

ARTICLES

Ethics in Violence Against Women Research: The Sensitive, the Dangerous, and the Overlooked

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Traditional disciplinary guidelines are inadequate to address some of the ethical dilemmas that emerge when conducting research on violence against women and girls. This article is organized according to the ethical principles of respect for persons, privacy and confidentiality, justice, beneficence, and nonmaleficence. In the article, I describe dilemmas involved in cross-cultural research, research on children, informed consent, voluntariness, coercion, deception, safety, mandated reporting, and dissemination. In the article, I include examples from qualitative and quantitative studies in many nations. I also offer suggestions for researchers and institutional review boards.

Keywords: ethics, violence against women, research, cross-cultural, confidentiality

As the problem of violence against women (VAW) has attained growing public awareness in recent years, intervention professionals have been turning to researchers for help in understanding this all too common phenomenon. Funding agencies and policymakers are also turning to researchers for empirical support for interventions that will help prevent VAW and ameliorate its effects. Unfortunately, researchers are finding that the ethical principles governing research in their respective fields (e.g., public health, criminal justice, psychology, social work) do

not always supply them with adequate guidance to make informed ethical decisions in their work on VAW. Here, I discuss the ethical issues in VAW research that have been identified in the literature to date and others that have emerged through reading related literatures, thinking about my own research experiences, and discussing the topic with other researchers.

The literature on ethical issues in VAW research may be sorted into the following categories: general discussions (e.g., J. C. Campbell & Dienemann, 2001; Ellseberg & Heise, 2002), discussions of specific issues such as safety (e.g., Parker & Ulrich, 1990; Sullivan & Cain, 2004) and cross-cultural research (e.g., Fontes, 1997, 1998), reports on empirical studies in which ethical issues are either mentioned in passing (e.g., Richie, 1996) or featured centrally (e.g., Monahan, Appelbaum, Mulvey, Robbins, & Lidz, 1993), and a very small number of empirical studies addressing retraumatization during the research process (e.g., Walker, Newman, Koss, & Bernstein, 1997). Related relevant literatures have included discussions of general research ethics (e.g., Loue, 1999b), feminist research ethics (e.g., Lorde, 1993; Thompson, 1992), research on “sensitive topics” (e.g., Renzetti & Lee, 1993), research on other vulnerable populations such as children (Koocher & Keith-Spiegel, 1990; Runyan, 2000), and discussions of the health implications of talking or writing about sensitive or traumatic events (e.g., Pennebaker, 1993). I consider each of these types of writings and I highlight their major contributions.

SENSITIVE TOPICS RESEARCH

VAW research fits clearly within the realm of sensitive topics research, defined by Lee and Renzetti (1990) as a topic that may pose a substantial threat to those involved in the research and that therefore makes the collection, holding, and/or dissemination of research data problematic (p. 512). Lee and Renzetti (1990) further described the “potential threat” as including “psychic costs, such as guilt, shame, or embarrassment” as well as “unwelcome consequences” (p. 511). Finally, Lee and Renzetti (1990) described four criteria that they believe make some studies on sensitive topics more threatening than others:

- (a) Where research intrudes into the private sphere or delves into some deeply personal experience; (b) where the study is concerned with deviance and social control; (c) where it impinges on the vested interests of powerful persons or the exercise of coercion and domination; and (d) where it deals with things sacred to those being studied which they do not wish profaned. (p. 512)

Research on VAW easily meets the first three criteria, and much research on VAW also meets the fourth if one considers as “sacred” concepts such as family relations, love, sexual integrity, and power.

Research into VAW differs from other sensitive topics along a number of important dimensions as well. Unlike participants in a study on the sensitive topic of bereavement, for instance, women who agree to speak about their victimization are speaking out in a societal context of disbelief, fear, and shame. They are speaking out after hearing women who have suffered experiences similar to theirs denigrated in a variety of ways as having “asked for it” or “brought it on themselves” in the case of rape (Benedict, 1993), having “made it all up” in child sexual abuse (Ney, 1995) and sexual harassment (Stanko, 1985), having “failed to leave” in the case of wife battering, and so on. They have heard that women who have been sexually assaulted are apt to be “raped again” by the criminal justice or legal system (Buchwald, Fletcher, & Roth, 1993; Pierce-Baker, 1998), and they may have heard about or possibly suffered from a variety of humiliating experiences related to their victimization such as job loss; rejection by loved ones; traumatic symptoms; uncomfortable medical, forensic, or psychological examinations; and lasting physical disfigurement or disabilities (Richie, 1996).

Although one cannot establish a hierarchy of sensitivity in research (research into AIDS, prostitution, and homosexuality come to mind as topics that are also highly sensitive), it is important for researchers to remain mindful of the degree of sensitivity of research on VAW. The sensitivity of the research “sharpens ethical dilemmas [and] tends to reveal the limits of existing ethical theories” (Lee & Renzetti, 1990, p. 522).

ETHICAL PRINCIPLES

With human participants, ethical concerns focus on respect for persons, justice and fairness, beneficence, and nonmaleficence (Council for International Organizations of Medical Sciences [CIOMS], 2002; Loue, 1999b). I use these ethical concerns as organizing principles to ask “How is violence against women research a special case in each of these areas?” In each section, I comment on the special issues that emerge when the research is conducted with culturally diverse participants and offer suggestions for conducting research in the most ethical way possible.

Ethical principles have their limitations. In an article on ethical principles in research on children and adolescents, King and Churchill (2000) pointed out that ethical “principles can be used appropriately or clumsily, and good decisions depend a great deal on character and appreciation of context as well as on principled reasoning” (p. 710). Similarly, Fontes (1998) suggested that ethical principles

Do not adequately address the moral issues that arise in conducting inquiry into many sensitive areas, including cross-cultural and family violence research. Even with the best of guidelines and human subjects review boards and consultants, researchers ul-

timately face ethical issues alone with their consciences. Many ethical decisions will be based on the amount of overnight tossing-and-turning that a researcher can tolerate. (p. 53)

The alternative to a discussion of principles, however, appears to be discussions based solely on cases or on moral questions of virtue and character such as “Who should I be?” as a researcher rather than “What should I do?” (King & Churchill, 2000). Discussion of principles brings order and coherence to discussions of ethical decision making, and therefore, this article is organized around basic ethical research principles.

I note that a number of these basic ethical principles, including respect for (individual) persons and beneficence, focus on the individual (as opposed to the collective) and on individual rights. This Western bias toward individualism shapes most discussions of research ethics (Lipson, 1994). Where possible, I point out the limitations of this biased perspective and alternative, more collective ways of viewing research ethics.

RESPECT FOR PERSONS

Attention to the ethical concept of respect for persons emerges as particularly crucial in VAW research because by its nature, the problem studied includes a physical boundary violation and often also the violation of an intimate relationship—a violation of trust. It is important not to replicate this violation of trust in the research process.

What one sees as the most respectful stance to take in VAW research depends on whether one sees the victims as resilient and able to manage anxiety-provoking inquiries or as vulnerable, fragile, and in need of special protections as a vulnerable population (such as children or people with a mental impairment). Following, I consider some of the issues involved in the respect for persons mandate in VAW research. They are divided into the areas of informed consent and voluntariness, confidentiality, and privacy.

Informed Consent and Voluntariness

In a ruling on radiation experiments on institutionalized children in the 1960s, one judge wrote, “The subject of experimentation who has not volunteered is merely an object” (cited in Loue, 1999a, p. 25). Ethical guidelines insist on elaborate procedures for procuring informed consent and assuring the voluntariness of the participation so participants will not become mere “objects” of study. In VAW research, however, this guideline is not necessarily as straightforward as it might first appear.

