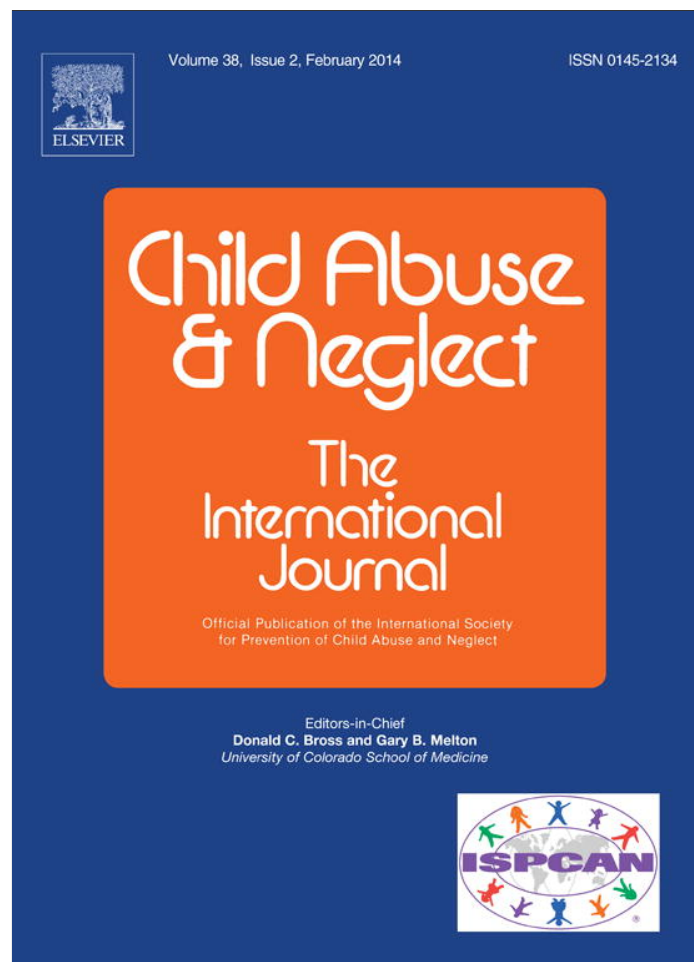


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Child Abuse & Neglect



Upset among youth in response to questions about exposure to violence, sexual assault and family maltreatment[☆]



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ABSTRACT

To assess whether youth are upset by being asked questions about sensitive kinds of abuse, victimization, family maltreatment, and sexual victimization in the course of standard epidemiological surveys. A national sample of youth aged 10–17 were interviewed on the telephone by experienced interviewers as part of the National Survey of Children Exposed to Violence. At the end they were asked whether answering questions had upset them. Of the youth interviewed, 4.5% reported being at all upset and 0.8% reported being *pretty or a lot* upset. However, only a minority of those upset, .3% of the total sample, said they would not participate again had they known about the content. But even in this group, the regret about participation was mostly due to the length of the survey, not the types of questions being asked. Thus, asking about exposure to abuse and sensitive kinds of victimization in standard interview surveys is associated with low levels of respondent upset due to the nature of the questions.

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When epidemiologic studies ask youth questions about their exposure to abuse, violence, and sex offenses, researchers and Human Subject Review Board members regularly worry about the potential for harm (Becker-Blease & Freyd, 2007). There are two related concerns. One is that the youth will be reminded by the questions of upsetting or traumatic life events and will be overwhelmed with the emotions or conflicts that the memories provoke. The second is the possibility that the survey subject matter will be troubling to a sensitive youth or will broach issues that they are not developmentally prepared for, particularly concerning sex or sexual violence.

A considerable body of research on adults has found in general that asking about trauma and sensitive topics rarely provokes lasting serious distress and is mostly seen by participants as having benefits that outweigh any negatives (Edwards, Kearns, Calhoun, & Gidycz, 2009; Jorm, Kelly, & Morgan, 2007; Newman & Kaloupek, 2004; Savell, Kinder, & Young, 2006; Widom & Czaja, 2006).

