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Balancing Methodological Rigor and the Needs of Research Participants:
A Debate on Alternative Approaches to Sensitive Research

Abstract

Despite growing consideration of the needs of research participants in studies related to sensitive issues, discussions of alternative ways to design sensitive research are scarce. Structured as an exchange between two researchers who used different approaches in their studies with childhood sexual abuse survivors, in this article we seek to advance understanding of methodological and ethical issues in designing sensitive research. The first perspective, which is termed “protective”, promotes the gradual progression of participants from a treatment phase into a research phase, with the ongoing presence of a researcher and a social worker in both phases. In the second perspective, which is termed “minimalist”, we argue for clear boundaries between research and treatment processes, limiting the responsibility of researchers to ensuring that professional support is available to participants who experience emotional difficulties. Following rebuttals, lessons are drawn for ethical balancing between methodological rigor and the needs of participants.

Keywords: childhood sexual abuse; sensitive research; methodology; adult survivors; research ethics

One of the tensions in research related to sensitive personal issues is the need to balance the generation of credible data with the protection of research participants against potential emotional and psychological risks associated with their participation. In their editorial introduction to a special issue of *Violence and Victims* (2006) on the effect of data collection methods on the findings and on the participants, Rosenbaum and Langhinrichsen-Rohling recommend that the researcher should consider (1) what the effect of participation could be for the respondent, and (2) how the methods used could affect participation, disclosure rates, and the validity of the information provided. While ethical review processes have some control over whether and how such research is conducted, Rosenbaum and Langhinrichsen-Rohling believe that the researcher must bear most of the responsibility for the validity of the data and the protection of the research participants.

In this article, we debate two potential alternatives to address the dilemmas posed by these two equally legitimate purposes. In particular, we consider whether it is in the interests of researchers and participants to bring together the two purposes within the inquiry process. Two features of the article help to focus the discussion. First, both approaches offer options within the context of research on sensitive topics with survivors of childhood sexual abuse. Second, the protagonists are given an opportunity to describe and explain their positions, and then criticize each other's stance. The exchange is brought together through an introductory grounding and context, and concluding remarks subsequent to the two accounts. It is important to note that while the two positions are articulated based on research with survivors of childhood sexual abuse, the discussed issues are relevant for a broad range of sensitive topics, including for example counselling and research in the fields of suicide risk, domestic violence and abortion.

The positions held by Chan and Teram can be viewed as different points on a continuum of preferences about the feasibility and desirability of keeping research processes separate from or integrated with intervention processes. On one end of the continuum one may find research in which the two processes are integrated and embedded in the same person; Durham's study of practitioner research regarding child abuse is an instance of such an approach (Durham, 2002). Around the mid-point of the continuum, Chan's "protective" approach attempts to shield research participants from the possibility of harm from the research process by keeping the two processes integrated, while having the inquiry and treatment roles held by different individuals who work as a team. Moving towards the other end of the continuum, Teram argues for minimizing the involvement of researchers in intervention processes, thereby keeping the research team unambiguously focused on disciplined inquiry. The responsibility of researchers in this "minimalist" perspective is limited to ensuring that emotional or psychological supports are available outside the research processes for individuals who request them to deal with distress related to participation in the research.

Although the differences between these positions may be most clearly manifested in the data collection phase, they can also be found in more fundamental discussions related to research design. Researchers who have adopted a classic linear position regarding the research process have sometimes acknowledged the connections between research and interventions (Reid, 1998; Shaw, 2011), and forms of participatory analysis have been advocated where researchers and service users have successfully collaborated (e.g. Whitmore, 1994, 2001; Whitmore & McKee, 2001). However, a close partnership between researchers and participants has been sharply criticized, as when Scriven remarked that 'distance has its price', but involvement 'risks the whole capital', and 'so-called participatory design...is about as sloppy as one can get' (Scriven,

1986, p. 488 & 486). Anticipating such criticism and doubts about the validity of action research, some researchers argue for a research design that explicitly and strategically separates the collaborative/action phase from the 'pure research' phase (Teram, Schachter and Stalker, 2005).

