What's the Harm in Asking? Participant Reaction to Trauma History Questions Compared with Other Personal Questions

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Abstract

Previous empirical research has linked the disclosure of traumatic experiences through writing with increased positive cognitive processing and physiological well-being (Park & Blumberg, 2002). The benefits of disclosure seem to outweigh the costs in many cases. Other research suggests that not asking about trauma experiences may actually have negative consequences by perpetuating societal stigmas that serve to avoid discussion about trauma (Becker-Blease & Freyd, 2002). In the present study (N=275) the researchers compared participants' emotional reactions to trauma questions with their reactions to other possibly invasive questions through a self-report survey. Participants were also asked about how important they felt each question was to future research. This research addresses the costs/benefits of asking about trauma compared to other possibly invasive questions commonly examined in research.

Introduction

Institutional Review Boards (IRBs) are charged with ensuring the ethical treatment of human participants in psychological research, and studies that pose possible harm to participants deserve the scrutiny of IRBs (Colombo, 1995; Schreier & Stadler, 1992). How do IRBs reach the decision to approve research protocols? In areas of research that have little empirical data about participant reaction to them, IRB members must rely on intuitional judgment and individual belief systems (Becker-Blease & Freyd, 2004). While this judgment may be altruistic, finely-tuned, and valid, it also may be influenced by social bias and stigma. IRBs affect what researchers include in their studies; therefore it is especially important to base decisions about whether to approve research on empirical evidence of harm (Kassam-Adams & Newman, 2002; Becker-Blease & Freyd, 2004; Stanley, Sieber & Melton, 1987). IRBs often express concerns about risks to participants when the research involves asking about trauma.

A Brief Historical Summation Regarding Stigma Surrounding Trauma

Trauma—including, but not limited to, child abuse, incest, interpersonal violence, and combat—has a history of denial and an ebb and flow of cultural acceptance (Herman, 1997; McFarlane, 2000; Milburn & Conrad, 1996). Hysteria, a diagnosis given to women with physical manifestations of psychological malaise in the late 19th century, can be used to illustrate this ebb and flow of acceptance (Freyd, 1996; Herman, 1997). When Freud introduced a seduction theory (the sexual exploitation of a child by an adult) as the root of this diagnosis, the prevalence of abuse that was im-

plied was not well received by his contemporaries (Freyd, 1996; Herman, 1997; McFarlane, 2000). Some researchers have suggested that the pressures of colleagues and a public that did not accept this association, as well as the cultural climate of that time, heavily influenced the recantation of this finding (Freyd, 1996; Herman, 1997; McFarlane, 2000). Out of this denial of the pervasiveness of child sexual abuse, Freud developed the Oedipus and Electra complexes. In essence, these complexes redefined the occurrence of child sexual abuse (CSA) as an individual pathology brought on by a child's precocious nature and fantasy (Freyd, 1996; Herman, 1997). The professional scrutiny of trauma and its denial resurfaced after World War One. Military psychologists noticed some soldiers who exhibited behavior that mimicked hysteria (Herman, 1997). Tactics of denial included the suggestion of individual weaknesses in the character of those who displayed hysterical symptomology on return from combat (Herman, 1997; McFarlane, 2000).

Another phase of discovery and collusion in regards to trauma occurred in early 1970. Burgess and Holmstrom (1974) introduced the term *Rape Trauma Syndrome* in response to their observations of common symptomolgy among rape survivors. As discussion around the experiences of rape survivors began to become more open, rape and trauma reports were met with a cultural backlash of rape myths. The rape myths included the assumption that reported incidence of rape was exaggerated, and that victim behavior or character made him or her vulnerable (Burt, 1980; Lonsway & Fitzgerald, 1994). Rape myths also included the idea that those who were raped asked for and enjoyed it (Burt, 1980; Lonsway & Fitzgerald, 1994). IRBs and investigators are at risk of being unduly influenced by this pattern of denial and resulting misinformation.

When approaching the issue of participant reactions to research involving trauma, it is important to be wary of biases that may be created by social stigma.

