

---

7-14-2014

## Recruitment and Retention of Vulnerable Populations: Lessons Learned from a Longitudinal Qualitative Study

Evalina van Wijk

Western Cape College of Nursing, [Evalina.vanwijk@westerncape.gov.za](mailto:Evalina.vanwijk@westerncape.gov.za)

Follow this and additional works at: <https://nsuworks.nova.edu/tqr>

 Part of the [Quantitative, Qualitative, Comparative, and Historical Methodologies Commons](#), and the [Social Statistics Commons](#)

---

### Recommended APA Citation

van Wijk, E. (2014). Recruitment and Retention of Vulnerable Populations: Lessons Learned from a Longitudinal Qualitative Study. *The Qualitative Report*, 19(28), 1-21. <https://doi.org/10.46743/2160-3715/2014.1135>

This Article is brought to you for free and open access by the The Qualitative Report at NSUWorks. It has been accepted for inclusion in The Qualitative Report by an authorized administrator of NSUWorks. For more information, please contact [nsuworks@nova.edu](mailto:nsuworks@nova.edu).

---



## Recruitment and Retention of Vulnerable Populations: Lessons Learned from a Longitudinal Qualitative Study

### Abstract

The main focus of the researcher's study was to examine the lived experiences of intimate partners of female rape victims within the first six months post rape. Yet, many publications describing longitudinal qualitative studies of sexual assault fail to provide a detailed report on the processes followed, the difficulties experienced, as well as the reasons for such difficulties. To fill these gaps, in this paper, the researcher describes the strategies applied to recruit and retain the participants for the entire six-month period post rape. The lessons learned during recruitment and data collection are also described. The research question that guided the study was: what are the lived experiences of intimate partners of female rape victims during the six months following the rape? The selection of study participants involved purposeful sampling. After providing their informed consent, nine intimate partners of female rape victims living in Cape Town, South Africa, participated in four separate face-to-face, semi-structured interviews as follows: (a) within 14 days of, (b) a month after, (c) three months after and (d) six months after the rape. Recommendations were made for future researchers to make them aware of the difficulties encountered in accessing, recruiting, and retaining vulnerable populations in longitudinal studies, especially in the field of research into sexual violence.

### Keywords

Recruitment and Retention, Vulnerable Populations, Longitudinal Study, Qualitative Research, Phenomenological Study, Sexual Violence Research, Male Intimate Partners, Lessons Learned

### Creative Commons License



This work is licensed under a [Creative Commons Attribution-NonCommercial-Share Alike 4.0 License](https://creativecommons.org/licenses/by-nc-sa/4.0/).

### Acknowledgements

Acknowledgements: The study was funded by The African Doctoral Dissertation Research Fellowships Program and The Margaret McNamara Research Foundation.

Conflict of Interest: The editor-in-chief has reviewed the conflict of interest checklist provided by the author and has determined that the author has no financial or any other kind of personal conflicts with this paper.

## **Recruitment and Retention of Vulnerable Populations: Lessons Learned from a Longitudinal Qualitative Study**

Evalina van Wijk

Western Cape College of Nursing, Athlone, Cape Town, South Africa

---

*The main focus of the researcher's study was to examine the lived experiences of intimate partners of female rape victims within the first six months post rape. Yet, many publications describing longitudinal qualitative studies of sexual assault fail to provide a detailed report on the processes followed, the difficulties experienced, as well as the reasons for such difficulties. To fill these gaps, in this paper, the researcher describes the strategies applied to recruit and retain the participants for the entire six-month period post rape. The lessons learned during recruitment and data collection are also described. The research question that guided the study was: what are the lived experiences of intimate partners of female rape victims during the six months following the rape? The selection of study participants involved purposeful sampling. After providing their informed consent, nine intimate partners of female rape victims living in Cape Town, South Africa, participated in four separate face-to-face, semi-structured interviews as follows: (a) within 14 days of, (b) a month after, (c) three months after and (d) six months after the rape. Recommendations were made for future researchers to make them aware of the difficulties encountered in accessing, recruiting, and retaining vulnerable populations in longitudinal studies, especially in the field of research into sexual violence. Keywords: Recruitment and Retention, Vulnerable Populations, Longitudinal Study, Qualitative Research, Phenomenological Study, Sexual Violence Research, Male Intimate Partners, Lessons Learned*

---

### **Introduction**

Most research on sexual assault issues reflects a focus on female rape victims. The phenomenon of the male intimate partner of the female rape victim and ways to address his needs after the event are under-researched areas globally and especially in South Africa, where the incidence of rape is high. (Jacobson, 2009). The main focus of the researcher's study was to examine the lived experiences of intimate partners of female rape victims within the first six months post rape. The research question that guided the study was: what are the lived experiences of intimate partners of female rape victims during the six months following the rape?

Various authors have alluded to the fact that the successful recruitment and retention of participants are some of the most challenging phases of any longitudinal research project (Aitken, Gallagher, & Madronio, 2003; Dowling & Wiener, 1997; Rumpitz, Sullivan, Davidson, & Basta, 1991). Planning the methodology requires extensive work (Connop & Petrak, 2004). Yet, many publications describing longitudinal qualitative studies of sexual assault fail to provide a detailed report on the processes followed, the difficulties experienced, as well as the reasons for such difficulties (Campbell, Sprague, Cottrill, & Sullivan, 2011).

The study described in this paper was the first in South Africa to examine the phenomenon from a nursing viewpoint and over an extended period. It describes the

processes followed to recruit and retain intimate partners of female rape victims six months post rape in a qualitative, longitudinal, phenomenological study, conducted between 2007 and 2010.

The lessons learned during recruitment and data collection are also described. Nine participants eventually completed all four of the planned interviews over the six-month duration of the study. This paper includes a survey of the available literature pertaining to the challenges researchers may encounter when using a longitudinal research design.

### **Literature Survey**

No established single approach to conducting longitudinal qualitative research exists, but the focus is on the collection and analysis of data on more than one occasion over a specified period (Polit & Beck, 2004).

Longitudinal studies require motivated participants who can commit themselves for the duration of a study; sample attrition occurs because participants may lose interest in the study (Aitken et al., 2003). To accomplish the eventual goal of a study, a plan should be developed to recruit and keep participants in the study until its completion (Keith, 2001).

A properly planned recruitment strategy can avoid delayed or inefficient recruitment and losing a significant portion of a cohort during the follow-up period. Such events not only present ethical challenges and frustration for the researcher but also pose a risk to the interpretation and internal and external validity of research findings (Bonk, 2010; Davis & Addis, 1999; Gonder-Frederick, 2008). Longitudinal studies are costly, have time constraints, and can unnecessarily preoccupy staff; hence, adequate funding needs to be sought early in the research process (Dutton, Holtzworth-Munroe, Jouriles, McDonald, Krishnan, McFarlane, & Sullivan, 2003; Gul & Ali, 2010; Loftin, Barnett, Bunn, & Sullivan, 2005, Watson & Torgerson, 2006).

Other workers have identified a subject's insufficient understanding of the study purpose or procedure, or unpleasant experiences as a result of previous study participation, a lack of interest, transport issues, sickness, and not wanting to be bothered as reasons for recruitment difficulties (Deane & Degner, 1998; Shaughnessy, 2002).

Various factors may have an effect on a participant's decision to withdraw from, or fail to complete a research study. These include competing life demands, logistical or financial problems, lack of motivation or commitment, inflexible timing of appointments with study staff for data collection, complicated and cumbersome record-keeping and paperwork associated with a study, or other discomforts associated with the research design (El-Khorazaty, Johnson, Kiely, El-Mohandes, Subramanian, Laryea, Murray, Thornberry & Joseph, 2007; Parra-Medina, Antonio, Smith, et al., 2004; Tansey, Matte, Needham, & Herridge, 2007).

