

Respondents' Experiences of Completing a Retrospective Web-Based, Sexual Trauma Survey: Does a History of Sexual Victimization Equate With Risk for Harm?

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This study investigated respondents' experiences of completing a retrospective web-based survey exploring sexual revictimization. The original survey provided a link to a separate mixed-methods survey assessing the impact of participation. Of the original 481 respondents, 234 completed this follow-up survey. Eighty percent were female and 52% reported histories of sexual victimization (SV). Newman, Willard, Sinclair, and Kaloupek's (2001) Reactions to Research Participation Questionnaire was adapted to suit this web-based design, and several open-ended questions were included. The statistical analysis revealed that those who experienced SV reported higher levels of distress and personal benefit and were less likely to be inconvenienced by participation. However, higher levels of benefit did not always compensate for greater levels of distress, particularly for those with more recent and more extensive histories of SV. The thematic analysis of the qualitative responses is discussed and suggestions are offered for the design of more ethically sensitive research protocols and practices.

Keywords: web survey; research ethics; sexual victimization; cost-benefit analysis; informed consent

Members of ethical review committees can be drawn from subject areas quite different from the proposals they are assessing and thus may not be familiar with the topic, method, or sample group. In such circumstances, their judgments are reliant on the information provided by the research proposer, which substantiates their choices regarding their intended sampling procedures, recruitment strategies, methodology, and so forth. Where substantiation is insufficient, it becomes all too easy to formulate judgments based on presumed attributes of the intended sample population or preferences for research methods, which may be inappropriate in a particular context. In the case of proposals for projects investigating sensitive/stigmatizing issues such as sexual victimization (SV), this can promote the conception of potential participants as particularly vulnerable to experiencing retraumatization and at risk for becoming distressed as a consequence of the research process. Consequently, empirical evidence suggests that proposals on socially sensitive topics are twice as likely to be rejected by reviewers, even when there are no violations of ethical

principles in the planned project (Ceci, Peters, & Plotkin, 1985). If these laboratory findings are ecologically valid, researchers may be dissuaded from investigating these areas, which is tantamount to reaffirming the silence demanded of survivors of sexual violence by both their abusers and the recipients of their disclosures. The dearth of qualitative studies, examining the experience of participating in survey studies, has allowed this problem to persist.

Consequently, the aim of this study was to examine the respondents' experiences of completing a retrospective web-based trauma survey, which explored possible mechanisms that potentiate risk for sexual revictimization (SRv). That is, where a history of childhood sexual abuse (CSA) is associated with an increased risk for sexual assault in adolescence and/or adulthood. Attention was paid to specific features of the research design and the procedures adopted to ascertain how these were received by the respondents. It is hoped that this will contribute to the emerging pool of meta-research (Rosenbaum & Langhinrichsen-Rohling, 2006) resources available to SV researchers in order to aid the planning of ethical studies and to enable ethics committees to feel more informed in their decision making.

In this study, I attempt to fulfill eight objectives, which include: to (a) investigate respondents' motivations for volunteering to participate in a study of SV so that researchers can maximize the potential for enhancing personal benefit; (b) determine whether the levels of perceived benefits and distress were different for respondents with a history of SV from those without; (c) ascertain whether high levels of distress are compensated for by higher levels of perceived benefit; (d) explore participants' perceptions of their treatment by the researcher in the sexual trauma survey; (e) explore the extent to, and the ways in which, the respondents believed they benefited from participation; (f) ascertain the extent to which the respondents' experienced distress and regret as a consequence of participating in the study; (g) investigate the duration and consequences of distress for those with history of SV; and (h) investigate whether completing the survey confers a risk for recovering memories of sexual abuse, which have previously been out of conscious awareness.

METHODOLOGY

Design

This study was a self-report, web-based, follow-up survey exploring respondents' experiences and reactions to completing an earlier retrospective, web-based, sexual trauma survey. This follow-up survey used a mixed-methods design, incorporating open-ended questions—the responses to which were thematically analyzed—and a validated but modified psychometric instrument. The survey provider used to host both surveys was PsychData.

