

**Doing research in peoples' homes: fieldwork, ethics and safety – on the practical challenges of researching and representing life on the margins**

BASHIR, Nadia <<http://orcid.org/0000-0002-1384-4849>>

Available from Sheffield Hallam University Research Archive (SHURA) at:

<http://shura.shu.ac.uk/16862/>

---

This document is the author deposited version. You are advised to consult the publisher's version if you wish to cite from it.

**Published version**

BASHIR, Nadia (2017). Doing research in peoples' homes: fieldwork, ethics and safety – on the practical challenges of researching and representing life on the margins. Qualitative Research.

---

**Copyright and re-use policy**

See <http://shura.shu.ac.uk/information.html>

**Doing research in peoples' homes: Fieldwork, ethics and safety - on the practical challenges of researching and representing life on the margins**

**Author contact details**

Nadia Bashir  
Centre for Regional Economic and Social Research (CRESR)  
Sheffield Hallam University  
Unit 10, Science Park  
Howard Street  
Sheffield  
S1 1WB

Tel: 0114 225 4525

Fax: 0114 225 2197

[Nadia.bashir@shu.ac.uk](mailto:Nadia.bashir@shu.ac.uk)

[www.shu.ac.uk/cresr](http://www.shu.ac.uk/cresr)

**Doing research in peoples' homes: Fieldwork, ethics and safety - on the practical challenges of researching and representing life on the margins**

**Word count: 8000**

## **Abstract**

Drawing on the author's experiences and reflections of researching vulnerable people for a housing research project, this article explores the ethical dilemmas, and the health and safety challenges, of conducting in-depth, qualitative interviews with 'vulnerable' research participants in their own homes. Vulnerability, in a housing research context, takes account of: living in poverty; insecure housing/employment situations; poor health and/or mental ill health; alcohol and /or drug dependency, etc. Diary notes are used to illustrate the challenging situations that can unfold when working alone in the field in disadvantaged areas, with vulnerable people, which can present physical and emotional risk. Concern with risk and the potential impact on individuals is two-fold: that on the participant; and that on the researcher. Through reflexivity and revisiting of experiences in the field, this paper explains the difficulties and negotiations, and it provides some suggestions for better research practice.

**Key words:** researching, vulnerable, participants, researchers, fieldwork, homes, ethics, health, safety, support.

## **Introduction**

In housing research, in-depth qualitative interviews are used to explore the complex lived realities of peoples' lives. Open-ended investigation of this type helps researchers to develop a thorough understanding of peoples' experiences and actions. However, alongside the potential for gaining a deep understanding is the potential for revealing personal experiences which cause distress (Dickson-Swift et al, 2008) and harm which is not always possible to anticipate or avoid, particularly when researching vulnerable people in specific circumstances and settings.

The term 'vulnerable' is broadly defined in the realm of social research, including, health, education, and psychology. Vulnerable groups may include those suffering from mental illness, severe or terminal illnesses, (Beaver et al, 1999; Crowther & Lloyd-Williams, 2012; Davies et al, 1998) and the young and the elderly (Liamputtong, 2007). In a housing research context, people classed as 'vulnerable' include those: with experience of homelessness; living in poverty; in insecure housing/employment situations; people who are drug and/or alcohol dependent; and people experiencing mental health problems (Burridge & Ormandy, 2005; Freeman, 1993). Most housing projects with a broad research focus - such as welfare reform, or fuel poverty - involve working with a diverse range of people of different ages, often with multiple problems.

The issue of 'vulnerability' is interwoven in discussions about generating 'sensitive' data: that which has, 'the potential to cause physical, emotional or psychological distress to participants or the researcher' (Elmir et al, 2011). During the in-depth interview process, basic lines of inquiry can inadvertently unearth data about traumatic events and experiences in participants' lives (Lee, 1993; Lee & Renzetti, 1990). Participants may open up to someone for the first time (Johnson & Clarke, 2003), perhaps under the reassurances of confidentiality and an impartial stranger willing to listen. Longitudinal research involving repeat interviews arguably creates more opportunities to explore distressing life events. As rapport is built, participants can value the opportunity to talk and adequately trust the researcher to disclose more intimate and personal experiences (Dickson-Swift, 2007; Graham et al, 2007; Liamputtong, 2007). Data generated in these interview situations has the potential to harm participants, especially if researchers have not prepared for, or thought through, the consequences for their participants.

Researchers report that where potential emotional harm is discussed, it is usually off-set against the potential therapeutic benefits (Allmark et al, 2009), although, this perceived benefit is difficult to gauge without any follow-up activities with participants (Johnson & Clarke, 2003).

In-depth one-to-one interviews can reveal painful memories, feelings of shame/failure, and trauma (Ritchie et al, 2013). Housing topics - for example, benefit cuts, managing financially, and housing or employment histories - can potentially cause interview participants distress, immediately, *and* after the research encounter. However, exploration of the impact of sensitive subjects on participants has mainly been confined to specific fields such as health research (Watts, 2008) but in social research there is little discussion of whether participation in in-depth interviews are a catalyst of further distress.

Conversely, there is limited consideration of the impact of this interaction on the *researcher*; this is an area relatively unexplored and under-reported (Coles et al, 2014; Dickson-Swift et al, 2007; Downey et al, 2007). Whilst there is a growing body of literature from health research (Benoot & Bilsen, 2016; Cridland et al, 2016; Dickson-Swift et al, 2006, 2007, 2008), researchers from other disciplines give less attention to the practical and emotional consequences of their work, scarcely reporting on the impact of doing interviews with vulnerable participants.

