacement cards.

Maintain Relationships With Jail Staff

After establishing the initial relationships that were necessary to implement our program, we continued to stay in contact with administrators and staff at all of the local correctional facilities. Presentations at staff meetings (often with food offerings), small holiday gifts and greetings, and thank you gifts (like study team logo coffee mugs) enabled us to cultivate and maintain positive contact with those who could get us access to participants who remained inside of facilities.

Train a Savvy Research Staff

Initial selection of staff members who were comfortable working in jails and low-income neighborhoods was critical. For this cervical health study, which was embedded in the context of women's sexual health, staff members needed to be comfortable with frank discussions about genitalia, sexuality, gynecological procedures, and medical terminology as well as violence and abuse and other trauma. Continuing education on topics of jail/prison health, cervical cancer prevention, trauma-informed care, de-escalation techniques, and research methods was obtained by team members at conferences, symposia, and regularly scheduled staff meetings. Maintaining the capacity and interest of investigators, research staff, and student interns was critical for maintaining high research retention rates. Every week, the study team met to review all follow-up numbers. Follow-up rates were discussed, successes applauded, and challenges and ethical issues discussed by all. This allowed us not only to see progress but also to troubleshoot low numbers. For example, sometimes we lost contact with participants for a considerable amount of time and considered them "lost." In team meetings, we brainstormed ways to find a woman or to learn if she was deceased. In one instance, we concocted a strategy—successful—to reach out to an out-of-town family member with a gift basket. We celebrated our successes regularly, which allowed us to fuel team motivation and make use of the collective creativity of the group to devise ways to stay (or get) in contact with study participants.

Discussion

Retention in research studies with justice-involved participants can be a staff-intensive job, one calling for varied and repeated attempts and a coordinated team effort to stay in contact with any one participant. From phone calls to Facebook messages to birthday cards and gift baskets, in our cervical health study with women whom we initially recruited in jail, contact was maintained for follow-up using many methods—all of which required persistence. As we frequently learned, any mode of outreach that did not work at first could potentially bear fruit when tried again.

The need for persistence in maintaining contact with populations that share some of the challenges of our population has been reported in the literature, where researchers have also noted the considerable expense involved. Meyers, Webb, Frantz, and Randall (2003) reported that 40% of adolescents enrolled in a substance abuse intervention required six or more contacts to complete interviews, at a per-follow-up wave cost of \$85 above budget. With a research population of girls in the justice system, Kelly, Ahmed, Martinez, and Peralez-Dieckmann (2007) reported an average of

5.8 attempts to follow-up with their cohort, at a cost of \$101.82 per participant. Maintaining a cohort to assure valid outcomes means realistically forecasting costs and allocating adequate resources.

This article brings together a variety of retention strategies, some of which have been previously reported. The use of phone calls, letters, and community outreach has been reported by Haley and colleagues (2014), and social media as a research tool has been outlined in a review by Lafferty and Manca (2015). The use of social media as a means to recruit participants and deliver interventions has been studied, but its use in follow-up is a less studied area with considerable potential for expansion, especially in longitudinal studies. Dickson and colleagues (2017) and Mychasiuk and Benzie (2012) have described the use of Facebook as a follow-up strategy with vulnerable women in rural areas. In these studies, however, Facebook was used as a last resort. In our protocol, researchers included social media accounts as a primary, anticipated form of contact. Participants were notified from the beginning that they would potentially be contacted via Facebook.

For any research team, it is important to frequently consider and adjust who will be designated to implement these follow-up strategies. Having a small core team, there are only two team members who are responsible for following up with 182 participants. The effort dedicated to follow up sometimes diminished because these two team members were also delegated to complete other pertinent research duties.

Researchers will want to consider how an approach can best be used with specific populations and to what ends. With social media, for instance, we found it especially key to be close enough to our population to be familiar with nicknames, social networks, and close contacts. Having this familiarity meant being able to follow up when we unexpectedly heard “Jade” mention “Sarah’s” daughter, a connection that proved beneficial because “Sarah” had been lost to us for months. We learned that, particularly on Facebook, being attuned to these unexpected and seemingly unimportant cross-references could be an important tool.

One limitation in using social media as a means of follow-up is security and privacy. In this study, we did our best to make sure only enrolled participants were active in the private group. In a few instances, though, we were made aware that a significant other had gained access to a participant’s social media accounts. In these instances, the profiles were removed and access blocked. We had to constantly be aware of multiple profiles the participants were managing. In a few cases of a hacked profile, new accounts were created, and we sometimes had a hard time managing the active versus inactive accounts. It became a tedious task to constantly require our participants to verify their Facebook identities. An additional limitation is that we did not do a cost analysis of the intervention. However, costs included the full-time effort of a health educator, part-time effort of at least two research assistants to engage in follow-up of participants, and participant incentives.

In conclusion, we suggest that researchers remember that participants have competing priorities, of which maintaining contact with study personnel may not be primary. Especially with our population, restoring housing, accessing treatment, restoring relationships, and finding employment often took precedence. By actively acknowledging, understanding, and adapting to participants’ needs and by developing a flexible, varied, and persistent catalog of contact approaches, we found that we were able to attain high retention rates. This enabled us to build a stronger study with greater potential for helping the people we aimed to help.

Authors’ Note

The funding agency had no role in study design; collection, analysis, and interpretation of data; writing the report; and the decision to submit the report for publication.

Declaration of Conflicting Interests

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