

## **Recherches concernant les populations marginalisées : les préoccupations d'ordre éthique liées à l'ethnographie**

**Patrick O'Byrne et Dave Holmes**

L'augmentation des taux de maladies transmissibles sexuellement (MTS) observée récemment chez les personnes de sexe masculin ayant des relations sexuelles avec des personnes de même sexe et l'augmentation simultanée de l'utilisation du crystal meth dans les fêtes des circuits gay mettent en évidence le besoin croissant de recherches sur les pratiques de loisirs faisant intervenir le sexe et les drogues. En fait, alors qu'il existe des preuves épidémiologiques corrélant ces pratiques, les taux de MTS n'ont pas diminué. Les auteurs fournissent un cadre éthique destiné à la recherche qualitative, qui « déborde du cadre » des méthodes épidémiologiques classiques de recherche en santé en matière de sexualité. À ce jour, la majeure partie des recherches sur les fêtes des circuits gay ont été menées selon des méthodes d'enquête; toutefois, aucun ouvrage n'aborde les préoccupations d'ordre éthique qui sont liées à l'observation naturaliste visant à mieux cerner l'environnement sexualisé des fêtes des circuits gay. Cette étude a permis d'établir que même si les risques éthiques sont inhérents, les avantages pour la société et pour le groupe étudié l'emportent largement sur ces risques.

Mots-clés : qualitative, ethnographie, éthique, fêtes gay, sexualité

# **Researching Marginalized Populations: Ethical Concerns about Ethnography**

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Recent increases in the rates of sexually transmitted infection (STI) in males having sex with males and simultaneous increases in the use of crystal meth within gay circuit parties (GCP) highlight the growing need for research on leisure practices involving sex and drugs. While there is epidemiological evidence correlating these practices, STI rates have not decreased. The author provides an ethical framework for qualitative research that “colours outside the lines” of traditional epidemiological methods for research on sexual health. To date, the majority of GCP research has used survey methods; however, no literature addresses the ethical concerns of naturalistic observation that is aimed at understanding the sexualized environment of GCPs. This review found that while ethical risks are inherent, the benefits to society and to the group under study significantly outweigh the risks.

Keywords: culture, qualitative, ethnography, ethics, gay circuit party, sexuality

## **Introduction**

Recent increases in sexually transmitted infections (STI) and in HIV among males having sex with males (MSM) (Health Canada, 2004) and the simultaneous rise in the use of crystal meth (crystal methamphetamine) at gay circuit parties (GCP) (Gahlinger, 2004) constitute both a public health problem and a clinical nursing concern. Governments are now restricting the purchase of the precursors required to produce crystal meth (i.e., Sudafed<sup>®</sup>), but this intervention has been thwarted by numerous Web sites providing instructions on how to make these chemicals (see Fester, 2005).

Considering the failure of current public health measures, it is critical that researchers undertake projects that address both STIs and crystal meth. Ethnography appears to be an appropriate methodology, not only because the GCP subculture constitutes a community but also because the proposed research question concerning the behavioural components of crystal meth and GCPs requires an exploratory, qualitative design. According to the ethics guidelines of the Canadian Tri-Council (1998), projects that “alleviate human suffering” and “dispel ignorance” have the potential to benefit society by improving health and welfare (p. 12).

However, the “morally acceptable ends” of improving the circumstances of an identifiable group must be achieved through “morally acceptable means.” Since ethics review boards are generally familiar with the traditional epidemiological public health methodologies, the purpose of this article is to provide an ethical analysis of the means and ends of *marginal ethnography*, rejecting the “colonial” assumption that research guidelines for one marginalized population can readily be used by another (Ethnoracial MSM Research Working Group, 2006; Thoms, 2007). We will address concerns related to naturalistic observation exclusively. To complete the review, we will provide a background of the GCP, followed by a comparison of research methods used for GCPs and for other marginalized populations (i.e., criminal behaviours) and, finally, an analysis of *marginal ethnography* using the Tri-Council guidelines.