Respondents

The respondents were a self-selecting sample of 234 men and women older than the age of 16 years drawn from various community sources. This represented 48.6% of the respondents who completed the original sexual trauma survey. The recruitment strategy for the original trauma survey is discussed in Wagner (2012). Eighty percent of the respondents were female, 88.6% White, with an average age of 33.5 years, which ranged from 16 to 66 years. Forty-eight percent reported histories free of SV, 16.2% reported a history of CSA only, and 35.5% reported a history of SRv.

Measures

Newman et al.'s (2001) Reactions to Research Participation Questionnaire (RRPQ), a 23-item 5-point Likert scale, was modified to relate to experiences of completing a web-based survey. The original scale has a five-factor structure: participation, personal benefits, emotional reactions, perceived drawbacks, and global evaluation. The scale was developed to inform researchers and ethics committees of the costs and benefits of particular forms of research participation. Reportedly, the scale has satisfactory internal reliability (Newman et al., 2001; $\alpha = .83$; Schwerdtfeger & Goff, 2008; $\alpha = .79$). The amended 29-item scale was factor analyzed to determine dimensionality, and internal reliabilities for the emergent subscales were computed. Open-ended questions allowed for more detailed answers in relation aspects of personal gain and the experience of distress.

Operationalization of Histories of Sexual Victimization. In the original sexual trauma survey, the respondents were asked to report experiences of "being made to have sexual contact" in three different life periods—younger than the age of 14 years (classified as CSA), between the ages of 14 and 18 years (adolescent sexual assault), and since the age of 19 years (adult sexual assault). They indicated whether this consisted of being made to watch sexual acts, being touched in a sexual way, being made to touch someone else sexually, or being made to have penetrative sex (including vaginal, anal, and oral). In all cases of sexual assault, this consisted of sexual contact. Respondents who indicated CSA and a sexual assault in one other life period were referred to as being sexually revictimized. SV in all three life phases was classified as multiple SRv.

Procedure

After completing the original sexual trauma survey, the respondents were invited to feedback their experience of participation in this follow-up survey. Respondents had the option of not doing this for some days following the original survey because they were able to end and then later resume access to the survey website using their unique ID number. However, 86% of them appeared to complete this within minutes or hours following the sexual trauma survey. At the end of the survey, the respondents were given the opportunity to add further comment through the use of a final open-dialogue box. This study was granted ethical approval by the faculty ethics committee.

RESULTS

Comparison of Respondents Who Completed the Feedback Survey With Those Who Did Not

This analysis was performed to ascertain whether the sample of respondents who completed the follow-up survey was biased. Chi-squared analysis comparing the sexual abuse histories of completers and withdrawers indicated that respondents to the original trauma survey who reported a history of SV were significantly more likely to complete the feedback survey. Seventy-six percent of respondents reporting multiple SRv, 61% reporting SRv, and 50% reporting CSA completed the feedback survey in comparison to 31.4% of people indicating a history free of CSA ($\chi^2 = 15.766$, $df = 4$, $p = .0005$).

Similar analyses were conducted for the gender, marital status, and ethnicity of the respondents. This revealed that respondents who were divorced or separated were more

likely to complete the follow-up ($\chi^2 = 10.397$, $df = 5$, $p = .034$), and there was a borderline trend suggesting that both Black and Asian ethnic minority groups were less likely to participate ($\chi^2 = 23.488$, $df = 14$, $p = .053$). There were no significant gender differences.

Reasons for Responding to the Original Sexual Trauma Survey

The first question on the feedback survey asked respondents to indicate their main motivation for agreeing to participate in the original sexual trauma study. The most frequent responses were “to help the researcher” (38%) and “to help others” (28.6%). “Curiosity” was cited by 17.5% of the sample and 9.8% said the main reason was “to help themselves.” However, nonparametric Mann-Whitney U tests were computed to compare the rank ordered motivations for participating in this study between those with a history of SV and those without. These indicated that respondents with a history of SV were significantly more likely to rank the desire “to help others” ($p = .036$) and “to help myself” ($p = .0005$) as their most important reasons for participation than respondents with histories free of SV. There was a nonsignificant trend suggesting that those with a history of SV were slightly less likely to be motivated to participate out of a desire “to help the researcher” ($p = .069$).