Factors such as unemployment, low income, lower education, awareness of poor health, and substance abuse are also possible risk factors for higher drop-out rates (Allen, 1996; El-Khorazaty et al., 2007; Hansen, Collins, Malotte, Johnson, & Fielding, 1985; Harris, 1998, Heidrich, 1994; Siddiqui, Flay, & Hu, 1996). A characteristic predictor of drop-out appears to be age, with younger participants, under the age of 50 years, at a significantly higher risk of dropping out than older participants.

To address the problems associated with participant drop-out and to keep them motivated to attend their follow-up interviews, several strategies can be considered. One important strategy is to establish and maintain a trusting relationship between the researcher and study participants, particularly around the question of confidentiality (Case, Naughton, Lesser, Rapp, Vitolins, Sheidler, Enevold & Shaw, 2010; Nishimoto, 1998). The researcher should have professional integrity, the ability to be respectful, tolerant, tactful, and

approachable, should always show a caring and compassionate attitude, and should be familiar with the complexity of the phenomena of interest and the target population (Patel, Doku, & Tennakoon, 2003).

On-going communication, informing participants of the goals of the research, what is expected of them, and showing respect and flexibility for the participants' time and expressions also encourage motivation (Given, Keilman, Collins, & Given, 1990; Good & Schuler, 1997; McKenzie, Tulskey, Long, Chesney, & Moss, 1999).

An important strategy for locating participants for their follow-up interviews is to employ baseline tracking procedures (Wright, Allen, & Devine, 1995). These should be implemented during the first interview, requiring the collection of detailed locator information on the participant, such as home address, phone number, email address, and social security number. Contact details of the participant's family members or members of their personal networks should also be sought (Cottler, Compton, Ben-Abdallah, Horne, & Claverie, 1996; Scott, 2004; Ziek, Beardsley, Deren, & Tortu, 1996).

Subjects should be motivated and educated about project goals, the reasons for follow-up interviews, and how interview data will be used (Scott, 2004; Wright et al., 1995). Providing a project identification card and developing a catchy project title that subjects will remember, as well as issuing debit cards that allow respondents' payments to be sent electronically, are other useful strategies (Des Jarlais, Perlis, & Settembrino, 2005).

Follow-up procedures may involve an interviewer or team approach to reconnect with the participant after the baseline interview, sending mail reminders, or calling with follow-up interview dates (Cottler et al., 1996; Ziek et al., 1996). Occasionally, follow-up may require intensive tracking of participants, using locator information and agency contacts. Regular staff meetings and engaging in creative team work pertaining to retention and tracking of participants are useful (Leonard, Lester, Rotheram-Borus, Mattes, Gwadz, & Ferns, 2003). Both nonmonetary incentives, such as mugs or key chains with the project logo, and reasonable incentive payments can build interest and motivation for follow-up interviews (Leonard et al., 2003, Streiner, 1990). Retention of participants may be improved by maintaining research field stations in targeted neighborhoods where participants may informally visit or be formally interviewed, as well as providing subjects with toll-free phone numbers that connect to project staff (Des Jarlais et al., 2005; Wright et al., 1995).

The experiences described by other researchers of the difficulties encountered during recruitment and retention of participants in longitudinal studies can be instructive. For instance, Ziek et al. (1996), in a study of 409 urban "crack" users, found a 6-month follow-up rate of only 70%. Persons who were younger, homeless, male, or using higher levels of "crack" were the most difficult to track. In contrast, Pollio, Thompson and North's (2000) longitudinal study of 118 homeless youth, which recorded a 6-month follow-up rate of 59%, showed that older youth were more likely to be lost during follow-up. These studies suggest that built-in strategies are necessary components of longitudinal research designs that focus on participants who may be relatively more difficult to keep track of.

The recommendations of Kilanowski (2006, p. 253), Van Teijlingen and Hundley (2001, 2002) and De Vos, Strydom, Fouche and Delpont (2005) provide valuable insights into the importance of conducting a pilot study prior to the main study. This allows researchers to filter out possible problems in the study design. Conducting sexual violence research, in particular, presents multi-faceted ethical and practical challenges which may be identified and addressed during the pilot study (Ellsberg & Heise, 2005). One strategy that could be explored during the pilot phase is how to compensate participants for the time and effort expended in attending interviews (Sullivan & Cain, 2004).

Furthermore, the methodology of recruitment and retention of vulnerable populations participating in qualitative longitudinal studies in South Africa, such as men involved in

sexual assault research, is not well described. Against the background of the study in question, this report endeavors to explore some of the methodological challenges encountered.

### **Research Design and Process**

A longitudinal inquiry, using hermeneutic phenomenology, was used to investigate the lived experience of male intimate partners of female rape victims in Cape Town. Three types of longitudinal research designs are useful in examining the features of people at more than one time: these are cohort, trend and panel studies. Cohort studies involve examining specific sub-populations, generally age-related, over time. In cross-sequential designs, involving two or more age cohorts, researchers study different cohorts over a period to detect generational (cohort) changes over time. In panel studies, researchers use the same people to supply data at two or more points in time (Polit & Beck, 2004).

The current study used the panel type because the approach can produce extremely valuable information (Molloy, Woodfield, & Bacon, 2002). The study population consisted entirely of intimate partners of female rape victims who received treatment at the Thuthuzela Rape Care Centre (TRCC) in Cape Town, South Africa, during the study period (February 2008 to August 2009). Follow-up of each study participant occurred over six months.

An interpretive longitudinal inquiry generally involves a small sample of up to ten people from whom researchers systematically collect data over a period (De Vos et al., 2005). In the current study, the period chosen was the first six months after an intimate partner learnt of the rape event, whether he witnessed the event or not. This period was seen as sufficient to study the meaning of their experiences after the rape; people's behavior becomes meaningful and understandable in the context of their lives and the lives of those around them (De Vos et al., 2005).

The final sample for this study was nine men, of whom the first two, who had similar characteristics to the participants in the main study, participated in the pilot phase. Their data were analysed with the whole study data, which is an accepted practice provided that the sampling frame and methodologies are the same. This can increase the efficiency of the main study (Thabane, Jinhui, Chu, Cheng, Ismaila, Rios, Robson, Thabane, Giangregorio, & Goldsmith, 2010).

Study participants were purposefully sampled and recruited in to the study if they were in an intimate relationship with a female rape victim before and immediately after the rape event (as revealed by the rape victim to the nursing staff at the rape centre), were older than 18 years and were able to communicate in one of the languages commonly spoken in Cape Town.

Estimating the required sample size is one of the most important aspects of the recruitment process. On the one hand, if a sample size is too small, it could lead to studies which are unethical or wasteful. For example, the results may show certain themes which emerged, but if no data saturation was achieved, the outcome of the study would be misleading. On the other hand, a sample size that is too large leads to unnecessary expenditure of time, effort, and finance (Patel et al., 2003). In the study described, purposeful selection of 12 participants occurred initially, though due to sample attrition, the sampling process was extended to improve data quality; of the ten intimate partners who entered the main study by August 2008, seven did not attend their second and subsequent interviews. Of five further potential participants, only two entered the study. Nine participants eventually completed all four planned interviews successfully. Analysis of the data from the recruits who did not complete all four interviews was not performed because the objectives of the longitudinal design were not met.

Recruitment is seldom a solitary exercise as most research studies of human participants involve working with other health care professionals (Patel et al., 2003). Establishing and maintaining collaboration with fellow professionals at the selected recruitment site was crucial. At first, the clinical managers of this facility were informed by letter of the purpose and significance of the study and that the necessary ethical clearance had been obtained. Once their consent was given, a meeting was held with the medical and nursing staff of the rape care centre to brief them on the purpose of the study, the recruitment procedure, of the inclusion criteria for selecting participants, projected duration of the study, and the role of the researcher in the study. This was an important activity to ensure cooperation of the staff in identifying suitable rape victims and addressing potential areas of confusion.

To gain access to the intimate partner through the rape victim, the attending medical or nursing staff at the TRCC identified female rape victims who were in an intimate relationship with a partner of any gender, as disclosed by the victim. This was done either directly after the rape or at their 72-hour follow-up visit. The staff members were requested to inform victims gently of the nature of the study and to ask, without any coercion, whether they would want to meet with the researcher. If the response was affirmative, the victim was seen in a private room and the purpose of the study was explained verbally and by means of an information document. She could afterwards choose to discuss the study with her intimate partner, who was later recruited after voluntarily contacting the researcher telephonically within 14 days of learning of the study, and after expressing willingness to participate in four interviews over a period of six months.