Interviewing in participants' homes is another important methodological consideration, as this presents opportunities and challenges for gathering information. Research often takes place in people's homes, the main reason being for the comfort and convenience of participants to share their confidential experiences in their own personal space (Downey et al, 2007), and according to Graham et al. (2007:40),

'the more comfortable participants are, the more likely they are to disclose information and reveal the nature of their lived experiences'.

In addition to the possibility of getting more disclosure from the participant, by seeing the participant's home environment first-hand, the researcher has an opportunity to build a richer picture of their reality (Elwood and Martin, 2000), for example, by observing the condition of their housing. This approach is not always recognised as ethnographic, yet researchers use extensive observation in social and cultural settings as sources of data (Mason, 2002). Keeping field notes in a diary is a useful way of recording data.

While there are benefits for both participant and researcher, doing qualitative interviews with vulnerable people in their homes can pose health and safety (H&S) challenges (Faulkner, 2004). Lee (1995) distinguished between 'ambient' and 'situational' risks: ambient referring to those risks present in the fieldwork setting; and situational risks arising from the presence of the researcher. Insights into housing researcher risks in the field are limited, and other professions such as Social Work, rarely report on practitioners' experiences of work outside of the office, on the street and in homes (Ferguson, 2010).

As *general* university H&S policy and guidance for lone working is applied to diverse disciplines, gaps are inevitably revealed. Generic advice to researchers on preparing for fieldwork can include, ensuring access to reputable taxi firms, but fail to warn that some areas might have been blacklisted by firms. The gaps between formal and practiced Occupational Safety and Health (OSH) guidelines are also evident in other working environments beyond academia, as revealed in Pink et al's (2010) ethnographic

research into the practice of OSH in the construction industry. The mismatch between policies and 'real' practice in social research is the focus of this article and is explored in-depth by using case studies as evidence.

As a housing researcher involved in social policy research, the author was unable to draw on any discipline specific training and/or professional guidelines in relation to H&S, apart from the University's generic guidance. A H&S risk assessment is undertaken at the project inception stage and all researchers (for example, geography, health, social policy & sociology) contribute their experience and knowledge regarding potential risks, but this subject ends thereafter, and with it any formal ongoing concern with H&S issues during the lifetime of the project.

The UK's Social Research Association ([the-sra.org.uk/](http://the-sra.org.uk/)) provides comprehensive guidance on researcher safety, some of which is redundant in situations where, for example, interviewing in a communal room is not possible due to the participant living in a bedsit. Such nuances are not covered by the Association and researcher insight into the complexities and practicalities of *actually doing* qualitative research with vulnerable people in their homes are absent from such guidance.

Key qualitative research practice textbooks provide comprehensive guidance on research theory, design, methods, ethics, and practice (Bryman, 2008; Denzin & Lincoln, 2011; Rossman & Rallis, 2012; Silverman, 2011). These textbooks cover generic issues but fail to adequately reflect the challenging research realities experienced by qualitative researchers interviewing vulnerable people in specific settings. Ritchie et al (2014) have advanced discussion in this area, acknowledging the complexity of real-life situations, providing real-life contexts in their examples. However, a broad brush approach (a couple of



pages of guidance) on avoiding adverse consequences for researchers in the fieldwork setting is provided which does not explore the tensions in managing risk whilst representing the views/lives of people on the margins. The realities of poverty for example, are messy and complex and often present challenges for researchers which require rapid and situational responses as issues emerge during the research encounters with participants. Whilst Ritchie et al (2014) advocate a move away from inflexible guidelines and instead propose a responsive approach to research they under-explore the real-life dilemmas researchers grapple with in the field.

Lee -Treweek et al's (2000) textbook is a major contribution to the subject of researcher experiences of physical, emotional, ethical and professional danger. Similarly, Bloor et al (2008) and Liamputtong (2007) provide an abundance of invaluable insights into researcher experiences on these issues in their books, but less explanation of how each situation was navigated and negotiated in the field. The in-depth reflexive accounts of other researchers have begun to address such issues (see Dickson-Swift et al, 2008; Fahie, 2014) but nevertheless remaining an under-explored area.

Based on the author's involvement in a large housing research project, this article draws on entries from research diaries and interview extracts. Each case is outlined to discuss the potential emotional and/or physical risks to both research subject and researcher. The methodological benefits of keeping a research diary are explored, as well as procedural issues; from the initial phone call to arrange the interview to actually doing the interview in vulnerable people's homes. The article argues for a reinvigorated debate on the risks and the potential for emotional and physical harm during the research encounter, in order to raise awareness of the potential negative consequences of what can appear to be benign research.

## **Methods**

The data for this article are drawn from in-depth, face-to-face, semi-structured interviews, conducted for a housing research project evaluating the UK Government's Department for Work and Pensions (DWP) Direct Payment Demonstration Projects. In-depth qualitative interviews are used to gain thorough knowledge about a particular subject. This method is recognised as being particularly suited to researching sensitive topics (Elam & Fenton, 2003).