### **Background**

Before we delve into the ethical concerns of undertaking ethnographic research at a GCP, a brief overview of these events is needed. First, the GCP is difficult to define because the absence of a rigid definition is part of its attraction. It is forever changing, and continually providing new forms of excitement; the only characteristics that remain constant are that it is an annual gathering of predominately gay men, it takes place in the same city each year, and it features a disco theme. Second, although GCPs are generally held with the purpose of HIV/AIDS education and prevention, risky anonymous sex and drug use do occur (Husbands et al., 2004; Kurtz, 2005; Mansergh et al., 2001; Mattison, Ross, Wolfson, & Franklin, 2001). It should also be noted that while these multi-day gatherings of tens of thousands of MSM (up to 25,000), in enormous venues with intricate light shows, unique dress codes, disc jockeys, and various live performances, resemble underground raves, GCPs are legally sanctioned (Ghaziani & Cook, 2005). Third, in addition to their physical attributes, GCPs have an even larger psychological and sociocultural definition (Mansergh et al., 2001; Mattison et al., 2001). In 1977, Corbett Reynolds — the man considered the founder of GCPs — created a gay space to celebrate being gay (Bérubé, 2003). In the 1980s, as anti-gay discriminatory laws were being abolished and gay men were provided with areas to congregate and express a gay lifestyle (Bérubé, 2003), GCPs began to emerge worldwide. Over time, these parties came to represent freedom to the gay community (Ghaziani & Cook, 2005).

### **Diverse Forms of Ethnography**

Traditionally, ethnography has been a top-down research method. It arose within anthropology and was developed for the purpose of studying cul-

tures other than those of direct European heritage. It was exemplified by the work of ethnographers such as Bronislaw Malinowski and E. E. Evans-Pritchard during the late 1800s and early 1900s (Bailey, 1997; Creswell, 1998; Denzin & Lincoln, 2003b). As with most research of that time, it was based on the colonial assumption that white, heterosexual, European cultures are superior to all others. With time, these methods evolved beyond their colonial roots and expanded to include the study of not only traditional “minority” cultures but all marginalized subpopulations. A major event in the use of ethnographic methods of direct observation and interviews within the realm of human sexuality was the publication, in 1970, of Laud Humphrey’s *Tearoom Trade*, which was covert research into the practices of MSM in public bathroom settings. However, despite the fact that later the same year Humphrey was presented with the C. Wright Mills Award by the Society for the Study of Social Problems and his findings were considered important discoveries in the field of human sexuality, shortly thereafter *Tearoom Trade* was viewed negatively by both the scientific community and the popular press because of its covert basis (Nardi, 1996).

When an established research design is employed in a novel context, ethical concerns demand that — as with covert observation or data collection related to criminal behaviours — a thorough ethical analysis be conducted. The goal is to locate ethical concerns that were identified by researchers prior to commencing a project as well as those that arose during the process. In drawing on similar types of covert research done on criminal behaviours, researchers should avoid returning to the “colonial roots” of ethnography by oversimplifying and taking a judgemental attitude towards those precise differences that distinguish one culture or subpopulation from another. Although many ethnographic studies have been published, few have addressed ethical concerns and none have specifically addressed ethical concerns about ethnographic research at GCPs. Nevertheless the literature describing ethnographic studies and the naturalistic observation of human sexuality, illicit drug use, and other sensitive topics is an excellent starting point. In total, 10 articles were found (Buchanan et al., 2002; Clarke, 1996; Gatter, 1995; Goodwin, Pope, Mort, & Smith, 2003; Madden, Quick, Ross-Degnan, & Kafle, 1997; Mansergh et al., 2001; Mulhall, 2003; Pepler & Craig, 1995; Platzer & James, 1997; Schiller, Crystal, & Lewellen, 1994). In research into criminal or potentially criminal behaviours in this area, the investigator should also review relevant *Criminal Code of Canada* sections and recent Supreme Court of Canada rulings, to gain a legal understanding of the GCP context.