However, these findings are not typically seen as applying to youth. In a recent review, a team connected with the United Nations Children's Fund (UNICEF) voiced a strong concern:

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Until there is further empirical evidence to extend understanding of the potential risks to children and young people, the relatively high number of children reporting upset (between one-quarter and one-third of participants in some studies) suggests the need for caution and for careful consideration of methodological choices to help ameliorate distress. (Child Protection Monitoring & Evaluation Reference Group, 2012)

But the UNICEF review appeared to be based on a somewhat selective reading of the available research, as it cited only two studies with apparent high reported distress levels (Langhinrichsen-Rohling, Arata, O'Brien, Bowers, & Klibert, 2006; Ybarra, Langhinrichsen-Rohling, Friend, & Diener-West, 2009). These studies are not representative of the full literature.

For example, Zajac, Ruggiero, Smith, Saunders, and Kilpatrick (2011) reported that only 5.7% of a national sample of 3614 adolescents 12–17 found some questions distressing after a telephone interview that included items about sexual abuse, physical abuse and assault, witnessing parental violence, a variety of other stressful life events, and an inventory of lifetime mental health symptoms.

A similar rate of distress (7.9%) was found in a large household survey of 2275 adolescents aged 11–17 who were asked about a wide range of physical and sexual victimizations in a computer assisted format in the United Kingdom (Radford, Corral, Bradley, & Fisher, 2013). The rate of distress among youth was barely different from the rate reported by parent interviewees about the same topics (7.4%). Moreover, 95% of the distressed children said that participation in the survey had nonetheless been worthwhile.

Various reviewers have pointed out that the distress reported by participants is often minor and needs to be assessed in the context of other attitudes toward participation. It is interesting that one of the studies cited in the UNICEF report (Langhinrichsen-Rohling et al., 2006) actually had a different conclusion from the same data because the authors emphasized only the *often* upset group (not the *rarely*, or *sometimes* upset group), which was only 2.5–7.6% of the sample. They concluded, "Overall, youth generally reported little distress from completing this self-report survey. . . ."

We had the opportunity to contribute to this issue in large national survey asking children about victimization and a variety of other sensitive questions.

Methods

Participants

The respondents in this study come from the youth interview portion of the National Survey of Children's Exposure to Violence II (NatSCEV II), designed to obtain up-to-date incidence and prevalence estimates of a wide range of childhood victimizations. The full sample consisted of a national survey of 4503 children and youth ages one month to 17 years of age in 2011. The current analyses focus on the subset of respondents age 10–17. Study interviews were conducted over the phone by the employees of an experienced survey research firm. The cooperation and response rates averaged across collection modalities were 52.7% and 40.4%, respectively (for more details on sample selection, see Finkelhor, Turner, Shattuck, & Hamby, 2013).

Procedure

A short interview was conducted with an adult caregiver (usually a parent) to obtain family demographic information. One child was then randomly selected from all eligible children living in a household by selecting the child with the most recent birthday. If the selected child was 10–17 years old, the main telephone interview was conducted with the child. This group of 2312 youth made up the sample for the present analysis.

Respondents were promised complete confidentiality, and were paid \$20 for their participation. The interviews, averaging 55 min in length, were conducted in either English or Spanish. Respondents who disclosed a situation of serious threat or ongoing victimization were re-contacted by a clinical member of the research team, trained in telephone crisis counseling, whose responsibility was to stay in contact with the respondent until the situation was appropriately addressed locally. All procedures were authorized by the Institutional Review Board of the University of New Hampshire. More details on the design are available in Finkelhor, Turner, Shattuck, and Hamby (2013).

Measurement

Victimization. This survey utilized an enhanced version of the Juvenile Victimization Questionnaire (JVQ), an inventory of 54 childhood victimizations, including questions on respondents' experience of conventional crime, physical assault, maltreatment, peer victimization, sexual victimization, and witnessing violence in the home and community (Finkelhor, Hamby, Ormrod, & Turner, 2005a; Finkelhor, Ormrod, Turner, & Hamby, 2005b; Hamby, Finkelhor, Ormrod, & Turner, 2004). In addition, there were 15 questions about whether youth had engaged in specific delinquent behaviors (Loeber & Dishion, 1983).

The assessment of discomfort in taking the survey was made near the conclusion of the survey as part of a general set of debriefing questions, starting with: "How important do you think it is to participate in research like this to help other

kids who have experienced these kinds of problems?” Response categories ranged from 1 *extremely important* to 5 *not at all important*.