Such strategies may be driven, not necessarily by a particular position along the above continuum, but by a realization that within some contexts the blending of intervention and research may undermine the merits of the study's outcomes, and its acceptance by the gatekeepers of knowledge. Nokes advocated a separation between the two processes in relation to criminology research. While believing that 'ultimately these roles are almost certainly not incompatible', he thought it is 'foolish to underestimate the difficulty of keeping apart the roles of actor and observer', because 'the result in not doing so is confusion' (Nokes, 1967). However, in other contexts, blending the two may be instrumental in enhancing the legitimacy of the study and its acceptance by gatekeepers and potential users of the knowledge. Kvale's (1995) discussion of the 'social construction of validity' and his distinction between craftsmanship, communicative, and pragmatic validity provides a useful framework for thinking about these issues. Specifically it can be instrumental for considering the balance between these forms of validity within the context of particular research and the audience it aims to influence.

It should be noted that there is more at stake than the question of which form of research yields the best or most acceptable results. First, what does *sensitive research* mean? It can be readily recognized that research may be sensitive for participants or for the researcher; it may be ethically sensitive, or socially controversial. The very expression, 'doing sensitive research' (Dickson-Swift, James, Kippen, & Liamputtong, 2008) is ambiguous as it is impossible to disentangle ideas of being sensitive *to* something (e.g., responsive, gender sensitive, and tactful) from the sensitivity *of* something (e.g., controversial or difficult). There is scant literature

reflecting on what counts as a sensitive topic for research and how different forms of sensitivity are related, and the arguments made by Chan and Teram include various aspects of sensitivity.

Power is another issue inadequately addressed in the literature, possibly as a result of the ‘vogueish’ popularity of an uncritical postmodern orientation that neglects elements of privilege. However, notwithstanding the research strategies and procedures, in most forms of research power and privilege rest with the researcher rather than the participant, with the exception of key informant interviews and interviews with elites (Harvey, 2011; Odedahl & Shaw, 2002). Even research that deliberately attempts to shift the power relationships between researchers and participants (Campbell, Adams, Wasco, Ahrens, & Sefl, 2009; Karnieli-Miller, Strier, & Pessach, 2009) confines its response to discussions of how to manage sensitive fieldwork.

Finally and fundamentally, the different positions adopted by researchers cannot be elucidated without entangling the relationship between science and other forms of knowledge. The greater the distinction drawn between scientific and other forms of knowledge, the less likely that a close conjunction between practitioners and researchers will be regarded as beneficial to the research process and outcomes. The differences discussed in the following debate can be linked to varying assumptions about research rigor, or more precisely where researchers position themselves in relation to the dominant thinking about rigor, the social construction of validity (Kvale, 1995), and strategies for influencing practices.

Before getting into our own attempt to influence research practices through this article, a note about its writing style is in order. We initially wrote this manuscript as a debate style conversation and in a voice that was somewhere between “realist” and “confessional” tales (Van Maanen, 2011) - a form that a number of writers in both social work and sociology have

successfully adopted in the last decade. However, in the interest of clarity Chan and Teram present their arguments in voices that lean towards the realist, not because they have no reservations about their positions, but to articulate their views clearly. The rebuttals provide opportunity to strengthen their claims by posing questions about perceived weaknesses in their opponent's position. Finally, the conclusion provides a balanced overview of the two positions, departing from the "this is a better way of doing research on sensitive issues" argumentation to highlight issues to be considered when designing and doing sensitive research. As such, it provides an opportunity to return to a more cautious commentary that is typically avoided by debaters.

Respective Positions

Before presenting Chan and Teram's arguments it is important to identify their positions within the context of current qualitative and mixed method studies of survivors of childhood sexual abuse. Our review of the literature over the last two decades¹ shows that most of the studies used what is referred to in this article as a "minimalist approach" to the protection of research participants. In these studies, individual or focus group interviews were conducted by the researcher(s), without the presence of the social workers or other professionals responsible for their well-being (Johnson, Pike, & Chard, 2001; Himelein & McElrath, 1996; Messman-Moore & Siegfried, 2000; Ullman & Filipas, 2005; Valentine & Feinauer, 1993). The researchers in these studies either made support available to participants who experienced emotional difficulties, or informed them of resources they could access if they were not connected with a support system. In a few of the studies (e.g. Durham, 2002; Hung, 2010) the researchers were accompanied by helping professionals who provided support to the participants, or the researcher

assumed a dual role by providing this support. Thus, it seems that what is termed here a “protective approach” – involving social workers, or other support workers in the research process – has been hitherto uncommon in research involving survivors of childhood sexual abuse.