### **Ethical Principles of Marginal Ethnography**

Ethnography raises ethical concerns because it is a methodology involving *human beings* and because of the unequal power distribution between that which sees and that which is seen — the observer and the observed (see Foucault, 1977, on hierarchical observation). Moreover, the associated risks are increased in marginal research because of the political nature of the subject matter and the possible vulnerability of the group under study (Garrett, Baillie, & Garrett, 2001). The following sections address the ethical issues entailed in researchers entering a GCP and the potential social repercussions of studying a subculture that engages in practices that may be deemed immoral, risky, or dangerous by societal standards. In analyzing the associated risks of such a methodology, we apply the Canadian Tri-Council's (1998) eight research ethical principles from a participant-centred perspective. This inclusion of the research participant's perspective follows a feminist approach to ethics, in which principles are more than abstractions; they must make sense within the context of the situation, the experience of the participants, and the unique interests of those involved (Keatings & Smith, 2000). It is an ethical analysis of intellectual understanding and emotional awareness (Garrett et al., 2001). Where possible, the present analysis will be guided by research that includes input from MSM. The principles addressed are human dignity, free and informed consent, respect for vulnerable populations, privacy/confidentiality, justice/inclusiveness, minimizing harm, maximizing benefit, and balancing harm/benefit (Tri-Council, 1998).

#### ***Respect for Human Dignity***

The principle of respect for human dignity assumes that capable and competent individuals are free to determine the course of their lives, and that each individual should be allowed to pursue this path (Keatings & Smith, 2000). It decrees that morally acceptable ends must be achieved through morally acceptable means and that it is unethical to use a human being as an object or as a means to an end (Tri-Council, 1998). The concept of a morally acceptable end prevents researchers from undertaking research for personal reasons or for the sake of knowledge acquisition alone. Research must benefit the group(s) under study, and the benefit must not be obtained using methods that violate other ethical principles. In the case of ethnographic research on GCPs, the object is to understand increasing STI rates. Since this is a morally acceptable end, the question becomes, Are the means to the end justifiable? The answer to this question requires an evaluation of the methodology, and since the subsequent ethical principles are built on the principle of human dignity

(Tri-Council, 1998), they will now be applied to the issue of *marginal ethnography*.

### ***Respect for Free and Informed Consent***

This principle states that individuals are capable of making, and have the right to make, informed choices. Practically, this means that researchers must ensure that informed consent is obtained (Tri-Council, 2002). The measure of free and informed consent has three components: (1) the individual is able to appreciate the consequences of his or her decisions, (2) all relevant information has been given to the individual, and (3) the individual is free from coercion and undue influence.

In addition, since the requirements of consent for observation differ in public versus private spaces (Interagency Advisory Panel on Research Ethics, 2003), it must be determined whether GCPs are public or private (Madden et al., 1997). The *Criminal Code of Canada*, section 197(1), defines a public place as “any place to which the public have access as of right or by invitation, express or implied” (1985). Case law (*R. v. Labaye*, 2005) subsequently redefined public space when two owners of swingers’ clubs were charged with keeping a common bawdy house. The Supreme Court of Canada (2005) modified the definition of public space by ruling that these clubs were private places because, in order to enter, an individual had to undergo an interview, purchase a membership, and be issued a pass-code to a door marked “Privé” (Private). While GCPs do charge an entry fee, there is neither a screening process nor a membership requirement (Bad Boys Club Montreal [BBCM], 2005). Therefore, under Canadian law they are public places. However, this does not guarantee researchers full access, nor does it guarantee that attendees will be willing research participants. Since a GCP is presented as a leisure activity, a researcher interfering in the festivities by observing, questioning, or directly interacting with attendees would constitute a “downer.” However, as part of the entrance requirement attendees must consent to be photographed and documented at the event. The photographs are then used for promotional purposes and made available on Web sites and in magazines such as *Circuit* (BBCM, 2005). Therefore, non-scientific observation at GCPs is quite common.