The interviews were transcribed and thematically analysed using a coding framework in the Nvivo data analysis package. The research was granted ethical approval by the University's Research Ethics Committee, and permission was sought from participants to use their data for the evaluation, and other research purposes, including, journal articles, as part of the process of obtaining informed consent. Of all the interviews (in excess of 180) conducted by the team for the project as a whole, only interviews with six participants (conducted by the author of this paper) were specifically selected to develop individual case studies. These were examined on the basis of the challenges experienced and for furthering the discussion of research fieldwork issues. With such a small sample characterised by complex and changing circumstances, the lessons cannot be generalised, and this article does not claim to be representative of research with vulnerable people as a whole. Some of the data were generated from repeat interviews with participants, and other data were garnered from one-off interviews.

Coffey (1999) and Sinding et al (2003) stress the importance of reflexivity and revisiting experiences in the field to report any difficulties. They assert that tensions are often captured in fieldwork diaries but usually 'tidied up' as field notes before sharing them with the research team, thus, the full extent of the

researcher's concern is not apparent, nor given adequate consideration. In this article, the diary notes, which are descriptive and include participants' comments (verbatim) have been presented in the context within which the interaction and incidents occurred. *Fieldwork experiences are therefore relayed fully* in reporting some of the challenges of interviewing vulnerable people in their homes.

Consideration is also given to the process for arranging interviews, which has received scant attention in the literature, but is a vital part of the research process for gaining some information about the potential participant (including disposition), and for developing rapport early on (Elmir et al, 2011). Each case is described fully: from gaining participant contact details to the initial phone call to arrange the interview; providing information about the research; doing the interview; if necessary, signposting participants to support; to reflecting on and sharing experiences. Thus, situating the article within the research encounter to convey the full context and circumstances surrounding the interviews.

Importantly, this discussion is not intended to problematise the vulnerable when discussing challenging situations (for instance when interviewing alcohol dependent participants), but is more concerned with hearing their experiences in a way that protects both participant and researcher. Care has been taken to avoid imparting too much information about each participant, which might compromise their identity (such as age and location) and pseudonyms have been used to ensure anonymity.

### ***The challenges of interviewing vulnerable research participants' in their homes***

The health and personal circumstances of social research participants often prevent interviews from taking place in public venues, making university researcher guidance difficult to observe, particularly if people express a preference for interviews to take place in their own homes, where privacy and

confidentiality can be maintained. Other common reasons for vulnerable people requesting that interviews take place in their homes, include: caring commitments to others; difficulty accessing transport and/or venues due to disability; and health conditions such as anxiety/phobia which prevent them from leaving their 'safe' home environment.

The additional knowledge and contextual information gained when interviewing people in their homes can prove valuable for research projects. Field visits allow researchers to better understand individual's financial circumstances and place factors such as local amenities, access to services, and their social networks, which can be indicators of poverty and social isolation. Such opportunities for gathering additional information also present risks, by virtue of entering unfamiliar environments.

Unfamiliar environments can be risky sites for fieldwork. Researchers may feel 'vulnerable' when working in deprived communities<sup>1</sup> and visibly standing out as "outsiders". But the internal environment of participants' homes also presents risks and has required researchers, including the author, to negotiate various challenges. Several interviews highlight a series of risks encountered by the author (referred to as 'researcher' herein). The following example illustrates just how little researchers can know about the disposition of their participants and their environments prior to the interview.

KIERON is alcohol dependent, but when his contact details were provided by his social landlord to participate in the research project, apart from his basic details, no further information was available. The researcher was therefore unaware of his dependency. The discussion during the initial phone call to arrange the interview failed to illuminate any information of cause for concern, which might have given the researcher better foresight and reason for more suitable preparation such as working in pairs for

safety. After imparting essential information about the research project, a few informal comments were exchanged about taxi firms operating in his local area and the nearest bus/train station to his home. This conversation put him at ease quickly and built some rapport, which was demonstrated during the second telephone call to remind him of his interview the following day. Kieron helpfully provided directions and offered to put his untrained dog outside during the interview to put the researcher at ease. Again, there was no reason to suspect any problems. However, when the researcher arrived at his home early next morning, he had already been drinking heavily. While consuming alcohol he explained that he drank considerably every day, and his addiction was mentioned repeatedly, during the interview:

*'Unfortunately, we always have to budget in that there's enough money for me to have at least four to six cans a day just to be able to take away the shakes in the morning'*

The poor condition of Kieron's home was visible, which included dog urine on the floor and on the sofa. Bluntly, he instructed, 'mind the piss on the floor and on the settee' (data drawn from research diary extracts), and whilst his change in tone since the two telephone conversations was of concern, more worryingly, a very agitated Pit bull terrier could be seen barking and scratching her paws frantically outside the patio window to get inside to her pups, sleeping behind a flimsy makeshift barrier of cardboard.

Kieron was aware of the dog's agitation but continued talking about the highly sensitive subject which had influenced his involvement in the research, and clearly caused him anger and frustration: cuts in

benefits and getting into rent arrears. Although he voiced his main views before the interview commenced, his expectation was to share his experiences in an interview. So the possibility of not proceeding with the interview, in the researcher's judgement, was likely to perturb him. Therefore the interview went ahead against the background of barking and snarling. Whilst the researcher lacked confidence in Kieron's ability to control the large dog outside, had he given in to the dog's apparent distress and let him in, his partner instilled some confidence in that she appeared stable and she clearly moderated Kieron's behaviour. For this reason, she was invited to sit in on the interview and contribute, having sought permission from him first. In light of his inability to recollect information increasingly, as he continued to drink, he welcomed her presence. Luckily, she agreed, and immediately helped to calm him down. Consequently, the pace of the interview increased, and the researcher was able to finish and leave quickly and safely.

