


# Handling “Hot Potatoes”: Ethical, Legal, Safeguarding, and Political Quandaries of Researching Drug-Using Offenders

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## Abstract

Conducting qualitative field research involving drug users within a politicized criminal justice setting presents a unique set of ethical, legal, and safeguarding concerns and quandaries for researchers. There is a paucity of qualitative research with community-based drug-using offenders who form part of the UK Government (England and Wales) criminal justice strategies (Senker and Green; Hucklesby and Wincup). Hodgson, Parker, and Seddon highlighted this group as an emerging study population. This article aims to provide a more recent contribution covering the difficulties of accessing and researching with a hard to reach and politicized criminal justice drug-using population, such as risks of re-traumatization, risk assessment, safeguarding, criminal disclosure, and personal safety. The first author reflects on her research from her own unique political position as a policy advisor to the UK Government on criminal justice drug policy, with a view to providing recommendations for research with a hard to reach and hidden population who represent a marginalized group. The combination of reflexivity in research and the use of Interpretative Phenomenological Analysis as a research methodology proved helpful in addressing and overcoming some of these ethical, political, and other quandaries.

## Keywords

ethics, safeguarding, qualitative research, Interpretative Phenomenological Analysis, reflexivity, drug users, criminal justice system, offenders

## Introduction

Drug-using offenders who form part of the UK Government (England and Wales) criminal justice strategies remain an under researched group in the community (Senker & Green, 2016), despite Hodgson, Parker, and Seddon (2006) highlighting drug users within criminal justice settings as an emerging study population. Their status as both drug user and offender makes them both a “hard to reach” and a “hidden” population in the community (Rhodes, 2000; Neale, Allen, & Coombes, 2005). However, they can also be regarded as a highly politicized group, as they are a part of the UK Government criminal justice strategy. This adds to the complexity of undertaking research with them, as the research, the researcher, and the participants are positioned within a political context with implications for both policy and practice. The first author reflects on her unique insider’s view of occupying a policy advisory role within Government and conducting research with a marginalized politicized population, to outline challenges such as, access, re-traumatization, risk assessment, safeguarding, criminal disclosure, and personal safety. This article

further contributes to the field of research involving “sensitive topics” in qualitative research which pose ethical and safeguarding considerations (Sammut-Scerri, Abela, & Vetere, 2012). A final aim is to extend and update earlier contributions to the field of research with drug users in criminal justice settings (Hodgson et al., 2006) and the methodological challenges this presents. Recommendations and learnings for researchers working with vulnerable, marginalized, hard to reach, and hidden populations are provided. Firstly, a brief overview of the political context is provided to situate the methodological challenges.

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Tackling drug-related crime dates back to the early Labour Government in 1997, which marked a shift in drug policy from a focus on health to criminal justice (Hucklesby & Wincup, 2010). This increased criminalization of Class A drug misuse became a prominent political matter with the implementation of the UK Government (England and Wales) Home Office's Drug Interventions Programme (DIP) in 2003. Hunt and Stevens (2004) recognized the increasing criminalization of drugs policy in the UK, and Hodgson et al. (2006) argued that this policy shift meant that drugs research led to increasing research within criminal justice settings, which posed a unique set of challenges for researchers. Since then, there have been more studies conducted with UK offender drug-using populations within criminal justice settings. However, because the UK Government (England and Wales) favored quantitative research, there is much less qualitative research with the DIP clients, who represent a community-based criminal justice group, about the meaning and perceptions they give to their lived experiences.

The key aim of the DIP was to target "problematic drug users" to reduce their Class A drug misuse (i.e., heroin, crack, and cocaine) and their (perceived) associated offending behavior. Problematic drug users were defined as those who caused the most harm to themselves and to society particularly in relation to their offending behavior (Advisory Council on the Misuse of Drugs, 1988, adapted from Edmunds, Hough, Turnbull, & May, 1999). This premise for the DIP is political both in terms of how resources were allocated and with regard to being based on a somewhat simplistic view of the causal relationships between drug using and offending behavior. The economic determinist debate does provide a political context to this group insofar as it influences how they are treated, but as this sits within a wider debate about the distribution of government resources to legal, health, and social care it will not be addressed in this article, as we wish to focus on the position of the qualitative researcher (see Bennett, 2000; Bennett & Holloway, 2009 for further information on this debate).

When the DIP was established, it was viewed as a world first in terms of a Government actively tackling drug-related crime with a focus on rehabilitation and treatment of the drug misuse issues. Governments in other countries have developed policies to manage problematic drug users, although the approaches vary widely (Hayhurst et al., 2015). The DIP is still operational across England and Wales and remains on the Government's agenda (Burton, Thomson, & Visintin, 2014), although in 2013 the program was devolved to local police crime commissioners to decide on service need. There remains, however, both a paucity of published qualitative research on the experience of using the DIP and a detailed understanding of who the clients are from the clients' own perspectives—their lived experiences. Furthermore, there is a need to raise the voices, of a marginalized and hidden population, using a qualitative methodology, due to their position as both a drug user and offender within a political system. Others have noted the need to raise the voices of other marginalized groups (Breckenridge et al., 2017).

