

# Revictimizing the Victims?

## Interviewing Women About Interpersonal Violence

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Research on women's experiences of interpersonal violence has grown dramatically and, as a result, the ethical issues surrounding this research are a concern. Although regulatory procedures ensure that research participants are protected from undue risk, little is known about the impact of victimization research on participants. In this study, the authors examine the differences in the abilities of a "vulnerable" population (142 incarcerated women) to complete interviews about the extent and nature of their violent experiences. Using quantitative and qualitative analysis, the authors assess whether the prevalence and incidence of women's victimization experiences, other stressful life events, and personal backgrounds are related to response rates to specific questions and completion rates. The authors find that the cumulative effect of violence over the life course has a significant relationship to women's disclosure of sensitive issues and that providing multiple avenues for disclosure of prior victimization is critical for facilitating a positive outcome for research participants.

**Keywords:** *interpersonal violence; trauma research; disclosure; interviewing*

The 1990s witnessed a dramatic increase in research on women's experiences of interpersonal violence (see Kruttschnitt, McLaughlin, & Petrie, 2004). As beneficial as this work has been in expanding our understanding of the nature and extent of violence against women, it also generated serious questions about the ethics of conducting research on this sensitive topic (e.g., Langford, 2000; Sales & Folkman, 2000; Sullivan & Cain, 2004). Although regulatory procedures are designed to ensure that research participants are adequately protected and are not exposed to undue risk,<sup>1</sup> very little is known about the impact of victimization research on study participants. Institutional Review Boards (IRBs) charged with protecting the rights and safety of research participants, in light of the demands of scientific investigators, must consider the risks

and benefits of allowing researchers to question participants about traumatic life experiences. However, as others have pointed out (Stanley, Sieber, & Melton, 1987; Walker, Newman, Koss, & Bernstein, 1997), there is relatively little empirical research that addresses whether previous life traumas affect research participation. In large part, this is because social scientists are schooled in a code of professional ethics that advocates interacting with research participants in an unbiased and objective manner, foregoing any emotional involvement with the respondent or the subject matter (see; Bergen, 1993; Bosworth, Campbell, Demby, Ferranti, & Santos, 2005; Finch, 1984; Oakley, 1981; Stanko, 1997). In fact, Bosworth et al. (2005, p. 258) argue “the collective failure of scholars to acknowledge the pain their questions may evoke in their participants reveals a continuing, albeit unacknowledged, tendency to objectify our research participants.”

Feminist researchers have questioned such stipulations by challenging the notion of objectivity and the existence of an emotionless reality. In response to a critique of the absence of research on questions of importance to women, selection of only male participants, and exploitative relationships between researchers and participants (Jayaratne & Stewart, 1991), feminist scholars have argued that the only valid research process is one that involves a non-hierarchical relationship between researcher and participant and one that “deobjectifies the participants and critically examine[s] how their research might affect them as real people” (Bergen, 1993, p. 202). Yet, only a handful of studies have examined whether inquiries about prior victimization create distress in research participants by re-exposing them to their traumatic experiences. In this article we address this significant gap in the research literature.

The purpose of this study is to examine whether there is a relationship between prior victimization, other stressful life events, and interview completion in a research setting. We begin by reviewing what is known about the effects of victimization, and disclosure of victimization, on mental health. We

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then turn to the limited scholarship that addresses the impact of trauma research on study participants. With these bodies of research as a backdrop, we uncover our research questions, our methods, and our analytic strategy. We then present statistical results and narrative analyses, focusing on the relationships between current stressful life events and violent experiences on interview completion. Finally, we discuss the implications of our findings for research methodologies and policy.

## Victimization and Mental Health

The interconnections between victimization, other stressful life events, and mental health have a substantial research history (see Macmillan review, 2001). A wide range of consequences are associated with the experience of interpersonal violence in general, and sexual assault in particular, including depression, increased fears, sexual problems, anxiety, guilt, nightmares, sleep difficulties, nervousness, tendency to be revictimized, phobias, substance abuse, exaggerated startle response, and aggression (Briere & Runtz, 1988; Burnam et al., 1988; Finkelhor, 1990; Salmon & Calderbank, 1996; Widom, Weiler, & Cottler, 1999). Despite the breadth of outcomes associated with violent victimization, some scholars argue that such traumatic experiences as childhood sexual abuse actually elicit no symptoms or minimal trauma among one third of the victims (Banyard & Williams, 1996; Kendall-Tackett, Williams, & Finkelhor, 1993; Lam & Grossman, 1997; Morgan & Janoff-Bulman, 1994).

Attempts to explain these diverse outcomes from violent victimization focus on whether specific characteristics of the trauma are related to subsequent well-being. Whereas life threat and physical injury are commonly associated with higher levels of emotional distress (Banyard & Williams, 1996; Epstein, Saunders, & Kilpatrick, 1997), other factors associated with increased distress levels include assault type (intercourse vs. fondling), age (participants who were older at the time of abuse reported higher anxiety levels), and relationship of the victim to the perpetrator (women reporting sexual abuse by a family member described higher levels of disassociation and sleep problems; Epstein et al., 1997; Finkelhor, 1990). Individuals experiencing multiple traumas are at particularly high risk for current symptoms of distress (see Green et al., 2000). Such experiences with interpersonal trauma may also increase vulnerability to adult stress and subsequently depression (Davis, Petretic-Jackson, & Ting, 2001; Kessler, Gillis-Light, Magee, Kendler, & Eaves, 1997).