Upon reflection, the researcher could not have foreseen and therefore prepared for the situation that unfolded, but instead had to think of a solution immediately to reduce an immediate risk. Using an intermediary in a challenging situation, who appeared stable, acted as a calming influence, and helped diffuse anger and frustration, allayed researcher concerns. In weighing up the situation, terminating the interview might antagonise a disconcerted participant even more. Although guidance for researchers suggests that, 'if the encounter feels unsafe, they should bring the encounter to an early conclusion' (Ritchie et al, 2014: 105), this is not always feasible, particularly when the participant cannot be reasoned with due to their alcoholism and their strong motivations for doing the interview. In this case, the insistence on being interviewed does bring to attention the ethical issue of the individual's right to participate in research and being listened to, but also highlights the tension between this right and ensuring researcher safety.

In a second example, GORDON had expressed an interest in the research and was contacted to arrange an interview. This was for longitudinal research over eighteen months, involving three face-to-face interviews and short telephone catch-ups in-between the interviews. When arranging the interview Gordon struggled to listen and communicate smoothly, but his responses were coherent and didn't set off any alarm bells about his alcoholism. Initially, finding his home proved difficult, but eventually he came out and led the way to his house.

Diary extracts reveal that Gordon was living in grim conditions: rubbish was everywhere; empty alcohol bottles and cigarette butts littered his living space; and excrement was on the walls. He explained that he would shut his dog away because he perceived him to be a risk. The setting was unnerving, but his condition more so, as he began to answer the interview questions. Gordon was polite and cooperative, but he appeared uncomfortable; sweating and stammering, and struggling to understand some of the questions. The interview was cut short so as not to prolong his discomfort, as well as the researcher's, who increasingly became concerned about his health, demeanour, and her own safety due to his quick change in mood, from calm to anger. After the interview he gladly received his incentive payment, explaining that this was his motivation for participating.

Gordon's life could be described as "chaotic", but this is even more reason to understand his vulnerability and the barriers that he faced as changes occurred, which directly affected him. Vital information was gleaned about his deteriorating personal circumstances in light of his addiction and welfare reforms. The research team learned a great deal about his changing financial situation, interactions with his landlord and benefits agency, and his support networks. Researcher safety was not

compromised in doing this, and flexibility and persistence allowed his experiences to be heard. Nevertheless, this case illustrates the limitations of research guidance in failing to convey the complexities experienced in the field when researching vulnerable people. Ritchie et al's (2014: 105) advice for example, that researchers 'ensure public transport is running' upon completion of fieldwork is simplistic and assumes an ideal situation - far from Gordon's case where the researcher found that he had been blacklisted by his local taxi firm which resulted in their refusal to pick anyone up from his address, including the researcher, who then had to negotiate with them for transport.

In a third case, practical arrangements were a cause for concern during the interview and were reflected upon afterwards in a diary entry. BRIAN was contacted through his landlord inviting him to participate in the research, which he agreed to. The research team had very limited information about Brian's health or financial circumstances. Only when the researcher arrived at his bedsit did Brian's vulnerability and dire financial situation become evident. Brian explained that he was being rehabilitated for alcohol dependency, and that he was suffering from cancer. He was frail and didn't appear to present any risk. However, the room within which the interview took place was far from ideal from a safety perspective. It was dark, with only one small sofa, which was initially shared by both Brian and the researcher; and the sofa being so small that physical contact was impossible to avoid. So, the researcher moved onto the floor, explaining that it would be easier to layout and organise the research paperwork that way.

Whilst the researcher didn't feel any threat, the practical issues were noteworthy, and this experience underlined how elements of health and safety policies and guidelines are at odds with real-life circumstances, and if most aspects were observed, it would prove near impossible to consult with those people at the very periphery of society. Brian's home was bare, and he explained how he was struggling



to make ends meet due to the welfare reforms. When he was interviewed, both the heating and lighting were off, and he sat in a bitterly cold room wearing layers of clothing. As darkness fell, it suddenly changed the state of balance that had been established during the interview. The researcher began to feel uneasy as the text on the topic guide was no longer visible, so she indicated that he should turn on the light:

Interviewer: *I can barely see now*

Participant: *Sorry, I'll put the light on*

The challenges of interviewing in unpractical settings and in conditions largely out of researchers' control are highlighted by this case. For example, adequate lighting in participants' homes, maintains a sense of safety, but cannot be guaranteed in an interview situation, particularly in cases where participants are living in severe poverty. Whilst every effort is made for interviews to take place during daylight hours, this is not always possible, especially during the shorter autumn and winter days. However, for safe research practice, spatial-temporal considerations are paramount as different spaces present different challenges, and more so, as day becomes night.

Clearly, guidance is provided for researchers to limit risk, but some of the practical advice, such as sitting facing the exit door, or not interviewing in a bedroom are not always realistic (the-sra.org.uk/). Brian's case raised more than just practical safety concerns, but ethical ones too about the degree of his vulnerability. These are discussed later in the article.

### ***Unintentionally unearthing 'sensitive' data while exploring housing issues***

Housing research projects delve into diverse subjects ranging from, sustaining tenancies, housing and worklessness, poverty, and so on. All are subjects which have the potential to cause distress. Potential

issues are identified beforehand by the research teams and discussed in terms of how to best manage situations should they arise. However, on occasion participants shared highly sensitive information to the unprepared researcher particularly as they became more trusting and open. This is more common with longitudinal work as good rapport is built over time.