Participants in VAW research may experience a lack of clarity about the nature of the process to which they are consenting. The potential for harm varies and is changeable depending on the individual's coping mechanisms and circumstances, which can change rapidly and vary widely. Interviewing a victim of severe marital violence in her home one night might be perfectly safe, for instance, whereas the next night it could be potentially fatal to the interviewer and the interviewed. The consequences of a given research procedure might also be dire but not immediate, for instance, when information reported one day could potentially result in tangles with the legal or child protective systems far down the road or when a woman's distress resulting from research could reduce her ability to cope with future challenges. These factors set VAW research apart from many other kinds of research. For example, when a participant's blood pressure is measured in a study on stress, researchers have a rather clear idea of the possible consequences and their timing. Further discussion of the kinds of harm that might befall participants in VAW research is included in the section on nonmaleficence following.

In large scale, population-based research, questions on VAW are often hidden among dozens if not hundreds of other health-related or crime-related questions. When a person agrees to participate in such a study, he or she may not anticipate the sensitive nature of the questions contained within. This problem can be avoided by introducing the section of questions on violence with a simple statement such as, "Now I would like to ask you some questions on violence. Would you like to continue?"

Qualitative studies often evolve and change over time, making it hard for investigators to predict in advance the kinds of questions they may ask and therefore their potential effects on participants. To resolve this problem, Munhall (1988) recommended using "process consent," wherein participants and researchers together develop the consent form, which they can review and modify at specific times during the research as necessary. This might create a problem when the researcher seeks clearance from the institutional review board (IRB), however, which typically requires researchers to provide in advance a copy of the questions that they will be posing to participants and the consent form.

What is the effect of prior trauma on potential participants' ability to understand the risks and benefits of participating in research? Phrased another way, can women in (or recently emerging from) chronically abusive and traumatizing relationships give informed consent, or is their judgement impaired? The everyday existence of girls and women in chronically violent homes or relationships includes threatening circumstances, bodily fear and injury, tremendous unmet needs, and often dissociation. In the absence of research on this topic, I suggest that most women and girls in these circumstances can give informed consent, whereas some may suffer from severe disorientation or mental impairment and cannot. Researchers need to differentiate between those who can and those who cannot and also build in enough clear decision points to maximize each woman's ability to give and withdraw her consent.

It is possible but not proven that trauma survivors differ substantially from others in terms of research vulnerability and benefits. Perhaps consent forms should include sections dedicated specially to those participants who may be suffering from trauma. More research is needed in this area (Newman, Kaloupe, Keane, & Folstein, 1997).

Deception and Covert Research

In recent years, social science organizations have discouraged covert observation. However, some forms of research on VAW occur in public settings, such as playgrounds or bars, where researchers typically do not make their presence known or request consent to participate. Ethnographers may go through the usual procedures of gaining the consent of informants who are going to be observed and interviewed intensively. However, as the anthropologist accompanies the primary informants to the supermarket, to work, and to social events, he or she is unlikely to announce, "Attention! You are all being observed as part of a research study!" (Lipson, 1994, p. 346). J. C. Campbell and Dienemann (2001) suggested that when researchers assure the anonymity and confidentiality of the people observed by not asking for their names or revealing the location of the study, such occulted research may be excused. J. C. Campbell and Dienemann pointed out that such research becomes more problematic when it involves illegal or stigmatized activity such as prostitution, drug abuse, or assault on women by people in positions of power such as prison guards.

Research on VAW has occurred without participants' consent in other contexts, too. For instance, in an essay that teases apart complex ethical and moral issues, Fine (1992) described deciding to write about a victim of rape with whom she had worked as a volunteer rape crisis counselor. Although Fine originally did not approach the situation as a researcher—indeed, she was a volunteer counselor—she decided to write about the encounter with the victim and included it in a volume on research because it was so rich in information about the cultural assumptions of the White researcher/do-gooder and about the victim, who was a low-income African American woman. Fine wrote about struggling with the moral complexity of this decision. Although ultimately Fine did write about the encounter (of course disguising identifying information), it should be noted that the victim never consented to be a participant in an academic study.

In studies in which multiple members of the same family have been interviewed, individuals have less opportunity to exercise informed consent (Lipson, 1994). That is, an individual can control the information that he or she reveals but not the information that others in the family may reveal about him or her. I address additional concerns about interviewing multiple members of the same family following.

When researchers study people who commit VAW (e.g., batterers, rapists), they routinely inquire about the incidents in which women were harmed. Although one might applaud the intentions of the research, one could also argue that the women are being violated a second time. They were wronged first by the assaults and then again by being discussed in a research context without their consent.

Coercion

A great deal of clinical and advocacy work with women who are victims of violence consists of empowerment or giving women the opportunity to make informed decisions about their beliefs, attitudes, behaviors, and life in general (Sanderson, 1995). Although researchers may sympathize with this aim, they have a competing goal of trying to maximize participation. This conflict of interest can contribute to coercion in VAW research.

Researchers' authority can make it difficult or impossible for potential participants to refuse consent. Researchers usually study down the power hierarchy—studying those who are poorer, less educated, more discriminated against, less healthy, and in a variety of ways less socially powerful than themselves (Koocher & Keith-Spiegel, 1998). Researchers also have the power of their words and knowledge systems. Researchers have the backing of their institutions, their degrees, their finances, and their social status. It can be hard for a person with less power on any of these counts to say “no.”

Coerced participation may be especially likely in situations in which women are dependent on others (J. C. Campbell & Dienemann, 2001). For instance, women in shelters, prisons, or substance abuse centers may believe they will obtain special benefits for participating, or women involved in a medical visit may believe the quality of their health care or their relationship with the provider will depend on their participation. Women may feel especially vulnerable to requests for participation from men in positions of authority such as police, physicians, psychotherapists, and scientists (M. R. Peterson, 1992). Women may also feel coerced into participating by fellow shelter residents, friends, therapists, and others who feel the research will “do them good” (J. C. Campbell & Dienemann, 2001) or those who would put the needs of the field ahead of the needs of individuals.

Recommendations regarding consent and voluntariness.

- In their attitudes and demeanor, researchers need to make sure they are not overly influencing participants with their authority or even their heartfelt conviction that the study is worthwhile, that it won't hurt the participants, and that professionals know best.
- To assure autonomous choice, researchers can consider providing funding to a separate body (such as a shelter or crisis center) to employ an independent advo-

cate to interview women who have consented before they participate—to make sure they understand the consent process and their withdrawal options.

- Before participants begin responding to questions, researchers can help them devise a step-by-step strategy for how they should proceed as a variety of possible scenarios develop. For instance, in their study on substance use in survivors of sexual abuse, D. Miller and J. Featherman (personal communication, March 2001) carefully elaborated with each interviewee a detailed plan with a number of contingencies and possible responses akin to the safety plans that clinicians often develop with women in violent relationships. Questions they may ask before an interview include “If you begin crying, how do you want me to respond?”; “If you feel like you don’t want to answer a question, how will you let me know?”; and “What will you do if tomorrow you decide that you wish you had not participated?”

- Researchers should also give participants a number of clear decision points during the course of an interview or survey when they can decide whether or not to go on. For instance, a researcher could say, “The next few questions concern the most recent violent incident. Do you want to continue?” Stressing the voluntary nature of the participation throughout a study may ultimately be more important than the informed consent forms provided at the beginning (Ford & Reutter, 1990), although ironically, IRBs are much more apt to scrutinize the written informed consent forms. Explicitly including decision points for continuing or ending participation or refusing certain questions or topics may make it less likely that women will be seduced into participating beyond their comfort zone because of factors including the demand characteristics of the situation, an empathic connection with the researcher, or a possible altered state of awareness in the participant due to reawakening prior trauma.

Compensation and Incentives

Researchers frequently provide participants with material (also called “tangible”) compensation in exchange for their participation. This may take the form of money; small gifts such as pens, children’s books, or lottery tickets; or services such as a free health assessment or access to a desirable support or therapy group. The compensation may be considered either an incentive to participate or an award in acknowledgment of the participants’ time, knowledge, and effort. There has been little agreement in the field about the use of compensation (J. C. Campbell & Dienemann, 2001; Sullivan & Cain, 2004; Wineman & Durand, 1992). Two teams of researchers whom I know in one Brazilian city have drawn opposite conclusions—one team deciding that it is a form of coercion to offer indigent participants meal tickets for their participation and the other team deciding that it is exploitative not to do so (Fontes, 1997).