The youth were then asked, “Knowing now what was in the survey, would you still have agreed to do it?” If respondents answered *no*, they were asked, “Why not? Is it because. . .” with possible responses being *it was too long*, *the kinds of questions that were asked*, or *some other reason* (specify). Lastly, the youth were asked, “Overall, did answering the questions in the survey upset you?” with response options of *yes* or *no*. If the respondent answered *yes*, this question was followed up with, “How upsetting were the survey questions?” Responses ranged on a 4-point scale from *not very much* to *a lot*.

Mental health symptoms. Mental health status was measured with the anger, depression, anxiety, dissociation, and post-traumatic stress scales of the Trauma Symptoms Checklist for Children (TSCC; Briere, 1996). For the purpose of this study, the checklist was shortened for a total of 28 items in the TSCC. Respondents were asked to indicate how often they have experienced each of the symptoms within the last month. Response options were on a 4-point scale from 1 (*not at all*) to 4 (*very often*). All item responses for the five scales together were summed to create an aggregate distress symptom score. The alpha coefficient was .93. The TSCC has shown very good reliability and validity in population-based and clinical samples (Briere, 1996).

Demographics. Demographic information was obtained in the initial parent interview, including the child's *gender*, *age* (in years), *race/ethnicity* (coded into four groups: white non-Hispanic, Black non-Hispanic, other race non-Hispanic, and Hispanic any race), *socio-economic status (SES)* and *family structure*. SES is a composite based on the sum of the standardized household income and standardized parental education (for the parent with the highest education) scores, which was then re-standardized. For the purposes of this study, the continuous SES measure was re-coded into a three category variable where *low SES* indicates a score of more than one standard deviation (SD) below the mean SES score, *medium SES* indicates a score that falls within one SD of the mean, and *high SES* indicates an SES score greater than one SD above the mean. *Family structure* was categorized into four groups: children living with: (a) two biological or adoptive parents, (b) one biological parent plus partner (spouse or non-spouse), (c) single biological parent, and (d) other caregiver.

Data analysis and weighting

Data analyses included a series of logistic regressions to determine the odds of feeling discomfort with the survey in association with various personal and response characteristics, both alone and controlling for mental health symptoms. The weighting plan for the survey was a multi-stage sequential process of weighting the sample to correct for study design and demographic variations in non-response. Details of weighting may be obtained from the authors.

Results

Youth upset by survey

Among youth age 10–17, 4.6% reported being upset by answering the survey questions. In terms of the degree of upset for these 104 youth, 26% said that the survey questions were *not very* upsetting, 49% said *a little* upsetting, 9% said *pretty* upsetting, and 17% said *a lot* upsetting. Those saying *pretty* upsetting or *a lot* upsetting constituted 19 children (unweighted) or .8% of the total sample of children ages 10–17.

Among the 104 youth who reported any level of upset, almost all (95.3%) reported that they still would have participated *knowing now what was in the survey*. Only 0.3% ($n = 7$) youth of the 2282 children were both upset by the survey questions and would *not* participate again.

Youth who would not participate again

In the youth sample as a whole, there were 57 respondents who said they would not want to participate again. The majority of these (64%) stated that the reason was because the survey was too long. Of the seven children who were upset and would not participate again, only one cited the nature of the questions being asked as the reason they would not participate again. Five of the seven cited the length of the interview as the reason.

Responses among high-risk youth

The survey protocol had a procedure for identifying youth who reported certain high risk experiences – child maltreatment, sexual assaults, or suicidal ideation. In addition, interviewers were allowed to register concern about a youth whom they felt might be in ongoing danger. Both types of cases were evaluated as to whether they merited a call back to the youth by the study crisis counselor. A total of 17.3% of the youth ($n = 376$) were flagged for evaluation, and 2% of these were deemed serious enough to merit clinician follow-up. Of the 376 flagged for evaluation, 30% reported being upset, and only two said they would not participate again.

Table 1
Youth feeling upset by demographic characteristics.