Irrespective of how convincing a researcher is in explaining the purpose and details of a study, it cannot be assumed that male intimate partners will automatically give consent and commit themselves to participate (Sterling & Peterson, 2004). Those intimate partners who did make contact and who expressed an interest but appeared uncertain about the time commitment required were advised rather not to proceed.

Individual appointments were set up to enroll the potential participants who continued to express an interest in the study. At this meeting, the researcher explained the aims of the study and also explained the researcher's role and responsibilities as far as ethical considerations in the research process were concerned. Specific focus points were anonymity and confidentiality, informed consent, and how the information gained would be handled and disseminated. Permission was sought to use a digital audio recorder, and participants were reminded of their right not to answer questions with which they did not feel comfortable and of the option to withdraw from the study without giving a reason.

Using Ricoeur's hermeneutical phenomenological approach, the researcher disclosed to herself all assumptions, biases and pre-suppositions she had regarding the phenomena prior to entering the study. Furthermore, this approach, together with the philosophical underpinnings of qualitative research, requires that the self becomes part of the research process (Streubert & Carpenter, 1999).

In phenomenological research, the interview approach is regarded as a primary data collection method, irrespective of whether participants decide to exclude some painful experiences (Walters, 1995). Although interviews are time-consuming and costly, the only way that participants will share their experiences with a researcher is when the latter becomes a part of the participant's life (Becker, 1992).

Due to the vulnerable status of intimate partners, a pilot study was necessary to determine whether the planned research methods for accessing, recruiting and interviewing intimate partners within the first two weeks after the rape of their female partners were appropriate and ethically sound. This approach would allow for timely modifications before the main study (Ulin, Robinson, & Tolley, 2005). Two intimate partners participated in the

pilot study between February and July 2008. The process followed during the pilot phase was executed in a similar manner for the main study.

A flexible semi-structured interview schedule, consisting of a set of open-ended but pre-determined questions, functioned as a guide to interview each participant four times over six months. To minimize drop-out, all four interviews were to be similar in structure (audio-taped, one-on-one). Interviews were conducted within the first fourteen days after the rape of the intimate partner, at the end of the first month and after three months (Van Wijk 2012). The last interviews were conducted at the end of six months following the rape of the intimate partner. Flexibility of scheduled visits is a key factor in retaining research participants over time (Tansey et al., 2007). However, since the researcher and eight of the nine participants were employed full-time, the scheduled interview times over the study period were adhered to as closely as possible.

Data was either collected in the early evenings or over weekends. Since the participants preferred not to be interviewed in or near their homes, where their partners were raped, the interviews were conducted at a location that was most convenient to them; either at the researcher's home or work place. All interviews were conducted in English, with the assistance of an isiXhosa-speaking interpreter for the Xhosa participants. Interviews lasted between 1-2 hours and were digitally recorded. At the end of each interview session, the researcher repeated and summarized the views of the participants.

The questioning line at the first interview was: "Your partner was raped on [date]. Please tell me how you felt when you first heard about it. Have you experienced any changes both within yourself and between you and your partner since the incident?" Subsequent interviews were based on the analysis of data collected during the previous sessions and included more in-depth, follow-up and probing questions, where necessary. Although some participants talked freely without prompting, individualised probing helped to clarify and verify details pertaining to their experiences.

During the final interview sessions, the interview questions were introduced differently: "It is now six months since your partner was raped. Last time you said [depending on responses from previous interview session]. Today, I would like us to talk about how you are feeling now." Probing and active listening was used to encourage the participants to elaborate on their overall positive and negative experiences, and to examine how they understood their experiences and feelings about the rape of their intimate partners.

Data was transcribed and analysed within 24 hours following the interview because the preliminary findings informed the questions for subsequent sessions for each participant. Field notes were also used to collect data. During or directly after the interviews, the field notes were recorded. The field notes involved explaining and describing observations made during the interview, such as gestures and tone of voice, since audio-tapes cannot capture non-verbal cues (Babbie & Mouton, 1995). Personal feelings about each interview were recorded and typed shortly afterwards and filed under each participant's study number, together with the transcript of the audio-taped interview, as proposed by Speziale and Carpenter (2003). One of the researcher's supervisors, who is fluent in English and isiXhosa, verified each of the transcriptions, which ensured the integrity of the data and protection of the participants' narratives. No discrepancies became apparent between the English and isiXhosa versions.

Although it was explained to each recruit that they may not benefit personally from the research, an unintended by-product of their participation was the opportunity to speak to someone about their issues, which was of great value to them. This establishment of trust with the investigator as time progressed was also described by Julion, Gross and Barclay-McLaughlin (2000). Despite a high dropout after the first interview and the language problem which continued to result in lost opportunities for faster recruitment, the final sample

consisted of nine male intimate partners of female rape victims who completed all four planned interviews.

The following strategies were pertinent in maintaining participation of recruits:

### **Locating Participants for Follow-Up Interviews**

Throughout the study, regular contact took place with participants, by phone, to maintain continued interest in the study. Nevertheless, following up research participants over time is time-consuming and expensive. Although some attrition in longitudinal research is unavoidable, sufficient planning to avoid early attrition before recruitment is completed, and to maximize retention of the participants for their follow-up interviews, has its rewards (McFarlane, 2007; Ribisl, Walton, Mowbray, Luke, Davidson & Bootsmiller, 1996).

If potential participants left a “please call me” sms message, they were contacted immediately because the longer they had to wait to hear from the researcher, the sooner they might lose interest in participation. Another tracking strategy used was to ask participants early on to provide the names, addresses, and phone numbers of two people who would know of their whereabouts during the study and whom the researcher could contact if necessary. The request to inform the researcher of any change in contact details was repeated after each follow-up interview, and they were asked to confirm their own as well as their social network’s contact details to update their personal files. Cellular messages were sent to participants to remind them of the date of their next interviews. Despite these efforts, contact was lost with some individuals. Repeated attempts were made to re-establish contact telephonically.

Each participant was interviewed four times and after each interview the participant received a business card with the researcher’s contact details, the date of their next interview, as well as previously agreed upon financial reimbursement for their time and travelling costs. Obtaining the participants’ home addresses was easy since most of them provided this without hesitation and gave consent that the researcher might visit them, without a nursing uniform or identification cards. This strategy held implications for the safety of the researcher and the participants, since most of them lived in high-crime suburbs. Fortunately, a home visit to re-establish contact was necessary with only two participants and went off without incident.

Patel et al. (2003) have found that while some participants take part in research voluntarily, with the hope that this will bring them direct therapeutic benefits or will ultimately improve treatment for future clients, others might be hesitant to enroll in a study unless they can understand its relevance. Research participants may also want to know the outcome of a study in which they participate (Ryan & Hayman, 1996). Throughout the current study, the importance of compliance for producing potentially relevant results was stressed. At the beginning of each interview the interviewer reiterated why the research was being conducted and how it could one day benefit other intimate partners in similar situations.

- **Sensitivity to the participant’s emotional life**

The professional obligation of nursing remains humanitarian and each client under nursing purview may be perceived, to some degree, as being vulnerable (Ulrich, Wallen, & Grady, 2002). Moreover, since the study was conducted from a mental-health nursing perspective, the participants were regarded as a category of vulnerable people. Therefore, in studies of sexual behavior, interviews often build up to more sensitive topics by starting with

less threatening issues such as the participants' demographic background (Elam & Fenton, 2003).

Due to the sensitive nature of the current study and the emotional state of the participants, additional strategies were put in place to deal with the participants' immediate and ongoing emotional needs. Identified stressors were resolved in a timely manner and regular contact was maintained with participants, so that they could be referred to crisis support services, where necessary, even after the study was completed.