## The Effects of Disclosing Interpersonal Violence

Many clinicians and counselors operate according to the premise that therapy and talking about ones' traumatic experiences may be cathartic and curative in and of itself. Yet, victims of interpersonal violence typically do not disclose the crime to anyone for some time and the timing of disclosure can vary with the characteristics of the victimization and subsequent life experiences (Arata, 1998; Lamb & Edgar-Smith, 1994; Roesler & Weissmann-Wind, 1994; Smith et al., 2000; Ullman, 1996). In fact, some studies indicate that women do not disclose their traumatic experiences until they are involved in a research project that seeks information about victimization status or experience (Smith et al., 2000; Ullman, 1996).

Only a few scholars have assessed the emotional processing of traumatic experiences (Pennebaker, Kiecolt-Glaser, & Glaser, 1988; Segal & Murray, 1994). Pennebaker and colleagues (1988), investigating the relationship of disclosing traumatic events to others and later physiological and psychological adjustment, found that those who wrote about trauma coped better in the future. Overall, participants who wrote about their traumas reported improvement in immunological functions, greater reduction in distress, and fewer health center visits than participants who wrote about trivial events. Additionally, those who revealed the facts *and* their feelings about the trauma had fewer overall health problems than those only writing about the facts of the traumatic experience. However, these findings focus on written disclosure during a research study, rather than verbal disclosures. In addition, short-term reactions to a study designed to re-expose the trauma survivor to her or his traumatic experience were not addressed by the authors and there is some evidence that continual retelling of traumatic events can have detrimental effects (Haaken & Schlaps, 1991).

Women experiencing trauma also display distress in multiple forms. In her work on incest survivors, Castor-Lewis (1988) explains that the experience of incest is expressed in varying ways, probably throughout the survivors' lifetime, and the research setting is yet another place where this trauma may be relived. In her experience interviewing women about marital rape, Bergen (1993, p. 208) found that the women experienced a wide range of emotions: "Some were relatively unemotional and described the events much as if they were an outsider who had observed someone else being assaulted. Others became visibly distressed when remembering their past experiences." Several women had negative reactions such as flashbacks and nightmares; however, even these women claimed that speaking about their experiences was "cathartic." Despite these noticeable differences, Bergen (208) claims

that once women began talking, most survivors did not seem uncomfortable, were grateful for a sympathetic listener, and in fact, “many seemed anxious to speak in great detail about very intimate aspects of their experiences” (see also Drake, 1998; Finch, 1984). Although these interviewers’ impressions of participant response are a significant source of information, analysis of demographic variables, current stress, and the extent and nature of prior life victimization are generally overlooked as contributors to, or as confounds of, the outcome.

### **The Effects of Participating in a Study of Victimization**

Only a handful of studies have empirically examined the effects of victimization research on study participants (Disch, 2001; Griffin, Resick, Waldrop, & Mechanic, 2003; Johnson & Benight, 2003; Newman, Walker, & Gefland, 1999; Ruzek & Zatzick, 2000; Walker et al., 1997). Although some participants report unexpected distress from victimization research, greater numbers report significant gains from participation; when asked, participants generally find participating in research both helpful and difficult. Overall, authors suggest that research on victimization is well tolerated by those participating; adverse reactions appear less common than previously anticipated and trauma survivors “are not too fragile to participate in trauma research even in the acute aftermath of a traumatic experience” (Griffin et al., 2003, p. 221). However, this research is still in its infancy, and questions remain regarding what factors are important determinants of the effects of victimization research on participants.

In one of the earliest empirical studies of the effects of completing a trauma-focused health survey (which included information on previous sexual, physical and emotional abuse, and neglect), Walker and colleagues (1997) found that more than 25% of the women felt that they gained something positive from the study, and only 13% felt they did not. When asked whether they would still complete the survey even if they knew in advance how they would feel afterwards, 76% said they would and only 5% said they would not. Two years later, using the same sample and using interviewing techniques rather than questionnaires to measure distress,<sup>2</sup> Newman and colleagues (1999) found that the method of inquiry did not affect the outcome; only 5% of the interview respondents reported regretting their participation. It is unclear whether these generally positive outcomes were because of the low response rates (34% of the initial mailed surveys were not returned in the Walker et al. sample and 40% were not returned from the Newman et al.

sample) or the populations studied. Women included in these studies had high levels of education, high median incomes, and most were married (cf. Griffin et al., 2003). It is also hard to determine from this research what caused participant distress: the follow-up questions regarding participant reactions, the long-term effects of early victimization, or the cumulative effects of multiple traumatic events (cf., Griffin et al., 2003; Newman et al., 1999; Ruzek & Zatzick, 2000). Consistent with the stress literature, at least one study found that exposure to chronic, ongoing violence increased reports of emotional distress as a result of study participation (cf., Johnson & Benight, 2003; Newman et al., 1999; Walker et al., 1997).

There are a number of other limitations to this research that constrain our understanding of the impact of trauma research on study participants. Many of these studies fail to record the number of individuals declining to participate in the research (cf. Ruzek & Zatzick, 2000). Similarly, no information is provided on participants who refused to complete the interview or questionnaire. Declining research participation may be a preemptive strike against possible distress from re-exposure to prior trauma. Research findings can also be compromised by how participants are introduced to the study. Johnson and Benight (2003) told research participants that the purpose of their study was to investigate factors affecting ability to recover from domestic violence, potentially biasing the outcome (cf. Newman et al., 1999; Walker et al., 1997). Additionally, most studies focus only on individuals who experienced one acute trauma (e.g., Johnson & Benight, 2003; Ruzek & Zatzick, 2000). Without exploring variation within samples, in nature and extent of violent episodes and other indicators of stress, we cannot be sure of the causes of different responses to trauma research. Although Newman and colleagues (1999) included control participants, both women with and without histories of sexual abuse, their failure to assess the role of other stressful life events in these women's lives limits their ability to attribute reactions to their involvement in the study solely to their history of abuse.