Youth ages 10-17	Weighted % upset (N)	OR	CI (95%)
Total N = 2314			
Female	4.5% (51)		
Male	4.6% (53)	1.0	(.6–1.8)
Age			
10–13	4.7% (43)		
14–17	4.4% (61)	.9	(.6–1.7)
Race			
White (reference)	4.5% (68)		
Black	3.1% (5)	.6	(.2–2.1)
Hispanic	4.6% (21)	1.0	(.5–1.8)
Other	8.5% (10)	2.1~	(.9–4.8)
Family socioeconomic status			
Low (<1 below mean) (reference)	5.3% (26)		
Mid (–1 to +1 SD from mean)	4.6% (60)	1.0	(.6–1.8)
High (>1 above mean)	3.7% (18)	.8	(.4–1.4)
Family structure			
Two adults in home (reference)	4.3% (60)		
Step parent	7.8% (15)	1.9	(.8–4.6)
Single parent	3.4% (20)	.7	(.3–1.4)
Other adult caregiver	8.1% (9)	1.9	(.8–4.5)
Mental Health (top decile of total score)	15.4% (34)	5.3***	(2.7–10.3)
Mental Health (bottom 90%)	3.3% (70)		

~ Indicates $p < .10$.

*** Indicates $p < .001$.

Correlates of being upset

A variety of variables were associated with being upset by the survey questions. No demographic variables predicted upset (Table 1). Upset, however, was strongly associated with high scores on the Trauma Symptom Checklist for Children (TSCC; $r = .17, p < .001$), which measured symptoms in the last month. The top 10% of symptomatic youth were more than 5 times as likely to be upset than other youth. Because these pre-existing symptoms (referring to the past month) were also associated with likelihood of victimization, delinquency, and many other portions of the questionnaire, we controlled for this symptom score to see whether any specific questions or questionnaire portions were independently associated with reporting more upset from the survey, net of a predisposition to be upset (third column Table 2). Youth who endorsed certain victimization items were also more likely to report being upset, but there was no clear pattern of one particular type of victimization endorsement being the primary correlate of upset. Most of the associations between items and upset were greatly reduced when mental health symptoms were controlled (Table 2). Endorsing peer or sibling victimization was associated with upset net of prior symptoms, as were endorsing assault and maltreatment items, but these were only marginally significant. Endorsement of individual questions about attempted assault, physical abuse, peer and sibling emotional abuse, and attack by a grown up were associated with more upset.

But endorsement of specific questions for rape was not associated with more discomfort. Note that the vast majority (nearly 9 out of 10) of all youth disclosing even such troubling experiences as rape and family abuse did not report any upset about the survey. Polyvictimized youth (those with 11 or more lifetime victimizations) were not more likely to report upset than other youth, controlling for symptoms.

The survey also asked sensitive questions about delinquent behavior. Only the item about posting graffiti was significantly associated with discomfort once symptoms were controlled.

Discussion

In the wake of this national telephone asking detailed questions about personal experience with sexual assaults, child maltreatment and other sensitive victimizations, the proportion of youth 10–17 who felt upset was relatively small (4.6%), and the proportion who felt *pretty* or *a lot* upset even smaller (.8% of the sample). Even among those who felt upset, almost all said they would nevertheless participate in the survey again, which suggests that they saw the value to the survey outweighing their personal discomfort.

Given that surveys like this make important contributions to science and awareness about child maltreatment and afford young people an opportunity to participate in the social discourse about matters of direct personal relevance, the level of discomfort created by this activity does not seem onerous or disproportionate to the potential benefit.

Rates of upset in this survey were in line with two other general population surveys with similarly sensitive questions: a large survey in the United Kingdom, 7.9%, (Radford, Corral, Bradley, & Fisher, 2013) and the National Survey of Adolescents Replication, 5.7% (Zajac et al., 2011). All three of these studies interviewed youth in households (face-to-face or by phone) and obtained direct prior permission from parents. Two other surveys with higher rates of upset were self-administered, one

Table 2
Youth feeling upset by victimization profile (lifetime) and delinquency (adjusting for mental health symptoms).

