The Power of Stigma: Developing Realistic Recruitment Methods for Prison Research

Em Brenner
PhD Student, Department of Social Work and Social Policy, University of Strathclyde, United Kingdom
em.brenner@strath.ac.uk | egbrenner1@gmail.com
ORCiD: https://orcid.org/0009-0009-3354-8703
Website: https://www.sccjr.ac.uk/person/em-brenner/

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Introduction

Conducting research with people in prison can be a difficult endeavour for doctoral and early-career researchers. Concerns around exploitation due to participants being regarded as vulnerable often leads to bureaucratic hurdles, extensive ethical approvals, and methodologies which anticipate a historically difficult population to engage with and retain (Charles et al., 2016; Christopher et al., 2017). This has been applicable for my PhD study, which seeks to explore barriers and facilitators to maintaining blood-borne virus (BBV) healthcare after release from prison. Aware of the difficulties of initiating prison research, when designing my research I focused on negotiating with the institutions I sought to work within by formulating a thorough methodology. Recruitment methods were devised explicitly with the intention of appealing to these institutions, mainly the Scottish Prison Service (SPS). In doing so, I neglected to consider how to realistically engage with prisoners themselves, nor had I considered the wider impact of recruiting for a study discussing a stigmatised condition amongst this population. This reflective piece considers the necessity of centring not only institutions but the feasibility of one's sample in prison research, with attention paid to the impact of stigmatising research topics.

In 2026, stigma towards BBVs remains an overwhelming issue in UK prisons, creating discomfort around openly discussing them (Senthi, 2026; Terrence Higgins Trust, 2026). A result of miseducation, fears of chronic infection and insinuation of an individual's character due to perceived transmission routes has contributed to intense stigma within prisons (ibid.). This is worsened by the social vacuum of the prison estate. Social capital heavily influences quality of life within this space; stigma towards a prisoner can diminish this capital and negatively affect experience within the estate (Lafferty et al., 2015).

As such, protecting one's character from being associated with a stigmatised condition is crucial to ensuring comfort, safety, and continued access to socialisation.

Identified in Phillips et al.'s (2023) report on the feasibility of recruiting in prisons, barriers specific to social science research in prisons are not only common but expected—even more so when working with stigmatised conditions. Barriers can range from extensive procedures required to obtain approval to conduct prison research to distrust from prisoners towards researchers, contributing to "1 in 5 clinical trials [terminating] early due to recruitment failure" and 50% of clinical studies failing to recruit within initially planned recruitment periods (ibid., p. 23). These findings urge exploration into the methods in which social scientists recruit within prisons to avoid excluding participants via inaccessible recruitment. Through analysis of their own recruitment methods, the authors identify preparedness and intentionality as key facilitators, as well as maximising staff available to aid in recruitment. Expanding on the findings of Phillips et al. (2023), my own recruitment with a similar population found historical barriers to prison research to be true, and compounded further by the impact of stigma when focusing solely on feasibility amongst my sample.

Initial Recruitment Methods

Midway through the second year of my PhD, my ethics application with the SPS had been approved. The research design incorporated longitudinal interviews with prisoners diagnosed with a BBV through their release into the community. Recruitment was initially to be conducted solely by myself in prisons. By attending various group meetings and introducing myself and my study, emphasising the confidential pathways I had put in place for prospective participants to self-disclose BBV diagnosis, I envisioned potential participants approaching me to take part. Recruitment, including building trust with participants, was expected to take place across 1-2 months to fit within the wider idealised 6-8 month data collection period. This initial method proved unsuccessful, with no potential participants self-disclosing. This was not enough time to establish trust and familiarity, both with myself and with a study concerning BBVs.

Several informative conversations with prisoners demonstrated the power of stigma outweighing any want to participate (Busschots et al., 2021; Phillips et al., 2023). By approaching a researcher who has asked anyone with a BBV to participate, individuals were putting themselves at risk of being identified as diagnosed with a BBV within an insular community. What highlighted this was an interaction I had with one group of men in prison. They were initially interested in the study, but when I noted I was explicitly looking at experiences around BBVs, one man stated "There better not be any of that in my prison!"

effectively shutting down any conversation about BBVs or my research. The authority of the man's stigmatised beliefs controlled the room; no one was interested in discussing it further, let alone self-disclosing or participating. As a result, I spoke with more prisoners about my work and reflected critically on how I could recruit participants with respect to their concerns tied to stigma and participation. These conversations highlighted that recruitment methods should not only be flexible, but adapt engagement to be considerate of stigmatised topics, with peers they can trust (Jewkes, 2014).

Reflections on Accessible Recruitment

Where ethically categorised vulnerable people are involved in study recruitment, the importance of centring the needs of participants through feasible methods becomes apparent. In the case of this study, this meant being hypervigilant of the influence of stigma towards self-disclosing and participating and wider social factors acting as a barrier to recruitment. Where I, as the researcher, can leave the prison environment, participants and potential participants cannot, and within the social vacuum of prison have reason to be concerned over any social and safety impact if identified as a participant. Social science research, if possible, should go out of its way to be accessible and flexible to groups that may be unable or unwilling to be recruited by traditional methods which could infringe on confidentiality. Identifying different streams of recruitment, all of which value trust and respect to wider influences impacting recruitment, is ideal in this context.

Acknowledging the unique needs of a prison population and how recruitment methods may best serve them should be an inherent facet in the future of social science research. When working with vulnerable participants and/or sensitive information, the researcher should strive to make their methodology, especially recruitment, adaptable and accessible to the needs of the sample, even if this means additional unplanned effort (Christopher et al., 2017). Typical recruitment methods such as flyers or through a gatekeeper are often not options in prisons or risk compromising anonymity, and there is an emphasis on confidentiality and one-to-one engagement in order to validate reason for conducting research in the prison (Pascoe et al., 2022). Intentional planning that is cognisant of this can lead to increased recruitment (Phillips et al., 2023). Formulating a methodology which adheres to ethical and institutional standards is a necessity for initiating prison research, but it is centring the realities of participants in the prison which improves recruitment efforts and results in more robust and inclusive research.

Using guidance from both existing literature and the input of prisoners, my recruitment methods have since evolved. I continue to visit prisons regularly, and the now long-term continued development of trust and relationship building has been beneficial in

encouraging participants to eventually self-disclose to me. BBVs are now spoken about more openly as a result of this familiarity, and while stigma cannot be eradicated from these spaces, it is less of a burden for participants. Additionally, NHS staff within prisons have been requested to aid in recruitment, as per Phillips et al. (2023) suggestion of maximising recruitment staff. Recruitment simultaneously conducted by a trusted staff member with existing knowledge of one's diagnosis in a confidential space provides insurance of anonymity of participation that my initial recruitment methods could not. Utilising both a familiar individual with existing knowledge of BBV diagnosis and recruitment in a confidential space, two primary barriers to recruitment are eliminated.

Conclusion

Prison research as an early career researcher can be difficult, but learning about your sample through engaging with them can introduce more novel approaches to how aspects of one's methodology are shaped. Accounting for the feasibility of prisoners when constructing recruitment methods may not seem novel, but negotiation with the institution to initiate research often overshadows considering the likelihood and feasibility of prisoners participating. When incorporating research topics which are highly stigmatised or may affect social capital, the abilities of the participant sample should be centred. Through witnessing reactions to my mention of BBVs in the prison and receiving input from prisoners, reassessing what I presumed was feasible and instead focusing on the reality of participants became crucial to re-developing my recruitment methods.

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