Wineman & Durand (1992) suggested that to improve response rates and minimize attrition in studies, researchers should use a combination of tangible incen-

tives (e.g., money) and intangible incentives (e.g., expressed appreciation for participation). I agree with this perspective. Compensation demonstrates to participants that researchers value their viewpoints and recognize their contributions. Researchers must make it clear to participants that they will receive compensation regardless of the content of their answers and even if they drop out early or decline to answer certain questions. Expressed appreciation to participants can help them feel more positively about the relationship with the researcher and less exploited.

I also advocate for an additional form of intangible benefit: providing immediate direct benefit to participants through helping improve their understanding of the conditions of their lives (this is called *catalytic validity*, discussed later, in the section on beneficence).

Soliciting Participation and Accurate Reporting

Researchers are increasingly including questions on VAW in large-scale, population-based studies on other more general topics. Sometimes these surveys include several questions on VAW among dozens or hundreds of other health-related questions, and at other times, a greater number of questions on VAW are included after “gateway” questions such as “Have you ever been beaten by anyone since you were 15/married? By whom?” (Ellsberg, Heise, Peña, Agurto, & Winkvist, 2001, p. 3). Large-scale studies have the advantages of permitting in-depth comparisons of groups by age, ethnicity, and other factors and of illustrating the connections between risk factors and the health consequences of VAW (Ellsberg et al., 2001). Large-scale studies are often supported by international or federal agencies, and therefore, the findings carry the weight of “official statistics.” These population-based studies enable researchers to obtain a snapshot of VAW in a general, nonclinical population.

Large-scale studies with a few embedded VAW questions present drawbacks in terms of both ethics and accuracy. Ethically, these large-scale studies rarely include special procedures to ensure participants’ safety or comfort. For instance, Ellsberg & Heise (2002) reported that researchers in Chiapas, Mexico were surprised to learn that three women had been beaten by their partners for participating in a health survey that included questions on violence. Additionally, these studies designed for more general purposes typically yield lower estimates of levels of VAW than focused studies designed specifically for this purpose (Ellsberg et al., 2001). The focused studies use a variety of methods for enhancing disclosure, including asking behaviorally based, descriptive questions rather than more general, abstract questions such as “Have you ever been abused?” In addition, focused studies often give women several opportunities to disclose their experiences, whereas if women respond negatively to the gateway questions on the large-scale studies, the issue is rarely probed further. Moderate violence is more likely than severe violence to be misclassified using the more general questions (Ellsberg et al., 2001).

These differences in reporting can be enormous. Ellsberg et al. (2001) noted that two in-depth, focused surveys on VAW in Nicaragua found a 70% and 52% lifetime prevalence of physical partner violence respectively, whereas a demographic health survey found only a 28% level. So although the larger, population-based studies may appear to have had advantages in terms of statistical precision, they have tended to underestimate levels of violence and have therefore been less accurate than focused studies.

Achieving an adequate sample can be a challenge in VAW research because the topic is sensitive, and both victims and perpetrators are stigmatized. To reach this population, researchers frequently turn to shelters and mental health clinics, asking administrators, advocates, mental health professionals, and others to help them gain participation. However, the scientists who are attempting to understand the issues and the advocates “whose primary concern is protecting and enhancing the well-being of victims” (Jacobson, 1994, p. 81) often feel as if they are working at cross-purposes. Clinic and shelter directors have reported receiving frequent requests from researchers and students to study their clients (Edleson & Bible, 2001). Shelter staff may resent researchers’ presumptions that they have a right to study their clients and that advocates have an obligation to provide them with participants. One women’s crisis clinic director (S. Freechild, personal communication, April 2001) told me she will post notices about research in the clinic waiting room, but will not hand clients information about studies nor allow research to be conducted on the premises; she believes that any more active involvement in research would constitute a boundary violation and might “contaminate the relationship” between the client and her counselor or the clinic itself. Edleson and Bible (2001) recommended true collaborations between researchers and women’s advocates to improve the usefulness and validity of the research.

Typically, VAW researchers gain their participants through newspaper advertisements, word of mouth, and notices posted in places where women gather such as laundromats and child care centers. Also, researchers often solicit participation and statistical information from shelter and police sources; this practice has been criticized for “reinforcing classist and racist presuppositions about battered women and their partners” (Greaves et al., 1995, p. 302).

Consent and Voluntariness in Cross-Cultural VAW Research

Cross-cultural research can complicate questions of consent and voluntariness. I (Fontes, 1997) defined *cross-cultural research* as “investigations in which the researcher is studying members of a group to which he or she does not belong (investigator-different research) and investigations in which two or more groups are compared (comparative cross-cultural research)” (p. 297).

If the people who are being studied are unfamiliar with the culture of science, they may have difficulty understanding the consent process, the research itself, and the implications of their participation. Fontes, Cruz, and Tabachnik (2001) noticed that recent Latina immigrants seemed unusually tense throughout a focus group on child sexual abuse and hypothesized that this may have stemmed in part from their lack of familiarity with research in general and with the technical aspects of the research such as the video camera and microphones used for recording the event. Lipson (1994) described Afghan refugees in California demonstrating a “well-founded paranoia when asked to participate in research or, indeed, have any contact with ‘public agencies’ or even a university faculty member” (p. 334). This lack of familiarity with research and researchers might lead people to consent to participate because they hesitate to refuse an authority figure but remain guarded in their responses, perhaps limiting the data’s validity.

Cultural issues can also complicate the consent process. In some cultures, it is harder for people in general or specific groups of people (such as women or children) to refuse authorities and thereby withhold consent. Additionally, members of many immigrant communities have lower incomes and therefore may have few choices about where to go for health care or social services, therefore making them unlikely to refuse consent in these settings. Additionally, they may have low levels of formal education or English comprehension, making it more difficult for them to understand the distinctions between the service providers and the researchers and their right to refuse to participate.

Informed consent may be harder to achieve or judge when consent forms have been translated into a language other than English, but most often the IRBs review the English language consent form only. Errors of translation or concepts that are hard to translate may make the forms and the process less effective. Additionally, although participants may be or at least may appear to be capable of participating in an interview in English, limited English reading skills may diminish their ability to understand the consent form (B. T. Peterson, Clancy, Champion, & McLarty, 1992).

In many cultures, information is considered as owned collectively rather than by an individual. Lipson (1994) described her attempt to conduct a cross-cultural ethnographic interview with a 16-year-old Afghan girl who had said she was 18 and who spoke better English than she understood:

I had explained that we would take a walk and that we could have a conversation about her experiences in the United States and her health, and she agreed. However, once I began asking questions, she answered the majority with, “You have to ask my father about that.” I not only overestimated her language capabilities and status as an adult but also learned that only her father could consent to her being interviewed, no matter how informally. I subsequently learned that, to interview any woman or child (a category that includes unmarried adults), the father’s consent is necessary. (pp. 344–345)

Written consent forms may have a different meaning to people from various cultural groups. Among some Middle Easterners, for instance, being asked to sign a written contract after having given verbal approval is considered an insult and demonstrates a lack of trust in the person's word (Lipson & Meleis, 1989). Additionally, Middle Eastern participants may hesitate to read or listen to information about informed consent because they may fear it demonstrates a rude lack of trust in the researcher.