Research and Participant Experience

Ethical research practices require careful consideration and awareness of participants' needs and well-being. It is important that researchers do no harm (American Psychological Association, 2002). Many studies look at possible harm to participants and show few problems (Boothroyd & Best, 2003; Carlson, Newman, Daniels, Armstrong, Roth & Loewonstein, 2003; DePrince & Freyd, in press; Griffin, Resick, Waldrop & Mechanic, 2003; Ruzek & Zatzick, 2000). In fact, studies often find that participants report the benefits of being involved in research (Boothroyd & Best, 2003; Carlson, Newman, Daniels, Armstrong, Roth & Loewonstein, 2003; DePrince & Freyd, in press; Griffin, Resick, Waldrop & Mechanic, 2003; Ruzek & Zatzick, 2000). Griffin, et al. (2003) did a follow-up study with a sample of survivors of acute physical/sexual assault and domestic violence to assess their traumatic experiences and symptoms. Participants filled questionnaires that measured their responses to being involved in the research. The study found that the trauma research was well tolerated, and that some participants reported the experience as positive and interesting. Likewise, DePrince and Freyd (in press) found that out of 481 randomly sampled college students who were asked about trauma, 85% responded positively to questions about their research experience and reported that the benefits outweigh the costs of participation in trauma research. The other 15% of participants reported neutral response to research involvement.)

Over the past 15 years, researchers have also shown that writing and talking about traumatic experiences helped create cognitive, psychological, and physiological benefits for individuals (Donnelly &Murray, 1991; Francis & Pennebaker, 1992; Park & Blumberg, 2002; Pennebaker, 1997; Pennebaker & Beall, 1986; Pennebaker & Francis, 1996). Donnelly and Murray (1991) studied the effects of exploring traumatic experiences through autobiographical essays and therapeutic interviews by comparing groups who wrote and talked about traumatic experiences with those who wrote and talked about non-traumatic events. They found that trauma-focused participants experienced positive emotional, cognitive and self-esteem changes, while such changes were not observed with the non-trauma participants. In a meta analysis of 44 studies Pennebaker (1997) found that participants who wrote about traumatic events reported a reduction in physician visits, strengthened immunity, increased GPA, less absenteeism from work, ease of physical symptoms, reduction in subjective distress, reduction of negative affect, and a reduction in depression.

Simply having a venue for disclosing trauma history may also benefit an individual survivor by validating and bearing witness to experiences that may have previously been invalidated (Becker-Blease & Freyd, 2004). Including trauma in studies can be generally beneficial to research. For example, the inclusion of trauma questions could minimize erroneously attributing psychological states to environmental variables. If a psychological measure exploring the origins of a client's anxiety excluded trauma questions, their anxiety could seem correlated to factors such as drug use or diet, when the experienced anxiety could in fact be symptomatic of early childhood abuse. Such inclusion of a participants' trauma history

can increase the overall soundness of some research.

The inclusion of trauma in pertinent research may also be beneficial socially. It may be one step toward discontinuing the denial and stigma surrounding trauma. It may also give a venue for increasing and encouraging disclosure of socially stigmatized trauma. By not asking, we may perpetuate the silence associated with it (Becker-Blease & Freyd, 2004).

Moving Forward

Considering the history of stigma and denial surrounding trauma, it is critical to distinguish between cultural bias and empirical evidence. Empirical evidence is important when approaching IRB and investigator concerns. In order to address one aspect of investigator and IRB concerns around trauma research, Becker-Blease and Freyd (2004) suggest comparing participant responses to personal questions that are less socially stigmatized—income, cigarette/alcohol consumption, ethnicity, and body weight—with responses to more socially stigmatized trauma questions—interpersonal violence, incest, emotional and psychological abuse. By implementing this suggestion, we hoped to provide data about whether personal items, often included in measures approved by IRBs, are more or less distressing than trauma questions that may be considered more invasive.

In this study, we asked University of Oregon students participating in a series of subject-pool prescreening surveys to report their levels of distress in response to personal questions and trauma history questions that were included in the prescreening packet. The participant response questions were based on Deprince & Freyd, 2003.) We also asked them to report levels of perceived importance

for researching personal questions and trauma questions, as well as how good particular research topics are to study. We predicted that there would be no significant difference in levels of distress reported between the topic types ("trauma" and "personal" questions). While the stigma surrounding some forms of trauma influences the perceived harmfulness of certain questions, we predicted that trauma questions would be perceived to be no more distressful to participants than other less stigmatized personal questions. We also predicted a linear trend in both importance and cost/benefit, with personal questions being least important and trauma questions being most important to psychological research. We expected that the subjects' own experiences with trauma would positively influence the perceived and reported importance of its study and would also influence participants' reported ratio of cost/benefit of trauma research compared to other research.