- **Ensuring participants' safety**

Most of the rapes took place in informal densely populated, high-crime peri-urban shanty town settlements within the catchment area of the designated rape centre. It was considered safer, by both the researcher and the individual participants, not to conduct interviews in their own living spaces. The aim was to protect their anonymity and confidentiality at all times to ensure their personal safety. When attempts to contact a participant were unsuccessful, their social networks were used to trace them. Despite these efforts, less than half of the initial number of recruits remained in the study after six months.

- **Strategies to keep participants motivated**

Every potential recruit was supplied with a study information document written in a non-technical style and translated into the three languages commonly spoken in the city in order to make the study comprehensible and culturally appropriate. In addition, refreshments were provided because of the length of the interviews and since some participants came directly from work.

Regular follow-up calls were made to keep the participants motivated throughout the study. Contact details were updated from the second scheduled interview onwards. Interview dates were carefully diarized so that a reminder one week, as well as one day, before an interview could be sent telephonically. Although it was a time-consuming and labour-intensive effort, these reminders helped to maintain motivation and retention in the study, without coercion of any sort. It was always necessary first to identify the person answering the phone, since cellular phones (or their sim cards) appeared to change hands surprisingly often in the communities where the participants lived.

- **Providing monetary incentives**

Although various factors may have an impact on an individual's decision to participate in research studies, several authors report the use of incentives to encourage participation, with the most tangible and effective incentive being money (Cooley, Sarna, Brown, Williams, Chernecky, Padilla, & Danao, 2003; DiMattio, 2001; Gross & Fogg, 2001; Gross, Julion, & Fogg, 2001; Lyons, Carter, Carter, Rush, Stewart, & Archbold, 2004). However, deciding on the amount is difficult (McKenzie et al., 1999; Ribisl et al., 1996). Others have regarded the use of money as an incentive to encourage research participation in longitudinal studies as a form of coercion and a violation of human rights (Moore, 1997; Rudy, Estok, Kerr, & Menzel, 1994). In particular, offering monetary incentives to poor people could be considered as coercive (McKenzie et al., 1999).

In the current study, interviews lasted between one and two hours; many participants had to travel long distances by public transport to attend interviews. It was inconceivable not to reimburse participants at least for their travelling expenses, since they had no guarantee of deriving any other benefit from their participation. They received the equivalent of 7 USD

per interview. Interestingly, no participant indicated that this financial compensation was his motive for deciding to enroll and remain in the study; instead, each participant saw it as an opportunity to share his life stories with someone who listened, and cared.

- **Planning for termination of researcher-participant relationship**

Terminating the research relationship is part of every longitudinal study. Strong bonds may develop between the researcher and research participants (Sterling & Peterson, 2004). In this study, the researcher was the first person with whom the participants had shared the details of their partners' rape. Engaging emotionally with these secondary victims of rape proved to be a challenge since a reciprocal bond of trust had developed. However, from the first interview, the length of the research study was explained and participants were prepared for termination of the research. At each subsequent interview, they were reminded of the number of remaining interviews and that if they should need further assistance after termination, services are available. During the last visit, ample time was devoted to reviewing what the participant had shared and to thank him for his participation in the study.

- **Ethical Considerations**

The ethical guidelines stated in the Declaration of Helsinki (Clayton, 2009) emphasize that researchers have a moral obligation to respect the rights of the participants to anonymity and confidentiality, to prevent harm to study participants, and to ensure the ethical principles of autonomy, beneficence and justice of medical research were applied. Informed consent involves participants who are capable of comprehending information about the proposed study and being aware of their power to participate voluntarily or to decline involvement in the research (Polit & Hungler, 1999). These ethical principles were strictly adhered to in the current study.

At the initial meeting, all participants were given information about the nature and significance of the study, both written and verbal, including the potential benefits and possible harm of participation. If they felt uncomfortable discussing certain sensitive issues during the interview, they were under no obligation to continue; they could withdraw from the study at any stage without penalty and without giving a reason. Participants were informed of how long they would need to co-operate and should they have any queries about the study, the researcher would address these immediately to clarify misconceptions. A trained interpreter would be available so that they could choose to participate in the interviews in English, isiXhosa or Afrikaans. A digital audio-tape recorder would be required to record interviews. The audio-tapes would be stored under secure circumstances (Gubrium & Holstein, 2001; Packer & Addison, 1989).

Potential participants were assured that the researcher was being supervised and were told with which academic institution the study was registered. The participants were also assured that all information would be treated confidentially and anonymously. A review of their thoughts from previous interview sessions would occur before continuing with the interview. The compact discs containing the interviews would be kept under lock and key for six months after publishing the findings. Thereafter, the discs would be erased and the notes taken during data collection would be burned. The underlying rationale for such assurances was to reduce anxiety or misconceptions about the study and confidentiality issues (De Vos et al., 2005). Participants received a copy of their signed Informed Consent document for study participation and the original form was retained in a file. For each subsequent interview, the participants provided verbal consent.

Another ethical principle of medical practice is beneficence, which involves treating participants with respect and dignity. As a corollary, the term nonmaleficence agrees with the Hippocratic duty of doing good to others and doing no harm (Polit & Beck, 2004). Although it is not always possible to predict all the likely risks before conducting a study, in order to protect the identities of the study participants, a study number was allocated to each one. Participants were informed that an intercoder would be used and that an audit trail would be followed so that other researchers could review the process and data (Polit & Beck, 2004). The study number would be the only identifier used in these activities.

Upholding the rule of justice involves ensuring privacy, confidentiality, and anonymity (Speziale & Carpenter, 2003). Protection of participants' identities also applies to publication (Orb, Eisenhauer, & Wynaden, 2001). Consequently, participants were guaranteed that their identity would be treated confidentially in all research activities. They all voluntarily consented to the anonymous use of their quotations in publications. Trust and respect for participants as autonomous beings were considered to be crucial in the retention of the participants in this longitudinal study. Each participant was contacted confidentially and discreetly over the six-month period, and wherever possible, interviews were scheduled on different days to ensure that the study participants did not meet one another.

## **Data analysis**

### **Organisation and storage of the data**

A separate Microsoft Word file, marked with the participant's study number, was required for each participant. The transfer of the recordings to the participant's file occurred after each interview. The proceedings of each interview were saved onto a compact disc marked with the date of the interview and the study number of the participant. Transcripts and original recordings of each phase (i.e., Weeks 2, 4, 12, and 24) were stored chronologically and under lock and key. A back-up compact disc clearly marked with the date of the interview and study number of the participant was also created.

The researcher chose Paul Ricoeur's hermeneutic-phenomenological approach as the guiding framework to investigate the lived experience of male intimate partners of female rape victims in Cape Town (Ricoeur, 1976). The data analysis methods of Colaizzi (1978) and the within-case and across-case approach (Ayres, Kavanaugh, & Knafl, 2003) were used to order and analyse the transcribed data and field notes, guided by the interpretive theory of Paul Ricoeur for the meaning of the intimate partners' lived experiences. His approach includes acknowledging the plural, changing and incomplete nature of interpretation, taking into account language, reflection, understanding and the self (Geanellos, 2000). The interpretation of the whole data involved reflecting on the initial reading along with the interpretive reading to ensure a comprehensive understanding of the findings. Ricoeur's hermeneutical circle of interpretation assisted the researcher to gain insight and understanding of the life-worlds of the male intimate partners as secondary victims of their partners' rape. These insights were then compared with the existing theory and literature.

### **Trustworthiness of the data**

To ensure credibility of the data, prolonged engagement with participants and their data as well as member checking with participants took place. Thus, the participants were requested to comment on the accuracy of the researcher's interpretation of the data. Dependability was ensured through using and describing the same steps for each interview. Both raw data and analysed data were shared with research supervisors, the independent

coder and the qualitative researcher who performed the audit trial on completion of the study. Conformability was enhanced through the use of a reflective journal kept by the researcher to record her pre-judgments about the participants and the emotional effect the intensity of the interviews had on her. After each interview the researcher's perceptions, emotions, thoughts, ideas and reflections on the interviews were recorded. Additionally, possible biases and consultation with experts in the field of hermeneutic phenomenology were also recorded.