Simon Chan: The Case for a Protective Approach

Studying the experiences of survivors of sexual abuse is challenging and stressful as it can evoke traumatic feelings in the participating survivors, despite their capacity to cope effectively with the stress or their potential to achieve a full recovery. Self-stigmatization of sexual abuse experience is a fact of life for most survivors (O’Leary & Barber, 2008; Ullman & Filipas, 2005). Studies show that male victims find it hard to disclose their histories of childhood sexual abuse (Sorsoli, Kia-Keating, & Grossman, 2008; Easton, 2013), particularly in male-dominant societies in which men are perceived as powerful and strong (Kia-Keating, Grossman, Sorsoli, & Epstein, 2005), and where the victimization of males is generally denied or unrecognized (Struve, 1990). The growing literature on gender stereotyping in sexual abuse supports this claim (Alaggia, 2005; Finkelhor, Hotaling, Lewis, & Smith, 1990; Garnefski & Arends, 1998; Holmes, Offen, & Waller, 1997; Holmes & Slap, 1998; Sorsoli, Kia-Keating, & Grossman, 2008). Male survivors of sexual abuse fear being labeled unmasculine or homosexual upon disclosure (Alaggia, 2005) and are more reluctant to report or disclose their traumatic sexual abuse experiences. Some researchers also have concluded that men suffer greater repercussions in terms of both physical and psychological functioning than their female counterparts (Garnefski & Diekstra, 1997; Ullman & Filipas, 2005).

A qualitative study of male sexual abuse survivors may help to illustrate the importance of providing participants with immediate support during research studies. The study was conducted in collaboration with Caritas-Hong Kong—a non-government organization (NGO) providing multiple social services, including services for men in Hong Kong—to identify the implications of masculinity for male survivors who had encountered traumatic childhood abuse, either sexually or physically. Twelve male Chinese sexual abuse survivors, 11 of whom were abused by male perpetrator(s), were recruited openly by Caritas-Hong Kong to participate in the study (for a detailed methodological account, see Chan, 2010a; Chan, 2014; for the study’s substantive results see Chan, 2010b; Chan, 2014; Chen and Chan, 2013). In brief, the research was divided into three phases. The first phase was an intervention program (the Project for Adult Survivors of Childhood Trauma), which included six group sessions for the male sexual abuse survivors to disclose and share their personal stories relating to the sexual abuse incidents. The group workers adopted a support group model to facilitate the disclosure of the traumatic experiences and to provide mutual support among the group members; the researcher attended the group sessions as an observer. The second phase involved three focus groups, in which two researchers, one male and one female, led the interview in the presence of the responsible social worker. The purpose of these group interviews was to understand the aftermath of the sexual abuse incidents, discuss the processes through which the participants sought help and elicit information regarding the assistance they received. The last phase included in-depth individual research interviews with eight male sexual abuse survivors, in the presence of their social worker.

The presence of a social worker during the focus group and individual interviews was a joint initiative by the researchers and the service provider to ensure the interviews ran smoothly

and to safeguard the well-being of the participants. There were several reasons for this protective approach.

A) Cultural and gender considerations in sensitive research.

In this research, particular attention was drawn to the sensitive aspects of working with and researching vulnerable and potentially marginalized Chinese males, through the use of a staged, and ethically attentive, mixed qualitative methods study. This was essential to avoid the harm that might derive from the process of research. In the Chinese cultural context, survivors feel shame and vulnerability when expressing their views within the inquiry process. As male victims of sexual abuse, their vulnerability differs from that of other respondents disclosing sensitive issues. For example, despite the efforts of the researcher to anticipate difficulties for the participants, the sexual abuse incidents perhaps inevitably influenced how the participants perceived masculinity and how they interacted with the male researcher. In the beginning of Phase 1, the participants were suspicious and strongly mistrusting of the male researcher. They were sensitive to and exhibited challenging attitudes towards his intentions, using phrases such as ‘you really cannot understand the situation,’ and ‘what do you want to know ...?’ Moreover, in Phase 2, the participants complained about the researcher’s body language, such as his upright sitting posture and serious, non-smiling face, which made them uneasy. The presence of the social worker facilitated the channeling of these emotional responses to the researchers and mediated the trust issues between the researchers and participants. It is doubtful that survivors who had trust issues with the researcher would have been able to raise such concerns without the direct involvement of the social workers. Offering counseling or support outside the research encounter to anyone who requested it would very probably lead to an incomplete recognition of

such ‘problems,’ which in turn would make for inadequate support and also diminish the research value.