The first author conducted independent research while also occupying a policy advisory role in the DIP working for the UK Government Home Office. This dual role as a policy advisor and independent researcher was new territory for the first author and the Home Office. It was at times uncomfortable, however, and with hindsight, provided a valuable opportunity for learning to understand and manage organizational barriers and a useful resource for those conducting research involving qualitative interviews on sensitive topics with this "hard to reach" and politicized population.

## A Brief Overview of the Research

The research that gave rise to the ethical and safeguarding dilemmas discussed herein will be outlined briefly to provide a context for these dilemmas and an understanding of the research tasks. Previous quantitative research conducted by the first author was a small-scale ( $N = 86$ ) study that examined the effectiveness of the aftercare element of the DIP and its two key aims, that is, to reduce Class A drug misuse and the acquisitive offending behavior (LeBoutillier & Love, 2010). It also explored aspects of the DIP client group's mental health functioning. Subsequent to this, two qualitative research studies were conducted, using focus groups and individual semi-structured interviews analyzed with Interpretative Phenomenological Analysis (IPA; Smith et al., 2012) and adapted IPA (Tomkins & Eatough, 2010; Palmer, Larkin, De Visser, & Fadden, 2010). A key principle of IPA is for the researcher to be aware of their position, including any bias or preconceptions in relation to the research group and to the topic, to help raise their voices. This is achieved through a regular process of reflexive critique of these biases.

In these two studies, the DIP client's journey of relapse and recovery was explored from a psychological developmental perspective with a focus on childhood, lifetime trauma, relationships, and psychological health from the perspective of the participant group. The first author conducted face-to-face interviews ( $N = 17$ ) and focus groups with the participant group ( $N = 10$ ) in the DIP services in South East England. Focus groups presented particular challenges with a drug-using offender population, such as questions of confidentiality and safeguarding. Some findings will be reported here to illuminate the key ethical dilemmas encountered.

## Reflections on Researching a Political "Hot Potato"—Raising Voices of a Hidden and Marginalized Population

Conducting independent research while occupying a policy advisory role within the UK Government presented both opportunities and constraints. Permission had to be granted from senior Home Office staff who advised the researcher (first author) to avoid reporting any controversial findings. The DIP policy was referred to in political language as "a hot potato," meaning that it could be a vote winner or loser for politicians depending on how it was construed by the voting public. This

marked the start of the researcher's journey into the world of independent research with a criminal justice drug-using population from within a political environment.

The quantitative research, referred to previously, was not given permission to publish by senior Home Office staff. Furthermore, the university which supervised the research was not permitted to retain a copy. However, the restriction was lifted with the change in Government after the 2010 general election (see LeBoutillier & Love, 2010). So, we may ask, what was so controversial about the findings? The findings posed problems for some of the key elements of the DIP policy at the time, notably the issue of what some have termed cross addiction (Flores, 2012). It was found that participants in the previous quantitative study had reduced their Class A drug use but were still consuming considerable amounts of alcohol and other drugs, thereby replacing one addictive psychoactive substance for another.

Cross addiction highlighted that this group of people were polysubstance users, which blurred the simplistic and widely held belief by the Home Office that Class A drug use solely drove the acquisitive offending behavior. This posed problems for the Home Office who had to justify to both the Treasury and the tax-paying public, why it was funding rehabilitation programs for Class A drug users when it was meant to deal with crime. Some thought that the Department of Health should be funding such rehabilitation programs. Interestingly from 2013, responsibility for data collection on the DIP was transferred to Public Health England (Burton et al., 2014). Others have also commented on the difficulty of reporting drug-related research, which does not necessarily "toe the party line" (McKeganey, 2011).

With the change in Government came a refocus on other agendas, thereby permission to publish was granted as it was no longer viewed as a threat to a policy no longer considered such a political "hot potato" by the incoming Government. Being aware of and abiding by political sensitivities is essential if these are part of a contractual agreement. However, restrictions to disseminate important findings which are bound to political agendas can shift, thus it is worth persisting through different Governmental channels to gain permission.

Basing the rationale for the DIP on a deterministic economic model of the drugs-crime link debate was counterintuitive and misplaced. There was no doubt that a significant population of Class A drug users committed a substantial amount of crime, including acquisitive and other offences (Bennett, 2000; Hough, 1996). However, the wider debate of the link between the two behaviors is complex and multifaceted (Bennett & Holloway, 2009; Hough, 1996; Menard, Mihalic, & Huizinga, 2001). Research suggests that providing rehabilitation programs for drug-using offenders helps reduce offending behavior, including for the DIP (Gossop, 2005, Holloway, Bennett, & Farrington, 2005; Home Office, DIP Strategic Communications Team, 2008; Skodbo et al., 2007), regardless of the links between the drug use and offending behavior. The findings from the subsequent two qualitative studies conducted by the author/s supported a more systemic and developmental

understanding of the link, an important finding which could help develop the policy further.