The researcher applied the principle of reflexivity by disclosing her personal feelings, background, perceptions, pre-conceptions, biases, and assumptions to indicate how her role may have affected the study. These were integrated with the participants' interpretations of their lived experiences when entering the hermeneutic circle of appropriation (Ricoeur, 1981). To ensure transferability, the inclusion criteria for the study allowed for the recruitment of a sample of participants whose experiences reflected the key issues in the research problem. Furthermore, findings of similar studies related to the identified themes were sought to allow common threads and transferability of information.

## **Results**

### **Demographics of the participants**

The ages of the nine participants ranged between 25 and 54 years. The mean age was 39.1 years. Five participants (55.5% of the sample) were married. Three were of South African Black origin and spoke isiXhosa, a language indigenous to the Western and Eastern Cape of South Africa. Another three participants were Coloured (mixed race) and spoke English and Afrikaans. The final three participants were refugees in South Africa: two were Black Zimbabweans who spoke English and Shona, while another was from the Democratic Republic of the Congo (DRC) and spoke English and French. All the participants lived in townships within the geographic area of the study site in Manenberg, Cape Town. None of the White women who received treatment at the centre during the study period was in an intimate relationship at the time of their rape incident.

### **Challenges and lessons learned from the pilot study**

When asked their preference for interview location, both participants in the pilot study indicated that they would rather come to the researcher's office or home, or any safe place far away from their homes. Because the rapes had occurred either close to or in their homes, the participants did not feel comfortable engaging in interviews there. The researcher's place of work was the most convenient location for all concerned. Both participants received appointment cards so that the security personnel would allow them access to the building.

During the pilot study, neither participant wished to divulge his personal contact details. As a result, it became obvious that maintaining contact would be stressful and tenuous. For the main study, therefore, the strategy was to request telephone numbers of people whom the participants trusted and whom the researcher could call when unable to reach the participants on their mobile telephones.

A number of potential participants in the pilot phase expressed disappointment that an interpreter would not be present; although they wanted to contribute, and needed to talk to somebody, they were not able to express themselves well in English. The researcher subsequently adjusted the methodology to incorporate an interpreter during the interviews. Unfortunately the interpreter was not available to assist with telephone calls from potential participants, undoubtedly contributing to slow recruitment.

Analysis of the data obtained from the two pilot study participants occurred immediately after the interviews. Although the aim of the interviews was to allow the participants to talk freely about their lived experiences, the participants appeared to need much more probing and clarifying than would be acceptable in a qualitative research interview. The researcher assumed that the problem existed because of a language barrier, or because the researcher was a female. The researcher could make informed changes and adjustments to the semi-structured interview schedule and implement strategies for follow-up sessions, before moving on to the main data collection phase. Subsequent data analysis and suggestions obtained from the pilot study participants indicated the efficiency of the interview schedule, making the schedule appropriate for use in the main study.

### **Difficulties encounter during recruitment and data collection**

One reason for the tardy recruitment during both the pilot phase and the main study was that many of the rape victims were not in intimate relationships. During the recruitment period, some of the potential participants who contacted the researcher reported that they were so overwhelmed by the disclosure of the rape that they were undecided as to what they should do. One could assume that such a dynamic was present in other potential participants too. Others declined to continue after their second or third interview. Although study participants do not have to disclose reasons for discontinuing, it would have been informative to know more about their reasons.

Practical difficulties encountered during the recruitment and data collection process in this study included:

- **Interview clashes with potential participants' employment schedules**

Most potential recruits who contacted the researcher after learning of the study were employed. Despite expressing an interest in the study, they did not want to participate in interviews at their workplaces or homes, and could not attend interviews after hours; they requested telephonic interviews. After hearing an explanation of the purpose of the study and the method of data collection, they expressed disappointment but accepted the feedback. The scheduling of interviews involved much negotiation and planning. Despite maximum possible flexibility on the researcher's part, clashes with employment schedules undoubtedly contributed to slow recruitment and to the attrition of actual recruits.

- **Language Differences**

A major issue revealed during the pilot phase was that many residents of the main catchment areas of the study site spoke mostly isiXhosa (one of the eleven national languages spoken in South Africa). Many callers indicated that while they wanted to contribute, they were not able to express themselves well in English. The language problem resulted in many lost opportunities and delayed recruitment for the pilot study. However, two intimate partners eventually agreed to participate in the pilot phase.

After the research ethics committee granted permission for the use of an interpreter, the recruitment process improved, though the data collection process continued to be slow. Although all participants were aware that they could express themselves in their language of preference, only three of the eight isiXhosa participants attended the remaining three interview sessions. The reason for the failure to retain these participants despite the availability of an interpreter is unknown.

- **Selection criteria issues**

One reason for the tardy recruitment during both the pilot phase and the main study was that many of the rape victims had separated from their partners or were not in stable, intimate relationships.

- **Unavailable subscriber on mobile telephone**

During the recruitment period, the researcher received numerous automatic “Please call me” cellphone messages. However, on dialling these numbers, “subscriber not available” messages were frequently found, some of which may have been from potential recruits who had insufficient airtime available. Another communication difficulty experienced during data collection was that some recruits lost the researcher’s contact number, and so they were not able to re-schedule interview dates in time. In addition, the researcher could not reach some recruits when trying to confirm the appointments.

Participants were asked, upon entering the study, to provide an additional contact number of a family member not living with them and to inform the researcher of any changes in residential address or telephone numbers. Despite these precautions, contact was lost with some participants whose telephones were persistently on voicemail or whose telephone numbers no longer existed. Numerous attempts were made to contact those participants, or the family member at the alternative number, without success. Possible explanations for these difficulties are that participants’ telephones were stolen or out of airtime, or that they were no longer interested in the study. The numerous telephone calls during the recruitment process and attempts to locate the participants resulted in extremely high telephone bills; fortunately, research funding compensated for these expenses.

- **Suspicious of partners**

Apart from the recruitment difficulties experienced, participant dropout from the planned longitudinal component of the study was not unexpected, albeit disappointing. Some reported that when they came home after the interview sessions, their partners wanted to know what they had said to the researcher. Frequently, they responded that they could not remember but the reality was that the interviews seemed to lead to arguments with the partner and additional stress in the already strained relationships. How this situation affected subsequent interviews and data quality was difficult to determine.

- **Gender /cultural difference between the researcher and participants**

An aspect which cannot be overlooked was that the researcher was White and female while the participants were male and from diverse cultures. Noticeably, the participants were occasionally too embarrassed to express their feelings genuinely. Men are often hesitant to tell others how they feel, probably because of a culturally constructed perception of “masculinity”. The researcher could occasionally sense the participants’ difficulty in expressing themselves while sharing their private lives in the interviews; nevertheless, all the participants stressed that they were grateful for the opportunity to share their stories with someone who cared.

## **Researcher-participant Relationship**

Some participants in this study took advantage of the researcher-participant relationship, from trying to borrow money, to one making sexual advances.

Another problem was that some participants would have benefitted from referral for psychiatric treatment, though they requested that the researcher should counsel them. These requests produced personal conflict for the researcher between her empathic role as mental-health nurse practitioner and being the objective researcher with referral pathways defined within the study protocol. After discussion with the researcher's supervisors, clearer boundaries were established between that of a nursing/problem-solving/supportive interview and a research interview; this helped to keep within the parameters and principles of the latter for this study.

It was personally gratifying to observe the men who persisted in the study as they evolved from wounded secondary victims to secondary survivors. A healthy reciprocal relationship developed between this researcher and the participants, as the researcher was the first person with whom the participants had shared the details of their partners' rape. Sterling and Peterson (2004) noted that while strong bonds may develop between researcher and research participants, for every longitudinal study it is important to plan for the termination of the research relationship. From the first interview, the length of the research study was explained and participants were prepared for termination of the research. They were aware that if they should need further assistance after termination, services would be available.