## Research Questions

In this study, we seek to determine whether there is a relationship between prior victimization, other stressful life events, and participation in victimization research. Based on prior victimization research (Briere & Runtz, 1988; Epstein et al., 1997; Finkelhor, 1990; Griffin et al., 2003; Newman et al., 1999; Walker et al., 1997), we explore whether interpersonal experiences with violence, and especially sexual violence, are related to increased noncompletion

rates. Moreover, we also consider whether the cumulative effect of violence is associated with completion rates (Banyard & Williams, 1996; Green et al., 2000).

## Study Design

### Participants and Procedures

This study is part of a larger, multisite study of women offenders that focuses on the personal, situational, and community-level factors associated with their involvement in both violent offending and victimization. Our data come from face-to-face interviews with 142 women incarcerated in the Hennepin County Adult Detention Center in Minnesota. In our interviews, we used a life-events calendar that was programmed on laptop computers to record information on women's lives, and especially their involvement in violent incidents, during the 36 months prior to their incarceration. All semi-structured interviews were conducted by trained female research staff and lasted approximately 3 to 4 hrs; the majority of interviews were completed in one sitting in private rooms, set apart from the rest of the women, the cell blocks, and the guards. Because of high turnover rates and short 'stays' in jail, women were selected off rosters of the total population based on nearest approaching release dates.

Participants were assured that they could skip any question they did not want to answer or withdraw from the interview at any time.<sup>3</sup> Interviewers were trained to be alert to signs of participant distress; along with the option for counseling within the jail, participants were also provided with referrals to mental and physical health care professionals within the community if they requested such assistance during the debriefing process. Of the women who were asked to participate in this study ( $N = 161$ ), 19 (12%) refused participation. The most common reasons women gave for refusal to participate in this research were (a) feeling too tired ( $n = 7$ ), (b) having no interest in being interviewed ( $n = 5$ ), or (c) just not feeling like talking ( $n = 4$ ).<sup>4</sup>

Table 1 provides demographic information on the women participating in our study. Not surprisingly, they have much in common with other populations of incarcerated women (see Kruttschnitt & Gartner, 2003). For example, minority members are substantially overrepresented by comparison to their representation in the general population in Minnesota. Most of the women are currently not married (87%), and have few resources for supporting themselves legally. They commonly report low educational attainment (38%

**Table 1**  
**Selected Characteristics of the Interviewed**  
**Incarcerated Population**

Variable	Percentages ( <i>n</i> )
Age	<i>M</i> = 34.85
Race	
Black	34.0% (48)
White	43.0 (61)
Other	22.9 (33)
Education	
Less than high school	38.0% (54)
Completed high school/ GED	34.0 (48)
Some college	28.0 (40)
Current marital status	
Married	13.0% (18)
Not married	87.0 (124)
Legal income	
No legal income	41.5% (59)
\$1 to \$9,999	14.1 (20)
\$10,000 to \$24,999	30.3 (43)
\$25,000 and above	14.1 (20)

Note: Sample size varies because of missing data. Total participants interviewed (*N* = 142).

reported schooling up to 10th or 11th grade and 34% completed high school or took the GED) and no legal income (41.5%).

## Measures

*Interview completion.* Our research question focuses on the potential relationships among prior victimization and other stressful life experiences and research participation. We focus on the differences between women who completed the interview (or all questions in the interview) and those who refused to answer selected questions, exhibited distress, or terminated the interview. We refer to these two groups as “completers” (*n* = 121) and “noncompleters” (*n* = 21). The small number of women categorized as non-completers includes (a) 10 participants who skipped certain sections of the interview, (b) 7 participants who either vocalized distress or who we observed experiencing distress and who had problems completing the interview, and (c) 4 participants who broke off the interview.

*Victimization.* Because both the research on stressful life experiences and the research pertaining to the mental health consequences of victimization suggest that multiple traumas have particularly detrimental effects (Koss, Bailey, Yuan, Herrera, & Lichter, 2003; Macmillan, 2001), we assess the individual and the joint contributions of violent victimization in both childhood and adulthood on research participation. Specifically, using a variant of the Conflict Tactics Scale (Straus, 1990; Straus, Hamby, Boney-McCoy, & Sugarman, 1996), women indicated whether they experienced any verbal/psychological or physical abuse during childhood by a parent or caretaker. We created two dichotomous variables referencing total child abuse (verbal or psychological abuse, minor physical violence, severe physical violence, and very severe physical violence) and just severe and very severe physical abuse.<sup>5</sup> Participants also reported whether they experienced any of the following types of childhood sexual abuse up until the time they finished elementary school (or through the sixth grade): fondling, attempted intercourse, and intercourse. These experiences are represented by three dichotomous indicators of childhood sexual assault. Finally, women were asked to report about physical and/or sexual violence they encountered in the past 36 months from either their partner or someone else. This information on physical/sexual violence is combined into two dichotomous indicators: one for partner violence and one for nonpartner violence.