Autonomy and Research on Children

A person must be morally autonomous and legally competent to give informed consent to participate in research. Therefore, people under the age of 18 are generally not legally competent to give consent, and researchers must seek proxy consent from the children's parents or legal guardians (King & Churchill, 2000). Parents are presumed to act in the best interests of their children, to take into account their children's needs and preferences, and to have interests closely aligned with those of their children. However, this is not necessarily the case. Potential for conflict or at least distance between the parent and child's interests may be greater in child abuse research (which includes research into violence against female children and children who witness violence against adult women) than in other forms of research. An abused child is a child who has been made vulnerable and victimized in the past in some way. It is not hard to imagine a battered mother consenting to her child's participation in research in the hope that this will somehow buttress her custody case against her batterer while insufficiently attending to the possible impact of the research on the child. Similarly, it is not hard to imagine a sadistic parent consenting to a child's participation in research and first coaching and threatening the child about what to say. For these reasons, perhaps, federal regulations for research with children allow IRBs to waive the requirement of parental consent under certain circumstances when parental consent is not a reasonable requirement and when special safeguards are in place to protect the child participant's rights and interests. Examples include cases in which parents are unavailable or when the request for permission might put the child at risk of harm. Neglected and abused children are the only specifically mentioned example of a participant population for which parental or guardianship permission may not be a reasonable requirement (King & Churchill, 2000).

King and Churchill (2000) suggested that some children may be sufficiently mature to be capable of consenting to participate in some research. In other situations, special guardians may be appointed to grant or withhold consent.

Even when parents have given their consent for children to participate in research, federal guidelines require that researchers also request children's assent to participate when appropriate (Additional Protections for Children Involved as Subjects in Research, 2001). Gaining informed assent from children presents spe-

cial challenges, many of which fall beyond the scope of this article (see King & Churchill, 2000). I mention just a few: Children's lesser cognitive development and life experience may make them less able to understand the process they are consenting to or the harms and benefits that might ensue; children's lack of power relative to adult researchers may make them unlikely to decline participation even when they would rather not participate; children may participate at their parents' urging or insistence even against their will; children who have been victimized or who have witnessed others' victimization may be particularly likely to succumb to adults' requests, compromising their autonomy; and children's dependence on others may make noncompliance difficult. I discuss issues related to reporting suspected child maltreatment in the section on confidentiality following.

CONFIDENTIALITY AND PRIVACY

Concerns about confidentiality emerge from the basic principal of respect for persons, including people's right to control their information and protect their privacy. In VAW research, the usual concerns related to confidentiality and privacy apply; and these are augmented by a variety of concerns related to physical threat and danger and the conflicts between a woman's right to confidentiality and mandated reporting of child abuse and neglect.

Confidentiality and Safety

Women who have been victimized have reason to fear further victimization (Grauerholz, 2000), and participating in research may put them at risk if their anonymity were to be violated. For instance, participants may fear that attorneys could subpoena their statements or responses. Richie (1996), who conducted research on jailed battered women, told of a prosecutor threatening to subpoena her field notes from an interview with an inmate to use in a case against the inmate. One researcher, who wished to remain anonymous, described the double bind that her participants were facing: To qualify for her study, which included a highly desirable support group, the women had to be active or recent substance abusers. However, if this information became known to the shelter where the women lived, they could face eviction and homelessness.

The simple process of granting informed consent may put participants' anonymity at risk or at least inspire this fear in many women. For instance, they might fear that their names could be revealed to third parties who work with the data in some adjunctive capacity (transcribing audiotapes, data entry or analysis, writing checks). The simple collection of names on consent forms may make many women fear that their identity could become known. This issue is particularly crucial in VAW research because of the degree of fear in which some victimized (and for-

merly victimized) women live. Some women go underground, moving to new communities and taking on new identities to escape their assailants. Other women who have continued contact with their victimizers may fear reprisal if their participation in the study becomes known.

Ellsberg et al. (2001) described their difficulties in studying domestic violence in Nicaragua where children, husbands, and husband's sisters and mothers would frequently try to observe the interview or "peek in the doorway to see what [they] were talking about" (p. 10). Ellsberg et al. reported that a number of the husbands appeared suspicious and hostile, and some of the interviewers worried about the women's well-being after they left. Whenever possible, Ellsberg et al. would slip a brochure about support for battered women to the interviewee, asking first if she could safely receive such a publication.

Often a woman in a battering relationship is monitored as to where she goes and who enters the home. The batterer himself may monitor her movements, or he may enlist neighbors and relatives in the monitoring. A simple visit by a researcher could place a woman at risk.

Certain groups of women might especially fear placing their names on consent forms, including women who are underground and do not want to be found by the people who assaulted them, women who might be denied insurance should their status as battered women become known, undocumented aliens, women who feel stigmatized because of their victim status, women who have engaged in stigmatized activities such as prostitution and drug use, and women who contracted HIV or lost their virginity in an assault.

Recommendations regarding confidentiality and safety.

- Researchers need to establish policies and procedures to assure that women's names cannot become known and perhaps also to handle problems of perceived confidentiality breaches. For instance, in some studies, perhaps participants can read a consent form or listen as a consent form is read to them and then give their consent verbally instead of writing their names. In other cases, perhaps the participants might be allowed to use aliases.

- To minimize the risk of exposure and assure safety, researchers should develop a variety of interview sites. Ellsberg & Heise (2002) described interviewing women in the middle of agricultural fields or in the river as they washed clothes. In some cases, safe places may not be easily attained, and studies should be cancelled or certain women at extreme risk should be excluded where the risk of harm is too great. A researcher from India decided not to conduct a study on women who were victims of dowry burnings because she could not think of a way to do this without further endangering these vulnerable women (S. Pais, personal communication, March 1995; also cited in Fontes, 1998).

- Interviewers should be trained to terminate or change the subject of discussion if the interview is interrupted by anyone. Researchers can have a questionnaire on a less sensitive topic in women's health (e.g., menstruation or eating habits) to "switch to" if they are interrupted. Researchers should forewarn respondents that they will switch to this other topic if the interview is interrupted.
- Researchers need to exercise caution about the message they leave on their answering machines. If a woman lives with her abuser and they have "Caller I.D." (allowing him to know the phone numbers of people who have called), the message he hears if he calls back should be a neutral one (e.g., "women's health study") rather than one that reveals the content of the study.
- If a woman is to be paid by check for participating in the research, a protocol should be developed to protect her anonymity. This is particularly problematic if a social security number is required for issuing the check or if the check is to be mailed to a participant's home. Cash payments or gifts are often preferable because they are harder to trace.
- Researchers must assure that there is no way a batterer or stalker can track down his victim—or even know that she has participated—through the study's dissemination. This may require disguising more details than usual—the victim's age, the number of children, and so on—details that do not compromise the veracity of the story.
- Disguising revealing details is of particular concern in studies with small samples or in which participants could have a high profile in a particular community (Ford & Reutter, 1990). Even slight demographic cues or personal descriptions may reveal the identities of participants to those who know them. In small-sample research in which participants are recruited through intermediaries, the intermediaries (e.g., therapists, shelter personnel, police officers, or physicians) may be privy to information that allows them to match data with the person they know.

Mandated Reporting

Depending on their state statutes and their professional role, researchers may be obligated to report to authorities a variety of potentially dangerous situations that they encounter during the course of a study. These might include suspected child abuse and neglect, elderly or disabled people who are at risk, and people who are a danger to themselves or others. Even in states where a researcher is not legally required to report all these kinds of harm and potential harm, the researcher still faces the ethical questions involved in balancing the requirements of protecting confidentiality with the moral imperative to help those who are in danger.

These concerns loom larger in VAW research than other forms of research because of the high risk involved. Battered women and women who have been assaulted sexually are at increased risk of committing suicide (Gelinas, 1983; Stark & Flitcraft, 1996). Battered women are at increased risk of killing their intimate

partners and being killed by them. Their children are at increased risk of abuse by the batterer and by the women themselves (Stark & Flitcraft, 1996). Researchers wonder how to inform participants of their duty to report, when relevant, but not completely undermine trust and their ability to obtain accurate information.

Some researchers skirt around reporting obligations by using a variety of techniques that make the research anonymous in regard to participant identity, thus making it impossible to report. These techniques include using computer-generated random dialing for interviews and random response techniques. Additionally, the large variation among states about researchers' reporting obligations, depending on their professional status, create loopholes for avoiding reporting. For example, in some states, specific categories of professionals—such as psychologists and psychiatrists—are specifically excluded from reporting obligations. In some states, students are not mandated reporters, so researchers have students conduct interviews rather than mandated reporters. However, these technical ways to evade reporting severely limit options in research design and do not relieve ethical researchers of the feeling that they have a moral obligation to intervene (D. Taube, personal communication, May 2, 2001).