- **Sample attrition**

Attrition of recruited men occurred in this study after they met the eligibility criteria. Many of these men failed either to attend the initial interview or to report for their follow-up interviews. The study site is situated in an economically deprived, blue collar suburb and so socio-economic factors could influence participation. Because of the instability of their living conditions and of their relationships with their partners, these men were considered as being at a high risk of failing to follow through with study participation.

Despite the problems during recruitment and data collection described in this report, data saturation was reached with nine participants who successfully completed all four interview sessions over the six-month period. Although most participants were positive about their involvement in the study, three participants related independently that speaking about their experiences appeared, at times, to set them back a step experientially. They preferred, nevertheless, to continue to participate in the study. The researcher noted that because of the long-term relationship that developed, these participants became more open and relaxed when talking about their experiences during subsequent interviews.

## **Discussion**

The purpose of this qualitative study was to obtain in-depth knowledge and understanding of the participants' experiences after the rape of their partners.

Recruitment and retention are critical components when a vulnerable population, such as men who are secondary victims of rape, is involved in longitudinal sexual assault research. Given that the participants were traumatized, several common features warranted attention in this study. These included continued close collaboration with staff at the recruitment facility, a proper and logical research design, executable and ethical recruitment strategies, the tracking and maintaining of participants during data collection, providing appropriate incentives such as fair financial reimbursements, ongoing attempts to improve the retention

of research participants, addressing safety issues, and adhering to ethical principles. Participants who appeared too distressed as a result of the rape of their partners were referred to mental health care facilities and other NGO resources such as Rape Crisis and Lifeline.

Unfortunately, the retention rates were not as good as in longitudinal studies in sexual assault research from abroad, such as those of Brookings, McEvoy, and Reed (1994) and Emm and McKenry (1988), respectively. It should be pointed out, however, that while these longitudinal studies mostly focused on the impact of rape on the intimate partner from the rape victim's perspective, recruiting partners for a study focussing on themselves is more daunting. According to Connop and Petrak (2004) recruitment of male intimate partners of rape victims during their study was a difficult task, because men are "raised to be strong".

Also, tracking the male intimate partners longitudinally is a complex task. In the current study, the retention of recruits for the initial interviews was satisfactory, although afterwards a high dropout rate of participants was experienced, which required re-opening of recruitment. It was only after enrolling the first recruits that it became apparent that a large segment of the study population within the catchment area of the study site was from a poor socio-economic background and therefore they required special tracking techniques to try to maintain contact. Despite the elaborate efforts to locate and retain recruits, attrition continued throughout the study, though this became less during the latter half of the six-month longitudinal period.

It is difficult to imagine how a longitudinal study such as this could ever be performed without cellphone availability. One technique which facilitated both recruitment and retention in this study was the use of a "caller identity," a basic functionality provided by the cellular service provider whereby the name and number of a potential recruit, as supplied to the researcher by a raped woman at the recruitment site, would appear on the researcher's cellphone. This allowed speedy identification of, and established contact with, such a person, and participants could contact the researcher from any location at any time. Other indispensable recruitment and retention strategies included gaining the trust of the participants from the start, the persistent attempts to maintain contact, sending of reminder SMS messages, compensating them for expenses incurred when getting to the interviews, and reminding them of their next interview with appointment cards. Less productive strategies were the attempts to contact the participants' social networks to try to locate them.

Follow-up of such men in a longitudinal study was a challenge for both the researcher and the participants due to the protracted recruitment and follow-up from attrition. However, the final outcome of rich data and creditable conclusions made this a worthwhile exercise. It is tempting to speculate that one possible reason for completing the study was the altruism of the participants; that, their intimate revelations could benefit other male intimate partners of female rape victims in the future.

## **Limitations**

The actual sample consisted only of males, this was despite the researcher's intention that an intimate partner of either gender was eligible to participate, as long as that person was in an intimate relationship with the female rape victim and was interested in the study. The ratio of female to male intimate partners of female rape victims at the recruitment site was 2:20 (P. Ndlela, personal communication, 27 October 2010).

The recruitment centre was open to all races, and the inclusion criteria for this study made provision for a representative sample. However, only Black and coloured men participated in the study and this could be a limitation. All 157 female rape victims informed of the study at the designated study site during the recruitment phase were Black and coloured. Although a few White rape victims received treatment at that site during the

recruitment period, they were not in intimate relationships. The researcher certainly did not intend to exclude participants of any particular race; on the contrary, the researcher was striving to obtain a fully representative sample. However, no women from the White or Asian group who were in a relationship attended the centre during the recruitment period. It should be noted, also, that, the ratio of White and Asian female rape victims to coloured/Black victims presenting at the recruitment site was 3:100 (P. Ndlela, personal communication, 27 October 2010).

One reason for the relatively low numbers of White and Asian women presenting at the study site is its geographic location. The centre is near some large Black/coloured suburbs, allowing easier access for women of those groups.

### Implications for Researchers

Future qualitative researchers will do well to heed the challenges and lessons learned from this longitudinal research study which involved a vulnerable population. Failure to attend to these issues will lead to personal frustration and wasting of time and money. There is a paucity of literature, both in South Africa and elsewhere, on the subject of recruiting and retaining vulnerable populations for studies of this nature. In view of this it would be interesting to see the outcome of any similar research involving different cultures or countries; in particular it would be very useful to examine the generality of the findings. It may be valuable if similar studies over a longer period and using the same methodology were set up to examine, more thoroughly the long-term effects of rape on intimate partners.

### References

- Aitken, L., Gallagher, R., & Madronio, C. (2003). Principles of recruitment and retention in clinical trials. *International Journal of Nursing Practice*, 9(6), 338-346.
- Allen, J. K. (1996). Coronary risk factor modification in women after coronary artery bypass surgery. *Nursing Research*, 45(5), 260-265.
- Ayres, L., Kavanaugh, K., & Knafel, A. K. (2003). Within-case and across-case approaches to qualitative data analysis. *Qualitative Health Research*, 13(6), 871-883.
- Babbie, E., & Mouton, J. (1995). *The practice of social research* (7<sup>th</sup> ed.). Belmont, CA: Wadsworth.
- Becker, C. S. (1992). *Living and relating: An introduction to phenomenology*. Newbury Park, CA: Sage.
- Bonk, J. (2010). A road map for the recruitment and retention of older adult participants for longitudinal studies. *The American Geriatrics Society*, 58(Supplement s2), 303-307.
- Brookings, J. B., McEvoy, A. W., & Reed, M. (1994). Sexual assault recovery and male significant others. *Families in Society: The Journal of Contemporary Human Services*, 75(5), 295-299.
- Campbell, R., Sprague, H. B., Cottrill, S., & Sullivan, C. M. (2011). Longitudinal research with sexual assault survivors: A methodological review. *Journal of Interpersonal Violence*, 26(3), 433-461.
- Case, L. D., Naughton, M. J., Lesser, G. J., Rapp, S. R., Vitolins, M., Sheidler, V. R., ... Shaw, E. G. (2010). Recruitment and retention in the Wake Forest University CCOP research base. *Journal of Clinical Oncology*, 28(15), e19543. Retrieved from ASCO Annual Meeting Proceedings (Post-Meeting Edition, May 20 Supplement)
- Clayton, K. (2009). The declaration of Helsinki: Is it still relevant in the ethical conduct of clinical trials? Retrieved from <http://www.nexusoncology.com/.../>. [16 July 2010]