*Stress.* To measure other stressful life events, we asked women to report whether they experienced severe or out-of-the-ordinary stress in the following arenas during the 36 months prior to their incarceration: finances, work or school, death of a significant person, health or illness, partner relationship, and children. Originally recorded by month on the life-events calendar, we created six dichotomous measures, which tap the presence of these different kinds of stress in the 36 months prior to incarceration. Prior research finds that individual interpretations of stressful life events are essential; a single overwhelming event can be as stressful as the cumulative impact of minimally stressful events (Morgan & Janoff-Bulman, 1994; Turner, Wheaton, & Lloyd, 1995).<sup>6</sup>

*Control variables.* Finally, because victimization is associated with age, race (coded as Black, White, or Other—which includes Native American and Latina women), education, income, and marital status (Bureau of Justice Statistics, 2003; Straus & Gelles, 1990), we include these as independent variables.<sup>7</sup>

## Analyses

We first examine the relationships between demographic background and research completion. Second, because an accurate assessment of the relationship between prior victimization and interview completion may depend on the presence of other stressful life experiences, we examine whether any relationships exist between these stressful life events and research participation. Finally, both physical and sexual abuse can vary in intensity and reaction. As such, we include several dichotomous measures referencing different levels of severity in our analysis of victimization and research completion (cf. Walker et al., 1997). We explore all levels of childhood physical abuse and the more severe forms of victimization, including severe and very severe childhood physical abuse, as well as several different experiences with childhood sexual abuse. Because the key components of our analysis focus on nonparametric discrete variables (e.g., the presence of a particular type of stress, type of victimization, and interview completion), we use chi-square as a test of statistical significance (Bohrnstedt & Knoke, 1994).<sup>8</sup>

Finally, because of the relatively small number of noncompleters in our study, we view these bivariate analyses as largely suggestive. To provide a more nuanced understanding of why some women were unable or unwilling to complete this research, we content-analyzed the narratives and interviewer field notes for the noncompleters (Lofland & Lofland, 1995). The authors independently read and coded interviews and field notes and cross-checked each other to ensure measures of reliability and validity. Informed by Greer's (2002) extension of the sociology of emotions literature (Thoits, 1985, 1989) and Hochschild's (1979, 1983) understanding of "emotion work" and "emotional management," we focus on how women interpret, manage, and frame their traumatic life events. Because of our similar research purpose and sample type, we utilized Greer's analysis of women inmates' emotional management techniques as a guide to our work in an institutional setting. As such, our content analysis was not forced to fit her categories, but was informed by them.

## Results

### Quantitative Analyses

*Demographics.* In Table 2, we show the relationships between interview completion and demographic characteristics of these study participants. Age, race, and marital status appear to have no bearing on whether women are

**Table 2**  
**Bivariate Relationships Between Demographic Characteristics and Completion**

Variable	Completers (n = 121)	Noncompleters (n = 21)	$\chi^2$
Age	M = 34.97	M = 34.19	t = .369
Race			1.13
Black	32.2% (39)	42.9% (9)	
White	44.6 (54)	33.3 (7)	
Other	23.1 (28)	23.8 (5)	
Education			12.26***
Less than high school	32.2% (39)	71.4% (15)	
High school/GED	38.0 (46)	9.5 (2)	
Some college and above	29.8 (36)	19.0 (4)	
Current marital status			2.76
Married	10.7% (13)	23.8% (5)	
Not married	89.3 (108)	76.2 (16)	
Legal income			5.09*
No legal income	37.5% (46)	61.9% (13)	
\$1 to \$9,999	14.2 (17)	14.3 (3)	
\$10,000 to \$24,999	33.3 (40)	14.3 (3)	
\$25,000 and above	15.0 (18)	9.5 (2)	

Note: Sample size for noncompleters varies because of missing data.

\*  $p < .10$ . \*\*\*  $p < .01$ .

willing to complete their participation in this study. Only education ( $\chi^2 = 12.26, p < .01$ ) and, to a lesser extent, legal income ( $\chi^2 = 5.09, p < .10$ ) are significantly related to completion status. Among the women with the least education (11 years of schooling or less), the vast majority did not complete the interview (71% noncompleters vs. 32% completers). Also, participants reporting no legal income are more likely to be noncompleters (62%) than completers (37%).

*Stressful life events.* Generally, participants reported frequent experiences with severe or unusual stressful events in the 36 months prior to incarceration. Most often it was financial pressures, but problems with partners and work or school were also commonly seen as producing stress in their lives. Contrary to what we might expect based on the prior research (Kessler & McLeod, 1984; Kessler et al., 1997) stressful life events appear to have no bearing on women’s ability to recount these stressful events or complete

**Table 3**  
**Bivariate Relationships Between Stressful Life Events**  
**in Past 36 Months and Completion**

Variable	Completers (n = 121)	Noncompleters (n = 21)	$\chi^2$
Financial			2.67*
No stress	30.6% (37)	50.0% (9)	
Stress	69.4 (84)	50.0 (9)	
Work/school			6.11***
No stress	58.7% (71)	88.9% (16)	
Stress	41.3 (50)	11.1 (2)	
Death of significant person			.27
No stress	60.3% (73)	66.7% (12)	
Stress	39.7 (48)	33.3 (6)	
Health/illness related			.97
No stress	66.1% (80)	77.8% (14)	
Stress	33.9 (41)	22.2 (4)	
Partner relationship			.94
No stress	54.5% (66)	66.7% (12)	
Stress	45.5 (55)	33.3 (6)	
Children			.06
No stress	69.4% (84)	66.7% (12)	
Stress	30.6 (37)	33.3 (6)	

Note: Sample size for noncompleters varies because of missing data.

\*  $p < .10$ . \*\*\*  $p < .01$ .

their participation in the research project. As shown in Table 3, work or school stress ( $\chi^2 = 6.11$ ,  $p < .01$ ) is significantly related to completion and there is some evidence that financial stress may also be a factor in interview completion ( $\chi^2 = 2.67$ ,  $p < .10$ ). However, completers were more likely to report both financial- and work/school-related stress in the past 36 months than noncompleters.