Nonetheless, even though these parties are public and legal, there is concern that research results will be published (Madden et al., 1997). Therefore all information regarding the final outcomes of a study must also be disclosed, to ensure that consent is completely free and informed. While it could be claimed that the results need not be published, it might also be argued that failure to publish might constitute an ethical violation (Goodwin et al., 2003). The potential benefits from the acquired knowledge would be negated if any new data were kept from the public,

policy-makers, and frontline workers, and consequently not used as a basis for change. However, publication of the results does not negate all ethical concerns about free and informed consent, because, if the results implicate the GCP as a location of drugs, unsafe sex, and transmission of disease, there could be social and political repercussions (Dodds, Keogh, & Hickson, 2005). Knowing this, GCP organizers may be unreceptive to researchers. It is therefore imperative that researchers reveal the purpose of their study to GCP organizers before “entering the field,” thus giving the organizers time to decide prior to data collection. For such consent, however, the three aforementioned rules (regarding capability, information, and absence of duress) must be rigorously applied. Thus, giving decision-making power to the organizers is one way of upholding the Tri-Council principle that research risks and benefits be measured and evaluated from the perspective of the study participants. Such a collaborative and open approach may also serve to establish trust in the research process.

However, full disclosure may be neither necessary nor possible, depending on the design of the study, because researchers must also remain sensitive to the Hawthorne effect — behaviour changes when an individual is aware of being watched (Madden et al., 1997). If the participants in the study are cognizant of the research process, there is decreased probability that they will engage in exactly those behaviours that ethnographic research endeavours to capture (Pepler & Craig, 1995). As a result, the Tri-Council (1998) states that naturalistic observation with low risk for harm may not require full disclosure. Informed consent may be ethically violated if investigators can demonstrate that full disclosure of the research process to the research participants would likely modify results, and if the risks associated with the study are low (Madden et al., 1997).

### ***Respect for Vulnerable Populations***

According to the Tri-Council (1998), a vulnerable population is any group that may have diminished decision-making capacity and is entitled to special protection. Examples of vulnerable populations include minors and individuals with cognitive impairment. However, individuals who are highly impaired due to alcohol or drug intoxication could be considered as such. Therefore, data collection must be undertaken with both this factor and the Hawthorne effect in mind (Madden et al., 1997), because information related to the practices of intoxicated participants could unveil information that is crucial in curbing the increase of GCP-associated STIs (Pepler & Craig, 1995).

Excluding intoxication, GCP attendees should be considered non-vulnerable based on their decision-making capabilities. However, there is

another issue relating to vulnerability. Many MSM report feeling misunderstood and isolated by mainstream society; consequently, they may be more than willing to engage in research that could increase society's appreciation of this minority culture. However, provided that the study is intended to benefit the MSM population, and not merely to gather knowledge, their participation could be justifiable (Clarke, 1996; Platzer & James, 2004). Indeed, the fact that MSM populations are eager to participate in research is no reason to believe they are incapable of rational decision-making. In fact, to deny MSM the opportunity to participate in research is to directly violate the principle of self-determination (which states that individuals are free to make their own decisions), a principle that is regularly invoked to justify research involving indigenous populations in Canada (Canadian Aboriginal AIDS Network [CAAN], 2004).

Another ethical concern is that ethnographic methods have the potential to take non-vulnerable populations and marginalize them, thereby making them vulnerable, since findings about a group can serve to place it outside the norm. Researchers might create rather than discover an at-risk population as a result of data collection, and a group could end up being marginalized due to the differences that will almost invariably be found (Schiller et al., 1994).

### ***Respect for Privacy/Confidentiality***

Respect for human dignity calls for measures to control access to and dissemination of personal information, including the assurance of anonymity (Tri-Council, 1998). The assurance of confidentiality is essential to participant trust in the research process. In *marginal ethnographic* research, issues related to privacy and confidentiality emerge during the on-site data-collection and dissemination phases; however, provided that the required steps are taken, ethical breaches of privacy and confidentiality should not occur as a result of ethnographic research at GCPs.