Youth ages 10–17	Weighted % upset (N)	OR	CI (95%)	Adjusted OR	Adjusted CI
Total N = 2314					
<i>Aggregate victimization measures-lifetime</i>					
Any conventional crime	5.8% (80)	2.5**	(1.3–4.8)	1.4	(.7–2.6)
No conventional crime	2.4% (24)				
Any property crime	6.0% (65)	2.0*	(1.1–3.6)	1.2	(.7–2.2)
No property crime	3.1% (39)				
Any assault	5.9% (87)	3.2**	(1.5–7.0)	1.9~	(.9–3.9)
No assault	1.9% (17)				
Any maltreatment	8.1% (66)	3.4***	(1.9–6.1)	1.8~	(1.0–3.4)
No maltreatment	2.5% (38)				
Any peer sibling	5.9% (92)	4.6***	(2.3–9.3)	2.6*	(1.2–5.6)
Any peer sibling	1.3% (12)				
Any sexual victimization	7.3% (30)	1.9~	(.9–3.8)	.8	(.4–1.7)
No sexual victimization	4.0% (74)				
Any sexual assault	11.7% (15)	3.2*	(1.2–8.3)	1.5	(.6–3.9)
No sexual assault	4.0% (89)				
Any exposure to family violence	5.7% (39)	1.4	(.8–2.6)	.7	(.4–1.2)
No exposure to family violence	4.1% (65)				
Any exposure to community violence	5.3% (76)	1.7~	(.9–3.0)	1.0	(.5–1.9)
No exposure to community violence	3.3% (28)				
<i>Screeners items-lifetime (only significant screeners)</i>					
Robbery	7.6% (21)	1.9~	(1.0–3.8)	1.2	(.5–2.8)
No robbery	4.1%(83)				
Theft	6.0% (46)	1.7~	(.9–2.9)	1.1	(.6–1.8)
No theft	3.7% (58)				
Assault with a weapon	8.6% (22)	2.3*	(1.1 –4.5)	1.4	(.6–3.2)
No assault with a weapon	4.0% (82)				
Assault – no weapon	7.2% (46)	2.2 **	(1.3 –4.0)	1.3	(.7–2.4)
No assault with a weapon	3.3% (58)				
Attempted assault	9.7% (36)	3.3***	(1.8–6.0)	2.3**	(1.3–4.0)
No attempted assault	3.2%(68)				
Threaten	7.6% (48)	2.3**	(1.3–4.2)	1.3	(.7–2.3)
No threaten	3.4% (56)				
Physical abuse	12.8%(30)	4.3***	(2.3–8.3)	2.6**	(1.3–5.0)
No physical abuse	3.30%(74)				
Psych/emotional abuse	10.9%(44)	4.0***	(2.3–7.3)	2.2	(1.2–4.0)
No psych/emotional abuse	3.0%(60)				
Peer/sibling emotional abuse	7.9% (66)	3.3***	(1.8–5.8)	2.0*	(1.1–3.8)
No peer/sibling emotional abuse	2.6% (38)				
Genital assault	8.7% (29)	2.4**	(1.3–4.5)	1.6	(.8–3.4)
No genital assault	3.8%(75)				
Peer sexual assault	12.5% (11)	3.1**	(1.4–7.0)	1.5	(.6–4.0)
No peer sexual assault	4.3% (93)				
Rape attempt	13.9% (9)	3.7 *	(1.1 –12.7)	1.7	(.5–5.6)
No rape attempt	4.1% (95)				
Sexual harassment	8.0% (19)	2.0*	(.8–5.1)	.8	(.3–2.1)
No sexual harassment	4.2% (85)				
Witnessed assault-no weapon	6.2% (61)	2.1**	(1.2–3.6)	1.3	(.7–2.4)
Did not witness an assault	3.1% (43)				
Other attack by grown up	16.0% (12)	4.8**	(1.9–12.2)	2.9*	(1.2–6.9)
Did not experience (other) attack	3.8% (92)				
Others in the house afraid of	11.0% (15)	2.9*	(1.1 –7.7)	1.4	(.5–3.6)
No others in the house afraid of	4.0% (89)				
Peer social exclusion	6.0% (59)	1.7~	(1.0–3.1)	.9	(.5–1.6)
No peer social exclusion	3.5% (45)				
Internet sex talk	11.8%(16)	3.2*	(1.3–8.1)	1.8	(.7–4.3)
No internet sex talk	4.0%(88)				
Dating violence	16.0%(4)	5.0~	(1.0–25.0)	2.7	(.6–11.7)
No dating violence	3.7%(75)				
Poly victim (top 10%)	8.2% (34)	2.3*	(1.2–4.5)	1.0	(.5–1.9)
	3.7%(70)				
<i>Delinquency items (only significant items)</i>					
Break, damage or destroy something	9.6% (13)	2.4~	(1.0–5.9)	1.4	(.5–3.7)
Did not break, damage or destroy	4.2%(91)				
Physical fight with other kids	7.6% (23)	2.1~	(1.0–4.4)	1.1	(.5–2.3)
Did not get into a physical fight with others	4.0%(81)				
Take anything at school that does not belong to you	9.6%(10)	2.4~	(1.0–5.6)	1.3	(.5–3.2)
Did not take anything at school that does not belong to you	4.3%(93)				