The value of the protective approach was demonstrated during one of the focus group interviews when one of the participants felt emotionally upset and left the room. The responsible social worker responded promptly by following him to provide counselling; both researchers stayed in the room and continued the focus group. The participant eventually decided to withdraw from the study, with the social worker’s support and assurance that there would be no consequences related to his withdrawal. Presumably, without this immediate support, the participant would not have found it easy to disclose distress and may have suffered silently through the research process. This illustrates the value of the protective approach for fulfilling the ethical responsibility of the researchers to protect the well-being of the participants in the research process, without the necessity of delay and referral to service providers.

B) Dual role as part of the protective approach.

This is not the only study of sensitive issues in which researchers have adopted the protective approach, with on-site in-the-room support. In a Hong Kong study by Hung (2010), the researcher was accompanied by a social worker during interviews with teenage female respondents concerning the issue of abortion, in which the author claims such support to be ethically justified. Durham (2002), acting as both practitioner and researcher, outlined the significance of holding a ‘dual role’ when conducting a life-story practitioner research study to explore the effect of child sexual abuse on the lives of seven young men aged between 15 and 24. The author not only highlighted the importance of rapport building between the researcher and the participants, but also concluded that, ‘research has the potential to become a difficult and possibly traumatic experience for participants’ (Durham, 2002, p. 431).

As demonstrated in Chan's study, researching sensitive issues can entail significant risks that are beyond the control of participants and researchers. The protective approach can be seen as a complementary protection plan providing strong support and wide ethical coverage for any type of emergency occurring during sensitive discussions.

First, the informed consent process stipulates the voluntary involvement of individuals in the research study. Participants can make their own decisions on whether to take part in the study, if and when to withdraw from the study, and whether they understand all of the study's conditions and are willing to take the risk once they have agreed to participate. As demonstrated by the example of the participant who withdrew from the research during Phase 2, the participants clearly understood their choices, possibly because of the involvement of their social worker in the decision-making process.

Second, the presence of a social worker does not eliminate participants' responsibility for their own psychological needs or for keeping their adverse emotions under control. Participants, apart from certain uncontrollable situations, will in general take their own interests into consideration and maintain their well-being during the research process. In Chan's study, the participants were able and willing to express their experiences, emotions, and needs regarding their sexual abuse experiences apparently because they saw that the research was being handled ethically and sensitively.

Finally, sensitivity to the needs of survivors very often requires that support be present, visible, and received from someone the participants know and trust. The protective approach puts the needs of survivors first and takes into consideration their potential reluctance to seek help. The trust relationship built up through this approach can also facilitate sharing and disclosure by the participants, who may feel relatively secure in the process.

To conclude, considering the danger and risk to research participants, it is important that methodological concerns do not override ethical protection, and that a balance between ethical and methodological concerns is maintained.

Eli Teram: The Case for a Minimalist Approach to Supporting Research Participants

Any study involving vulnerable groups being asked questions about sensitive issues requires an understanding of the needs of research participants, and the availability of support should participation in the study cause adverse emotional or psychological reactions. One way of designing research that equally considers the needs of research participants and researchers entails a clear separation between the support for research participants and the research process. A study that took such an approach with survivors of childhood sexual abuse provides a starting point for explaining the logic of this approach.

Recognizing the difficulties many survivors of childhood sexual abuse experience within the health care system, particularly around interventions like physiotherapyⁱⁱ that entail significant touching, the study was designed to inform professionals about these issues and to encourage sensitive practices. The study integrated grounded theory and action research in a multiphase design that strategically sequenced the use of each approach (for a detailed methodological account, see Teram, Schachter, and Stalker, 2005; for the study's substantive results see Schachter, Stalker, and Teram, 1999; Teram, Schachter, and Stalker, 1999). Following the conventions of grounded theory, the first phase entailed interviews with female survivors of childhood sexual abuse about their experiences with physiotherapists. To participate in the study, survivors were required to have either formal or informal support around the issues of sexual abuse through, for example, counseling and/or self-help groups.