Method

Participants

The participants were University of Oregon students in a spring 2004 psychology subject-pool prescreening. Students were given the option of participating in prescreening in lieu of, or in addition to, required or extra-credit experiment involvement as part of their linguistic and psychology courses. Benefits to participants included research experience and the opportunity to qualify for additional studies in the psychology and linguistic departments. The total sample size was 275, with 192 female participants and 83 male participants. A majority of participants were Caucasian (214, or 77.8%), while 23 (8.4%) identified as Asian/Pacific Islander, 10 (3.6%) as African American, 3 (1.1%) as Native American, 2 (1%)

as Hispanic, and 23 (8.4%) were unknown. The age of participants ranged from 17 to 52 years (M = 19.54 years, SD = 2.58 years).

Materials

The prescreening packet of psychological inventories included a wide variety of measures. In addition to 20 demographic questions, participants completed measures such as the Dissociative Experiences Scale (Bernstein & Putnam, 1986), the Brief Betrayal Trauma Survey (Freyd & Goldberg, under review), and a variety of personality and social psychology inventories. Participants were specifically asked about GPA and SAT scores, ideal body image, emotional and psychological maltreatment, and forced sexual contact, which were the target items in our study. Last in the prescreening packet was the measure used in the present study (based on DePrince & Freyd, 2003, see appendix A).

Participants responded to a set of three questions for each of the four target areas in this study. The first question, which was reverse scored upon analysis, asked: "Was answering this question more or less distressing than other things you sometimes encounter in day-to-day life?" Responses were provided a 5-point Likert scale, with the following classifications: 1 = much more distressing, 2= "\somewhat more, 3= neutral, 4= somewhat less, and 5= much less distressing. The next question asked: "How important do you believe it is for psychologists to ask about [Target Item] in order to study the impact [of it]?" Responses were provided on a 5-point Likert scale, with 1= definitely not important, 2= somewhat not important, 3= neutral, 4= somewhat important, and 5= very important. The third question was: "Please consider both your experience answering the question about [Target Item] and your feelings about how important it is that we ask the question. How good of an idea

is it to include such a measure in psychology research?" Responses were provided on a 5-point Likert scale, where 1= very bad idea, 2= somewhat bad, 3= neutral, 4= somewhat good, and 5= very good idea. For each set of three questions, participants were asked about responses to four target items (two "personal" questions, and two "trauma" questions). These four target items were GPA and SAT scores, and ideal body image (the two "personal" questions), emotional and psychological maltreatment, and forced sexual contact (the two "trauma" questions), which were used as our comparative target items.

Procedure

The measures were completed in a large group setting. The packet took about one hour to complete. Participants read statements about informed consent and were made aware of the option of skipping any question that made them uncomfortable. Upon completion of the survey, participants received debriefing sheets as well as credit in their psychology or linguistics classes.

Results

A repeated measures ANCOVA revealed no significant differences ($p > .05$) in the amount of distress reported when answering questions about the four topic types—GPA and SAT scores, ideal body image, emotional and psychological maltreatment, and forced sexual contact. Means and standard deviations are presented in Table 1 (Appendix B).

Polynomial contrasts showed significant linear trends for both importance, $F(1, 250) = 14.15$, $p < .001$, and how good of an idea the research topic is to study, $F(1, 250) = 7.12$, $p < .001$, such that both importance and cost/benefit were reported as being the lowest for

GPA and SAT scores, followed by body image and then greatest for trauma questions–emotional and psychological maltreatment and forced sexual contact.

Discussion

The present study was an extension of a paper by Becker-Blease and Freyd (2004) that called for empirical data on participants' experiences with trauma research. In approaching this suggestion, we borrow from other research that has examined participant response to trauma questions by comparing response to trauma questions with response to other personal questions (Carlson et al., 2003; DePrince & Freyd, in press; Griffin et al., 2003; Ruzek, Zatzick, 2000). Upon analysis, our results showed that participants reported no significant differences between distress levels for personal questions and trauma questions.

We also found that there was a positive linear trend in importance as well as in how good the research topic was to study (or our cost/benefit question) with GPA, SAT scores, body image, and then trauma questions ranked consecutively. These results support our *a priori* hypothesis that participants perceive trauma experiences as being important to study and that they view the benefits as outweighing the costs. Our findings indicate that IRBs and researchers should consider approving and including trauma questions in pertinent research as readily as they might include other personal questions. We hope our results will help to alleviate the concerns of IRBs and social science investigators about the possible negative implications in asking trauma questions.