The following example demonstrates how delving into past experiences, can accidentally unearth sensitive data which can be cause for disillusionment and a sense of failure for the participant. When GLORIA was contacted to arrange her first interview, she was talkative and helpful, even offering to meet the researcher outside her block of flats, to ensure she found her way easily. Gloria engaged fully with the research questions and provided useful insights into the issues explored. She revealed that she was alcohol dependent, and suffered from anxiety, which sometimes confined her to her home, and that she relied heavily on her family for support.

As the researcher delved into questions about money management she did not anticipate one response:

Interviewer: *When did you last have any savings?*

Participant: *When my husband killed himself which is years and years ago, when  
I was XX.*

A fragile and vulnerable woman emerged during the interview, about whom the researcher had limited information prior to the encounter. Whilst in-depth interviews with vulnerable people are vital for understanding the full context of their lives, they can also be deeply problematic from an ethical perspective, in terms of evoking memories which may cause immediate, or delayed, distress after the interview. Some of the potential issues will be discussed later in this article.

### ***The occurrence of distressing life events during the course of the research***

Longitudinal housing research captures changes in circumstances over a certain period of time, and significant changes did occur during the course of a few participants' involvement in the research. Whilst illuminating for the research findings, they are ethically deeply problematic, for both participant and researcher.

In one such example, the participant, MARION, was personable and welcomed the researcher into her home. She provided directions to her home, introduced the researcher to all of her family, made her tea, and made the researcher feel comfortable immediately. The first interview revealed that Marion was struggling financially, and a short catch-up by telephone a few months later, indicated that her situation had deteriorated considerably with bailiffs taking goods from her home. A debt support worker was present during the second interview, which generated some discussion of the family's changing household composition, which was to the detriment of their finances. Up to this point, Marion had remained in good spirits regardless of her hardship, and she continued to show commitment to the research. The researcher interacted with other members of the family too and learned a great deal about them. Her young son was present during the second interview, and he exchanged some banter with his mother and the researcher.

It was during a telephone catch up two weeks later, that Marion dropped the bombshell: she broke down and explained that her son had suddenly died. The researcher was shocked and saddened and after expressing her condolences, she suggested that Marion take time out from the research or consider withdrawing. *However, Marion was adamant that she wanted to continue.* The final interview visit was extremely difficult to prepare for, and the topic guide was pored over, to approach subjects

with utmost sensitivity. Having spoken to the family who were in good spirits in the past, despite their challenges, the researcher found it extremely difficult to speak to them in such sombre circumstances. The impact of this situation is explored later.

Aside from longitudinal research, in one-off interviews there is still the possibility of catching a participant on a day when they have received some bad news, and worse still, news which the participant has then used to implicate the researcher in their misfortune. The next example demonstrates how one participant's suspicion, accusations, and misunderstandings based on receiving bad news on the actual day of the interview, put the researcher at significant immediate risk. When the researcher initially telephoned the participant, SARAH, to arrange the interview, she requested further information as she had difficulty understanding the information sheet that she had received. Sarah's feisty attitude was noted during the discussion, and she seemed very suspicious of the motives for the research. She was very blunt and asked many questions, but was appeased by the information provided over the phone, and especially when it was reiterated that the researchers were entirely independent from Sarah's landlord and the Benefits Agency.

However, unbeknown to the researcher, on the morning of Sarah's interview, she had received news about the loss of her housing benefit, and as the researcher walked into the small two- bed flat, she was confronted by a very aggressive and agitated woman, and worse still, by two very aggressive dogs. While an irate Sarah demanded to know if the researcher had reported her to the council, the dogs set about gnawing and tugging at the hem of the researcher's trousers. Sarah did nothing to stop her dogs due to her own anger, and the dogs increasingly became uncontrollable. At that point, the two dogs presented the most immediate risk to the researcher, and luckily Sarah's son had just emerged from the

balcony having heard the noise and commotion, so the researcher took the chance to firmly instruct him to take the dogs into another room, so that she could clear up any misunderstanding, uninterrupted. It took almost twenty minutes to clarify the research aims, and the independent position of the researcher, to alleviate suspicion and to diffuse the aggressive situation that had unfolded. The participant insisted on doing the interview, during which she repeated:

*'I got a call from the council office this morning saying that somebody said that I'd moved out the area and I've moved to London. So at the minute they've stopped my benefit'*

Her anger and anxiety made sense in light of the information she went on to provide. Sarah was a lone parent of a teenager, long-term sick, reliant on benefits, and struggling to cope financially. After the interview, she revealed her drug dependency, which was not picked up by the researcher before her visit to conduct the interview. Again, although researchers can gain some information about a participant e.g. their nature, during the initial stages of arranging an interview, there is no way of knowing what the individual's real disposition or circumstances are, even if their contact details have been provided by a statutory agency, such as a housing provider. Researchers can do prior research into any issues in the fieldwork area, but again, know little about how participants live in their home, who visits, their pets and their unpredictable nature.

Notably, university personal safety and lone working guidelines are usually generic and only scratch the surface of the complex situations encountered in the field. For example, pieces of advice relevant to Sarah's case are incompatible with the reality faced, it states: when experiencing hostility or aggression, 'if already inside, leave immediately'; 'keep yourself between the angry person and the escape route; and 'be aware of your possible escape routes and position yourself accordingly' (Sheffield Hallam

University, 2013). But, in this case, Sarah and her dogs were blocking the only exit, and she demanded answers. To attempt to leave would probably have further aggravated the situation. Only guidance on dealing with aggressive behaviour is appropriate here. This includes, remaining calm, listening carefully, and using the correct body language to diffuse the situation. However, nowhere in this guidance is the recognition that in rare situations staying and resolving misconceptions may be the safest option.

