away or treating someone differently (e.g., stigma), egocentric responses (e.g., putting one's own needs before the victim's needs), minimizing the event, and taking control away from the victim, are common and can have harmful psychological and physical effects on victims (Dakof & Taylor, 1990; Herbert & Dunkel-Schetter, 1992; Ullman, 1999). Even one recent experimental trauma disclosure study (Lepore, Ragan, & Jones, 2000) that actually included a disclosure recipient showed that the benefits of talking about trauma were diluted when talking to an unsupportive confederate.

In fact, as Becker-Blease and Freyd (2006) correctly noted, it is not disclosure per se that appears to result in harm, but negative responses received by victims disclosing trauma. Research on rape and child sexual abuse shows that participants who disclose and receive negative reactions from others have more psychological symptoms, regardless of whether they receive positive reactions as well. In addition, several recent longitudinal studies of rape victims show that the negative reactions people make to victims' disclosures are associated with greater subsequent PTSD symptoms, whereas initial PTSD symptoms are not associated with receiving more subsequent negative social reactions from others (Andrews, Brewin, & Rose, 2003). These data support Becker-Blease and Freyd's argument that researchers asking about abuse or trauma must be prepared not only to provide referral sources to participants but also to respond in a supportive manner (e.g., with emotional support, belief, validation, information, or tangible aid) to such disclosures and to avoid any negative social reactions.

However, achieving this goal can be difficult because sometimes participants view the same social reactions differently (Filipas & Ullman, 2001). Whereas being blamed is typically viewed as a negative reaction by rape victims, other reactions are not. For example, some rape victims have reported that responses of "distraction" can be helpful if they consist of being encouraged to engage in recreational activities that take their minds off the traumatic event, but other forms of distraction can be unhelpful, such as discouraging victims from talking about trauma or minimizing it when they disclose. Another example regarding "controlling reactions" shows that some rape victims report feeling supported when someone responds to them by wanting to seek revenge on the perpetrator (e.g., one victim felt that showed how much the respondent cared for her), but others felt that this reaction only made things worse and that someone else might get hurt. This variability in the perceived supportiveness of others' reactions requires that researchers pay attention to how participants react to the researchers' reactions to their trauma disclosures. It can be helpful to check in with interviewees during and/or after the interview to be sure that what one has said is not perceived as hurtful to them. Subtle differences in researchers' responses to interviewees may make a difference in how they feel about disclosing abuse during research interviews. Although victims may appreciate an empathic response to disclosure such as "I'm sorry this happened to you" or "This was not your fault," responses that appear to pity the person, overreact to the disclosure, or contradict the participants' strongly held beliefs or feelings about their victimization may not be helpful.

I concur with Becker-Blease and Freyd's (2006) argument that asking about abuse should be avoided if it goes beyond the researcher's expertise, whether one is an experienced researcher or a student. Asking about abuse or trauma requires one to have awareness of how to ask questions sensitively and respond to abuse disclosures and any participants' reactions. Asking about sensitive issues such as abuse is important, because abuse and trauma have significant negative effects on both mental and physical health (Schnurr & Green, 2004). Ignoring this fact and failing to ask about trauma/abuse, as well as reactions to these disclosures, may yield an incomplete understanding of adult psychological and physical health and less effective treatment, intervention, and public policy.

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DOI: 10.1037/0003-066X.62.4.330


# The Ethics of Asking About Abuse and the Harm of "Don't Ask, Don't Tell"


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The authors of each of the preceding comments raised important points that extend our thinking about how to ask participants about abuse in an ethical way. Together, the comments point to the importance of researchers examining our own reasons for asking—or not asking—about abuse and of paying attention to how we respond when we ask.

Read (2007, this issue) presented evidence that people seeking mental health care very often believe there is a connection between abuse and their mental health, that they would like professionals to ask about their experiences, but that they generally do not disclose their abuse histories spontaneously. Some may take abuse survivors' silence to mean that they do not want to be reminded of the abuse or to discuss it. Read's findings suggest otherwise. In fact, abuse survivors may be waiting for indications that they will receive a supportive response.

Gleaves, Rucklidge, and Follette (2007, this issue) described the very real consequences for research participants, and ultimately for psychological science and practice generally, of researchers not ask-

ing about abuse. First, Gleaves et al. pointed to the missed opportunity to understand and treat mental health disorders when researchers miss trauma as part of their etiology. Second, these authors pointed out that how we talk (or don't talk) about abuse with students—in classrooms and as research participants—affects the questions these future researchers and clinicians will ask.

Edwards, Dube, Felitti, and Anda (2007, this issue) presented evidence from one large study that participants, overall, are willing to disclose abuse. Perhaps more important is that their work demonstrates the need to inquire about abuse and other trauma in research on a wide range of topics. In fact, we argue that it is unethical *not* to ask about childhood abuse when compelling evidence attests to its significance to the phenomena under study solely because researchers are uncomfortable with the subject matter. Researchers have found ways to discuss sensitive topics with various populations when doing so was in the best interests of science and society. When it comes to abuse, researchers should similarly learn how to ask and respond to abuse disclosures well.

Black and Black (2007, this issue) extended questions about how best to ask about abuse to the field of intimate partner violence. In doing so, they called on researchers to carefully consider their own motives when they choose not to ask participants about abuse. Specifically, Black and Black made the important point that "an overemphasis on the vulnerability of victims of abuse and violence, ostensibly grounded in beneficence, is misguided and at odds with another guiding principle of human research—respect for the autonomy of research participants" (p. 329). Their specific suggestion regarding graduated informed consent is especially valuable for settings in which researchers have an opportunity to form a relationship with participants, as in interview research. If research participants are like Read's (2007) mental health clients, they may be very willing to disclose abuse if researchers ask and respond appropriately.