The second phase applied participatory action research methods, bringing together survivors who participated in the first phase and physical therapists. These mixed groups met monthly for six months to transform the summary and analysis of the first phase interviews into more concrete suggestions and guidelines for sensitive practice. The physical therapists applied the ideas generated from their clinical practices and informed the groups of their experiences; this information was used by the groups to refine their recommendations. The information from the first two phases was used by the researchers to produce the first draft of a *Handbook on Sensitive Practice for Health Professionals* (Schachter, Stalker, and Teram, 2001). The third phase of the study involved a broad consultative process on successive drafts of the *Handbook*. Written comments regarding the first draft were solicited from all individuals who had participated in Phases 1 and 2. The second draft was sent for review to survivors not involved in the interviews, counselors working with survivors, physical therapy clinicians, academics, professional associations, and regulatory bodies. The third draft was used as a subject for discussion with physical therapists and physical therapy students in focus groups across Canada. This broad consultative process and the revisions of successive drafts based on the extensive feedback ensured the clinical applicability of the *Handbook*.

Following the positive reception of the *Handbook*, the same research methodology was applied in a study that included both men and women, and expanded the scope of the inquiry to the experience of survivors with all health professionals (Teram, Schachter, Stalker, Hovey, and Lasiuk, 2006), culminating in the publication of a second *Handbook* (Schachter, Stalker, Teram, Lasiuk, and Danilkewich, 2009).

The underlying assumption of the study design was that, with appropriate support, adult survivors could look after their psychological and emotional needs and manage the risks

involved in research participation. This assumption guided the approach to all research activities, from participation in interviews and involvement in the focus groups, to commenting on successive drafts of the *Handbook*. The requirement of a connection with formal or informal support may have excluded some survivors from the study and resulted in a biased sample, which can be avoided if researchers cover the cost of counseling for survivors who need it. However, whether support for participants is provided through research funds or through the participants' own networks, it is essential to keep it separate from the research process.

This separation is important to facilitate rigorous research in which researchers and participants are involved in interviews and observations with a clear understanding of the nature of their relationship and what they can expect from each other. This clarity cannot be achieved if the researcher becomes involved, or seems to be involved, in a clinical program designed to address the emotional or psychological needs of participants. The mere presence of the researcher in such clinical programs is sufficient to adversely change the research process. First, it can be confusing for the participants and second, it can hamper the ability of the researcher to conduct interviews from the stance of "naïve ignorance" (Spradley, 1979).

Since the maintenance of clear boundaries is an important issue for survivors (Harper, 2006), researchers have to eliminate any possible misunderstanding about the purpose of the interview. Thus, participants must understand that unlike clinical interviews, in which the purpose of the conversation is to improve the client's well-being, research interviews are only indirectly interested in their welfare (Warren, 1985). Although such an understanding may not always prevent participants from talking about personal issues unrelated to the research focus, the researcher can remind them of the purpose of the interview, while empathetically suggesting that they contact their support system. With a clear separation between the research process and

the support process, participants understand that they are responsible for seeking assistance. Similarly, researchers can refrain from offering assistance or mediating between the participant and their support system, without having to explain themselves. Thus, the integrity of both the research process and the clinical intervention in which participants are involved is maintained.

Limiting the responsibility of researchers to ensuring the availability of emotional and psychological support for participants who need it respects the prerogative of research participants to manage the disclosure of personal information. Although all research interviews entail a non-reciprocal exchange of information between researchers and participants, the latter have some control over the process by selecting what to share with the interviewers. This control is maximized when there is a clear separation between research and intervention, as researchers enter the interviews or observations knowing very little about the participants beyond the information received through the recruitment process. When researchers have access to the clinical stories of participants, the ability of participants to exclude certain parts of their life from the interview is limited.

A separation between research and support also ensures that the respective roles of the researchers and the participants are clear. Being a client requires people to present themselves in a way that facilitates the satisfaction of certain material or emotional needs. This presentation of self may not always reflect the way people see themselves, or the way they would present their realities to researchers, who want to understand their lived experiences. Professionals from different disciplines play important roles in shaping these experiences, and they can make both positive and negative contributions to the quality of research participants' lives. The presence of these professionals in research interviews might eliminate criticism about professional

interventions; more importantly, it may shape the way survivors talk about their lives to fit the roles they assume as clients.

Minimizing the involvement of researchers in intervention processes also enables researchers to take a naïve ignorance stance (Spradley, 1979). This useful interviewing strategy requires both sides to assume that the researcher knows nothing about the subject matter or the interviewees. Since taking a naïve stance is contrary to most academic practices, it does not come naturally to researchers and may also be difficult for participants, who assume that researchers must be experts on the subject matter. Nevertheless, both sides can effectively assume a naïve stance with the understanding that it can facilitate broadening the scope of the interview. Assuming ignorance may however be difficult if researchers have observed clinical interactions and heard about participants' lives and personal struggles, and when the participants assume that the researchers have knowledge about their personal affairs.