*Nature of victimization.* Despite the sensitive nature of the study, most participants answered all items in the interview including those pertaining to childhood physical and sexual abuse and adult victimization experiences. Furthermore, and consistent with prior research on incarcerated women (Kruttschnitt & Gartner, 2003), the rates of reported victimization are alarmingly high among this population; nearly all of the women reported experiencing some type of verbal or physical abuse in their childhood and the majority reported experiencing violence at the hand of a partner or someone else within the past 36 months.

**Table 4**  
**Bivariate Relationships Between Victimization**  
**History and Completion**

Variable	Completers (n = 121)	Noncompleters (n = 21)	$\chi^2$
Childhood physical abuse			
Total child abuse <sup>a</sup>			27.75***
No	4.1% (5)	43.8% (7)	
Yes	95.9 (116)	56.3 (9)	
Physical abuse <sup>b</sup>			.08
No	66.1% (80)	62.5% (10)	
Yes	33.9 (41)	37.5 (6)	
Childhood sexual abuse			
Fondling			.23
No	74.4% (90)	68.8% (11)	
Yes	25.6 (31)	31.3 (5)	
Attempted intercourse			.03
No	86.0% (104)	87.5% (14)	
Yes	14.0 (17)	12.5 (2)	
Forced intercourse			10.31***
No	87.6% (106)	56.3% (9)	
Yes	12.4 (15)	43.8 (7)	
Adult violence			
Adult partner violence			.08
No	43.8% (53)	40.0% (6)	
Yes	56.2 (68)	60.0 (9)	
Adult nonpartner violence			.11
No	42.1% (51)	46.7% (7)	
Yes	57.9 (70)	53.3 (8)	

Note: Sample size for noncompleters varies because of missing data.

a. Includes verbal, minor, severe, and very severe childhood abuse.

b. Includes severe and very severe childhood abuse.

\*\*\*  $p < .01$ .

As shown in Table 4, there is a significant difference between completers and noncompleters on the total childhood abuse measure ( $\chi^2 = 27.75, p < .01$ ). However, these data indicate that among women who experienced any form of child abuse by a parent or caregiver (verbal or physical), a much larger proportion were completers (96%) than noncompleters. To tease out the impact of severity of child abuse, we excluded verbal/psychological and minor abuse levels. Severe and very severe child abuse (Physical abuse in Table 4) are not related to interview completion rates.

Although childhood sexual abuse was notably less prevalent among this sample than verbal or physical abuse, the effects were more dramatic. Fondling and attempted intercourse were not significantly related to women's willingness to complete the interview, but intercourse did have a significant relationship with completion. Among those who experienced this childhood trauma, 44% did not complete the interview and only 12% did ( $\chi^2 = 10.31, p < .01$ ).

The prior literature also indicates that experiences with adult violence may be related to distress in interview participants. Our sample reported extremely high rates of adult violence; the majority of the women experienced either partner violence and/or nonpartner violence in the past 3 years.<sup>9</sup> Nevertheless, our analyses display no significant differences between completers and non-completers based on whether they experienced violence as an adult, either by a partner or someone else.

*Extent of victimization.* To explore whether "revictimization" experiences are related to interview completion rates, we examine differences between groups on the most severe categories of victimization: childhood-only abuse (includes childhood severe and very severe physical abuse and childhood intercourse); adult-only victimization (partner and nonpartner victimization); and both childhood and adulthood experiences with violence (combination of childhood-only and adult-only measures). We compare these participants with those who had no reported history of prior victimization.<sup>10</sup> As shown in Table 5, we find some evidence that the extent of victimization is significantly related to research participation ( $\chi^2 = 6.16, p < .10$ ), particularly among women who experienced both child and adult victimization; more than one half (56%) did not complete the interview, whereas just one third (33%) with similar traumatic experiences did so.

Certainly the relationship between experiencing multiple types of abuse and the occurrence of depression, anxiety, and other indicators of poor mental health (e.g., Follette, Polusny, Bechtler, & Naugle, 1996; Messman-Moore, Long, & Siegfried, 2000) could account for the observed higher noncompletion rates among women with multiple violent encounters. Yet, we also know that revictimization among both children and adults is linked to poverty (Kruttschnitt & Macmillan, 2005; McLeod, Kruttschnitt, & Dornfeld, 1994). Because we found that education and income are significantly related to interview completion, it may well be that the relationships we observe between extent of victimization (or revictimization) and completion are spurious. To assess this possibility, we controlled for highest level of education

**Table 5**  
**Bivariate Relationships and Lifetime Extent**  
**of Victimization History Completion**

Variable	Completers ( <i>n</i> = 121)	Noncompleters ( <i>n</i> = 21)	$\chi^2$
No prior victimization	16.5% (20)	25.0% (4)	6.16*
Childhood-only abuse	6.6 (8)	6.3 (1)	
Adult-only violence	43.8 (53)	12.5 (2)	
Childhood abuse and adult violence	33.1 (40)	56.3 (9)	

Note: Sample size for noncompleters varies because of missing data.