I corresponded with various researchers about the impact of reporting mandates. One researcher, who wished to remain anonymous, reported that the IRB at her university

Wants nice easy projects that won't bring up any liability issues. They would rather we not even study certain things. But if we do, they would rather we get around reporting than that we have mechanisms to make sure it happens. See the emphasis? The "save your own butt" stuff, rather than the public good.

A researcher trying to assess the effectiveness of interventions with young sexual offenders had a different perspective and suggested that reporting requirements are "crippling" to many kinds of research:

Our IRB determined that we could not ask any of these boys, or their parents, even in the most general and non-specific terms, if there had been any recurrence of the behavior, because if they answered "yes" then we would have to report this to authorities. Some IRB's have taken the position that you *can* ask, so long as you clearly and specifically warn people that if they answer "yes" that you will have to turn them in. You can imagine how often people would be frank under those circumstances! I can think of *no other area of research* that requires that people incriminate themselves in order to provide answers to research questions. Certificates of Confidentiality *do not* trump mandatory reporting laws. Consequently, what we are left with is "don't ask, don't tell" when it comes to asking certain populations (such as parents and offenders) any questions about their actual maltreatment behavior. Instead we are left with official report and recidivism data, and we all know the problems with that. (M. Chaffin, personal communication, May 3, 2001)

Chaffin (personal communication, May 3, 2001) went on to suggest that holding researchers to mandatory reporting requirements for participant self-reported behavior is “short-sighted” and leads to society “putting on blinders” and choosing ignorance over information. Chaffin suggested that this “willful ignorance” causes more children to be hurt because it impedes treatment advances. Chaffin recommended legislation that would exclude reviewed and approved research from the requirement to report abuser–disclosed behavior while maintaining the ethical requirement to take action for directly observed or child-reported maltreatment.

VAW research is often rife with these complexities. For instance, a 16-year-old mother who is interviewed may be an emancipated minor. If she is victimized by a caretaker, however, her abuse may be subject to mandatory child abuse reporting. Researchers and health care providers often prefer not to ask young mothers about their victimization so they can skirt around the obligation to report. Although this stance minimizes the inconvenience of reporting, I believe it is highly questionable morally because it leaves the young women—and potentially their children—at risk.

Clearly, there is much disagreement in the field and a grave lack of uniformity across states in determining the most ethical position in regard to reporting dangerous situations.

Recommendations regarding mandated reporting.

- Researchers should educate their IRBs as much as possible about the importance of mandatory reporting and help them see it as a moral obligation rather than as a nuisance to be worked around or a liability.
- Researchers should inform potential participants about their duty to report in accordance with their state regulations.
- Researchers should develop a protocol and a carefully considered mechanism for reporting prior to beginning the research so they can handle situations expeditiously and fairly.

Family and Couple Studies

Issues of confidentiality become particularly difficult in studies in which multiple members of a family are interviewed. Members of a family are often interviewed separately and assured that their information will not be revealed to other members of the family. However, on publication of qualitative research, members of a family may learn about each other’s confidences and may find that other members of the family have revealed information that they had wished remained hidden (Ford & Reutter, 1990).

It can be difficult to assess the potential consequences of one household member knowing about the questions that were posed to another. It is not difficult to

imagine a perpetrator of violence grilling a victim or witness about what he or she revealed. For this reason, Ellsberg and Heise (1999) recommended that if researchers wish to include questions on violence in studies with men, that they not be selected from the same households as women who are also queried about violence to avoid rousing husbands' suspicion about the study content. Similarly, interviewing two women from the same household may increase the likelihood that an abuser in the household will learn about the content of the study (Ellsberg & Heise, 2002).

Additional Confidentiality Issues for Minority and Immigrant Women

Ethnic communities in many cities and towns are small, making it easier for others to identify individuals through minor demographic details. Immigrants may fear social, familial, and political repercussions in their country of origin if their participation in a study becomes known. Undocumented aliens typically fear deportation by immigration authorities and therefore may have particularly acute concerns about anonymity. If they do not have a work permit or are receiving public assistance, they may be concerned about accepting compensation, especially if it is tied to a social security number.

Privacy

Because violence is traumatic, a number of highly complex privacy issues may assume special importance in VAW research. They raise questions that cannot be answered easily. The Centers for Disease Control and Prevention and Agency for Toxic Substance and Disease Registry Scientific Ethics Training (1999) defined privacy as "having control over the extent, timing, and circumstances of sharing one's self (behaviorally, physically, or intellectually) with others. The information belongs to the person." This concept of privacy raises the question, "At what point does the information cease to belong to the individual?" For instance, if a woman tells about herself in the course of an interview, does she cease to have privacy rights over her story? Up until what point can she demand that researchers withdraw her data? Similarly, if a person has completed a survey instrument, until what point can she demand that her data be withdrawn?

In an interview, women may spontaneously disclose information that they never meant to disclose, as they suddenly remember aspects of their abuse that they had not remembered before. Without referring to recovered memory, the sound interviewing practice of reconstructing an incident, as when an interviewer asks, "Tell me everything about when he raped you, from beginning to end," might help a victim remember details of the assault that she had never previously cared (or dared) to recall. Some researchers have chosen to study only women who have been in psychotherapy related to their victimization (e.g., Fontes, 1993) to minimize the

likelihood of stimulating unexplored memories. Clearly, studying a clinical sample limits the generalizability of the findings.

Trained interviewers will use warm empathic skills to help participants speak freely about sensitive topics. The rapport between an interviewer and respondent has been found repeatedly to increase disclosures and the validity of the information obtained (Ellsberg & Heise, 1999). However, from an ethical perspective, one might note that this increased rapport coaxes information from a participant who is ambivalent about revealing it. This might be considered an invasion of privacy. Lipson (1984) described how her prior experience as a psychotherapist made it “almost too easy to probe into emotionally sensitive areas, to encourage a woman to work on a painful issue” (p. 350). Lipson (1984) wondered whether it was right to have responded empathically and demonstrated that she was eager to listen or whether she should have more actively discouraged women from divulging too much.

With a supportive atmosphere and empathic listener, the respondent may forget that the person she is speaking with is part of a scientific team. Interviewers frequently comment on how easily participants forget that the tape recorder is on. Extended interviews resemble therapy; all the attention is on the respondent, and the interviewer is listening but not speaking much (Lipson, 1984). This setup may lead vulnerable women to disclose in a way they had not expected and may regret afterward.

VAW researchers often conduct interviews in women’s homes. Conducting an interview in a woman’s home is thought to give her more control over the interview because it is in her domain. On the other hand, it may further blur the line between research and a social visit (J. C. Campbell & Dienemann, 2001). Culturally, as hostesses and to maintain proper hierarchical relationships, some women may feel obligated to provide whatever the interviewer requests (Okamura, Heras, & Wong-Kerberg, 1995).

A woman may sign a form consenting to participate in an interview that may be distressing and so forth. However, when she is in the 3rd hr of describing every act in a rape—how can one be sure that she continues to participate voluntarily? Also, because much VAW produces trauma and dissociation (Stark & Flitcraft, 1996), how can one be sure—as she continues to speak—that she is not dissociative or in an altered state and is sufficiently present psychologically to be using her discretion about what to say?

In retrospective studies, women may be chosen to participate in a study because of a documented history of violence in a medical or police record. For example, researchers might comb through emergency room records, find decades-old records of people who suffered from documented sexual abuse, track them down, and then interview them about a variety of health topics including sexual victimization. Do researchers have an ethical obligation to inform the respondents about why they have been recruited so they can choose whether to participate on this basis? Or

would such information provoke unnecessary distress? When Williams (1994) conducted such a study, she found that about 38% of the women interviewed—each with a documented history of emergency room treatment for sexual abuse 17 years earlier—did not recall the abuse. This is a highly significant finding and an important study. Telling the women why they were recruited could have distressed them greatly. On the other hand, by failing to inform the respondents about the true nature of the research, the consent obtained may be seen as only partially informed.