In conclusion, researchers must make a special effort to protect people who participate in research related to sensitive issues against the possible adverse consequences of their involvement. However, they must recognize the strengths of research participants and respect the unique knowledge they are willing to offer. This requires a research process in which participants fully assume the role of informants and disengage from their client role. Such a process can be facilitated by minimizing the crossing of boundaries between research and support, allowing for productive and methodologically sound encounters between researchers and participants, without diffusing and confusing the specific purpose of the research encounter. While clear boundaries between these processes do not compromise the protection of research participants, diffused boundaries add questionable protective value and compromise methodological rigor.

Chan: Rejoinder

The central contentions of the minimalist approach can briefly be summarized into three aspects: the need to avoid diffusing and confusing role boundaries, derogating the strength and agency of participants, and compromising methodological rigor. One direct consequence of accepting these arguments would be to fall prey to the same logical fallacies that the minimalists are arguing against, and would leave the minimalist approach with little corroborative evidence or internal coherence.

First, the balance of evidence cited by Teram regarding methodological issues, such as boundary confusion and methodological rigor, is less clear than he suggests. In contrast, there is a growing body of research on the potential harm or negative consequences of insensitive inquiries, which can be seen as unduly intrusive by the informants (Brzuzy, Ault, & Segal, 1997; Cowles, 1988; Dunn, 1991; Lee & Renzetti, 1990; Liamputtong, 2007). In some cases participants found the interviews to be overwhelming or depressing (Brzuzy, Ault, & Segal, 1997; Mendis, 2009; Morse, 2002). Although researchers are supposed to be able to offer referrals for support, and depressed informants are able to look after themselves, the effectiveness of post-incident assistance in comparison with concurrent support remains questionable. We should also take into account the difficulty of identifying and measuring the potential long- and short-term harm to the informant, the possibility of novice researchers eliciting traumatic responses from informants, and the fact that most distressed informants might choose to tolerate the ill feelings caused by the research study. From a deontological view, we have no justification for endorsing the pursuit of valid data if it is at the expense of the needs and interests of respondents.

Second, the minimalist approach seems to be at odds with its general argument that survivors are autonomous and self-determined in participating in research studies. Specifically, on the one hand, Teram is keen to stress that survivors are able to look after their psychological or emotional well-being, and manage the risks involved in research participation. On the other hand, he questions the ability of survivors to differentiate between the roles of the researchers, clinicians, and participants, and their capacity to distinguish between the research process and service intervention. Such contradicting views leave us without a concrete idea of what Teram's perception of the participants' strength and agency might be. If a coherent and holistic view of the survivors' personal strength and agency is taken, then we must assume that survivors are capable of telling the difference between the role of a social worker and the role of a researcher, with respect to their entailed duties, responsibilities, and functions. They will seek help from social workers should they experience psychological distress or reach the verge of an emotional breakdown during their research participation, while informing or consulting researchers when they encounter any issues relevant to the research project. The two examples mentioned earlier—the participants' complaints about the researcher's inexpressive posture and the participant's withdrawal from the study—show that the research participants in our study were able to draw clear boundaries between the different roles. In these instances, instead of being a passive client in a service intervention, the participants were well aware of their role and their right to make free choices regarding participation in the study, and they understood the different roles of the social worker and the researcher. In addition, it is contradictory for minimalists to, on the one hand, question the participants' ability to establish clear boundaries, while, on the other hand, make an assumption that they would give compromised accounts or speak differently around different parties, in a manner that would prevent them from being 'sociological informants.'

Third, for all its merits, the minimalist approach neglects the dynamic interplay between sensitive research and service intervention, and contextual factors such as culture and gender, which play an important role in defining the nature of sensitivity (McCosker, Barnard, & Gerber, 2001). For example, although sexual abuse is considered a sensitive issue in many societies, survivors in Chinese societies are more reluctant to disclose their sexual victimization than their Western counterparts (Tsang, 2002). As indicated earlier, this study involved a group of vulnerable male subjects who presumably face greater psychological and emotional risks than their female counterparts when disclosing their childhood sexual abuse experiences, a risk that becomes more profound in Chinese culture. This suggests that application of either the protective or minimalist approach ought to be applied in ways sensitive to cultural differences wherever they may be relevant. Being sensitive researchers, we are expected to anticipate and respond to the potential psychological distress that the interview might cause to the informants, and to pose solutions or alterations to minimize the psychological effect on participants if necessary and possible (McCosker, Barnard, & Gerber, 2001).