The most basic on-site invasion of privacy likely to occur is that the researcher will recognize a GCP attendee (Mulhall, 2003). This individual could be a colleague or social acquaintance who has not informed anyone of his sexual/leisure practices; by entering the GCP, the researcher clearly runs the risk of exposing this person. However, the size of these parties (up to 25,000 attendees) will minimize this risk, because such an "outing" could be effected by any number of attendees. On-site confidentiality concerns could also arise because, after a GCP attendee has interacted with a researcher who is studying drug use and risky sexual practices, other attendees, or the police, could identify him as someone who engages in marginal or illicit activities (Clarke, 1996). Because of this concern, it is essential that researchers undertake data collection in a way that ensures anonymity — data collected on-site should be coded



immediately following the interaction, to ensure that police and other authorities cannot obtain any incriminating information from them (Pepler & Craig, 1995). Beyond on-site ethical concerns, privacy and confidentiality issues remain during the dissemination phase. Confidentiality must be ensured, for all forms of dissemination, through the removal of any and all identifiers linking the study with a specific location, to prevent the findings from being used to target a particular community or party venue.

### ***Respect for Justice/Inclusiveness***

The principle of justice and inclusiveness dictates that burdens and gains be distributed such that no one population is unduly affected by the research (Keatings & Smith, 2000). However, in societies that consider free choice a fundamental right, risks and burdens can never be distributed equally (Garrett et al., 2001). Free and informed consent relies on the ability of individuals to appreciate the consequences of their choices, even if they do not invariably choose to avoid harmful consequences. Furthermore, the principle of self-determination dictates that members of minority groups be given the choice of whether to participate in research.

The goal here is to avoid exploiting populations who are unable to protect themselves while simultaneously guaranteeing equal opportunity for all populations to take part in research. While minorities must be protected from exploitation, they should not be underrepresented in research, which will result in insufficient evidence to establish valid differences between a specific minority group and more mainstream groups (Garrett et al., 2001). Scientific neglect of a group because of over-protection will serve to widen the knowledge gap, which will in turn further marginalize the vulnerable population (Tri-Council, 1998). Another negative outcome of excluding minority populations from research is that the design of health interventions will necessarily be based on mainstream assumptions about the minority group. For example, the potential increase in drug use and STI prevalence within the GCP subculture could be interpreted as a failure on the part of our public health-care system to ensure inclusiveness (Clarke, 1996). The GCP phenomenon should be studied in order for us to better understand the environment and subculture and thus to develop culturally sensitive initiatives (Gatter, 1995).

The marginalization of MSM based on sexual orientation makes the justice/inclusiveness principle highly relevant. While it is essential that research with this population not be neglected, it is also essential that MSM not be the only population targeted for behavioural STI-transmission research. The potential identification of GCPs as sites of increased

STI transmission must be balanced by inclusiveness; otherwise it could lead to attempts by researchers, health-care personnel, policy-makers, and community organizations to provide culturally appropriate services for GCP attendees (Gatter, 1995; Mulhall, 2003). To neglect this area of research is to risk a situation whereby health concerns related to MSM who attend GCPs are neither validated nor refuted. In fact, the current reliance on a small body of scientific research combined with information obtained from police reports to justify health interventions could constitute an ethical violation. While police reports are an essential component of our understanding of many phenomena, if they are used as an exclusive source of information (Adler & Adler, 2004) there is a risk of public health interventions being designed using non-scientific data.

### ***Minimizing Harm***

Minimizing harm is based on the principle of non-maleficence (doing no harm), which states that unnecessary risks are unacceptable. This means that research protocols must demonstrate that the objectives of the study cannot be achieved without the use of human subjects. It also means that the study must settle for the smallest sample size and the smallest number of tests possible (Tri-Council, 1998). It is essential that the methodology be thoroughly examined and understood, to avoid over-sampling or over-testing and thus minimize the risk for harm.