Previous studies found that writing and talking about traumatic experiences was beneficial cognitively, psychologically, and

physiologically (Donnelly & Murray, 1991; Francis & Pennebaker, 1991; Park & Blumberg, 2002; Pennebaker, 1997; Pennebaker & Beall, 1986; Pennebaker & Francis, 1996). While some of these studies involve in-depth writing and discussion conditions to observe the therapeutic effects, it may be possible that simply giving a medium for disclosure and asking about trauma may have individual therapeutic, and social value as well (Becker-Blease & Freyd, 2004; Pennebaker & Francis, 1996).

Asking about trauma in research highlights several important implications. The act of asking gives implicit permission for disclosure. It also validates an individual's trauma history, as well as showing that trauma is important to psychologists. Asking about and including trauma history in psychological research also makes a statement that, as psychologists, we choose to acknowledge trauma as a reality that affects our social structure, our culture's mental health status, and our collective physical well-being.

In the present study, we sought to address a suggestion put forth by Becker-Blease and Freyd (2004) for providing empirical data to IRBs and investigators concerned with the ethics of trauma research. As far as we know, many studies have addressed the harm in asking about trauma, but none have compared trauma questions to other less stigmatized personal questions in order to gauge relative distress levels. We hope that our findings will contribute to the data about the experiences of those participating in research and help to address IRB concerns around harm to participants in trauma research by asking about trauma. Becker-Blease and Freyd (2004) also observe that researchers may be hesitant to include trauma questions in studies because of a concern for possible obstacles posed by IRBs. With our results, along with other research designed

to offer empirical information to IRBs, we hope that researchers will be more likely to include important trauma information in pertinent studies.

This study had several important limitations. It would have been beneficial to use shorter packets than the large prescreening packets preceding our participant reaction measure. Some participants were unable to finish the packets, including our measure, because of prescreening time limits. Addressing time constraints also would have allowed an increase in the number of comparative questions we were able to ask. In order to represent a stronger comparative picture, it would have been ideal to include more items on the measure reflecting both trauma conditions (such as questions about physical abuse, rape, and combat experience), and other personal questions (such as income, drug use, and abortion history).

For future research, it may be advantageous to use a sample made up solely of trauma survivors. In the present study, we had participants who reported a spectrum of trauma history, but looking at a sample made up entirely of trauma survivors would aid in observing the effects of such research on specific individuals who may have the most to gain from it. A sample of this sort would also have the potential to provide research participants with varied trauma histories (ranging from childhood abuse to combat experiences, etc.), allowing a look into how participants with specific traumatic experiences respond to different types of trauma and personal questions.

Future research might also explore possible benefits in simply being asked about trauma and disclosing trauma history. Cognitive, psychological, and physiological benefits are linked to writing about trauma and other life issues (Becker-Blease & Freyd, 2004;

DePrince & Freyd, in press; Donnelly & Murray, 1991; Francis & Pennebaker, 1992; Park & Blumberg, 2002; Pennebaker & Beall, 1986; Pennebaker & Francis, 1996). It would be helpful to determine short-to-long term benefits of being asked about trauma history by following up research that involves asking about trauma, and comparing the findings to research that avoided asking about trauma with longitudinal reports on scholastic/work achievement, psychological and physical well-being, and number of visits to health care professionals. In doing this, we can compare results to those found in trauma/life experience writing studies.

Many aspects of our society are affected by a cultural history of denial and stigmatization of trauma, including the responses of investigators and IRBs. In order to begin addressing these issues and the biases that may arise in this cultural climate, we would benefit from examining underlying mechanisms of denial and stigma while continuing research that addresses these issues empirically. Our best defense against being influenced by cultural denial and stigma is to attempt to decipher fact from fiction. Addressing these issues empirically may be a step in the direction of cultural acceptance and a change in our view of trauma. We have lived in an ebb and flow of trauma acceptance, and when we deny trauma, or invalidate it, we risk invalidating those who are survivors. Research has shown that denial of trauma can often lead to an increased likelihood of future incidents and a decreased ability of victims to function cognitively, psychologically, and physiologically (Milburn & Conrad, 1996). The attempt to end this pattern of denial and stigma around trauma by approaching it empirically may help to lower the occurrences of trauma and to decrease the negative impact of trauma both for individual survivors and our culture.