Principal Components Analysis of the Scale

Because the original RRPQ (Newman et al., 2001) had been modified, a principal components analysis was performed on the 29 items to ascertain dimensionality of the scale. The analysis, conducted using oblique rotation, revealed a six-factor structure with eigenvalues greater than 1, which accounted for 60.78% of the overall variance. Factor 1 (respectful treatment) accounted for 26.4% of the variance. This included items relating to being treated with dignity and respect, freedom from coercion, and so forth; Factor 2 (distress) accounted for 14.3% of the variance, which included the experiencing of unpleasant emotions; Factor 3 (pleasant emotions), both expected and unexpected, accounted for 3.6% of the variance; Factor 4 (meaningful gain) included items relating to feeling a sense of personal benefit and gaining insight accounted for 5.4% of the variance; Factor 5 (insensitive) related to items that referred to the insensitivity of the wording of the questions accounted for 4.5% of the variance; and Factor 6 (inconvenienced) included items related to the survey being too long or causing them inconvenience accounted for 3.9% of the variance. Computation of Cronbach’s alpha (presented in Table 1) revealed that each of the subscales, with the exception of the pleasant emotions scale, have satisfactory internal reliability.

Do Distress and Personal Benefit Differ Between Those With and Without Histories of Sexual Victimization?

A multivariate analysis of covariance (MANCOVA) was computed to test for these potential differences. Age was controlled for as those with a history of SV were slightly older than those without. Age was also found to correlate with some of the subscales and a proportion of the sample were younger than the age of 19 years and thus were not yet in a position to have experienced sexual assault in all three life phases. The analysis revealed that respondents who reported a history of SV were less likely to express feeling inconvenienced by participating in the study ($F[1, 205] = 8.338$, $p = .004$, $\eta^2 = .039$) and more likely to report experiencing distress ($F[1, 205] = 38.281$, $p = .0005$, $\eta^2 = .157$) and achieving meaningful personal gain ($F[1, 205] = 4.896$, $p = .028$, $\eta^2 = .023$).

TABLE 1. Structure Matrix

Item	Component					
	1	2	3	4	5	6
Cronbach's alpha	.860	.872	.649	.753	.810	.823
You feel that you have been treated with respect and dignity.	.790					
You think this research is for a good cause.	.777					
You would encourage others to participate in this type of study.	.746					
Had you known in advance what participating would be like, you would have still agreed to participate.	.736					
You felt you could stop participating at any time.	.716					
You trust that your replies will be kept private.	.640					
You believe this study's results will be useful to others.	.629					
You have regrets about submitting your details on the survey.	-.573					
Participation was a choice you freely made.	.528					
You experienced intense emotions after having completed the survey.		.906				
You experienced intense emotions while completing the survey.		.902				
The research raised unpleasant emotional issues for you that you had expected.		.748				
The research made you think about things you didn't want to think about.		.721				
The research raised unpleasant emotional issues for you that you had NOT expected.		.715				
The research raised pleasant emotional feelings for you that you had expected.			-.855			
The research raised pleasant emotional feelings for you that you had NOT expected.			-.786			
The survey was too long.				.804		
You found completing the survey boring.				.802		

(Continued)

TABLE 1. Structure Matrix (Continued)

Item	Component					
	1	2	3	4	5	6
Participating in this study was inconvenient for you.				.769		
Knowing what you know now, you would still participate in this type of study again if given the opportunity.				-.534		
You found participating personally beneficial.					-.827	
You found participating in this study personally meaningful.					-.717	
You feel you gained insight about your experiences through completing the survey.					-.691	
You were glad to have had the opportunity to participate.					-.670	
You feel you gained something positive from participating.					-.665	
You like the idea that you have contributed to science.					-.571	
You found the questions too personal.						-.860
You found the questions too insensitive.						-.803

Are High Levels of Distress Compensated for by Relatively High Levels of Personal Benefit?