From the researcher's perspective, focusing on this drugs-crime link debate was detrimental to the support on offer for the DIP clients. This was because the rationale for the DIP was focused on treating the Class A addiction only and not about treating the polysubstance use and the multifaceted reasons for misuse. This notion was so strongly held within the Home Office that the researcher reflected on whether there was ever a real understanding of why this group had such entrenched addictions. Others similarly have criticized the ability of criminal justice interventions to adequately address reasons for addiction (Hucklesby, 2010; Turnbull & Skinns, 2010). Reflecting on the political agendas and positions of those involved in the research helped to understand the marginalized and politicized position of the research cohort. This further helped to provide the rationale to conduct further research and to use a qualitative methodology that would allow the participant group to offer their own perspectives on their drug use, relapse, and recovery. The Home Office granted permission for the qualitative research, however, the first author left her role at the Home Office so no longer had to manage the challenges of handling this political "hot potato."

### **Accessing a Hard to Reach Group in the Community—Permissions and Quid Pro Quo**

The researcher's position in the Home Office had enabled her to gain access to a hard to reach population. In the previous quantitative study, the methodological design had to be changed several times due to high participant dropout rates. The limitations of a much smaller sample size had to be accepted, even though this compromised the robustness of the findings. Turnbull and Skinns (2010) and Skodbo et al. (2007) similarly noted the difficulty of quantitative research involving this group. Indeed, during the researcher's time in the DIP policy commissioning research, the main issue of contention for quantitative researchers vying for contracts was not being able to establish a control group. The Home Office considered that it was neither ethical nor feasible to deny one group (i.e., "a control group") of the DIP services to satisfy research robustness.

Despite the researcher's Home Office connections, approval for the qualitative study still had to be sought from several other bodies. These included the DIP staff, the organization that operated the DIP teams including its peer advisory group as well as the NHS Research Ethics Committee. The layers of permission were to safeguard participants who are deemed a vulnerable group (by drug workers in particular) and to ensure the feasibility and quality of the research. Others have noted these difficulties with other marginalized and hard to reach groups (Breckenridge et al., 2017). While this process was important and necessary, it added considerable time to the project. However, there were more hurdles to come.

Voluntary and statutory organizations vie for contracts to operate the DIP teams. Contracts are usually short term and the

rendering processes mean that a different organization may win the next contract to operate a particular DIP team, often resulting in staff changes—a reflection and result of how the wider political financing system operates. This happened to the first DIP team that the researcher had to negotiate access to and so the researcher had to repitch the research proposal, seek approval, negotiate and persuade another DIP team to offer a research placement. This process of seeking approval, negotiating and persuading the DIP staff had to be repeated, due to difficulties of recruitment and therefore, needing to approach other DIP teams. This was a necessity to ensure that the DIP staff trusted the researcher with their client group, of whom they were very protective. Neale, Allen, and Coombes (2005) also noted that accessing a drug-using population involves a lengthy but necessary negotiation process. This should be taken into account in a research project involving marginalized and hidden populations who have gatekeepers, which might include organizations or carers (Breckenridge et al., 2017).

The subsequent qualitative research aimed to explore the process of recovery from the perspective of the DIP client. Recruitment with community-based drug-using (ex)/offenders who had been in recovery for longer and therefore were not part of the DIP and other services have been noted as especially difficult. They remain hard to find, as they themselves may not trust the research process and/or find it too emotionally painful to contemplate (Hucklesby & Wincup, 2010). A successful means of recruiting was word-of-mouth and from the DIP staff's contacts with peer mentoring networks and those in long-term recovery working in the wider drug treatment services. This required extra checks to ensure these participants were previous DIP clients.

The researcher attended regular team meetings and spent time in the DIP offices talking with staff (not always about the research) as a means of maintaining positive relationships and therefore helping to promote the research. This was crucial because the most successful means of recruitment was for the DIP staff to talk to their clients first about the research, laying the groundwork for the researcher. Others have noted the value of fostering good relationships and communications with the gatekeepers of hard to reach and hidden groups to help recruitment (Breckenridge et al., 2017).

It was important to ensure that the organization and the DIP teams also benefited from the research. Feedback about the findings was therefore provided at appropriate stages. The researcher also worked closely with a drugs worker who was studying for an undergraduate degree—a successful reciprocal alliance. The researcher was further able to offer support to the DIP teams due to her expertise around the DIP policy from previous Home Office experience. Researchers might benefit from embedding themselves in the organization where recruitment takes place and with the gatekeepers to continue to promote the research over what can sometimes be a lengthy recruitment period with hard to reach and hidden populations.