### ***Impact on the participant***

All six examples used in this article emphasise the vulnerability of each participant by contextualising their financial circumstances and/or health conditions. Attention is also drawn to the fact that the level of vulnerability of the participants was not known by the researcher before going into the interview, and that this presented a number of ethical dilemmas, which the researcher tried to address sensitively at the time of interview, and reflected on some of the more complex issues afterwards. Firstly, she considered whether the vulnerability of her participants' had increased further, having imparted such personal information and feelings that they might have otherwise locked away. The researcher reflected on the impact of asking Gloria questions which inadvertently reminded her of her painful past. A lot of Gloria's inability to cope was bound up with the loss of her husband, who provided her security, particularly in financial matters. By focusing on her inability to manage, the interview might also have potentially caused Gloria to reflect on her perceived "failures" and led to disillusionment.

Unintentionally increasing the interdependency of participants involved in the longitudinal research was also of concern. A few of them clearly valued having someone willing to listen and to share their problems with, interviews were not always confined to the scope of the research subject and spilled over into other personal aspects of their lives. With reassurances of confidentiality, the repeat visits and

telephone catch-ups, a very good rapport was built which encouraged participants to open up. The researcher feared she might have fostered a false sense of dependency amongst her socially isolated participants.

The researcher was particularly concerned that she had asked several participants extremely personal questions for research purposes during a very difficult time in their lives. For example, in Brian's case, dependent entirely on his carer, he was struggling with two serious health conditions and his financial circumstances. The researcher feared that the interview had unavoidably ventured into potentially distressing subjects such as Brian's illness, family support (or lack of it), difficulties with his landlord, including threat of eviction etc. His responses seemed quite emotional throughout his interview and significant feelings of failure and guilt were shown, which the researcher feared might have caused him more anxiety, even after the interview when he was alone. The researcher learned that severe loneliness and isolation characterised Brian's life, so, after the interview, they talked at length about how he might be able to access various local support groups and opportunities for social interaction. Just how effective this discussion was in terms of encouraging Brian to find out more about the local support available, is unknown, but weighed on the researcher's mind.

### ***Impact on the researcher***

Very rarely is the impact on researchers, of doing challenging research, explored and/or reported. Yet, in some situations, researchers may find it difficult to distance themselves from the distressing circumstances of their participants. For example, in Marion's case, the researcher had tracked her circumstances, which deteriorated as the research progressed. Rapport had been built up, which improved with each communication, and the researcher had spoken to several members of Marion's

family, who were all spirited and welcoming, even in light of their financial struggles. She was shocked and saddened to hear of the son's death, only two weeks prior she had been sitting talking to him on the same sofa. In this situation, the researcher did share this experience with the research manager, who listened with sensitivity, but nevertheless, the researcher was left feeling concern about how the family would deal with the significant challenges in their lives. Their financial situation was so dire that when Marion revealed that she still owed 'money for the funeral', the gravity of this statement was deliberated over for some time by the researcher and she was left with feelings of sadness and guilt.

The researcher was also left wondering if Brian had taken steps to overcome his isolation, but a follow-up telephone catch-up might have been a step too far in terms of researcher involvement, especially if Brian's dependency on her increased. Having considered his illness and stressful life events, such ethical issues were difficult for the researcher to reconcile.

### **Conclusion**

Taking housing research and vulnerability as the overarching themes, this article highlights various 'real life' challenges in the field and how some research practice falls outside the scope of institutional guidance because real life situations do not always play out as they have been planned. Unpredictability of the life on the margins cannot be accommodated within guidance to researchers. The way that people organise their lives inside their homes is not necessarily in accordance with health and safety policies and procedures. However, whilst adhering to basic health and safety procedures, researchers can go further to protect themselves (see [the-sra.org.uk/](http://the-sra.org.uk/)). For example, budgeting for taxis and exploring the possibility of booking the same driver for the duration of fieldwork, who with prior arrangement may agree to call at participants' homes at given times, should the researcher not appear.



This strategy has been used successfully by the author of this article many times; a prompt knock on the door has a few times deviated risk and been timely and reassuring.

University guidance outlines that researchers presented with health and safety concerns, should attempt to terminate the interview (Sheffield Hallam University, 2013), but this is not always possible, or arguably the right course of action. In some situations a quick departure could present more risk and heighten anger or suspicion, and the need to diffuse aggression might be the only feasible option. To manage risk, a de-escalation and containment approach is advocated by O'Reilly and Parker (2013) and similarly, although not compulsory at universities, diffusing aggression training aids professionals from various fields with the knowledge and skills to calmly deal with potentially confrontational situations should they arise, and qualitative researchers could reap benefits from this too. De-escalation techniques are used in health, social care and community care settings to defuse aggressive behaviour (Spencer & Johnson, 2016) using verbal and non-verbal skills, and mobile technology/handsets, personal attack alarms used by lone workers in the NHS ([nhsbsa.nhs.uk](http://nhsbsa.nhs.uk)), all hold scope for academic researchers to learn from in improving their own protocols. Clearly, there is the potential for shared learning in this area with skilled practitioners across other sectors, for example, through involvement in health and social care project advisory boards.