Were the assumptions about the participants and the methodological rigors raised by Teram indeed the case, the arguments would certainly carry weight. Yet this is not what the current literature or our study has demonstrated. It should also be noted that for researchers taking a humanistic stance, methodological considerations are as important as the needs of the participants. Any type of methodological flaw is unacceptable, just as any type of harm to researchers or participants cannot to be justified. However, if some element of harm or danger is inevitable, then the protective approach, which puts in place mechanisms for dealing with distress caused by the sensitive inquiry, can be perceived as an alternative to the balance between the need for the research and the interest of the participants.

Teram: Rejoinder

While Chan's concern and sensitivity to the emotional difficulties survivors may experience during the research process is clear, it is important to note that the evidence does not unconditionally support his overly protective position. Corbin and Morse's (2003) review of the literature suggests that although qualitative interviews may cause some emotional distress, there is no indication that this distress is any greater than in everyday life or that it requires follow-up counseling. When research is conducted with sensitivity and guided by ethics, it becomes a process that benefits both participants and researchers. While survivors can be clearly gratified by their ability to collaborate with professionals to generate practical knowledge (Teram, Schachter, & Stalker, 2005), this satisfaction cannot be generated in the kind of research processes advocated by Chan. Such protective processes do not recognize the strength of the survivors and require them to remain 'clients', with all the emotional and psychological baggage that comes with that role. Moreover, research participants are required to shift quickly from the role of 'clients' to that of 'research participants,' and to be 'sociological informants' in the presence of their clinicians. These requirements may cause more emotional distress to survivors than mere participation in research interviews.

The minimalist approach, which maintains clear role boundaries, is particularly critical for survivors who experienced extreme boundary violations in their childhood. Seeing the researcher in the treatment group meetings and the social worker in the focus group meetings, as happened in Chan's study, may therefore carry more weight for survivors than hearing about the distinct purposes of these meetings. Beyond muddling both research and therapeutic

relationships, the researcher-social worker mix encountered by participants in protective studies, inadvertently weakens participants' ability to control the information they share with each group.

Finally, the voluntary nature of participation in research with captive clients, which seems to be an unavoidable product of organizationally based protective studies, is questionable. Ethical protocols for the recruitment of clients through the organizations that serve them attempt, for good reason, to facilitate direct contact between the researchers and voluntary participants. Even when such protocols are followed, there is no certainty that all clients would consider the researchers independent of the organization. Clearly, it is unrealistic to expect that research participants would consider the researchers as autonomous when they are visibly integrated into the organization's core operation. Thus, while the survivor who withdrew from Chan's study may represent agency and self-determination, he could also demonstrate that some clients have to experience significant emotional distress before withdrawing from a study in which they did not want to participate in the first place. Given the nature of relationships between formal organizations and clients, this suggestion may be closer to reality than Chan's interpretation of this event.

Conclusion

Fulfilling the requirements of a debate, Chan and Teram deliberately presented their respective positions in an uncompromising manner, and questioned the merit of their opponent's position. While some readers may have an immediate and clear affinity with one or other of these positions, for others Chan and Teram's different perspectives on ethical, cultural, gender and power issues may stimulate rethinking their views about balancing methodological rigor and the well being of research participants. Thus it is important to conclude with highlights of the main

differences between Chan and Teram's arguments and their implications for understanding research relationships and designing sensitive research.

As suggested early in the article, underlying Chan and Teram's positions are assumptions about scientific knowledge and its distinction from other forms of knowledge. Teram insists that it is essential, for reasons of research rigor, to keep support and counseling temporally and spatially separate from the research process. This position is based on the assumption that the production of research knowledge is a specialized process that has to be isolated from the processes used by clinicians to understand clients and develop supportive interventions. Although Chan to some degree concurs with this way of thinking about research rigor, he suggests that there will be occasions where a trade-off between rigor and concern for the welfare of participants is necessary. For Teram the trade-off embedded in Chan's approach to doing sensitive research is an overprotection of research participants that unnecessarily compromises research rigor. However, in Chan's view the concern for research rigor underlying Teram's minimalist approach ignores the needs of research participants and their reluctance to seek help even when they experience distress through the research process.