## **Engaging With the Participant Group—Walking the Ethical Tight Rope, Legal, Safeguarding, and Other Considerations**

Research with this group presented many ethical challenges; therefore, such considerations were embedded at every stage of the research process (and not only in the obvious places such as consenting and debriefing). Some ethical considerations were closely tied to legal and safeguarding issues for the researcher and participants.

### *Safeguarding the Participant: Retraumatization and Other Ethical Considerations*

Retraumatization can occur when recounting past trauma experiences and responses; furthermore, among substance users this can lead to lapses and relapses (Bernstein, 2000). The researcher had to be mindful of this during the in-depth and searching interviews in the qualitative study. The British Psychological Society (2009) advises debriefing sessions for participants to help minimize the impact of any adverse effects on them, so participants were offered this. However, due to the potential of the research questions to delve into sensitive topics, they were also offered counseling afterward, and two participants chose to make use of this safety net. The first qualitative study (with the focus groups) was also an opportunity to ask participants about how to approach sensitive topics in the interview study. There was agreement that this was acceptable if participants understood that they did not have to answer. Similarly, focus group questions were posed in a manner so that participants were under no pressure to talk from their own experiences.

During the interviews, one participant exhibited emotional distress and was given several opportunities to withdraw from the interview but chose not to. Furthermore, the DIP staff were informed about the participant's disposition, in a preagreed protocol for any concerns the researcher had about the participants. However, the literature suggests that the impact on participants recounting traumatic experiences can also have beneficial effects (Sammot-Scerri et al., 2012; Campbell, Adams, Wasco, Ahrens, & Sefl, 2010). Some participants in the qualitative study expressed that they felt a sense of camaraderie that they were not alone in their struggles in their journey of relapse and recovery, and others felt valued by being listened to, and that they were helping others like them by taking part in the research. One participant, who spoke about her childhood sexual abuse, chose to have the counseling, an important step for her.

Incentives increase participation among a group who are difficult to engage within community-based research (Hucklesby & Wincup, 2010). However, offering drug users incentives to take part in research has been controversial. Some suggest that vouchers are more ethical and preferable over money, which might be spent on drugs, others argue that there are moral and ethical issues with both of these incentives for these participants (Hucklesby & Wincup, 2010). Neale et al.

(2017) have considered the participant's preferences when deciding if cash or vouchers should be given. However, gatekeeping organizations might have their own policy and preferences which contradict those of the participant group. Participants were given vouchers for supermarkets as an incentive for their participation and travel costs were reimbursed as requested by the gatekeeping organization. Some acknowledged that they would have taken part regardless of incentives. However, given the low-income status of many in this group, as a minimum, travel costs and other costs incurred for taking part in research should be reimbursed. Hucklesby and Wincup (2010) also commented on the difficulties of recruitment among the population when research offering large monetary incentives has set a precedent. This was the case with the earlier quantitative research, which was conducted during several Government-commissioned research projects offering large incentives.

Hucklesby and Wincup (2010) have commented about the difficulty of research involving drug users, such as limited attention spans and the effects of substance use withdrawal during the interview process. The original selection criteria for the interview study required participants to be in recovery for at least 6 months. At the time of the interviews, however, some had lapsed or relapsed, demonstrating the difficulty of research with this group. This inclusion criterion was widened to include this group, who were able to talk about significant periods of past recovery as well as their recent lapsing and relapsing experiences. This posed further ethical issues around informed consent for those who had consumed drugs within the 48 hr prior to the interview. Extra care was taken to monitor their behavior and temperament, and they were reminded that they could take breaks or withdraw from the interview. Hailemariam, Drahota, and Hanlon (2018) have commented on the problems of informed consent with other vulnerable groups such as those with severe mental health problems. In such cases, they suggest caregiver involvement. However, this would not have been appropriate for those who were intoxicated as this also presented safeguarding issues. It was decided that it would be more advisable for the researcher to reschedule the interview in a respectful and safe manner.

## **Safeguarding the Researcher—Personal Safety and “Self-Care”**

Research involving those with severe Class A drug misuse issues and offending backgrounds requires the researcher to be mindful of their own physical safety and the impact of listening to harrowing accounts of participants' lives.

### *Physical Safety*

Neale et al. (2005) recommend a number of safeguarding measures such as informing colleagues of ones whereabouts, carrying a mobile phone and identification. Safety measures used in the qualitative research included carrying a panic alarm that was connected to the police; sitting near the door, with a clear

exit; and where possible conducting interviews in private rooms with glass panels and near reception areas. The DIP staff were made aware of the name of the participant and the expected duration of the interview. The researcher was provided with the DIP service's protocols around personal safety issues. Risk assessments on participants were conducted alongside the DIP staff, mostly around violent and sexual offences. One potential participant had recently served a prison sentence for rape; consequently, they were deemed a risk and therefore not included. Another participant with a similar conviction was included as the DIP staff deemed the participant a low risk to the personal safety of the researcher. However, the researcher was vigilant during the interview because the participant was overly familiar and displayed erratic behavior.