In some cases, qualitative interviews with vulnerable participants clearly evoke emotive responses due to the 'sensitive' nature of the topics discussed. A seemingly common topic such as money management had the potential to cause distress, even anger, particularly where a participant was in a stressful situation. In the immediate interview situation, the researcher exercises judgement on whether to continue, curtail, or terminate the interview, but as discussed earlier, the latter decision is

not always received favourably by the participant and could compromise researcher safety. In some instances, *participants were desperate to share their experiences and be heard*, more so due to their frustration of not being listened to by key agencies in their lives, such as their landlords.

A more reflexive approach to researching vulnerable people is advocated, alongside an emphasis on the benefits of sharing and recording experiences to inform better research practice. Research for this particular project, helped with researcher personal safety due to an ongoing concern with reflexivity, for example, of how the researcher might be perceived by her research participants based on their contact with other agencies and the professionals visiting their homes. Consequently, the independence of the research team from any organisations involved in participants' lives was consistently emphasised. Nevertheless, various challenges in the field were experienced, which continued to inform the ongoing process of reflexivity, indeed necessary for maintaining both researcher and participant health and safety.

A research diary is a useful methodological tool for recording challenging experiences soon after they have occurred, and capturing contextual information in the field, which could otherwise be missed if relying solely on interview data (Alaszewski, 2006). This tool aids the understanding of the research process, practices, complications and solutions, without proving too onerous on the researcher, recording only those experiences deemed noteworthy. It is a tool that could help bridge the gap between research practice policies, and practice in reality, and feed directly into new and much needed researcher stories about challenging experiences in the field (Dickson-Swift et al, 2008).

In light of various welfare reforms, there is a danger that the challenges that researchers are experiencing more regularly could 'desensitise' them to potential risks to personal safety and compromise their emotional wellbeing. An arena to routinely debrief and discuss researcher experiences and concerns is therefore essential to gain validation, advice and support, and all research teams should commit resources to ensure that debriefing is a permanent feature on all team meeting agendas as part of good practice (Beale et al, 2004). In the long term, changes at an institutional level, involving embedding a culture of good practice, which is adequately resourced and reflects the collective responsibilities of research teams, should help alleviate the risk of individual researchers withholding challenging experiences in the field through fear of being apportioned blame and sole responsibility and/or being perceived as weak or incompetent (Davison, 2004).

This article advances discussion into a number of areas that are relatively unexplored, including the potential impact on individuals of participating in in-depth qualitative interviews. Some participants were vulnerable in various ways due to their health, changing circumstances, and by their very involvement in the research. Participants' vulnerability fluctuated over time, and it may have been heightened as a result of sharing their private experiences, but currently most research projects do not build in any resources for follow-up activities to assess how participants felt before, during, and after, their interviews. There is no systematic research into the impact of the researcher and participant interaction on both participant and researcher (Johnson and Clarke, 2003). This prompts the need for further exploration in this area. Such an exploration might begin to address the dynamics of gender and ethnicity over the course of the research encounter. It is hoped that this article can help promote a much-needed honest and open dialogue in these interrelated areas.

---

<sup>1</sup> Carrying financial incentives with them

## References

- Alaszewski A (2006) Using diaries for social research. Report, London: Sage.
- Allmark P, Boote J, Chambers E, Clarke A, McDonnell A, Thompson A and Tod AM (2009) Ethical Issues in the Use of In-Depth Interviews: Literature Review and Discussion. *Research Ethics Review* 5(2): 48-54.
- Beale B, Cole R, Hillege S, McMaster R and Nagy S (2004) Impact of in-depth interviews on the interviewer: Roller coaster ride. *Nursing & Health Sciences* 6(2): 141–147.
- Beaver K, Luker K and Woods S (1999) Conducting research with the terminally ill: challenges and considerations. *International Journal of Palliative Nursing*, 5(1): 13-17.
- Benoot C and Bilsen J (2016) An auto-ethnographic study of the disembodied experience of a novice researcher doing qualitative cancer research. *Qualitative Health Research* 26(4): 482-489.
- Bloor M, Fincham B and Sampson H (2008) Qualiti (NCRM) commissioned inquiry into the risk to well-being of researchers in Qualitative Research. Report, Cardiff University, UK.
- Bryman A (2008) Social Research Methods (Third Edition). Report, New York: Oxford University Press Inc.
- Burridge R, and Ormandy D (2005) Unhealthy Housing: Research, remedies and reform. Report, London: Taylor and Francis.
- Coffey A (1999) The Ethnographic Self: Fieldwork and the Representation of Identity. Report, London: SAGE Publications.
- Coles J, Astbury J, Dartnall E and Limjerwala S (2014) A qualitative exploration of researcher trauma and researchers' responses to investigating sexual violence. *Violence against women* 20(1): 95-117.
- Cridland EK, Phillipson L, Brennan-Horley C and Swaffer K, (2016) Reflections and Recommendations for Conducting In-Depth Interviews With People With Dementia. *Qualitative health research*, 26(13): 1774-1786.