The finding that as a group, respondents with a history of SV were both more likely to experience distress and to perceive personal gain is important, yet it is unclear if it is the same respondents who experience distress who simultaneously perceive meaningful gain. Thus, partial correlations between the levels of distress and perceived meaningful gain, controlling for age, were computed for four groups of participants categorized according to their histories of SV. This indicated that for both those with histories free of SV ($n = 98, r = .272, p = .003$) and those who only reported CSA ($n = 24, r = .590, p = .001$), there was a positive relationship between level of distress and perceived gain. There was no comparable relationship between these variables for respondents with histories of SRv ($n = 33, r = .154, p = .118$) or multiple SRv ($n = 41, r = .041, p = .397$). This suggests that higher levels of benefit did not always compensate for greater levels of distress, particularly for those with more recent and more extensive SV.

Participants’ Perceptions of Respectful Treatment by the Researcher

Table 2 reports the percentages of respondents, split by the history of SV, indicating either that they “agree” or “strongly agree” with each of the respectful treatment statements. In response to most of the statements, more than 80% of the respondents reported a respectful

TABLE 2. Respectful Treatment

	Percentage in Agreement With Each Statement		
	No Sexual Victimization (<i>n</i> = 101)	CSA (<i>n</i> = 37)	Revictimized (<i>n</i> = 81)
You believe this study's results will be useful to others.	73.1	72.9	83.3
You have regrets about submitting your details on the survey.	4.1	4.6	4.9
You think this research is for a good cause.	77.8	66.9	89.1
You feel that you have been treated with respect and dignity.	72.1	84.7	80.0
You felt you could stop participating at any time.	73.0	85.9	82.5
Participation was a choice you freely made.	89.0	75.2	96.2
Had you known in advance what participating would be like, you would have still agreed to participate.	80.2	84.7	84.3
You would encourage others to participate in this type of study.	66.8	74.7	73.0

Note. CSA = childhood sexual abuse.

experience. However, respondents with histories free from SV were slightly less likely to report favorably. Even in hindsight, more than 80% of respondents said they would still have participated and less than 5% expressed regret over any entry they made on the survey.

From the responses to the open-ended questions asking the respondents for final comments and perceived benefits of participation, several respondents gave answers that refer to respectful treatment. There appears to be differing opinions between those reporting histories of SV and those who did not. For example, one respondent with a history free of SV felt that the survey method was inappropriate for people with a history of trauma.

I actually think that for people who may have had anything happen to them that this questionnaire could be seen as quite insensitive and perhaps ethically unsound. Reducing somebody's trauma to quantitative boxes is very reductionist and perhaps whatever data you are looking to gather could have been gathered in another method.

In contrast, several respondents with a history of SV commented favorably on the study design and made particular reference to the use of the open dialogue comment boxes: "Very well-written survey and it's really great of you to provide so many opportunities for participants to make comments. That demonstrates that you value our opinion and our feelings throughout the experience. Thanks."

Additionally, respondents with a history of SV noted other ways in which the study demonstrated respect for their well-being, in particular, how it diminished their sense of isolation and abandonment. "Nice not to feel alone, nice to be taken seriously." "Gives me a sense of self worth that there are people working/studying to stop abuse." The fact that the web survey

TABLE 3. Meaningful Gain

	Percentage in Agreement With Each Statement		
	No Sexual Victimization (<i>n</i> = 101)	CSA (<i>n</i> = 37)	Revictimized (<i>n</i> = 81)
You feel you gained something from participating.	29.7	35.3%	39.8
You feel you gained insight about your experiences through completing the survey.	20.7	18.8%	38.0
You found participating in this study personally meaningful.	40.0	39.9	58.0
You found participating personally beneficial.	30.5	58.9	46.9
You were glad to have had the opportunity to participate.	55.1	58.8	76.5
You like the idea that you have contributed to science.	70.9	75.4	75.4

Note. CSA = childhood sexual abuse.

allowed for respondents to stage completion to suit their needs was spontaneously identified as advantageous. “I feel vulnerable, but glad I did not try to do it all at one sitting.”

Participants’ Reports of Personal Benefits Associated With Their Research Participation

The results presented in Table 3 indicate that between 30% and 60% of the respondents agreed with the statements from the meaningful gain component of the RRPQ. Those reporting a history of SV were more likely to indicate agreement on most of the items.