It was not always possible to conduct risk assessments with participants who were no longer part of the DIP services or who self-referred after seeing poster adverts, although those who were longer term recovered (over 2 years) were deemed to pose much less risk. Furthermore, these participants were found mostly through contacts from the DIP staff, offering some level of reassurance.

Research with a drug misusing population often meant that a status of recovery could change at the time the interviews were conducted, which could affect participants' temperaments. Coupled with violent offending backgrounds, this potentially posed an increased risk to the researcher's personal safety. Two participants were excluded because they sounded intoxicated over the phone. Another participant with a violent past had consumed crack the previous day and was very aggressive. Questions about the participant's family aggravated him further; therefore, this line of questioning was discontinued and the interview was terminated early. Neale et al. (2005) note the difficulty of research involving those with addictions who might present to the interview intoxicated. They advise terminating such interviews.

The researcher had to be constantly mindful of her verbal and nonverbal communication skills to adapt to changing temperaments of the participant group. The researcher's psychology training helped equip her for these situations. Neale et al. (2005) strongly advocated training within qualitative methods for addiction research. Their advice is mainly concerned with ensuring high research standards and maximizing the data collection process rather than self-care issues regarding vicarious trauma for the researcher. Hucklesby and Wincup (2010) further raise the issue of researchers being exposed to potentially harmful illnesses in research with this group. The researcher (on advice from her university) undertook a series of vaccinations to mitigate against this. However, it has to be acknowledged by researchers that there is a risk to personal safety when researching with this group, who have both offending backgrounds and drug misuse problems. Risk assessments and safeguarding protocols which are aligned with the gatekeeping organizations will go some way to managing such risks. Breckenridge et al. (2017) suggest check in and out procedures and tracking technology on mobile phones.

### *Vicarious Trauma and Other Risks*

Childhood trauma studies have found that those who have suffered from abuse and neglect in childhood are more likely to have substance misuse problems later in life (Felitti et al., 1998; Van Der Kolk, 2008). The World Health Organization (2002) acknowledged the links between substance use problems and historical childhood abuse and neglect. The literature on offenders such as violent offenders shows high rates of historical childhood abuse, trauma responses, and neglect (Fox, Perez, Cass, Baglivio, & Epps, 2015). The findings from the qualitative research supported this literature. Researchers have suffered adverse effects such as insomnia and nightmares from listening to distressing participant accounts (Cowles, 1988; Sammut-Scerri et al., 2012). McGourty, Farrants, Pratt, and Cankovic (2010) suggest supportive networks equipped to deal with distressing accounts can help to alleviate the adverse effects of vicarious trauma. The researcher managed the effects of listening to distressing accounts by talking with others who had training in psychology with similar participant groups. McGourty et al. (2010) argue that more needs to be done to support the “lone researcher” working in isolation which increases the risks of vicarious trauma, including the value of support afforded to therapists as a guide. This may well have merit for the qualitative researcher using methodologies which require connecting and engaging with the participant to enrich the interpretative and analytical process (Sammut Scerri et al., 2012).

Researchers in this field may be exposed to harrowing and traumatic participant accounts. Organizations including universities should be mindful of providing support to researchers to minimize vicarious trauma. McGourty et al. (2010) suggested ethical research boards should consider self-care practices for researchers.

### *Criminal Disclosure—The Perils of the Confidentiality Clause*

Hucklesby and Wincup (2010) have noted the potential legal perils of the qualitative researcher being exposed to knowledge of participant’s ongoing drug dealing and offending behavior and the difficulty of controlling such disclosures during a qualitative research process.

In the qualitative research, the participant’s involvement in the DIP services was in part due to their criminal offending behavior. The NHS Ethical Committee had concerns over criminal disclosure and participants talking about their criminality. While the focus of the qualitative research was not about criminal behavior, it had to be recognized that some may still be committing offences, some unknown to the police. It was therefore anticipated that this topic may be raised by participants. The very nature of the qualitative approach being used (IPA, Smith et al., 2012) favored participants talking about their experiences, from their perspective, and to identify areas of meaning and significance for themselves.

Therefore, participants were asked to consent to a confidentiality clause in relation to disclosure of criminal offences, which was in line with the DIP organization’s protocols. However, the interpretation of the clause was not straightforward. It is unclear what constitutes “specific and detailed information.” These were issues that the DIP staff often encountered themselves. The risk of having to break the confidentiality clause could jeopardize the interview data and may break trust with the wider participant group if word got around. At the same time, not abiding by this could place the researcher in a precarious position with the authorities and her own professional bodies.