Appendix A.

Please answer the following questions regarding your experience with some of the material that you have encountered in this packet. Your feedback is important to us, and to future research.

Question #1: In this survey packet we asked you to provide either your GPA or SAT scores.

a. Was answering this question more or less distressing than other things you sometimes encounter in day-to-day life?

1	2	3	4	5
Much More Distressing	Somewhat More	Neutral	Somewhat Less	Much Less Distressing

b. How important do you believe it is for psychologists to ask about GPA or SAT scores in order to study the impact of them?

1	2	3	4	5
Definitely Not Important	Somewhat Unimportant	Neutral	Somewhat Important	Very Important

c. Please consider both your experience answering the question about GPA or SAT scores, and your feelings about how important it is that we ask the question. How good of an idea it is to include such a measure in psychology research?

1	2	3	4	5
Very Bad Idea	Somewhat Bad	Neutral	Somewhat Good	Very Good Idea

Question #2: In this survey packet we asked you to rate your ideal body silhouette.

a. Was answering this question more or less distressing than other things you sometimes encounter in day-to-day life?

1	2	3	4	5
Much More Distressing	Somewhat More	Neutral	Somewhat Less	Much Less Distressing

b. How important do you believe it is for psychologists to ask about ideal bodies in order to study this?

1	2	3	4	5
Definitely Not Important	Somewhat Not Important	Neutral	Somewhat Important	Very Important

c. Please consider both your experience answering the question about ideal bodies, and your feelings about how important it is that we ask about it. How good of an idea is it to include ideal body questions in psychology research?

1	2	3	4	5
Very Bad Idea	Somewhat Bad	Neutral	Somewhat Good	Very Good Idea

Question #3: In this survey packet we asked about emotional and psychological maltreatment:

a. Was answering this question more or less distressing than other things you sometimes encounter in day-to-day life?

1	2	3	4	5
Much More Distressing	Somewhat More	Neutral	Somewhat Less	Much Less Distressing

b. How important do you believe it is for psychologists to ask about emotional and psychological maltreatment in order to study the impact of such experiences?

1	2	3	4	5
Definitely Not Important	Somewhat Not Important	Neutral	Somewhat Important	Very Important

c. Please consider both your experience answering the question about emotional and psychological maltreatment, and your feelings about how important it is that we ask the question. How good of an idea it is to include such a measure in psychology research?

1	2	3	4	5
Very Bad Idea	Somewhat Bad	Neutral	Somewhat Good	Very Good Idea

Question #4: In this survey packet we asked about being made to have sexual contact:

a. Was answering this question more or less distressing than other things you sometimes encounter in day-to-day life?

1	2	3	4	5
Much More Distressing	Somewhat More	Neutral	Somewhat Less	Much Less Distressing

b. How important do you believe it is for psychologists to ask about being made to have some form of sexual contact in order to study the impact of such experiences?

1	2	3	4	5
Definitely Not Important	Somewhat Not Important	Neutral	Somewhat Important	Very Important

c. Please consider both your experience answering the questions about being made to have some form of sexual contact, and your feelings about how important it is that we ask the question. How good of an idea it is to include such a measure in psychology research?

1	2	3	4	5
Very Bad Idea	Somewhat Bad	Neutral	Somewhat Good	Very Good Idea

Please answer the next two questions regarding your general experience with the material in this packet:

1. Which questions in this packet were most disturbing to you (if any)?

2. Which questions do you believe are most important for psychologists' to include in research?

Thank-you!

Appendix B.

Table 1. Means and Standard Deviations for Repeated Measures ANCOVA

	Distress	Importance	Cost/Benefit
GPA	2.45(1.15)	2.91(1.05)	3.15(.87)
Body Image	2.56(1.02)	3.86(.82)	3.77(.77)
Psychological Maltreatment	2.53(1.03)	4.37(.81)	4.23(.79)
Sexual Abuse	2.66(1.01)	4.24(.78)	4.12(.81)

Note. Standard Deviations are in parentheses.

References

American Psychological Association. (2002). *Ethical principles of psychologists and code of conduct, Principal A.* Retrieved May 25, 2005, from http://www.apa.org/ethics/code2002.html.