- Colaizzi, P. F. (1978). Psychological research as the phenomenologist views it. In R. Valle & M. King (Eds.), *Existential-phenomenological alternatives for psychology* (pp. 48-71). New York, NY: Oxford University Press.
- Connop, V., & Petrak, J. (2004). The impact of sexual assault on heterosexual couples. *Sexual & Relationship Therapy, 19*(1), 29-38.
- Cooley, M. E., Sarna, L., Brown, J. K., Williams, R. D., Chernecky, C., Padilla, G., & Danao, L. L. (2003). Challenges of recruitment and retention in multisite clinical research. *Cancer Nursing, 26*(5), 376-384.
- Cottler, L. B., Compton, W. M., Ben-Abdallah, A., Horne, M., & Claverie, D. (1996). Achieving a 96.6 percent follow-up rate in a longitudinal study of drug abusers. *Drug and Alcohol Dependence, 41*(3), 209-217.
- Davis, M., & Addis, M. (1999). Predictors of attrition from behavioral medicine treatments. *Annals of Behavioral Medicine, 21*(4), 339-349.
- Deane, K. A., & Degner, L. F. (1998). Information needs, uncertainty, and anxiety in women who had a breast biopsy with benign outcome. *Cancer Nursing, 21*(2), 117-126.
- Des Jarlais, D. C., Perlis, T. E., & Settembrino, J. M. (2005). The use of electronic debit cards in longitudinal data collection with geographically mobile drug users. *Drug and Alcohol Dependence, 77*(1), 1-5.
- De Vos, A. S., Strydom, H., Fouche, C. B., & Delport, C. S. L. (2005). *Research at grass roots* (3<sup>rd</sup> ed.). Pretoria, RSA: Van Schaik.
- DiMattio, M. J. (2001). Recruitment and retention of community-dwelling, aging women in nursing studies. *Nursing Research, 50*(6), 369-373.
- Dowling, G. A., & Wiener, C. L. (1997). Roadblocks encountered in recruiting patients for a study of sleep disruption in Alzheimer's disease. *Journal of Nursing Scholarship, 29*(1), 59-64.
- Dutton, M. A., Holtzworth-Munroe, A., Jouriles, E., McDonarld, R., Krishnan, S., McFarlane, J., & Sullivan, C. (2003). Recruitment and retention in intimate partner violence research. Retrieved from [http:// www.ncjrs.gov/pdffiles1/nij/201943.pdf](http://www.ncjrs.gov/pdffiles1/nij/201943.pdf)
- El-Khorazaty, M. N., Johnson, A., Kiely, M., El-Mohandes, A., Subramanian, S., Laryea, A., ... Joseph, J. (2007). Recruitment and retention of low-income minority women in a behavioral intervention to reduce smoking, depression, and intimate partner violence during pregnancy. *BioMed Central Journal: Public Health, 7*, 233.
- Elam, G., & Fenton, K. A. (2003). Researching sensitive issues and ethnicity: Lessons from sexual health. *Ethnicity & Health, 8*(1), 15-17.
- Ellsberg, M., & Heise, L. (2005). *Researching violence against women: A practical guide for researchers and activists*. Program for Appropriate Technology in Health (PATH), World Health Organization. Retrieved from [http://www.path.org/files/GBV\\_rvaw\\_front.pdf](http://www.path.org/files/GBV_rvaw_front.pdf)
- Emm, D., & McKenry, P. C. (1988). Coping with victimization: The impact of rape on female survivors, male significant others and parents. *Contemporary Family Therapy, 10*(4), 272-279.
- Geanellos, R. (2000). Exploring Ricoeur's hermeneutic theory of interpretation as a method of analysing research texts. *Nursing Inquiry, 7*(2), 112-119.
- Given, B. A., Keilman, L. J., Collins, C., & Given, C. W. (1990). Strategies to minimize attrition in longitudinal studies. *Nursing Research, 39*(3), 184-186.
- Gonder-Frederick, L. (2008). Participant retention in clinical research: A major challenge. Retrieved from [http:// www.healthsystem.virginia.edu/internet/ican/lgf\\_spring\\_08.doc](http://www.healthsystem.virginia.edu/internet/ican/lgf_spring_08.doc)
- Good, M., & Schuler, L. (1997). Subject retention in a controlled clinical trial. *Journal of Advanced Nursing, 26*(2), 351-355.

- Gross, D., & Fogg, L. (2001). Clinical trials in the 21st century: The case for participant-centered research. *Research in Nursing and Health*, 24(6), 530-539.
- Gross, D., Julion, W., & Fogg, L. (2001). What motivates participation and dropout among low-income urban families of color in a prevention intervention? *Family Relations* 50(3), 246-254.
- Gubrium, J. F., & Holstein, J. A. (2001). *Handbook of interview research: Context and method*. Thousand Oaks, CA: Sage.
- Gul, R. B., & Ali, P. A. (2010). Clinical trials: The challenge of recruitment and retention of participants. *Journal of Clinical Nursing*, 19(1-2), 227-233.
- Hansen, W., Collins, L., Malotte, C., Johnson, C., & Fielding, J. (1985). Attrition in prevention research. *Journal of Behavioral Medicine*, 8(20) 261-275.
- Harris, P. (1998). Attrition revisited. *American Journal of Evaluation*, 19(3), 119.
- Heidrich, S. (1994). The self, health, and depression in elderly women. *Western Journal of Nursing Research*, 16(5), 544-555.
- Jacobson, C. (2009). Rape linked to manhood in South Africa. Retrieved from <http://www.chicagodefender.com/article/5462-rape-linked-to-man> [5 January 2014]
- Julion, W., Gross, D., & Barclay-McLaughlin, G. (2000). Recruiting families of color from the inner city: Insights from the recruiters. *Nursing Outlook*, 48(5), 230-237
- Keith, S. J. (2001). Evaluating characteristics of patient selection and dropout rates. *Journal of Clinical Psychiatry*, 62 (suppl. 9), 11-14.
- Kilanowski, J. F. (2006). Lessons learned from a pilot study on the health status of children from itinerant populations. *Journal of Pediatric Health Care*, 20(4), 253-260.
- Leonard, N. R., Lester, P., Rotheram-Borus, M. J., Mattes, K., Gwadz, M., & Ferns, B. (2003). Successful recruitment and retention of participants in longitudinal behavioral research. *AIDS Education and Prevention*, 15(3), 269-281.
- Loftin, W. A., Barnett, S. K., Bunn, P. S., & Sullivan, P. (2005). Recruitment and retention of rural African Americans in diabetes research: Lessons learned. *Diabetes Education*, 31(2), 251-259.
- Lyons, K. S., Carter, J. H., Carter, E. H., Rush, K. N., Stewart, B. J., & Archbold, P. G. (2004). Focus on research methods: Locating and retaining research participants for follow-up studies. *Research in Nursing and Health*, 27(1), 63-68.
- McFarlane, J. (2007). Strategies for successful recruitment and retention of abused women for longitudinal studies. *Issues in Mental Health Nursing*, 28(8), 883-897.
- McKenzie, M., Tulskey, J. P., Long, H. L., Chesney, M., & Moss, A. (1999). Tracking and follow-up of marginalised population: A review. *Journal of Health Care for the Poor and Underserved*, 10(4), 409-429.
- Molloy, D., Woodfield, K. & Bacon, J. (2002). Longitudinal qualitative research approaches in evaluation studies. [Online]. Available: <http://www.research.dwp.gov.uk/asd/asd5/WP7.pdf> [25 February 2014]
- Moore, M. L. (1997). Recruitment and retention: Nursing research among low-income pregnant women. *Applied Nursing Research*, 10(3), 151-158.
- Nishimoto, R. H. (1998). Who drops out of drug-user treatment research on women? *Substance Use and Misuse*, 33(6), 1291-1313.
- Orb, A., Eisenhauer, L., & Wynaden, D. (2001). Ethics in qualitative research. *Journal of Nursing Scholarship*, 1, 93-96.
- Packer, M. J. & Addison, R. B. (Eds.). (1989). *Entering the circle: Hermeneutic investigation in psychology*. Albany, NY: State University of New York Press.
- Parra-Medina, D., Antonio, A., Smith, S., Levin, S., Kirkner, G., & Mayer-Davis, E. (2004). Successful recruitment and retention strategies for a randomized weight management trial for people with diabetes living in rural, medically underserved counties of South