As anticipated, some participants spoke about their criminal offending behavior. Two interviews had to be terminated early because of the participants’ insistence on talking about their criminal behavior, despite the researcher asking them not to. Furthermore, the researcher had to be vigilant about follow-up questions around criminal behavior. Participants were not specifically asked whether they had been arrested, convicted, or charged for criminal behavior they mentioned. (They were informed that they could talk about crimes that were known to the police or that they had been convicted for.) While follow-up questions might have provided clarification on some areas, it had to be considered alongside the consequences of breaking confidentiality for both parties as a result of duty of care concerns. Interestingly, participants’ experiences included all variations of the drugs-crime link. Some had been involved in criminal behavior from a young age which predated their substance use. Others talked about their drug use driving their criminality, and others suggested that being involved in criminal networks during recovery caused them to relapse, lending support to the notion that there are multiple links between drug use and crime (Bennett & Holloway, 2009; Hough, 1996; Menard et al., 2001). It was also interesting that participants’ criminal offending behavior also involved violent offences including murder, rape, knife crime, and assault (N.B. these were offences that were known to the police and for which they had been convicted). They were not only acquisitive offenders. Criminal disclosure with this population is an area that warrants particular consideration when designing research questions, especially in face-to-face interviews.

### **Conducting Focus Groups With a Drug Misusing Offender Population—Further Safeguarding, Legal, Ethical, and Recruitment Difficulties**

#### *Recruitment Difficulties and Fostering Rich Discussion*

There is a paucity of qualitative research which has involved focus groups with an offending and drug-using participant group within a UK (England and Wales) community-based criminal justice setting, exploring relapse and recovery. This could be due to the difficulty of recruiting larger numbers required for focus groups or ethical and safeguarding issues concerned with drug use and offending behavior. Participants can have difficulty with

trust, and it was anticipated that discussions might include sensitive topics. Therefore, small focus groups (maximum of five) were intended to help foster rapport and trust building. Recruitment was difficult and participants often dropped out at the last minute, so consequently focus groups involved two to four participants across four groups. The focus groups were organized around participants' commitments (such as educational courses, benefit payments, methadone prescribing times), room availability, and the DIP staff's time. In hindsight it would have been better to avoid recruitment in the winter months when there was an increase in illness.

Advice was sought from two DIP staff members with knowledge of research methods to ensure the questions, design, and other practicalities of the focus group were appropriate. This also helped with staff "buy-in" to the research. Focus groups took place just before lunch so that a free lunch could be provided as an incentive. This also helped to create a more relaxed atmosphere. The focus group design included a group task to help create camaraderie among members and to encourage the group to take ownership of the discussion. Hucklesby and Wincup (2010) have noted that conversational style interviews with this group are more effective. This is particularly pertinent with a group where a formal interview process might resemble those conducted by the authorities (e.g., police or probation). As a result of these design modifications, the focus group data were rich and detailed. However, boundary setting when a less formal approach is used needs to be considered with male participants who might misconstrue the role of a female researcher, requesting personal information on sensitive topics. The first author had to manage unwanted and inappropriate advances from some male participants. Responding in a polite, professional, and firm manner sufficed in the situations that arose. Although in situations that might present as more threatening, other measures might need to be taken such as leaving as quickly as possible in a manner that does not put the researcher in more danger. Huysamen (2018) have commented on similar issues from other male participant groups when female researchers are enquiring on personal and sensitive topics.

### ***Legal, Ethical, and Safeguarding Issues***

There were extra legal, ethical, and safeguarding considerations with a focus group design due to participants' offending and drug-taking backgrounds. Criminal background checks were completed by the DIP staff to ensure that no rival criminal gang members were in the same focus groups and that there were no court-mandated restrictions imposed on participants being in close proximity to each other (as is sometimes the case with known criminal accomplices). Ensuring that sex offenders were not involved in the groups where potential victims of sexual abuse might disclose their abuse was also part of the recruitment criteria. Further precautions were provided by way of giving participants an opportunity at the beginning of the focus group to leave without stating a reason. These legal, safeguarding, and ethical issues, while essential, were another

hurdle to overcome in the recruiting process. For example, recruiting on the day of the focus groups was not always possible if there was not time to conduct checks. To mitigate against a full dropout, a back-up list of participants who agreed to be on standby was required. Dropouts were minimized by texting and calling participants a few days before and the day before the focus group to check availability. This allowed time to call participants on the back-up list. It is also worth noting that participants did not always call back as this would incur a financial cost to them.

### **The Unique Political Position of the Researcher—The Value of Reflexivity**

During the analytical interpretation process, the researcher's unique political position had to be acknowledged to ensure that any bias and preconceptions did not unduly affect analysis.

The methodological approach used, IPA, departs from a positivist paradigm and considers that there are many possible ways of viewing and interpreting our social realities. IPA holds that the researcher is a subjective part of the co-creation of the participant's meaning making. The researcher's own bias and preconceptions are acknowledged and examined to minimize the effects of these during the interpretative analytical process. This is achieved through a process of reflexivity and supervision and helps the researcher to maintain a critical level of questioning (Smith et al., 2012). This was an important part of the methodology given the researcher's and the participant groups' positioning within the political context of the DIP.