We cannot overemphasize the importance of researchers' response to disclosure. We are fortunate to have the work of Sarah Ullman to guide how we respond when participants disclose. Consistent with Black and Black's (2007) suggestion of graduated consent, Ullman (2007, this issue) presented data on the need to offer support *and* check in with participants to determine if the abuse survivor perceives our efforts as helpful. Ullman's work indicates that sexual assault survivors have better outcomes when they feel believed by the person to whom they disclose. As a practical matter, most research involving abuse history questions is survey research and thus does not afford much opportunity for direct response to the participant about his or her disclosure. This can be an advantage in that it protects against unhelpful responses, but it also does not allow for helpful responses. We therefore recommend that debriefing materials conveying support and providing resource information for survivors be provided to participants in survey research.

Graduated consent and other strategies that increase trust also likely increase the accuracy of collected data. As such, it is imperative that researchers describe in their published reports the measures they take to ensure participant safety and trust so that the findings can be interpreted and compared with the results of other studies. Where confidentiality is a concern, anonymous consent is preferable to waiving informed consent.

Several of the authors mentioned that asking research participants about abuse remains sadly controversial. There are numerous factors contributing to the remaining reluctance to ask about abuse. One likely factor is that asking research participants about abuse involves effort, and furthermore, sometimes that effort leads to challenging realizations. We must choose which questions to ask. Doing so reminds us that there are disturbingly many ways in which humans harm each other and even more ways of naming those acts. We must decide on a response scale. That reminds us that some people are hurt so frequently that they cannot count the number of times, and other people are hurt very badly and cannot report it to us. We must decide how to analyze the data. We are reminded that many kinds of abuse overlap, and many situations are hard to characterize as a particular form of abuse. We have to make some estimate of the number of participants we expect to find who have experienced abuse.

All of this is disheartening. It is tough to spend time carefully considering just exactly how, why, and how often we humans hurt each other. A colleague recently said thinking about abuse caused him to "lose all faith in humanity." It is impossible to go through these steps without having our faith shaken or, as Janoff-Bulman (2002) put it, our assumptions about the world as a safe place shattered.

The reality is that we all know survivors and perpetrators of abuse (even if we do not realize their abuse or perpetration history), and the vast majority of us *know that we know* some survivors at least. The reality is also that most abuse is perpetrated by people who are trusted by the victim and the victim's community. We "know" this, of course, from the media and from the results of research studies published in our academic journals. Yet we come to a deeper and more unsettling understanding of this when we think about the relevance of this topic to our own research and consider asking others about their experiences ourselves. This deeper awareness that comes from our careful consideration of the topic is so unsettling that we might wonder if it could be too much for others to encounter. We might decide the ethical thing to do is to spare our already overburdened research participants from questions that may cause them to lose their faith in humanity as well.

While this "don't ask, don't tell" reaction often stems from good intentions, we need to resist this desire to avoid the truth. Coming to realize that the world is not as safe as we would like to believe is unsettling, disturbing, difficult work. However, it is not, in and of itself, harmful. Indeed, ultimately, knowing the truth is helpful, and being deluded is harmful.

Perhaps facing reality is so particularly difficult because so much abuse occurs within the context of the family and very close relationships. These betrayal traumas are often deeply threatening to necessary relationships because awareness of the abuse is likely to lead to reactions that are inherently destabilizing. Thus unawareness often serves a fundamental survival function within the relationship in which abuse is occurring or has occurred (Freyd, 1994, 1996). Unfortunately, betrayal trauma is associated with increased negative physical and mental health outcomes relative to nonbetrayal (Freyd, Klest, & Allard, 2005; Goldsmith, Freyd, & DePrince, 2004), and it is also associated with nondisclosure and delayed disclosure (Foynes, Freyd, & DePrince, 2006). Facing the reality of abuse in our participants' lives or in the world often forces us to face the reality of abuse in our own lives, and this can be deeply threatening. Yet this silence and denial come at a great cost both to survivors and to future victims.

It is additionally difficult because perpetrators groom victims and their families for silence (Veldhuis & Freyd, 1999). Perpetrators make sure survivors stay silent, and we all appreciate being spared the details. As Herman (1992) observed,

> It is very tempting to take the side of the perpetrator. All the perpetrator asks is that the bystander do nothing. He appeals to the universal desire to see, hear, and speak no evil. The victim,

on the contrary, asks the bystander to share the burden of pain. The victim demands action, engagement, and remembering. (pp. 7–8)

We are thus working against something larger than individual denial.

Survivors themselves bear the cost of the silence that allows us to maintain our "faith in humanity" and our own personal delusions about our family or friends. Fortunately, replacing blind faith with an honest appreciation of the resiliency of survivors and their supporters is deeply satisfying and, paradoxically, makes the world a safer place. Replacing denial and avoidance with an honest investigation of the way abuse impacts humans makes psychological science a more accurate and useful endeavor.

Each of the preceding comments provided helpful information on how and why to ask participants about abuse they have experienced. Read (2007) explained that mental health clients do want to disclose when they believe the response is likely to be supportive, and Ullman (2007) specifically described what kinds of responses are likely to be helpful. Black and Black (2007) reminded us of the importance of participant autonomy and how graduated consent can protect participants while respecting autonomy. Gleaves et al. (2007) reported that researchers may be especially reluctant to ask older people about abuse, although they report the same kinds of benefits from research participation as do younger participants. Edwards et al. (2007) pointed out the role of abuse in physical health problems, as well as demonstrating that even in large-scale studies, the need for researchers to be on call for upset participants is extremely low to nonexistent. Each of these points is valuable to our own work, and we look forward to more dialogue about the best ways to ask difficult questions.

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