Becker-Blease, K. A., & Freyd, J. J. (2004, July). Why not ask about abuse? Beliefs that hold researchers back. Paper presented at the annual meeting of the American Psychological Association, Honolulu, HI.

Bernstein, E. M., & Putnam, F. W. (1986). Development, reliability and validity of a dissociation scale. *Journal of Nervous and Mental Disease*, 174(12), 727-735.

Boothroyd, R. A., & Best, K. A. (2003). Emotional reactions to research participation and the relationship to understanding of informed consent disclosure. *Social Work Research*, 27(4),242-251.

Burgess, A. W., & Holmstrom, L. L. (1974). Rape Trauma Syndrome. *American Journal of Psychiatry*, 131, 981-986.

Carlson, E. B., Newman, E., Daniels, J.W., Armstrong, J., Roth, D., & Loewenstein, R. (2003). Distress in response to and perceived usefulness of trauma research interviews. *Journal of Trauma and Dissociation*, 4(2), 131-142.

Colombo, J. (1995). Cost, utility, and judgments of Institutional Review Boards. *American Psychological Society*, 6(5), 318-319.

DePrince, A. P., & Freyd, J. J. (2003, November). *Participant responses to being asked about trauma history.* Paper presented at International Society of Traumatic Stress Studies, Chicago.

DePrince, A. P., & Freyd, J. J. (in press). Costs and benefits to research participants of being asked about trauma history. *Journal of Trauma Practice.*

Donnelly, D. A., & Murray, E. J. (1991). Cognitive and emotional changes in written essays and therapy interviews. *Journal of Social and Clinical Psychology*, 10(3), 334-350.

Francis, M. E., & Pennebaker, J. W. (1992). Putting stress into words: The impact of writing on psychological, absentee, and self-report emotional well-being measures. *American Journal of Health Promotion*, 6(4),280-287.

Freyd, J. J. (1996). *Betrayal Trauma: The logic offorgetting childhood abuse.* Cambridge, MA: Harvard.

Freyd, J. J., & Goldberg, L. R. (2004, November). *Gender difference in exposure to Betrayal Trauma.* Presentation at the 20th Annual Meeting of the International Society for Traumatic Stress Studies, New Orleans, LA.

Griffin, M. G., Resick, P. A., Waldrop, A. E., & Mechanic, M. B. (2003). Participation in trauma research: Is there evidence of harm? *Journal of Traumatic Stress*, 16(3), 221-227.

Herman, J. L. (1997). *Trauma and recovery: The aftermath of violence -from domestic Abuse to political terror.* New York: BasicBooks.

Kassam-Adams, N., Newman, E. (2002). The reactions to research participation questionnaires for children and for parents (RRPQ-C and RRPQ-P). *General Hospital Psychiatry*, 24, 336-342.

Lonsway, K. A. and Fitzgerald, L. F. (1994). Rape myths: In Review. *Psychology of Women Quarterly*, 18, 133-164.

McFarlane, A. C. (2000). On the social denial of trauma and the problem of knowing the past. In A. Y. Shalev, R. Yehuda & A. C. McFarlane (Eds.), *International Handbook of Human Response to Trauma* (pp. 11-26). New York: Kluwer/PI enum.

Park, C. L., & Blumberg, C. J. (2002). Disclosing trauma through writing: Testing the Meaning-Making hypothesis. *Cognitive Therapy and Research*, 26(5),597-616.

Pennebaker, J. W. (1997). Writing about emotional experiences as a therapeutic process. *Psychological Science*, 8(3), 162-166.

Pennebaker, J. W., & Beall, S. K. (1986). Confronting a traumatic event: Toward an understanding of inhibition and disease. *Journal of Abnormal Psychology*, 95(3), 274-281.

Pennebaker, J. W., & Francis, M. E. (1996). Cognitive, emotional, and language processes in disclosure. *Cognition and Emotion*, 10(6),601-626.

Ruzek, J. I., & Zatzick, D. F. (2000). Ethical considerations in research participation among acutely injured trauma survivors: An empirical investigation. *General Hospital Psychiatry,* 22, 27-36.

Schreier, B. A., & Stadler, H. A. (1992). Perspectives of research participants, psychologist investigators, and Institutional Review Boards. *Perceptual and Motor Skills,* 74, 1067-1072.

Stanley, B., Sieber, J. E., & Melton, G. B. (1987). Empirical studies of ethical issues in research: A research agenda. *American Psychologist*, 42(7), 735-741.