The reflexive process included the researcher being asked about her views and prejudice about various aspects of the participant group before, during, and after the research. Extensive field notes were made about thoughts and feelings around each interview and focus group situation and about each participant; at times, this required an uncomfortable level of honesty from the researcher. The reflexivity process highlighted that at the beginning of the research process the researcher had viewed this group predominately through a political lens of offender and drug user. Extensive training in psychology and in the chosen qualitative methodology, with its focus on meaning and experience, enabled the researcher to connect with the participant group on a humanistic level and to understand their vulnerabilities without the labels of offender and drug user being dominant. This undoubtedly helped during the analytical process to view this group as the vulnerable children they once had been and to further understand and capture the complexity and chaos of their lives before their drug use began.

### **Conclusion**

In summary, there are a number of good practice considerations that research involving hard to reach and hidden groups, who might also be considered vulnerable and marginalized, presents. This group's political position along with their drug using and offender status makes them a difficult group to access, engage, retain, and manage within research, which adds



extra time onto a research project. Furthermore, the political environment is a changing landscape where finances are cut, funding is diverted elsewhere, or research is not granted permission to publish. Conducting research within this environment needs careful consideration in terms of how to have impact, especially if restrictions are imposed on publication.

Ethical, safeguarding, and legal considerations should be embedded throughout the entire research process. This is perhaps most evident in qualitative methodologies which involves face-to-face contact. Organizations including universities that do not have practices in place for supporting researchers listening to participants' harrowing accounts should consider effective protocols. Managing criminal disclosure, especially in face-to-face interviews, warrants careful consideration. Appropriate training to equip researchers dealing with sensitive topics from participant groups who present similar challenges may need to be considered. Reflexivity enabled the researcher to see beyond their criminal and drug use behavior and the marginalized position they occupied, to see and appreciate the research participants in their lived experiences, and to help raise their voices.

### Authors' Note

Any such political opinions contained within this article and not specifically referenced or accredited to others are those of the authors and do not necessarily reflect UK Government policy or opinion.


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### References

- Bennett, T. (2000). *Drugs and crime: The results of the second developmental stage of the NEW-ADAM programme*. London, England: Home Office.
- Bennett, T., & Holloway, B. (2009). The causal connection between drug misuse and crime. *The British Journal of Criminology*, 49, 513–531.
- Bernstein, D. P. (2000). Childhood trauma and drug addiction: Assessment, diagnosis and treatment. *Alcoholism Treatment Quarterly*, 18, 19–30.
- Breckenridge, J. P., Davaney, J., Duncan, F., Kroll, T., Lazenbatt, A., Taylor, J., & Bradbury-Jones, C. (2017). Conducting sensitive research with disabled women who experience domestic abuse during pregnancy: Lessons from a qualitative study. *Sage Research Methods Cases 2*.
- British Psychological Society. (2009). *Code of ethics and conduct, guidance published by the Ethics Committee of the British Psychology Society*. Leicester, England: The Author.
- Burton, R., Thomson, F., & Visintin, C. (2014). United Kingdom drug situation, UK focal point on drugs. *Annual Report to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)*. London, England: European Monitoring Centre for Drugs and Drug Addiction.
- Campbell, R., Adams, A. E., Wasco, S. M., Ahrens, C. E., & Sefl, T. (2010). "What has it been like for you to talk with me today?": The impact of participating in interview research on rape survivors. *Violence Against Women*, 16, 60–83.
- Cowles, K. (1988). Issues in qualitative research on sensitive topics. *Western Journal of Nursing Research*, 10, 163–170.
- Edmunds, M., Hough, M., Turnbull, P. J., & May, T. (1999). *Doing justice to treatment: Referring offenders to drug services*. London, England: Home Office.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., . . . Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) study. *American Journal of Preventative Medicine*, 14, 245–258.
- Flores, P. J. (2012). *Addiction as an attachment disorder*. New York, NY: Jason Aronson.
- Fox, B. H., Perez, N., Cass, E., Baglivio, M. T., & Epps, N. (2015). Trauma changes everything: Examining adverse childhood experiences and serious, violent and chronic juvenile offenders. *Child Abuse and Neglect*, 46, 163–173.
- Gossop, M. (2005). Drug misuse treatment and reductions in crime: Findings from the National Treatment Outcome Research Study (NTORS). *Research Briefing 8*. London, England: NHS/National Treatment Agency for Substance Misuse.
- Hailemariam, M., Drahota, A., & Hanlon, C. (2018). Ethical challenges of involving people with severe mental disorders in health services research: A case study from a low-income country setting. *Sage Research Methods Cases 2*.
- Hayhurst, K. P., Leitner, M., Davies, L., Flentje, R., Millar, T., Jones, A., . . . Shaw, J. (2015). The effectiveness and cost-effectiveness of diversion and aftercare programmes for offenders using class A drugs: A systematic review and economic evaluation. *Health Technology Assessment*, 19, 1–168.
- Hodgson, P., Parker, A., & Seddon, T. (2006). Doing drugs research in the criminal justice system: Some notes from the field. *Addiction, Research and Theory*, 14, 253–264.
- Holloway, K., Bennett, T., & Farrington, D. (2005). *The effectiveness of criminal justice and treatment programmes in reducing drug-related crime: A systematic review*(online report 26/05). London, England: Home Office.
- Home Office, DIP Strategic Communications Team. (2008). *Evidence of the impact of the Drug Interventions Programme—Summaries and sources*. London, England: Home Office.
- Hough, M. (1996). *Drugs misuse and the criminal justice system: A review of the literature*. London, England: Home Office.
- Hucklesby, A. (2010). Drug interventions in the remand process. In A. Hucklesby & E. Wincup (Eds.), *Drug interventions in criminal*