The greatest potential for harm in an ethnographic study of GCPs arises from the political concerns that could develop after the results are disseminated. Researchers must be careful in their portrayal of GCPs, because findings that cause negative social reactions could evoke feelings of betrayal in the GCP organizers and attendees who cooperated with the researchers. Unfavourable research results could also cause problems with respect to non-MSM populations. For example, they could intensify the level of complacency among heterosexual people who see themselves as not at risk for STIs because these are “gay diseases” (Valdisseri, 2004). In light of our current knowledge, complacency and the notion of “gay diseases” may seem wildly inappropriate. Yet it must be kept in mind that a mere 20 years ago AIDS was referred to as GRID (Gay Related Immune Deficiency) by the (US) Centers for Disease Control and Health Canada (Johansson & Percy, 1994). The stigmatization of MSM as vectors of infection, and the concomitant heterosexual complacency, may be reinforced by the fact that researchers continue to dedicate resources to the study of MSM and their role in STI transmission. However, to neglect research for these reasons when government reports indicate that MSM populations have the highest rates of STIs would amount to an ethical violation. One method for minimizing the harm that has been used in research involving Canadian indigenous popula-

tions is to take a community-based approach (CAAN, 2004). As long as the study is undertaken in the best interests of the community, this approach follows the same logic as the principles of justice and inclusiveness. Community-based approaches support and validate the need for research with specific populations, because each community is seen as unique.

Another means of minimizing harm is to require investigators, from the outset, to accept responsibility for all aspects of their work while remaining sensitive to their personal influence on their findings (Goodwin et al., 2003; Hammersley & Atkinson, 2004). According to Bourdieu (2001), personal influence can be addressed through reflexivity — a process by which researchers scrutinize and evaluate their own behaviours, beliefs, and reactions in the same way that they analyze their data. This principle debunks the myth of researchers as objective, passive observers by forcing them to acknowledge that any and all results are affected by their presence, and by highlighting the fact that turning one's gaze towards a phenomenon irrevocably alters its existence and structure (Foucault, 1990).

### **Maximizing Benefits**

Beneficence (doing good) requires that, in addition to increasing knowledge and producing societal benefits (usually the principal focus), the research must directly and positively affect the individual participants (Tri-Council, 1998). For example, GCP research could result in the prevention of HIV transmission (as well as the transmission of other STIs). This research could also give voice to a marginalized population, from which public health initiatives that provide culturally sensitive and tailored services could be designed (Denzin & Lincoln, 2003a). Exploratory methodologies and ethnography could also be employed to acquaint mainstream cultures with the lifestyles of those who have been marginalized. MSM have traditionally been appreciative of and cooperative with respect to this aspect of qualitative research (Platzer & James, 1997). Since such methods promote contextual sensitivity, the collected data could be used to develop harm-reduction strategies for use within the GCP culture. Most of the current *in situ* HIV awareness campaigns are ineffective; however, these interventions could be modified as a result of data collected during GCP research.

### **Balancing Harms/Benefits**

The final principle, balancing harms and benefits, calls for researchers to demonstrate that foreseeable harms do not outweigh intended benefits. As indicated by the World Health Organization ([WHO], 2002), the way to achieve maximal benefits is to include population health approaches

in the current health-care paradigm. Continued improvements in health care alone are insufficient; public health measures must also be employed (WHO, 2002). In adopting population health approaches (such as infectious disease control) the harms/benefits balance is central, because the entire notion of population health is based on it. This is a utilitarian application of ethics in which the benefit to the greatest number is the central measure of doing good, and means that an action that temporarily or partially wrongs one group or individual is justifiable provided that it has the potential to produce greater good for the whole of society (Shah, 2003) — that is, improving the health of the whole sometimes requires that the rights of the individual be sacrificed; for example, while researchers may risk evoking feelings of betrayal on the part of GCP organizers and attendees if unfavourable results are published, this ethical breach must be measured against the benefits that will accrue to society in light of the negative findings (Pepler & Craig, 1995). The danger is that the rights of minorities could be neglected more easily and frequently than the rights of other groups (Tschudin, 2003).