In some cases, explaining why a woman has been selected—for instance, because she received medical treatment for assault by her partner—could put her at risk if someone else read the recruitment letter. Here there is an ethical tangle between nonmaleficence and privacy (including the right of a person to give or withhold information) on one hand and the integrity of the research on the other.

JUSTICE

Distributive Justice

To avoid patently unfair situations in which institutionalized and indigent people are disproportionately recruited for research because of their greater accessibility, the principle of justice in research typically refers to the notion that the benefits and burdens of research should be shared equitably. This principle, called *distributive justice*, is outlined in the International Guidelines for Ethical Review of Epidemiological Studies:

Studies should be designed to obtain knowledge that benefits the class of persons of which the subjects are representative: the class of persons bearing the burden should receive an appropriate benefit, and the class primarily intended to benefit should bear a fair proportion of the risks and burdens of the study. (CIOMS, 1991, p. 11)

This principle would argue for new approaches to recruiting participants in VAW research that do not rely on shelter populations, police reports, or emergency room referrals because these are all more likely to include larger proportions of women from lower socioeconomic groups. Greaves et al. (1995) argued that relying on these sources of information reinforces classist and racist presuppositions.

Examining VAW: Its Gendered Context

In addition to distributive justice, other justice issues are relevant to VAW research. For instance, in VAW research, women are the victims, and men are usually but not always the perpetrators. Ignoring gender and all of its implications in research de-

sign and analysis is unjust because it fails to note the importance of gender-based power imbalances. Women's typically smaller physical stature and lesser strength, their socialization into submission and an ethical stance of caring, their lesser access to well-paying jobs, and their typically greater responsibilities for child raising all increase women's potential vulnerability to abuse by male partners. When these issues are ignored, and violence between men and women intimates is studied as if it were between two equally vulnerable and responsible individuals, a false sense of equivalency in assaults may emerge; couple violence may come to be seen as "mutual combat."

For example, in early studies using the Conflict Tactics Scales (e.g., Gelles, 1974; Straus, 1980), men and women appeared to be equally violent with each other in intimate relationships. The studies essentially asked about the incidence of violent acts (slaps, pushes) without inquiring into their motives and consequences (e.g., a blow struck in self-defense versus an aggressive attack or a blow that is easily deflected versus one that lands its target in the hospital). These studies appeared to uncover large populations of battered husbands and couples engaged in mutual combat, when in fact the husbands often laughed off their wives' blows, the wives usually struck blows in self-defense, and the husbands' blows were more likely to cause physical damage (Saunders, 1988).

The framing and presentation of this data is an ethical issue because the misreporting and misinterpretation of this data may have contributed to public attitudes that resulted in reduced protection for women and more frequent situations in which police arrest both men and women when called for a domestic dispute.

When additional questions were asked of couples when both the men and women engaged in violent acts, it became clear that women and men did not equally share the risk in the assaults. Men who batter average 4 to 5 in. taller and 45 lb heavier than their partners (Saunders, 1986), and wives are at higher risk of sustaining injuries and more severe injuries than husbands (Saunders, 1988). Most of the violence in reported couples cases was neither husband battering nor mutual combat. Rather, when extra questions were added—about injuries sustained and feelings of fear, for instance—it became clear that violence in heterosexual couples does still tend to result in women being injured and living in fear, with men as the initiators and perpetrators of the violence. That much-publicized finding about a nearly equal number of hits between men and women was technically accurate, but it failed to provide a complete picture. This is an important issue of justice, particularly when funding for social programs follows findings.

Social Justice

Research that is truly just will illuminate relevant issues of social injustice. For example, one early study (Straus, Gelles, & Steinmetz, 1980) appeared to document higher rates of domestic violence for African American couples than

White American couples. However, subsequent analyses showed that when the results were controlled for family income, Black husbands were less likely than White husbands to have slapped their wives in all income groups except those in the \$6,000 to \$11,999 range (Cazenave & Straus, 1979, as cited in Lockhart & White, 1989). The first finding of racial difference pathologized African Americans. The second, more complete finding implied a social justice solution—that improving the socioeconomic status of African Americans might well reduce domestic violence.

Similarly, research into VAW among members of specific cultural groups must distinguish between cultural issues (e.g., beliefs and practices) and oppression issues (e.g., lack of bilingual services, cultural insensitivity, and discrimination; see Fontes, 1993, 1995). Otherwise, practices that are in fact derived from societal inequalities (such as the lack of services for people who do not speak English) may appear as cultural (e.g., that immigrants prefer to avoid social services) and therefore relatively immutable to change.

Framing the Research

Research is used to shape public policy and funding priorities (Fontes, 1997), setting into motion social processes above and beyond activities directly linked to the investigation (Bogdan & Biklen, 1992). Because of these real-world implications, the topics researchers decide to study and the way they frame their questions is an ethical issue, an issue of justice. Whom will the research benefit? Will the research lead to increased safety for women in general or for groups of women? If such benefit is not certain, can the research be justified or can the research be redesigned to provide benefit to both the participants and larger groups of women (see section on beneficence following)?

Much of the research conducted today benefits the researchers and their institutions—and does not necessarily provide any benefit at all to the populations investigated. This is not due to a lack of good will on the part of researchers. Rather, researchers are not trained or supported to consider how the questions they ask will make a difference and how they can best disseminate their findings to produce change.

Researchers typically focus on documenting the prevalence of a pathological behavior. Only rarely does research on VAW examine interventions, supports, preventive factors, and other issues that can easily be translated into changing the status quo. What researchers study is an issue of justice because we are dedicating limited funding to our investigations. More useful research would be more just and therefore more ethical.

Dissemination

To establish justice and fairness, those who provide information should reap some benefit as a result of its analysis or dissemination. This requires rethinking the

usual places in which researchers disseminate their findings: academic journals and conferences. Fontes (1997) suggested that options include

Disseminating findings through television, radio, and the Internet, using varying levels of complexity depending on the intended audience; developing practical workshops for professionals (e.g., therapists, shelter workers) or lay people based on the findings; developing relevant brochures to be distributed to a variety of audiences through community organizations; making presentations to organizations of survivors or victims; writing for survivor or victim publications; and serving as consultants to public service organizations on the topic of their research. Research results can be disseminated through articles, comic books, soap operas, videos, songs, murals, handouts, theater, dance, and a variety of other means. The ethical issue involved here is in response to Fals-Borda's (1996, p. 78) question, "Knowledge for what? Knowledge for whom?" (p. 310)

Researchers need to ask themselves if they are conducting research *on family violence only* or if they are conducting research *for the elimination of family violence*. If their goal is to develop knowledge to eliminate this social and public health problem, then researchers must translate and disseminate their work to people who can use it to make change.

BENEFICENCE

Beneficence concerns the provision of benefits and balancing those benefits against the risks of participation. IRBs usually concern themselves with issues of benefit to the field. However, increasingly, researchers are urged to include benefits to the participants themselves (Fontes, 1997; Lather, 1991). "One ought not to treat people as mere means to the ends of others" (Loue, 1999a, p. 23).

Research is always an intervention of some kind. Especially when facing questions as dangerous as VAW, it is worth asking if it is ethical to leave participants as vulnerable when they complete the study as they were before they participated (Fontes, 1998).

The concept of catalytic validity is useful here (Lather, 1991). This is the degree to which the research moves those it studies to understand the world and the way it is shaped to transform it. Most research on VAW does not enhance the ability of the participants to extricate themselves from abusive situations or minimize injury, nor does it increase their understanding of the violence in their lives. The "implications" sections of studies typically call for further research or offer practical suggestions for implementation by professionals but offer little of direct use to victims.