\*  $p < .10$ .

completed, and total legal income in the past 36 months, in our analyses of the effect of lifetime victimization on interview completion. The cumulative effect of violence over the life course remained significantly related to participant completion.<sup>11</sup>

## Narrative Analyses

The quantitative analyses provide some evidence that both the nature and the extent of prior violent victimization are related to women's research participation. However, as noted, these findings are based on a relatively small sample and thus, may be problematic for developing a complete understanding of why these victimization experiences inhibit women's willingness to complete an interview that focuses on these traumatic events. As a result, we turn to the narratives and field notes recorded in the interviews of the non-completers to shed light on the empirical findings.<sup>12</sup>

Several patterns in the narratives and field notes emerged in our analysis. Noncompleters displayed varying ranges of emotional regulation and management in the form of blocking, burying, avoidance, and self-reflection (Greer, 2002) within three categories: (a) some women chose not to talk about their victimization at all; (b) some women would talk around their experiences, avoiding narrative description but focusing on another aspect of their violent encounter; and (c) most women, while refusing to give interviewers a narrative of the event, chose to talk about these experiences during debriefing sessions.<sup>13</sup> Consistent with prior research and our empirical findings, childhood sexual abuse and adult rape were the most frequently

skipped sections of the interview. Although participants chose to skip these sections, the majority of women disclosed child sexual abuse, including information on perpetrator relationship (most often fathers, uncles, foster brothers, mothers' boyfriends, or male babysitters), during debriefing sessions.

*Refusal to talk about the victimization.* Several women who did not complete the interview refused to talk about their victimization experiences. Four of the 17 (24%) participants included in the narrative analyses employed blocking or burying emotional management techniques; several women revealed to interviewers that they had been sexually abused as a child but refused to talk about it further. Another woman expressed distress at being questioned about sexual abuse in her past, noting only that she felt "the past should stay the past." The interviewer wrote the following in field notes:

She said she has been sexually abused since she was about 3 years old, and doesn't want to talk any further about it; she believes the past should stay the past; she did not answer the sexual abuse questions except to say that it occurred before the sixth grade and it was all sexual abuse and [she] seemed hesitant to answer the violent incident questions as well; she became a bit defensive when asked about sexual assault in the violent-incident section and talked about child sexual abuse right away, and stated she would not talk about that stuff . . . she was adamant about saying that many women do not like to recall the past, and that interviewers should be careful about asking the sorts of questions that are very private and personal, that could hurt a woman and bring up memories that women are trying to forget or not think about.

Some women also commented on their own attempts to bury or block prior traumatic experiences. Participants noted that keeping their trauma in the past and refusing to confront their experiences allowed them to "move on." For example, one woman told an interviewer that her gang rape at the age of 12 "did not exist to her anymore" and another interviewer noted a participant's active effort at burying a current trauma, which she feared would unearth past traumas:

She was raped at [the] age of 7 by her mother's best friend while he was babysitting. [She] never told her mom because she thought she wouldn't believe her. Even now [she] doesn't want to tell. Got upset when she was talking about more recent rape because she said it made her remember the stuff from when she was a kid.

Additionally, some participants disclosed the occurrence of partner violence in the prior 3 years but chose to skip the narrative section of the interview,

which asked them to describe these experiences in detail. Perhaps this refusal acts as a defense against emotional expression and illuminates an active attempt at burying and blocking feelings. In fact, one woman said she did not want to go through the partner violent incidents in detail, especially after completing the Conflict Tactics Scale, stating, "I've never really thought about how violent our relationship is until now; I've never really been sober enough to think about it I guess."

*Talking around the victimization experience.* Some participants who did not complete the interview preferred to talk around their victimization experiences rather than confront them. Prior studies do not explicitly describe a similar emotional management style, although it bears much in common with what is described as avoidance (Greer, 2002). We found that 5 of the 17 participants (29%) in the narrative analyses employed this displacement strategy. Participants in this category neither refused to talk with interviewers nor answer the questions; rather, they talked about their victimization experiences by addressing the situation in a roundabout manner. For example, when asked to give a narrative of a violent incident with her partner, one woman told the interviewer:

He was very abusive and we did drugs everyday. I spent a lot of money on crack; it brought me closer to death and it taught me a lot; jail has taught me to appreciate freedom; drugs has taught me to appreciate life; drugs is a horrible, horrible life; when you hear kids out there these days on drugs, I literally cry because they have no idea what they are getting into.

Talking around a victimization experience may act as an emotional management strategy by displacing feelings that may arise (Hochschild, 1983). Rather than discussing the details of her adult rape, one woman told an interviewer about her encounters at the hospital after the rape:

She was also raped by a stranger in month 34, but when we got to the narrative section, she decided that she didn't want to talk about the incident because it was too painful; however, at the end of the interview we talked a little bit and she said that after the rape, she did go to the hospital to get a medical exam and got checked for STD's, pregnancy, etc. She said that overall, she was satisfied with the medical service, however [she] believed that there were too many people (nurses and doctors and med students) asking her too many questions over and over again; she didn't like having to re-answer all the questions about the incident, and the whole procedure took more than 5 hrs in the hospital because of all the different people coming in and out.

Perhaps participants reconcile their feelings by veiling the intimate details of their victimization and concentrating on other, perhaps less intrusive emotions, connected to this experience. When asked to give a narrative about her rape in a prostitution setting, one woman noted that she refuses to contact law enforcement about such incidents because officers do not care about prostitutes and contacting them would “do more harm than good.” Instead of providing the details associated with her rape, she told the interviewer several stories about prostitutes who, to their detriment, sought help from the police. Similarly, women provided commentary on a variety of issues including family, correctional facilities, and other social institutions while efficiently talking around their victimization experiences. For example, when asked about her sexual abuse, a participant avoids the details of her rape by denying it as a sexual experience:

I was raped at 14; that was not my first sexual intercourse; that was at 17 and I was raped at 14; I sent my kids to foster care and they were all raped; my son was raped by his father for years and no one did anything; child protective services didn't do anything about it; it's disgusting...we live in a scary place and yet we are just throwing children in any homes whatever.