Respondents who indicated they had benefited in some way from their participation were asked to explain in what ways they believed this had happened. This revealed considerable differences between those with and without histories of SV. The ordinate themes for respondents exposed to sexual violence were offering a new perspective, being given a voice, opportunity to help others, offering a hope for change through educating others, feeling empowered, having a chance to think about the past, and normalization. Several respondents whose histories were free of abuse stated that they did not feel that they had benefited in any way; whereas others reported benefits similar to the survivor group, including an opportunity to help others and a chance to feel and think about the past. Additional themes for this group included development of an increased understanding of the issue and an opportunity for palliative comparison. Regarding “offering a new perspective,” this consisted of several subthemes: finding a new perspective, insight, and realization. First, respondents who reported finding a new perspective wrote, “I gained a new perspective: [I] had previously separated different incidents but now I see a connected response.” Others referred to insight or self-understanding: “Insight into why I feel so bad.” “It helped clarify thoughts in my head . . . it made memories more concrete and this

helped.” Some respondents indicated the process of completing the survey had led them to the realization that they either had a problem or to the recognition that they were in need of help. “I feel it is important to try to address some of the issues in my life that I have let fester.” “It has made me realize that I need support for what I have suffered.”

The next theme was the perception of being given a voice or feeling ready to talk about their experience. So for some, the survey provided an opportunity to be heard without judgment. For others, this served as a catalyst for a desire to tell other people about their victimization. “Makes me feel my voice [is] heard.” “It offered a way to talk about the bad experiences without judgement.” “I now feel the need to let others know what happened to me.” “I want others to hear what happened to me because otherwise the truth is distorted.”

A fairly large proportion of respondents stated that they benefited through helping others. “I feel like by contributing my experiences to research I am helping others.”

Interestingly, those whose histories were free of SV tended to refer to how helping others made them feel good about themselves. “I helped someone else—benefits me—makes me feel good about myself.” Conversely, those with a history of SV referred to the benefit of helping others in slightly more altruistic terms. They implied two different groups of people who may be helped by the study: “outsiders” who were in need of education about the problem and fellow survivors. “I felt I was helping others learn.” “I believe that telling someone my story may help others who have experienced the same.” Both groups viewed participation as beneficial in that it offered a chance to generate knowledge, which in turn provides hope for positive change. “The more people who are made aware of what *really* goes on, the more chance that things will change.” Furthermore, the emphasis on “what *really* goes on” in this last quote and the previous quote cited under “being given a voice,” which emphasized the need to tell what happened “otherwise the truth is distorted,” suggest that such knowledge generation needs to overcome misunderstandings and bias.

Participation appeared to facilitate a sense of empowerment for several survivors of SV. For some, this was demonstrated through the realization of the progression of their own recovery; whereas for others, this manifested in a sense of readiness to confront the past.

Thank you I enjoyed the experience, it was affirming to realize for myself that I can share my experience it's not always about pain, shame etc. . . . Completing this and feeling okay about it is an achievement I feel proud. Thank you.

A couple of the respondents wrote that the process of completing the survey made them feel stronger, and another expressed how in answering the survey questions she could be “truthful,” which presumably contrasts with concealing her past. “I feel like sharing my experiences makes me a stronger person.” “I felt purposeful and strong while answering—I could be truthful.”

It is presumed that upset as a result of being reminded of traumatic experiences is detrimental for participants. However, respondents stated that the opportunity to think about and feel past emotions was beneficial for them. This effect was reported for both respondents with and without histories of SV. “I benefited as it gave me a chance to reopen those closed doors and feel the emotion.” “It helped me cry and let the painful emotions out.”

One survivor of multiple SRV expressed how the survey helped to normalize his or her experience: “It was good to be able to normalize the abnormal.”

Finally, themes found only for respondents with histories free of SV were palliative comparison and the development of an increased understanding of the sexual violence. The former refers to benefiting by having a chance to imagine the comparison between their lives and hypothetical others who have experienced SV. “Helped me realize that things are not so bad, that there are people who have been through worse.” Others appreciated the

increased understanding of the issue. “Anything that promotes a better understanding of the effects of abuse must be a positive thing.”