Researchers often debrief but rarely ask their participants about the benefits or harms that result from participating. Until we do this, we can only hypothesize about the possible benefits of research for participants. Maybe talking and reflecting on trauma is beneficial to health (see Pennebaker, 1993). Maybe participants feel useful through their participation. Maybe trauma survivors feel empowered by transforming their pain into helpful experiences for others (Newman et al., 1997). Lipson (1984) reported that two women interviewees said that “having had the opportunity to be interviewed, to talk to an interested listener in depth about their experiences and feelings, had been immensely helpful” (p. 350). Until we systematically investigate the effects of study participation on abused women, we can only guess.

It is also worth considering that these potential benefits may vary with the participants’ culture. Some cultures value catharsis and emotional expression, whereas others value stoicism and emotional containment. It is likely that the experiencing of trauma as well as its expression varies by culture (Marsella, Friedman, Gerrity, & Scurfield, 1996), and therefore, research into this issue would not impact culturally diverse participants uniformly.

Research also has the potential to benefit the participants’ community. For example, in 1995, I conducted focus groups on sexual child abuse among health promoters and other community leaders in a shantytown in Santiago, Chile (Fontes, 1998). This work included an action research component in which the participants brainstormed about ways to address and reduce the child sexual abuse in their communities. As a result, a number of the shantytown health teams have adopted child sexual abuse as one of the key problems they address in activities over the years (along with teen pregnancy, rat infestations, cholera, prenatal nutrition, etc.). Drawing on their own resources and extensive knowledge of their communities, the former participants have painted murals denouncing sexual abuse, produced information brochures for distribution in health fairs, conducted informational puppet shows, intervened when they learned of cases, educated their neighbors, and engaged in a long series of sustained activities over time, all initiated as a result of participating in the focus groups. The researcher has provided little in the way of ongoing support or guidance. However, the research was designed to maximize the possibility of community change (by conducting focus groups rather than individual interviews, by choosing women who were already participating in organized community activities and who were knowledgeable about making community change, and by offering a series of informational sessions after the research was completed).

Recommendations regarding benefits of investigations to participants.

- Benefits should be as direct, immediate, and concrete as possible.
- Researchers can exercise creativity in terms of designing benefits into their study. For instance, some items may mean more to participants than their monetary

value would indicate: Young mothers might appreciate a photo album or a session with a professional photographer; migrant farm workers might appreciate a water bottle or a sun visor.

- Researchers can make available to participants information about the subject of the study or related areas (e.g., pamphlets on services for battered women or sexually transmitted diseases, information about obtaining mental health services or shelter).
- Researchers can find ways to benefit participants' families through compensation or information.
- Researchers can plan in benefits to the participants' community. The contact with researchers has the potential to be beneficial to members of the community if the researchers are willing to share their time and knowledge to meet community needs. For example, in their study of Middle Eastern immigrants, Lipson and Meleis (1989) provided blood pressure and diabetes screenings in conjunction with ethnic holidays. This secured them a reputation as helpful individuals and provided a concrete service to the community.
- Researchers can train and employ members of community to be part of the research team, in this way sharing resources and improving social capital.

NONMALEFICENCE: TO AVOID DOING HARM

The Helsinki Protocol articulates this admonition: "Research should be carried out only if the potential benefits of a study outweigh any potential harms" and "the well-being of study participants takes precedence over the interests of 'science and society'" (as cited in Loue, 1999b, p. 87). A variety of potential harms in addition to those discussed in the previous section on safety may emerge in VAW research.

Retraumatization and Emotional Distress

The potential for retraumatization looms large in concerns about research into VAW (J. C. Campbell & Dienemann, 2001; Castor-Lewis, 1988). Research itself may be traumatic, as it reawakens memories of prior traumas. For example, Bergen (1993) reported that in her study, "several women reported experiencing flashbacks, loss of sleep, and increased tension as a result of the interview" (p. 198). Although Straus (1981) and Newman et al. (1997) have suggested there is no empirical support for the notion that participants in research are harmed psychologically by discussing sensitive topics, I do not believe this topic has been investigated sufficiently to draw conclusions. Most research that investigates the effects of research is not set up longitudinally in a way that would detect psychological harm that might occur over time, and most researchers do not ask the kinds of questions

that would detect resultant harm. Clearly, there is a disincentive for researchers to ask these questions.

Newman et al. (1997) differentiated between the distress that emanates from recalling a traumatic event and the intense fear, helplessness, or horror that comes from direct experience, implying that although trauma research may be distressing, it is not traumatic *per se*.

Newman, Walker, and Gefland (1999) and Walker et al. (1997) have reported on studies in which women in a health maintenance organization completed comprehensive health questionnaires that included several items related to histories of sexual, physical, and emotional abuse and neglect. They also completed a short rating scale asking about their reactions to having participated in the research. In one of the studies, a subset of women also completed a trauma-focused research interview and were asked three questions 48 hr after completing the interview regarding (a) the benefit of participating in research, (b) if they were more or less upset than they expected, and (c) if they regretted having participated in the research. Based on their findings, the authors concluded "We found that the subjects in this investigation expressed few adverse reactions to the inquiry, and in many cases, derived benefit from participation in the study" (Newman et al., 1999, p. 193).

Although I believe this kind of empirical research into retraumatization is important, I urge caution in overgeneralizing from these findings. From the information provided, it appears that even the trauma-focused interviews were of short duration and medically focused, which may have led to fewer disclosures and therefore less sensitive discussions. As Ellsberg et al. (2001) wrote, "The degree to which openness is achieved depends partly on study-design issues, such as whether questions are clearly worded and easy to understand, and how many times during the interview a woman is asked about violence" (p. 2). The Newman et al. study (1999) designs may have hindered women from speaking openly in great detail about their abuse, thereby limiting their distress.

In some studies on VAW, the research process itself may be quite prolonged. For example, Browne (1987) reported conducting 10- to 12-hr interviews with battered women who had killed their batterers. Although a prolonged contact with a research participant in which a relationship is established is likely to produce more accurate information and may have greater potential for therapeutic effect (Ellsberg et al., 2001), this must be counterbalanced with the potentially pernicious effects of stirring up more memories of trauma.

In addition to the possibility of retraumatization or emotional harm, other kinds of harm might result from participation in research on VAW, including economic harm (e.g., if a woman separates from a batterer or sexual child abuser who is a wage earner after participating in a study), social harm (e.g., damage to a woman's or family's reputation), political harm (if cooperating with an interviewer is seen as conversing with the enemy), and physical harm (see World Health Organization, 2001).

Moving beyond the questions of harm to an individual, research into VAW can also harm families, as discussed previously, and communities. Members of communities have diverse interests. For example, a study of rape by college athletes may tarnish the reputation of college athletes, which is a kind of harm, but lead to better protection for women on campus, which is a benefit. Additionally, research into culturally based practices that harm women (e.g., genital cutting, plastic surgery, child marriage, excessive dieting; see Okin, 1999) can harm the reputation of a cultural community.

Researchers can minimize all these potential harms by brainstorming with members of the community that will be studied concerning the potential risks of the planned study in a variety of categories (e.g., emotional, physical, social) and planning ways to reduce the potential risk in each area.

Nonmaleficence in Cross-Cultural VAW Research

In cross-cultural research on VAW in which researchers are less familiar with the culture(s), they may have a poorer understanding of the ways the research could cause harm. The kind of harm that could result from a study depends in part on the meaning of the violence within the specific social context. The history of research on people with disabilities and members of minority groups is shameful, and mistrust of scientists echoes through African American communities even today as a result of the Tuskegee syphilis experiments. Truly integrated research teams may help obviate this concern (Fontes, 1998).

Ways of handling emotional distress vary by culture and are apt to influence how much distress the participant experiences and shows. Concepts such as shame, virginity, and sex roles are also culturally constructed (Fontes, 1993) and may influence the degree of distress engendered by certain lines of questioning.