- Crowther JL and Lloyd-Williams M (2012) Researching sensitive and emotive topics: the participants' voice. *Research Ethics* 8(4): 200-211.
- Davies EA, Hall SM, Clarke CR, Bannon MP and Hopkins AP (1998) Do research interviews cause distress or interfere in management? Experience from a study of cancer patients. *Journal of the Royal College of Physicians of London*, 32(5): 406-411.
- Davison J (2004) Dilemmas in research: issues of vulnerability and disempowerment for the social worker/researcher. *Journal of Social Work Practice* 18(3): 379-93.
- Denzin NK and Lincoln YS (2011) *The SAGE Handbook of Qualitative Research*. Report, Los Angeles: SAGE Publications Inc.
- Dickson-Swift V, James EL, Kippen S and Liamputtong P (2008) Risk to Researchers in Qualitative Research on Sensitive Topics: Issues and Strategies. *Qualitative Health Research* 18(1): 133-144.
- Dickson-Swift V, James EL, Kippen S and Liamputtong P (2007) Doing sensitive research: what challenges do qualitative researchers face? *Qualitative Research* 7(3): 327-353.
- Dickson-Swift V, James EL, Kippen S, Liamputtong P (2006) Blurring Boundaries in Qualitative Health Research on Sensitive Topics. *Qualitative Health Research* 16(6): 853-871.
- Downey H, Hamilton K and Catterall M (2007) Researching vulnerability: what about the researcher? *European Journal of a Marketing* 41(7/8): 734-739.
- Elam G and Fenton KA (2003) Researching sensitive issues and ethnicity: lessons from sexual health. *Ethnicity and Health*, 8(1): 15-27.
- Elmir R, Schmied V, Jackson D and Wilkes L (2011) Interviewing people about potentially sensitive topics. *Nurse Researcher* 19(1): 12-16.

- Elwood SA and Martin DG (2000) "Placing" Interviews: Location and Scales of Power in Qualitative Research. *The Professional Geographer* 52(4): 649-657.
- Fahie D (2014) Doing sensitive research sensitively: ethical and methodological issues in researching workplace bullying. *International Journal of Qualitative Methods* 13(1): 19-36.
- Faulkner A (2004) The ethics of survivor research: guidelines for the ethical conduct of research carried out by mental health service users and survivors. Report, Polity Press: Bristol.
- Ferguson H (2010) Walks, home visits and atmospheres: Risk and the everyday practices and mobilities of social work and child protection. *British Journal of Social Work* 40(4): 1100-1117.
- Freeman H (1993) Mental health and high-rise housing. In: Burrige R and Ormandy D (eds) *Unhealthy housing: research, remedies and reforms*. London, E & FN Spon., pp. 168-187.
- Graham J, Grewal I and Lewis J (2007) Ethics in Social Research: the views of research participants. Report, London: NatCen.
- Johnson B and Clarke JM (2003) Collecting Sensitive Data: The Impact on Researchers. *Qualitative Health Research* 13(3): 421-434.
- Lee RM (1993) *Doing Research on Sensitive Topics*. London: Sage Publications.
- Lee RM and Renzetti C (1990) The problems of researching sensitive topics: An overview and introduction. London: SAGE Publications.
- Lee RM (1995) *Dangerous Fieldwork*. Report, London & New Delhi: SAGE Publications.
- Lee-Treweek G and Linkogle S (2000) Putting danger in the frame. In: Lee-Treweek G (ed) *Danger in the Field: Ethics and Risk in Social Research*. London and New York: Routledge, pp. 8-25.
- Liamputtong P (2007) *Researching the vulnerable: A Guide to Sensitive Research Methods*. London: Sage.
- Mason J (2002) *Qualitative Researching (Second Edition)*. Report, London: Sage Publications.

NHS (2009) 'Not Alone': A guide for the better protection of lone workers in the NHS. Available at:

[www.nhs.uk/DocumentRoot/documents/Lone\\_Working\\_Guidance\\_final.pdf](http://www.nhs.uk/DocumentRoot/documents/Lone_Working_Guidance_final.pdf) (accessed 10 October 2016).

O'Reilly M and Parker N (2013) "We Are Alone in the House": A Case Study Addressing Researcher Safety and Risk. *Qualitative Research in Psychology* 10(4): 341-354.

Pink S, Tutt D, Dainty A and Gibb A (2010) Ethnographic methodologies for construction research: knowing, practice and interventions. *Building Research & Information: the international journal of research, development and demonstration* 38(6): 647-659.

Ritchie J, Lewis J, Nicholls CM and Ormston R (eds) (2014) (Second Edition) *Qualitative research practice: A guide for social science students and researchers*. London: Sage.

Ritchie J, Lewis J, Nicholls CM and Ormston R (eds) (2013) *Qualitative research practice: A guide for social science students and researchers*. London: Sage.

Rossman GB and Rallis SF (2012) *Learning in the field: An introduction to qualitative research (Third Edition)*. London: Sage.

Sheffield Hallam University (2013) Personal Safety and Lone Working.

Silverman D (2011) *Qualitative Research: issues of theory, method and practice (Third Edition)*. London: SAGE Publications Ltd.

Sinding C and Aronson J (2003) Exposing failures, unsettling accommodations: tensions in interview practice. *Qualitative Research* 3(1): 95-117.

Social Research Association (2006) A code of practice for the safety of social researchers. [http://the-sra.org.uk/wp-content/uploads/safety\\_code\\_of\\_practice.pdf](http://the-sra.org.uk/wp-content/uploads/safety_code_of_practice.pdf). Available at: (Accessed 10 September 2014 ).



Spencer S and Johnson P (2016) De-escalation techniques for managing aggression (Protocol). *Cochrane Database of Systematic Reviews*. DOI: 10.1002/14651858.CD012034.

Watts JH (2008) Emotion, empathy and exit: reflections on doing ethnographic qualitative research on sensitive topics. *Medical Sociology online* 3(2): 3-14.