



## Vulnerable adolescent participants' experience in surveys on sexuality and sexual abuse: Ethical aspects

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### ABSTRACT

**Objective:** The aim of this research was to study the discomfort experienced by adolescents when answering questions in a survey about sexuality and sexual abuse and to investigate factors that may determine possible experience of discomfort. The research focused particularly on vulnerable adolescents—sexually abused and sexually inexperienced.

**Method:** Adolescents in their final year of high school in Estonia ( $n=1,334$ ) and Sweden ( $n=3,401$ ) who had completed a survey about experiences of sexuality and sexual abuse answered additional questions about experiences of discomfort related to the survey questions.

**Results:** A majority of the participants did not feel discomfort when completing the survey. This was also the case for the two vulnerable groups. Experience of penetrating sexual abuse, sexual inexperience, mental health problems, rape myth acceptance, gender, immigrant background, and country were included in a structural equation model. Experience of penetrating sexual abuse was not significantly related to discomfort in the final model, while sexual inexperience was associated with increased discomfort (standardized coefficient .20) and rape myth acceptance was the strongest indicator of discomfort (.27). The total amount of explained variance was 17%.

**Conclusions:** Our data do not support the view that adolescents in general or vulnerable subgroups such as sexually abused or sexually inexperienced adolescents experience discomfort when answering a survey about sexuality and sexual abuse. As discomfort ratings were not highly related to any of the predictors further research is needed that includes other factors. It is important to follow existing ethical guidelines since there may always be some individuals who feel discomfort.

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### Introduction

Adolescents' participation in population-based surveys about sensitive issues such as sexuality, sexual abuse and violence places the researcher in a dilemma. On the one hand, it is in the interest of a society that wants to take responsibility to gain knowledge in order to be able to offer support and prevention (Helweg-Larsen & Larsen, 2003; Helweg-Larsen, Larsen, & Andersen, 2001) and it could be unethical *not* to do research on child abuse (Becker-Blease & Freyd, 2006; Save the Children, 2004). On the other hand, research should be designed to ensure that the participants are not harmed, especially if they belong to vulnerable groups such as sexually abused or sexually inexperienced young persons.

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There are both general ethical guidelines (US Department of Health & Human Services, 2005; Vetenskapsrådet, 2002) and guidelines that specially address children's participation in research relating to violence against children (Save the Children, 2004). In general, keystones of good research are the provision of information to the participants about the aim of the research, voluntary participation, guarantees of confidentiality, and assurance that collected data is only used in the research (Vetenskapsrådet, 2002). Minimal risk means that the probability and magnitude of harm or discomfort anticipated in the research are not greater than those ordinarily encountered in daily life or during routine physical or psychological examinations or tests (US Department of Health & Human Services, 2005). This is not equal to "no risk." The extent to which minimal harm or a minor increase in the risk of harm can be accepted depends on the extent to which the research has potential benefits. Guidelines for research involving children stress the necessity of adapting information and methods to children, to assess the risks of harm to participants through the research, planning to minimize these risks, to be prepared to deal with any distress children may express during the research process and to make arrangements for providing further ongoing support to children who need it (Save the Children, 2004).

There is a lack of empirical data on adolescents' experience of participation in research about sensitive issues (Ott, 2008) or participants' views on the risks, harms, and benefits of research (Singer & Levine, 2003). This may depend on methodological difficulties in measuring harm. When surveys about sensitive issues are used, especially long-lasting harm may be difficult to separate from negative effects of other life events. In anonymous surveys, it is only possible to measure negative feelings evoked by the research directly after research participation. These feelings could be labeled as distress or discomfort. As De Prince and Freyd (2004) pointed out, the observation of reported distress in connection with research participation does not indicate harm per se; distress cannot be uniformly assumed to be harm in that it may be transitory or comparable to emotions experienced in daily life. If negative feelings evoked by research make a participant seek help, there may be a beneficial outcome (Becker-Blease & Freyd, 2006). Nevertheless, the investigation of distress or discomfort directly evoked by research participation can provide a basis for giving useful advice to researchers and Institutional Review Boards.