*Refusal and return to victimization experience.* Frequently, noncompleters skipped certain sections of the interview including childhood sexual abuse and adult interpersonal violence but voluntarily returned to them during the debriefing session. Of the 17 participants categorized in these analyses, 8 women (47%) returned to speak of their victimization experiences during the debriefing session without interviewer prompt. One woman attempted to avoid talking about her adult rape by saying, “I don't want to go into it because I don't want to get emotional about it.” However, she later discussed the experience with the interviewer, reflecting on her experience and her attempts at burying her emotions. She made this connection clear at the end of the interview:

I had just got out of a date's car. I was counting my money. I put my money up. All of a sudden somebody grabbed me—it was one of the guys that said they would get me. There was three of them, only one raped me. They had a gun, I just cooperated. They took me to the park. It was night. I was surprised because the police checks in the park; I was surprised that nobody saw. He just raped me and they left me there. I was kind of messed up after that. I didn't call the police because when you are a prostitute you should not have been out there, you wanted it. I went home. [My partner] wanted me to go to the police. I took a bath. I went to the hospital because the guy wouldn't use a rubber. They told me I should have come earlier—gave me a pill to prevent

pregnancy and a test for HIV. I came out okay. The police came to make a report, but I didn't feel comfortable doing it with him. If it wasn't for [my partner] I would probably be in a nuthouse right now because I blocked everything out. I was raped when I was 7 so that brought back a lot of memories—that was a family member and my family doesn't know even today. I finally started talking about it when I went to treatment.

Several women described how drug and alcohol use contributed to interpersonal violence while simultaneously becoming a way of coping with life on the “outside.” These women avoided talking about violent experiences during the interview but returned to these experiences during debriefing, seemingly in an effort at “explaining” or reflecting on their initial avoidance of the question(s). For example, one woman explained to an interviewer that because of her use of crack-cocaine, all of her partner-violence incidents ran together in her head and thus she felt “uncomfortable talking about them.” However, she worked hard to describe as much as she could remember to the interviewer during debriefing, while clearly linking her crack-cocaine use to her coping abilities.

In response to questions about violent incidents, another woman adamantly stated that she had not experienced any such incidents in the past 3 years. However, during debriefing she opened up, telling the interviewer about the numerous violent encounters she experienced as a prostitute. The interviewer noted that the participant linked her violent experiences to drug use; evidently, drug use was the only way she could prostitute and drug use allowed her to feel “okay” about things she has experienced in her life, including the loss of her children.

Avoiding but returning to victimization experiences also may be attributable to the interview environment (Castor-Lewis, 1988; Disch, 2001; Finch, 1984; Greer, 2002). Despite continual assurances of confidentiality, several women told interviewers about their reluctance to relay private experiences in the interview because they did not want their probation officers to discover the information. Rapport and trust are essential in this environment and are developed with participants over the course of the interview; perhaps it took some noncompleters longer than completers to feel this trust in the interview setting, thus leading to a variety of degrees of disclosure.

## Discussion

The purpose of this article was to consider whether and how questions about previous life traumas affect research participation. We drew from

feminist scholarship challenging the notion of an emotionless reality in social science, research on the effects of victimization on mental health, the sociology of emotions literature (primarily symbolic-interactionist theories of emotional management and emotion work) and original interview data to help understand whether there are differences in the abilities of research participants to complete sensitive interviews about prior experiences of violent victimization.

The research on stressful life experiences and the mental health consequences of victimization suggest that chronic stress and multiple traumas have particularly detrimental effects. Based on this literature (Kessler & Magee, 1994; Wheaton, Roszell, & Hall, 1997), we did not anticipate that *unique* stressful events occurring in the past 36 months would be related to research participation. We found, however, that financial stress and work or school stress were significant and completers, compared with noncompleters, were more likely to report these stressors. Why would stress in these two arenas be related to completion rather than noncompletion? We think the answer may lie in the relatively different life situations of these two groups of women. Relative to noncompleters, most of the women who completed the interview reported some legal, albeit small, income. They are also more likely than noncompleters to fall in the “not married” category (see Table 2). Thus, to the extent that completers are more likely to rely on themselves and on *legal* means of supporting themselves than noncompleters, we would expect that they would report more financial and work- or school-related stress relative to noncompleters.

Taking into account the prior literature on victimization and mental health, we also assessed how both unique and multiple episodes of violent victimization affect research participation. We were particularly interested in whether the cumulative effect of violence would be related to completion rates (Banyard & Williams, 1996; Green et al., 2000). Despite the sensitive nature of the study, most participants answered all items of the interview including childhood physical and sexual abuse and adult victimization experiences. Both severe and very severe physical abuse in childhood were not related to interview completion rates. Additionally, adult partner and non-partner violence were proportionate for both the completing and noncompleting samples. However, women reporting childhood intercourse are much more likely not to complete the interview compared with those women who did complete the interview. Finally, we found that there is a strong relationship between extent of victimization and interview completion. Essentially, noncompleters, albeit a small proportion of the sample, experienced more trauma across their lifetimes; the cumulative effect of childhood abuse and

adult violence over the life course is significantly related to increased non-completion rates of sensitive interviews.

The narrative analyses revealed that noncompleters display varying ranges of emotional regulation and management through multiple coping strategies including (a) refusal to talk about victimization, (b) talking around the victimization experience, or (c) refusal and returning to talk about the victimization experience during the debriefing session. Whether these women chose to suppress their feelings by burying, blocking, or avoiding the intimate details of their victimization, or whether through displacement and self-reflection, they came to verbalize all or parts of their traumatic experiences. Accordingly, we conclude that inquiries into such sensitive areas may be less traumatic than previously supposed, even when they are conducted in an institutional setting. In fact, our findings suggest that participants want to talk with interviewers about a range of traumatic experiences, but for some (and particularly those who have been revictimized) it needs to be on their own time and on their own terms (e.g., not necessarily in response to a particular question during a structured interview).