Applying a balance of harms and benefits to the present project, the main advantage, based on ethnographic research of GCPs, might be improved public health measures with regard to infectious diseases. Due to the long-term sequelae of drug use and STI acquisition, a decrease in incidence rates would reap the societal benefits of a decreased burden on the health-care system and a decrease in social issues associated with infectious diseases and addiction. A decrease in STI rates would also benefit the individual; for GCP attendees, this might translate as a reduction in social stigma, physical ailments, and deaths. Non-attendees could also benefit; it should be noted that part of the impetus for any research proposal involving MSM who attend GCPs is their self-definition as gay, homosexual, queer, bisexual, and heterosexual (Tong & Boyer, 2002). As a direct result of these wide-ranging, self-defined sexual orientations, analysis of the physiological sequelae of STIs in the context of GCPs must be conducted in conjunction with and be inclusive of all populations with whom these individuals may have sexual contact.

According to Garrett et al. (2001), the principles of beneficence and non-maleficence are too general to be useful. In view of the space and time limitations imposed on any researcher, doing all good must be seen as an impossible task. Therefore, doing good should go hand in hand with doing the least amount of harm possible, and any potential participants should be fully informed of this balance. Since most research involves cutting-edge topics, the true harms and benefits cannot be known in advance, hence the need for a thorough ethical analysis of the objectives, methods, and sample selection (Tri-Council, 1998). Application of the principle of non-maleficence justifies the researcher's entry into the GCP

for the purposes of health promotion and the provision of a voice to a marginalized population, because “unless someone will walk the ethical tightrope, the only source of information will be the police department, and that’s dangerous for society” (Adler & Adler, 2004, p. 101). The ethical tightrope is something that must be walked, to gain a more thorough understanding of the health beliefs and practices of GCP attendees.

### Conclusion

Despite numerous public health efforts, STI rates continue to rise (Visser, 2005). Further, it has been acknowledged that when health officials undertake safer sex initiatives within GCPs, attendees rarely follow the suggested interventions (Mansergh et al., 2001). Since current research is mainly epidemiological and overlooks desire, and thus may fail to respect client choices, we recommend the use of ethnographic methods of direct observation. However, due to the sensitive nature of human sexuality and drug use, ethical concerns must be analyzed in order to minimize the possibility of harm. Such ethical concerns include an attendee being recognized by the researchers, attendees being targeted by the police as individuals who engage in marginal/illegal practices, and observational data being used to incriminate attendees. Additionally, concerns about informed consent and anxiety surrounding the dissemination of results will have to be explored. Meanwhile, these concerns should be balanced against the need for public health surveillance and control and the potential health benefits for the target group.

As for the final outcome of this ethics review, it seems evident that while *marginal ethnography* may raise ethical concerns, these are minor in nature and pale beside the potential benefits of improved public health and the promise that such knowledge will lead to greater understanding and greater sensitivity to the needs of a group situated outside the boundaries of mainstream society. However, this may not always be the case. Even though the outcome(s) of research with a marginal or sensitive population may be projected, perceived, or established as beneficial to both society and the group under study, it is essential that investigators thoroughly analyze, on a case-by-case basis, the ethical consequences of undertaking such research. Using previous research standards is a customary starting point, but investigators must proceed with caution to ensure that they do not adopt colonial attitudes that disregard the unique attributes of the culture under study and that may lead to its marginalization, or assume that research guidelines for one group are readily applicable to another. All researchers, but especially those dealing with sensitive topics such as MSM or GCPs, should be encouraged to analyze the ethics of

their research just as rigorously as they analyze the development of their methodological design and the background for the study.

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### **Authors' Note**

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