In a Danish study of high school students (grade 9), 16% perceived questions about sexual experiences as embarrassing and 4% as offensive (Helweg-Larsen et al., 2001). In a Norwegian study about experiences of sexuality, sexual abuse and family violence with 18- or 19-year old adolescents, 6% strongly agreed with the statement "The questions were unpleasant" and 12% strongly agreed with the statement "The questions were too private" (Mossige & Stefansen, 2007). In a North American study of adolescents, 4% of the participants endorsed the statement that they were often upset while completing a survey about drug use, suicidal behavior, and physical and sexual abuse (Langhinrichsen-Rohling, Arata, O'Brien, Bowers, & Klibert, 2006). Participants who reported being physically or sexually abused perceived significantly more often feelings of being upset than did non-abused participants. Experiences of physical abuse accounted for 2.1% of the variance in "being upset" ratings while experience of sexual abuse accounted for 1.6%. These results indicate that the experience of sexual abuse is directly related to feelings of being upset although there have to be other reasons, too. In the same way, it can be expected that sexual inexperience is directly related to being upset or discomfort. The reasons for a young person being sexually inexperienced may vary from shyness, difficulties in finding a partner for various reasons, insecurity or anxiety concerning sexuality and sexual orientation or traditional values of the young person or his or her family. All of these may contribute to the experience of discomfort.

Additional factors may influence the perception of questions about sexual abuse. A few non-abused participants in a study of undergraduate men's experiences with abuse perpetration and victimization objected to the questions simply because they did not think that this kind of research should be conducted at all (Becker-Blease & Freyd, 2006). The authors suggested that non-abused participants were unhappy about having to confront the fact that abuse occurs. Rape myth acceptance indicates that those who accept are likely to hold prejudicial, stereotyped, or false beliefs about rape, rape victims and rapists. The result of such acceptance is that the impact of sexual abuse on the victim is denied or reduced and that victims are blamed for their own victimization (Burt, 1980). It is possible that young persons who display a high level of rape myth acceptance do not think that research about sexual abuse is beneficial and that they feel discomfort when participating in such research. The experience of sexual abuse is often connected with feelings of guilt and shame on behalf of the victim (Finkelhor et al., 1986). Victims who blame themselves for the sexual abuse might even accept rape myths to a higher degree than others. It is not known whether sexual inexperience is directly related to rape myth acceptance in the same way. The reasons for a young person being sexually inexperienced differ widely and some of these may be related to rape myth acceptance while others are not.

Finally, background variables such as gender, immigrant background and the country where the study is carried out may directly or indirectly influence the young person's experience of a survey. In previous studies, girls were overrepresented when it comes to sexual abuse (Finkelhor, 1994) and mental health problems such as depression (Mossige, Ainsaar, & Svedin, 2007). Young persons reporting sexual abuse had an elevated risk of subsequent psychiatric disorders and negative short- and long-term effects on development (Fergusson & Mullen, 1999; Finkelhor, 1994; Gorey & Leslie, 1997; Kendall-Tackett, Williams, & Finkelhor, 1993; Paolucci, Genuis, & Violato, 2001; Putnam, 2003) which could make them more vulnerable to experiences of discomfort. The prevalence of sexual abuse and the attitudes towards sexuality and sexual behavior vary from country to country, as has been shown, for example, in the Baltic Sea Regional Study on Adolescents' Sexuality with Norway, Sweden, Estonia, Lithuania, Poland and North-West Russia as participating countries (Mossige et al., 2007). These and other differences may contribute to the experience of discomfort. In general, parents who have emigrated may wish to convey traditions and values from their home country to their children. As a consequence, it can be expected that young persons with immigrant background feel more discomfort when completing a survey about sexuality and sexual abuse.

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