There are two important limitations to the current study. First, we have a relatively small sample, which limited the nature and extent of our analysis. Ideally, in subsequent research with a larger sample of participants, scholars will be able to control simultaneously for a range of covariates when assessing the unique impact of prior victimization on research participation. Second, our sample is drawn from a jail population, thereby limiting the generalizability of the findings. However, a jail sample, while not necessarily representative of the larger population, does have several advantages for scholars interested in women's experiences of violent victimization. The sample is ethnically quite diverse and the women are not selected based on their victimization histories. In this regard, it offers a unique glimpse into how women residing in a highly stressful and emotionally restrictive environment (Greer, 2002) with a variety of different life experiences (no victimization, as well as extensive victimization histories) respond to the research enterprise. As such, these analyses allow for the appreciation and variability of the nature, emotional management, and personal interpretations of traumatic experiences.

Our focus on the impact of trauma/victimization research on study participants also has important policy implications. Sexual assault survivors generally describe social reactions following the assault (both positive and negative) as extremely important to personal recovery (Campbell, Ahrens, Sefl, Wasco, & Barnes, 2001; Campbell & Raja, 1999; Campbell et al., 1999; Denov, 2004). The research setting is yet another environment where social reactions may work to enhance participants' well-being through cathartic release

(Pennebaker et al., 1988) or exacerbate trauma (Haaken & Schlaps, 1991). Our study suggests that it may be important to establish trust and rapport between researcher and participant in an interview setting (Eyde, 2000; Finch, 1984). For example, most noncompleters skipped certain sections of the interview but returned to them during the debriefing session. As evidenced in our qualitative findings, careful listening and the attention of the interviewer allow the interview process to become participant-oriented (Castor-Lewis, 1988), perhaps providing women with the freedom of disclosing in a variety of ways. Researchers should take special caution to anticipate potential problems and design methods and policies to facilitate positive outcomes for all research participants (e.g., intense interviewer training sessions, follow-up services, detailed informed consent forms, and special debriefing sessions), keeping in mind there may be multiple avenues for women to disclose victimization experiences during interviews. As the future needs of victims and scholars are carefully weighed by researchers and institutional review boards, the balance of privacy, compassion, and scientific inquiry should be increasingly based on solid investigations; increased discussion of research methodologies and experiences are of critical importance when conducting research on interpersonal violence and trauma.

## Notes

1. See, for example, American Psychological Association (APA), American Sociological Association (ASA), Department of Health and Human Services (DHHS), and Institutional Review Boards (IRBs).

2. Participant distress was measured by the following questions: (a) I gained something positive from filling out this survey, (b) completing this survey upset me more than I expected, and (c) had I known in advance what completing this survey would be like for me, I still would have agreed (Newman et al., 1999).

3. Because of length and the emotional content of the interviews, researchers usually completed no more than one interview a day. Interviewers described the study in detail and reviewed the consent forms with women before beginning the interviews.

4. Reasons for refusing to participate were not mutually exclusive; some participants gave multiple reasons for why they didn't want to participate.

5. We use Straus and colleagues' work with the Conflict Tactics Scale (1979, 1990, 1996) to create these measures of childhood physical abuse. Childhood verbal/psychological abuse includes the following: insult or swear at you, call you fat/ugly, destroy something, shout/yell, stomp out of the room/house/yard, and hurt your pet to hurt you. Childhood minor abuse includes threw something at you, pushed/grabbed/shoved, slapped or spanked, twist arm/hair, and threatened to hit or throw something at you. Childhood severe violence includes kicked/bit/hit you with a fist, hit or tried to hit you with something, threatened you with a knife or gun, and caused a sprain/bruise/cut because of a fight. Finally, childhood very severe violence includes burned/scalded you on purpose, used a knife or gun on you, caused you to pass out

from hitting you on the head, punched/hit you with something that could hurt, caused you to go to the doctor because of a fight, choked you, slammed you against a wall, and beat you up.

6. Although measures of interpersonal stress and negative life events are inherently subjective (Turner et al., 1995), experts on the measurement of social stress argue that subjective reports of acute and chronic life stress are advantageous and better reflect individual realities as compared with objective measures of an event (Morgan & Janoff-Bulman, 1994; Wheaton, 1994).

7. In early analyses, we also included a measure of prior arrest and jail time because prior experience in the criminal justice system may reduce the additional stress women experience as a result of being incarcerated (O'Brien, 2001). These variables had no significant relationship with interview completion.

8. In all analyses, we use conventional significance levels ( $p < .05$ ,  $.01$ ). However, because of our small sample size, we also use a less stringent level ( $p < .10$ ; Bohrnstedt & Knoke, 1994; Johnson, 1981).

9. This high rate of nonpartner violence can probably be attributed to the relatively high number of women in our study who were prostitutes.

10. In this analysis, we include the women who disclosed childhood sexual intercourse during the debriefing sessions; such disclosures were recorded in interviewer field notes (see Intercourse, Table 4). However, because we could not be certain of their cumulative experiences with violence, these women were not included in Table 5. The results should be considered conservative estimates of the effects of cumulative violence over the life course.

11. Result not shown but available from the authors on request.

12. The narratives for completers contained a full description of the initiation, structural factors, and outcomes of each violent event in which they were involved. Interviewer field notes for this same group of women indicated they exhibited little or no emotional distress during or after the interview.

13. Four participants broke off the interview in the early demographics section and are not included in the narrative analyses.

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