To What Extent and in What Ways Did Participants Experience Distress as a Consequence of Participating in the Study?

The proportion of respondents indicating agreement with each of the distress sub-scale items can be found in Table 4. Between a quarter and a third of the respondents with histories of SV reported unexpected unpleasant thoughts and emotions, and between half and two-thirds experienced anticipated unpleasant emotions. Survivors of SV were twice as likely to report unpleasant emotions and were made to remember things they preferred to forget and four to five times more likely to have intense emotions during the survey than those without histories of SV.

The respondents were asked to report whether they experienced any unpleasant thoughts and emotions as a consequence of completing the survey and to indicate how long these lasted. Two respondents said that their participation may have awakened long-forgotten memories. Respondents with a history of SV reported they felt a mixture of different negative emotions, yet most emphasized that this did not persist for long. Sadly, several respondents reported feeling debilitating emotions: shame and guilt and sizable proportion reported becoming tearful. Although several respondents indicated that the negative emotions they experienced were not much different from their everyday emotions.

Potential for Recovering Memories of Long-Forgotten Sexual Abuse. The possibility of recovering long-forgotten memories was evident for several people who either reported histories with or without SV. “Feelings of awe at some of the things I have conveniently forgotten and now flooding in.” “Just thought about a thing that happened and not sure if it was a dream or not . . . just made me think!”

The Emotions Evoked by Participation. The cocktails of negative emotions reported by survivors of SV included “anger, hate, sick, empty, neglected . . .” “Angry, sad, scared—it lasted about 5 min while I was still on that question.” In contrast, those who reported

TABLE 4. Distress

	Percentage in Agreement With the Statement		
	No Sexual Victimization (n = 101)	CSA (n = 37)	Revictimized (n = 81)
The research raised unpleasant emotional issues for you that you had NOT expected.	13.7	30.7	28.9
The research raised unpleasant emotional issues for you that you had expected.	21.4	48.1	66.9
The research made you think about things you didn’t want to think about.	25.6	45.8	48.1
You experienced intense emotions while completing the survey.	9.6	45.9	51.1
You experienced intense emotions after having completed the survey.	27.2	18.8	40.5

histories free of SV reported feelings such as annoyance and boredom. "Bored, the questions didn't relate to me!" "Annoyance." Feelings associated with shame and guilt can be among the most debilitating. These took the form of feeling being dirty, ashamed, self-blaming, and feelings of guilt in relation to a perceived negation of a self-imposed responsibility for protecting siblings. For some respondents, these feelings were transient; whereas for others, these were more persistent and yet commonplace. "Dirty, emotional, anger, regret, and guilt. They stay with me all the time." "Sad, cried, guilty for [failing to protect] my sister, felt I should have done something."

The Intensity, Persistence, and Consequences of the Concomitant Distress. Some respondents were keen to highlight that the distress they felt during the survey was no different from that which they experience on a daily basis. "This stuff is constantly disturbing my thoughts anyway. I don't think having done this will make a difference to that." The final question on the survey asked participants who had been made to think about things that they would rather forget report how much this interfered with their intended activities. Sixty-eight (56%) respondents with a history of SV responded to this question. Twenty-eight (41%) reported that this did not interfere with their daily activities, 15 (22%) said it interfered "only a very little," 13 (19%) said it interfered "a bit," 7 (10%) responded "quite a lot," and 2 (3%) said "it was very debilitating."

DISCUSSION

In discussing these findings, I will attempt to relate them to previous literature and to use them in formulating practical suggestions for enhancing the ethical integrity of SV research projects which use a web-survey method. Additionally, I hope to clarify the nature of the relationship between harm and benefit for the participants. To begin, the practical use of the findings have to be considered in light of the attrition between the two waves of data collection (i.e., the original sexual trauma survey and the follow-up survey) to ensure that the population under consideration are not underrepresented in the follow-up data (e.g., those with histories of SV). The findings demonstrated that a greater proportion of people with a history of SV completed the follow-up survey than those with histories free of such abuse. This might indicate that they felt that the study was more personally meaningful and were committed to offering feedback on their experience. Whereas for those with histories free of SV, their participation was neither particularly negative nor especially positive and so the compulsion to offer feedback may have been deficient. Additionally, because those without histories of SV who completed the feedback survey were more likely to report being inconvenienced by their participation in the sexual trauma survey than their survivor counterparts, this reaction may have been even greater for those who chose not to complete the feedback survey. This suggests that those with a history of SV were not underrepresented in the study's findings.