Researchers from a different culture may inadvertently create categories of harm where none previously existed. For instance, in a study I did in Chile (Fontes, 1998), I asked focus groups of women whether they would consider abusive a sexual relationship between a 12-year-old girl and her 26-year-old male neighbor. The group responded affirmatively. I then asked about whether they would consider abusive a sexual relationship between a 12-year-old boy and his 26-year-old female neighbor. The participants reported that by juxtaposing these two questions in this way, they had a new appreciation of the powerlessness of a young boy who was seduced by an older woman, whereas previously they would have considered such a situation harmless or perhaps even beneficial for the boy. Years after the focus group, I still wonder about the implications of these questions, which were an intervention. (I believe all research is an intervention, but some have more impact than others). It is easy to think of examples in which questions asked may create in a woman the idea that something that she has accepted as part of her plight—for instance, that her husband forces her to have sex at times or in ways that she does not

want—actually is a problem, a crime, or a form of violence. Especially if she is powerless to change her situation, is this “raised consciousness” beneficial or harmful?

Many women who are immigrants or who are from lower socioeconomic classes are exceptionally dependent on men in their lives. The process of participating in research could set into motion or accelerate a process of separating from an abusive male who supports a woman and her family. The implications of this economic cutoff may be of tremendous magnitude, potentially rendering a family homeless.

Harm to Researchers

Considering how many studies have been conducted on VAW, it is remarkable how little has been written about the impact *on researchers* of conducting this work (R. Campbell, 2002). Researchers participate in research along with participants, and therefore, their well-being is also a legitimate ethical concern. Clinical and anthropological writings frequently discuss “countertransference” or “researcher involvement,” respectively, but VAW researchers typically do not mention it, perhaps to deflect potential concerns about scientific objectivity. In the following, I describe the effects on researchers that have been reported for the data collection and coding phases of research and recommendations for reducing the negative impact of research on researchers.

The most commonly reported effect on researchers of investigating VAW appears to be emotional distress. Parker and Ulrich (1990) warned that researching VAW can be “emotionally exhausting, ... draining, and almost overwhelming” (p. 249). Ellsberg et al. (2001) described holding focus groups with the interviewers in multiple studies of VAW in Nicaragua to assess the success of efforts to ensure safety during the research and other issues that might have affected the data’s reliability. Having created a context to investigate the impact of the research on the interviewers, Ellsberg et al. (2001) discovered that the interviewers in their studies found listening to women’s stories to be so “deeply distressing” that sometimes they “would be distracted for hours or even days after the interviews took place” (p. 11). Ellsberg et al. (2001) quoted from one field-worker in a project on various health-related topics who resigned from the study because of the stress generated by the VAW module:

When I heard stories about women being beaten and tied up, I would leave them feeling desperate. ... I would be a wreck, and my supervisor would tell me, “Get hold of yourself; you cry about every little thing.” But how could I control myself? I couldn’t stand it. ... I would try, but sometimes it was impossible, and I would burst into tears during the next interview. (p. 11)

In their report on interviewing trauma victims, Urquiza, Wyatt, and Goodlin-Jones (1997) reported situations in which interviewers experience the following additional emotional responses: tearfulness, nightmares, headaches, difficulty concentrating, paranoia, hypervigilance about safety, anger, forgetfulness, and depressed mood. Similarly, in writing about her research on sexual exploitation in sports, Brackenridge (1999) described facing the additional feelings of burnout, self-doubt, anxiety, insomnia, isolation, "virtual paranoia," and despair (p.403).

Conducting research can also take a toll on researchers' relationships. One interviewer relinquished his position on a research team after conducting approximately 30 interviews on child sexual victimization and rape, reporting that his fiancée had broken off their engagement in large part due to the effect of the research on their relationship (Urquiza et al., 1997).

Direct exposure to suffering individuals is not required for VAW researchers to be negatively affected by the work. Indeed, collecting data from written records such as social service (Urquiza et al., 1997) or hospital files (Alexander et al., 1989) or coding interviews collected by others allows for an intensive and cumulative exposure to violent details that would not necessarily be true for the interviewers. Kinard (1996) described members of a case record review team finding it "difficult to leave the work behind after a day of abstracting records. Thoughts of the children and families continued to trouble them outside of work" (p. 66).

Researchers describe feelings of powerlessness, frustration, and disappointment in human welfare institutions, which might differentiate VAW research from investigations of other health-related topics. For instance, Brackenridge (1999) wrote, "In trying to position myself within the power relations of the research, I recognize that I am more powerful than my research participants yet less powerful than the agencies whom I am trying to influence" (p. 401). Members of Kinard's (1996) team were reportedly "outraged by the failure of protective service system to protect children from abuse" (p. 66). Ellsberg et al. (2001) reported having offered educational materials to all the women who participated in their studies of VAW. Ellsberg et al. (2001) wrote, "These materials were helpful to the respondents, but also to the interviewers who might otherwise have felt overwhelmed by their inability to help respondents in need" (p. 11).

Finally, researchers can themselves be put at physical risk. One graduate student who asked to remain anonymous told me about "burning out" while working on the 2nd year of a study that required her to knock on the doors of potential respondents in dangerous neighborhood:

One day I just decided I was sick of worrying about my car and my purse, and about getting yelled at if the boyfriend walked in, and mugged if the interview dragged on too long and I was stuck inside someone's apartment until after dark. So I'm on an extended mental health leave. I can't quit the project without losing my Associateship.

In conducting interviews with incarcerated battered women, Richie (1996) felt herself to be at risk when she was mistaken for an inmate on three occasions. A member of Kinard's (1996) project was mistaken for a protective service agency worker and threatened by a drunk man twirling a machete.

In planning their research, investigators need to give attention to the safety and well-being of the members of their team, including themselves, as they do to the safety of participants.

Recommendations on minimizing harm to researchers. The following recommendations, some of which are distilled from the reports cited earlier in this section, may be helpful:

- Investigators may want to recruit interviewers from among individuals who have graduate clinical training or prior clinical experience and who have experience working with emotionally difficult material. Urquiza et al. (1997) suggested that prior training and experience in working with sensitive or emotionally moving material is more valuable than knowledge of the content area of the research.

- Urquiza et al. (1997) also recommended a carefully structured interview process with potential interviewers that includes questions about the candidate's perceptions about working with the material, previous history or difficulty in working with the topic, ways the candidate handles emotionally stressful situations, and a role play.

- Ongoing support should be available to all members of research teams, including regular meetings to process both methodological and affective issues and a mechanism by which researchers can debrief immediately after difficult interviews, including having a clinical supervisor or project director available by pager or telephone during all interview times.

- Ellsberg and Heise (2002) recommended that interviewers and research staff be given opportunities for regular debriefing and individual counseling when necessary. Ellsberg and Heise (2002) suggested that this will not only help interviewers withstand the demands of fieldwork, but it will also improve their ability to gather reliable data.

- Interviewers and people coding files or other data might work in pairs so they can debrief with each other on an ongoing basis.

- Encourage members of the research team to become involved in political activity to address VAW on a larger scale, to offset some of the frustration engendered by the research and increase feelings of hopefulness.

- Brackenridge (1999) recommended thinking about the separate personal, political, and scientific agendas that may motivate the research and emerge in the course of conducting it. By doing this, Brackenridge found that she was able to make a more informed decision about which perspective to privilege at any given moment.

CONCLUSIONS

By definition, facing a dilemma involves choosing between two unfavorable alternatives. When a VAW researcher faces an ethical dilemma, it is unlikely that one single principle or decision-making rule will emerge like a magic wand to dissolve the dilemma and provide unambiguous guidance about how to proceed (Buchanan et al., 2002). Rather, the researcher will often face incompatible ethical imperatives and will decide on a course of action that privileges one while sacrificing another. Through experience and reflection in concert with others, researchers improve their ability to make wise decisions when facing morally complex and ambiguous events.

Documents and public forums that help researchers and stakeholders reflect on ethical issues will enable us to shape investigations to provide information on VAW and simultaneously attend to participants' well-being throughout the process.

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