- Carolina: The POWER Study. *Journal of the American Diabetic Association*, 104(1), 70-75.
- Patel, M. X., Doku, V., & Tennakoon, L. (2003). Challenges in recruitment of research participants. *Advances in Psychiatric Treatment*, 9, 229-238.
- Polit, D. F., & Beck, C. T. (2004). *Nursing research: Principles and methods* (7<sup>th</sup> ed.). Philadelphia, PA: Lippincott Williams & Wilkins.
- Polit, D. F., & Hungler, B. P. (1999). *Nursing research: Principles and methods* (6<sup>th</sup> ed.). Philadelphia, PA: Lippincott Williams & Wilkins.
- Pollio, D. E., Thompson, S. J., & North, C. S. (2000). Agency-based tracking of difficult-to-follow populations: Runaway and homeless youth programs in St. Louis, Missouri. *Community Mental Health Journal*, 36(3), 247-258.
- Ribisl, K. M., Walton, M. A., Mowbray, C. T., Luke, W., Davidson W. S., & Bootsmiller, B. J. (1996). Minimizing participant attrition in panel studies through the use of effective retention and tracking strategies: Reviews and recommendations. *Evaluation and Program Planning*, 19(1), 1-25.
- Ricoeur, P. (1976). *Interpretation theory: Discourse and the surplus of meaning*. Fort Worth, TX: Christian University Press.
- Ricoeur, P. (1981). *Appropriation in Paul Ricoeur, hermeneutics and the human sciences: Essays on language, action and interpretation*. Translated from French by J. B. Thompson. Cambridge, MA: Cambridge University Press.
- Rudy, E. B., Estok, P. J., Kerr, M. E., & Menzel, L. (1994). Research incentives: Money versus gifts. *Nursing Research*, 43, 253-255.
- Rumptz, M. H., Sullivan, C. M., Davidson, W. S., & Basta, J. (1991). An ecological approach to tracking battered women over time. *Violence and Victims*, 6(3), 237-244.
- Ryan, E. A., & Hayman, L. L. (1996). The role of the family coordinator in longitudinal research: Strategies to recruit and retain families. *Journal of Family Nursing* 2(3), 325-335.
- Scott, C. K. (2004). A replicable model for achieving over 90% follow-up rates in longitudinal studies of substance abusers. *Drug and Alcohol Dependence*, 74(1), 21-36.
- Shaughnessy, M. (2002). Research with older adults: Overcoming the challenges. Recruitment and retention of older adults in clinical research. Retrieved from [stti.confex.com/stti/sos13/techprogram/paper\\_11513.htm](http://stti.confex.com/stti/sos13/techprogram/paper_11513.htm)
- Siddiqui, O., Flay, B. R., & Hu, F. B. (1996). Factors affecting attrition in a longitudinal smoking prevention study. *Journal of Preventive Medicine*, 25(5), 554-560.
- Speziale, H. J., & Carpenter, D. J. (2003). *Qualitative research in nursing. Advancing the humanistic imperative* (3<sup>rd</sup> ed.). Philadelphia, PA: Lippincott Williams & Wilkins.
- Sterling, Y. M., & Peterson, J. W. (2004). Lessons learned from a longitudinal qualitative family systems study. *Applied Nursing Research*, 18(1), 44-49.
- Streiner, D. L. (1990). Sample size and power in psychiatry. *Canadian Journal of Psychiatry*, 35(7), 616-620.
- Streubert, H. J., & Carpenter, D. J. (1999). *Qualitative research in nursing: Advancing the humanistic imperative*. (2<sup>nd</sup> ed.) Philadelphia: Lippincott Williams & Wilkins.
- Sullivan, C. M., & Cain, D. (2004). Ethical and safety considerations when obtaining information from or about battered women for research purposes. *Journal of Interpersonal Violence*, 19(5), 603-618.
- Tansey, C., Matte, A., Needham, D., & Herridge, M. (2007). Review of retention strategies in longitudinal studies and application to follow-up of ICU survivors. *Journal of Intensive Care Medicine*, 33(12), 2051-2057.

- Thabane, L., Jinhui, M., Chu, R., Cheng, J., Ismaila, A., Rios, L. P.,... Goldsmith, C.H. (2010). A tutorial on pilot studies: The what, why and how. Retrieved from <http://www.biomedcentral.com/1471-2288/10/1>
- Ulin, P. R., Robinson, E. T., & Tolley, E. E. (2005). *Qualitative methods in public health: A field guide for applied research*. San Francisco, CA: Jossey-Bass.
- Ulrich, C. M., Wallen, G. R., & Grady, C. (2002). Research vulnerability and patient advocacy: Balance-seeking perspectives for the clinical nurse scientist? *American Journal of Nursing Research*, 51(2), 71.
- Van Teijlingen, E., & Hundley, V. (2001). The importance of pilot studies: The example of the Scottish British Births Survey. *Journal of Advanced Nursing*, 34(298), 295.
- Van Teijlingen, E., & Hundley, V. (2002). The importance of pilot studies. *Nursing Standard*, 16(40), 33-36.
- Van Wijk, E. (2012). The experiences of male intimate partners' of female rape victims from Cape Town, South Africa: Their journey from secondary victims to secondary survivors. In T. Germain & S. Devey (Eds.), *Conflict-related sexual violence international law, local responses*. Bloomfield, CT: Kumarian Press
- Walters, A. J. (1995). The phenomenological movement: Implications for nursing research. *Journal of Advanced Nursing*, 22(4), 791-799.
- Watson, J. M., & Torgerson, D. J. (2006). Increasing recruitment to randomised trials: A review of randomised controlled trials. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/16854229>
- Wright, J. D., Allen, T. L., & Devine, J. A. (1995). Tracking non-traditional populations in longitudinal studies. *Evaluation and Program Planning*, 18(3), 267-277.
- Ziek, K., Beardsley, M., Deren, S., & Tortu, S. (1996). Predictors of follow-up in a sample of urban crack users. *Evaluation and Program Planning*, 19(3), 219-224.

### Author Note

Evalina van Wijk earned her Doctor of Philosophy degree in Nursing from the University of Cape Town, South Africa in 2011. She received her Master of Science degree in Psychiatric Nursing Science in 2006 from the University of the Western Cape, South Africa. Dr Van Wijk has been a recipient of the African Doctoral Dissertation Research Fellowship award offered by the African Population and Health Research Centre (APHRC) in partnership with the International Development Research Centre (IDRC) – (2009) as well as a research grant from the Margaret McNamara Research Foundation (2010). While pursuing her doctoral degree, Dr. Van Wijk worked as a senior lecturer for the department of Health at the Western Cape College of Nursing. Currently she is teaching the Advanced Psychiatric Nursing Course.

Dr. Van Wijk has presented her research at international and national conference meetings and workshops. Additionally Dr. Van Wijk has published her research in the *International Journal of Qualitative Methods*, the *Qualitative Report* as well as the *Curationis* (A South African Journal). Dr. Van Wijk wrote a chapter: *The Experiences of Male Intimate Partners' of Female Rape Victims from Cape Town, South Africa: Their Journeys from Secondary Victims to Secondary Survivors of Rape*. It was published in 2012 in *Conflict-Related Sexual Violence: International Law, Local Response* edited by Susan Devey and Tonia Germain.

Dr. Van Wijk's PhD dissertation: *The lived experience of male intimate partners of female rape victims in Cape Town, South Africa* was supervised by Proff. S. Duma and Pat Mayers - from the University of Cape Town, South Africa.

Acknowledgements: The study was funded by The African Doctoral Dissertation Research Fellowships Program and The Margaret McNamara Research Foundation.

Conflict of Interest: The editor-in-chief has reviewed the conflict of interest checklist provided by the author and has determined that the author has no financial or any other kind of personal conflicts with this paper.

Correspondence for this manuscript can be made to Evalina van Wijk, RN, PhD at the following: [Evalina.vanwijk@westerncape.gov.za](mailto:Evalina.vanwijk@westerncape.gov.za)

Copyright 2014: Evalina van Wijk and Nova Southeastern University.

### **Article Citation**

van Wijk, E. (2014). Recruitment and retention of vulnerable populations: Lessons learned from a longitudinal qualitative study. *The Qualitative Report*, 19(56), 1-21. Retrieved from <http://www.nova.edu/ssss/QR/QR19/vanwijk56.pdf>

---