Motivations for and Perceived Benefits of Research Participation

Interestingly, the same issues that served as motives for participating in the original sexual trauma survey were also frequently referred to as the benefits of participation. Thus, if it is the intention of the researcher to maximize benefits to the participants, these motives need to be considered and strategies developed to maximize their potential. The motives for those with a history of SV were often driven by a desire to help others including fellow survivors, potential victims, those who are naive about the reality of sexual violence, and the researcher. Thus, I suggest that suitable recompense for the respondents' time and effort would be to

ensure that the study's findings are appropriately disseminated so that their impact might be fully realized. A second key motivation for these participants was the desire for gaining self-help. The quotes referring to the benefits of participation that relate to self-help include normalization, offering a new perspective, the opportunity to assess patterns of behavior/experiences, and the recognition that they may be in need of help. Although I provided a list of suitable sources of support in the debriefing section at the end of the sexual trauma survey, I did not attempt to enhance the participants' self-understanding in any other way. On reflection, this was possibly a mistake. Consequently, I propose that researchers should make their outputs available to participants and to do this in a way that both maintains their anonymity and allows for accessibility. That is, the debriefing literature could direct the participants to a web page which has a synopsis of the academic outputs, which are written in a jargon free, user-friendly manner. Information could also be provided regarding other ways in which the findings have been used to positive effect (e.g., training sessions for researchers/practitioners). This might also include links to other appropriate sources of information that could help to normalize the responses to traumatic experiences in a way that fosters greater self-understanding and an enhanced sense of empowerment. Additionally, because the recognition that one might be in need of support often evolves gradually following study participation (Martin, Perrott, Morris, & Romans, 1999), I recommend such resources are made available on this more permanent web page.

Distress Experienced as a Consequence of Research Participation

Regarding the items that are suggestive of distress, the findings indicate that overall, experiencing unpleasant emotions was a fairly common occurrence for survivors of SV during the survey completion and that a sizable proportion of people had not anticipated experiencing such emotions. Almost a quarter of survivors of CSA and almost a third of those who had experienced SRv reported such unanticipated negative emotions. Whereas for most participants, these emotions dissipated fairly rapidly (e.g., after moving on to the next question or within 5–10 min); for a small minority (3%), the level of distress was experienced as very debilitating; and for a slightly larger group (10%), this interfered with their daily activities to a considerable extent. However, this might be an underestimation of the level of disruption to the respondents' lives because most respondents completed the feedback survey within hours of completing the trauma survey. Thus, they would have been unaware of the enduring nature of the effects or of the possibility of delayed effects. This suggests that the participant information sheet should be clearer in highlighting the likelihood of both experiencing unanticipated unpleasant emotions and the extent to which these may disrupt intended activities. Not only would this permit participants to make more informed judgments about whether to participate but also allow those who are willing to be more selective about when and where they chose to respond to the survey invitation.

Some of the respondents who were survivors reported a plethora of negative emotions some of which were notably self-deprecatory and self-accusatory, which included feeling disgusting, shameful, blameworthy, and guilty for failing to protect others. The emotions can be the most incapacitating, and if these were to be evoked in a face-to-face interview situation, the researcher would feel compelled to ameliorate these. Likewise, I portend that in web-survey research, it is possible to include a section in the debriefing literature which indicates the prevalence of sexual violence and challenges some of the myths around CSA and sexual assault, particularly those that espouse notions of victim blame, and so forth, as a means of contesting the veracity of the basis for these emotions.

Is the Level of Distress Compensated for by Higher Levels of Perceived Personal Benefit?