- justice* (pp. 110–134). London, England: McHraw-Hill Education.
- Hucklesby, A., & Wincup, E. (2010). *Drug interventions in criminal justice*. London, England: McGraw-Hill Education.
- Hunt, N., & Stevens, A. (2004). Whose harm? Harm reduction and the shift to coercion in UK drug policy. *Social Policy & Society*, 3, 333–342.
- Huysamen, M. (2018). Reflecting on the interview as an erotic encounter. *Sexualities*, 0, 1–17.
- LeBoutillier, N., & Love, B. (2010). Developments in treatment for drug misuse offenders. In J. R. Adler & J. M Gray (Eds.), *Forensic psychology, concepts, debates and practice* (2nd ed., pp. 329–348). Oxon, England: Willan.
- McGourty, J., Farrants, J., Pratt, R., & Cankovic, M. (2010). Taking your participants home: Self-care within the research process. *Counselling Psychology Review*, 25, 65–73.
- McKeganey, N., (2011). *Controversies in drugs policy and practice*. Hampshire, England: Palgrave Macmillan.
- Menard, S., Mihalic, S., & Huizinga, D. (2001). Drugs and crime revisited. *Justice Quarterly*, 18, 269–299.
- Neale, J., Allen, D., & Coombes, L. (2005). Qualitative research methods within the addictions. *Addiction*, 100, 1584–1593.
- Neale, J., Black, L., Getty, M., Hogan, C., Lennon, P., Lora, C., . . . Wylie, A. (2017). Paying participants in addiction research—Is cash king? *Journal of Substance Use*, 22, 531–533.
- Palmer, M., Larkin, M., De Visser, R., & Fadden, G. (2010). Developing an interpretative phenomenological approach to focus group data. *Qualitative Research in Psychology*, 7, 99–121.
- Rhodes, T. (2000). The multiple roles of qualitative research in understanding and responding to illicit drug use. In G. Greenwood & K. Robertson (Eds.), *Understanding and responding to drug use: The role of qualitative research* (Vol. 4, pp. 21–36). Luxembourg, UK: European Monitoring Centre for Drugs and Drug Addiction Scientific Monograph Series.
- Sammut Scerri, C., Abela, A., & Vetere, A. (2012). Ethical dilemmas of a clinician/researcher interviewing women who have grown up in a family where there is domestic violence. *International Journal of Qualitative Methods*, 11, 102–122.
- Senker, S., & Green, G. (2016). Understanding recovery: The perspective of substance misusing offenders. *Drugs and Alcohol Today*, 16, 16–28.
- Skodbo, S., Brown, G., Deacon, S., Cooper, A., Hall, A., Millar, T., . . . Whitham, K. (2007). *The Drug Interventions Programme (DIP): Addressing drug use and offending through “Tough Choices.”* London, England: Home Office.
- Smith, J. A., Flowers, P., & Larkin, M. (2012). *Interpretative phenomenological analysis theory, method and research*. London, England: Sage.
- Tomkins, L., & Eatough, V. (2010). Reflecting on the use of IPA with focus groups: Pitfalls and potentials. *Qualitative Research in Psychology*, 7, 244–262.
- Turnbull, P. J., & Skinns, L. (2010). Drug Interventions Programme: Neither success nor failure? In A. Hucklesby & E. Wincup (Eds.), *Drug interventions in criminal justice* (pp. 64–83). London, England: McGraw-Hill Education.
- Van Der Kolk, B. (2008). Developmental trauma disorder: A new, rational diagnosis for children with complex trauma histories. In S. Benamer & K. White (Eds.), *Trauma & attachment* (pp. 45–60). London, England: Karnac Books.
- World Health Organization. (2002). Child abuse and neglect by parents and other caregivers. In EG Kruge, M Dahlberg, AB. James, R. Zwi, & LL Lozano (Eds.), *World report on violence and health* (pp. 57–86). Geneva, Switzerland: Author.