Chan and Teram do not take into account the possibility that, carried to an extreme, both concern for rigor and the well-being of research participants may serve some participants better than others. Thus, it may be possible that some of the participants in Chan's study would have preferred the research relationships experienced by the participants in Teram's study and vice versa. However, as in most social research, these participants were not asked about their preferences. In Chan's account, the research relationships were determined by an agreement between managers and researchers about the benefit of having a social worker in the room. In Teram's case, they were determined by assumptions about what counts as legitimate knowledge.

While ignoring the views of research participants, researchers discuss these issues in ways related to their own methodological preferences. For example, qualitative researchers have sometimes expressed doubt as to whether research identity roles can readily be defined and managed within the research relationship. Ethical problems and doubts regarding whether it is possible to have a feminist ethnography is one area where this question has been the source of active debate. In a much-cited article, Stacey wonders ‘whether the appearance of greater respect for and equality with research subjects in the ethnographic approach masks a deeper, more dangerous form of exploitation’ (Stacey, 1988, p. 22). She concluded that the greater the apparent mutuality of the relationship between qualitative researchers and service users, the greater the danger that the method will expose people to exploitation. She suggests that feminists tend to suffer the ‘delusion of alliance’ (p. 24). It is clear that these questions of epistemology and of ethics pose serious issues for qualitative researchers. The link to feminist deliberations connects the positions explored in this article to matters of gender and power. Teram’s argument that minimalist approaches allow participants to manage disclosure has relevance for this debate.

Another disagreement between Chan and Teram that has relevance for the discussion of power is their views regarding agency. Drawing on examples of the agency demonstrated by some of the research participants, Chan argues that Teram has a double standard of agency, emphasizing survivors’ ability to take care of the potential adverse effects of participation in research, while undermining their ability to distinguish between their roles as clients and as research informants. However, considering the relationship between agency and the context within which it is embedded (Battilana & D’Aunno, 2009; Seo & Creed, 2002), the same survivors may act differently in different research contexts. From this perspective, the disagreement between Chan and Teram is about the ability of clients to fully express who they

are within the context of an organization on which they depend; it is about their conception of the power differentials between service providers and clients. While Chan can argue that these power differences were not manifested in his study, Teram can claim that there is no way to know what these participants would have said within a different research context. Since this disagreement cannot be empirically resolved, the readers must determine where they stand based on their understanding of power-dependence and agency within organizational contexts. The same applies to Teram's questioning of the voluntary nature of participation in organizationally based research.

As stated in the introduction, Chan and Teram's positions occupy different points on the continuum of preferences about the feasibility and desirability of integrating or separating research and intervention processes. Within this characterization, there are gradations, and opportunities for subtle variations. Chan's reference to Durham's practitioner research, where the same person holds both researcher and social worker roles, which is common in some forms of practitioner research (Shaw and Lunt, 2011, 2012), is a reminder that his blending of research and intervention in the same team is not as radical as Teram attempts to portray it. Nevertheless, Teram expresses concern that this blending results in lost opportunities for researchers to act as naïve interviewers, and for participants to act as sociological informants, without the constraints of their client role. The model supported by Chan may be adjusted to meet these concerns by involving social workers who are unknown to the research participants, and by reducing the amount of time researchers spend in the intervention phase.

When considering adjustments within the space between the protective and minimalist positions researchers need to find ways to include the preferences of research participants in the research design. The inclusion of clients in methodological discussions could integrate

knowledge related to methodological rigor with information about the way different research forms affect participants. This integration may lead to creative research approaches, and the possibility of offering research participants choices of different levels of separation-integration between research and intervention processes.

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Endnotes

¹Studies on childhood sexual abuse survivors were identified using a systematic search of the electronic database 'ProQuest'. English scholarly journal articles with the title 'sexual abuse survivor' between January 1, 1994 and August 31, 2014 were selected and screened. Duplicates were removed from the search and from the result count. A total of 488 articles were retrieved. From these, studies using a quantitative approach were further excluded from the pool, leaving about one sixth of the total studies, which were either qualitative or mixed-method research studies. In most of these studies, participants who were survivors of childhood sexual abuse were recruited openly via different means, including newspaper advertisement, mail, or a convenience sample in service centers.

ⁱⁱIn Canada, the term ‘physiotherapist’ refers to a physical therapist, and the terms ‘physio’ and ‘physiotherapy’ are frequently used to refer to physical therapy.