The multivariate analysis revealed that respondents with histories of SV reported experiencing higher levels of distress and greater personal gain from participating in the study than their counterparts with histories free of SV. However, unlike Newman, Risch, and Kassam-Adams' (2006) assertion in their review of participant experiences that most participants who report distress also report benefiting from research was not supported for all of the groups in the current findings. Although the aggregate scores demonstrated that those with the high levels of distress also showed high levels of personal gain, when correlations were performed between each individual's level of distress and their own perceived benefits, for each of the groups based on their history of SV separately, there were no significant relationships for those with histories of SRv. Although a positive relationship was found for those whose histories were free of SV and survivors of CSA. This finding suggests that caution must be exercised when assuming that a satisfactory cost–benefit ratio exists in the face of relatively high levels of distress because this may not apply equally to all the participants, particularly those with a greater number of trauma experiences. It must also be remembered that when the respondents clarified the benefits from taking part in the study in the open-ended questions, some reported benefits that would be categorized as distress in the numeric data.

Thus, although in the statistical analysis it appears that some with a relatively high level of distress did not simultaneously experience much by way of personal gain, some may have in fact perceived elements of the “distress” scale as beneficial. This highlights the weakness of reliance on a purely quantitative exploration of participants' experiences because the observers' preconceptions of the meanings attached to certain phenomenon can be erroneous. I therefore recommend that open-ended questions should be used to supplement quantitative measures of participant reactions.

Less than 5% of the sample reported regretting their participation. This is concordant with Walker, Newman, Koss, and Bernstein's (1997) findings from their trauma survey. One way in which regret might be reduced is through the ability to backtrack through completed parts of the survey to alter entries or to add further clarification. Currently, this facility is not available on PsychData, but it is an option that respondents might welcome.

Research Procedures and Perceptions of Respectful Treatment

Approximately 80% of respondents felt that they had been treated respectfully. However, fewer respondents whose histories were free of SV reported likewise. This might be partly explained by these respondents not understanding how their responses were important to the study. Consequently, I propose that clarification should be given to those whose role is to unknowingly serve as a comparison group in a study so that they can fully understand their role. The inclusion of a nonsexually abused comparison group in this instance was necessary in light of the hypotheses testing objectives of the survey. In hindsight, the participant information sheet should have been more explicit in explaining the valuable contribution of both those with and without histories of SV.

Analysis of the qualitative comments that refer to respectful treatment indicated that those who had not experienced SV were concerned that the survey might be insensitive to those who have such histories and that an alternative data collection method might be more appropriate. Yet, the survivors commented favorably on the survey design; in particular, they valued the open dialogue comment boxes which allowed them to elaborate on experiences and communicate in their own words with the researcher, and the function which permitted

completion of the survey over several sittings, which meant the respondents could pace themselves and accommodate any concomitant distress. These are valuable features of a web-survey design, which can be readily incorporated into a study. Importantly, the comment boxes were not only perceived as respectful but also permitted some of the respondents the opportunity to benefit through telling their story. Many respondents to the original sexual trauma survey spontaneously gave detailed accounts of their experiences, the writing of which is deemed by some as being therapeutic (Pennebaker, 2004).

I hope that these findings will offer others embarking on studies of sensitive topics, direction when attempting to ameliorate the harms, enhance the potential for personal benefit, and facilitate the realization of truly informed consent. From the respondents' views expressed here, most of those with histories of SV were grateful to those who engage in such research, and many reported benefits not unlike those found in face-to-face interviews. If a comparative group of participants without histories of SV is to be included, care must be taken in constructing the invitation literature to ensure that their contribution is clearly articulated and presented as equally valuable. Although they will not appreciate that they are a comparison group, they may feel as though the questions did not relate to them, and thus they will not feel free to tell their own stories. The web survey is not experienced as disrespectful or insensitive by most of the respondents. Although significant numbers reported becoming distressed during the survey, they stressed that these emotions are an everyday occurrence or that they dissipated fairly rapidly. A minority of people may have memories triggered by participation, and others have their intended activities significantly disrupted by their emotional reactions. The suggestions I offer here for more ethically sensitive research are not exhaustive but are presented as a small contribution to the pool of meta-research.

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