Table 2 (Continued)

Youth ages 10–17	Weighted % upset (N)	OR	CI (95%)	Adjusted OR	Adjusted CI
Take money at home that did not belong to them	13.9% (13)	3.9**	(1.5–10.3)	2.3 [~]	(.9–5.6)
Did not take money at home that did not belong to them	3.9% (91)				
Write things on walls or spray paint on walls, sidewalks or cars	25.1% (8)	7.9**	(2.2–28.3)	3.8*	(1.1–13.6)
Did not write things on walls or spray paint on walls, sidewalks	4.0% (96)				
Picked on another kid by chasing or grabbing him or her	12.2% (7)	3.0 [~]	(1.0–9.0)	1.3	(.4–4.2)
Did not picked on another kid by chasing or grabbing him or her	4.4% (97)				

[~] Indicates $p < .10$.

* Indicates $p < .05$.

** Indicates $p < .005$.

*** Indicates $p < .005$.

over the Internet (Ybarra et al., 2009) and the other primarily in classroom settings (Langhinrichsen-Rohling et al., 2006). It is possible that survey methodology could explain discrepancies in reports of upset. The administration by interviewers could have provided some warmth, context, and support to participants or kept the interview moving forward in ways that prevented participant rumination. Ybarra et al. (2009) found more upset associated with the presence of other household members in proximity when youth were completing the interview, and it could be that interviewers insured more privacy from parents for respondents. It could also be that participants are less willing to admit to distress when interviewers were present.

The study supports the conclusion that survey related upset is not a serious problem for researchers asking about abuse and violence, but nonetheless there are a small minority of upset youth who should be of concern.

Unfortunately, the findings do not provide strong clues regarding ways to minimize distress in future research. Upset was not associated with age, so there is no suggestion that limiting questions to older participants would reduce discomfort. This also casts doubt on the hypothesis that developmental immaturity plays an important role in survey discomfort, at least among youth age 10 and older.

There were no significantly higher discomfort levels among *other* racial groups and step-parent families, so no merit to any group based exclusion or remediation.

Some victimized children were more likely to feel upset, which supports the hypothesis that the recall of painful events or the shame and embarrassment around their disclosure may provoke some upset. But endorsement of most conventionally sensitive questions about sexual offenses and family violence did not yield rates of upset that were much higher than the other less serious exposure questions, and 90% or more of such victims reported no upset in the wake of these disclosures. It would appear that upset can occur in association with the disclosure of many different kinds of victimization among different youth. This suggests that the inclusion or exclusion of the most sensitive victimization items does little to increase or mitigate discomfort.

Although the findings from this report are encouraging, it must be kept in mind that they might not be generalizable to all youth victimization surveys. Results might be quite different for studies that are done in schools, with self-administered questionnaires, in group settings, over the Internet, with poorly trained interviewers, or in other contexts.

Even if rates of upset are low, investigators still face the ethical question of what to do with upset respondents. This study did have a specific protocol, which we recommend to other researchers, although we have not specifically tested it. Our interviewers offered a toll-free phone number to all participants if they wanted to get more information or help about any of the topics raised in the questionnaire. We also engaged the services of a clinician trained in telephone crisis counseling. As described earlier, responses to certain items in the questionnaire or concerns on the part of the interviewer, triggered a review and call back to the interviewee both to get additional information and to help connect the interviewee with services in their area. We believe this can help with survey related distress, but we have not evaluated this particular strategy.

Conclusion

On the basis of our findings, we are inclined to conclude that asking youth about childhood victimizations, even sensitive ones, or delinquent activities is not a risky research procedure likely to provoke seriously distressed reactions, especially not when asked in a carefully designed procedure under conditions of confidentiality by well-trained interviewers.

Institutional review boards (IRBs) are tasked with protecting participants in such surveys, and they certainly want to insure that researchers have thought through the various risks. Unfortunately, much of the discussion about risk to participants in youth surveys is based on anecdotes and opinion and rather than empirical evidence. IRBs might contribute most to improving participant protection by asking researchers to gather information on negative outcomes, and even conduct systematic experiments with procedure (e.g., consent wording, debriefing statements) to advance knowledge.

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