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# What's the Risk in Asking? Participant Reaction to Trauma History Questions Compared With Reaction to Other Personal Questions

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Does asking about trauma history create participant distress? If so, how does it compare with reactions to other personal questions? Do participants consider trauma questions important compared to other personal questions? Using 2 undergraduate samples (*N*s = 240 and 277), the authors compared participants' reactions to trauma questions with their reactions to other possibly invasive questions through a self-report survey. Trauma questions caused relatively minimal distress and were perceived as having greater importance and greater cost–benefit ratings compared to other kinds of psychological research in an undergraduate human subjects pool population. These findings suggest that at least some kinds of trauma research appear to pose minimal risk when compared to other minimal risk research topics, and that participants recognize the importance of research about trauma.

Keywords: ethics, trauma, research, human subjects, risk

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Psychologists are charged with ensuring the ethical treatment of human participants in psychological research. Over the past 2 decades, as trauma research has burgeoned, questions about the risk of conducting trauma research have been raised. Does asking about trauma retraumatize victims? Do they regret participating in research? Does trauma research put participants at greater risk than other kinds of psychological research? Is conducting trauma research in nonclinical populations a bad idea?

Recent studies have indicated a resounding "no" to these questions. When traumatized individuals describe their reactions to being asked about their trauma experiences, they have responded that they were satisfied with their research participation and they have indicated favorable cost–benefit ratios (e.g., Carlson et al., 2003; DePrince & Freyd, 2004; Ruzek & Zatzick, 2000). Studies with clinical populations that involved in-depth clinical interviews (Carlson et al., 2003; Griffin, Resick, Waldrop, & Mechanic, 2003), with women in health maintenance organizations who responded to research interviews and questionnaires (Newman, Walker, & Gefland, 1999), with community samples (DePrince & Freyd, 2004), and with college students completing brief survey methods (DePrince & Freyd, 2004), have consistently found favorable responses from participants. Participants have described their research experiences as positive and as having provided personal gain (Newman et al., 1999). Participants have rated benefits as outweighing costs (DePrince & Freyd, 2004) and positive cost–benefit ratios have held upon follow up (Newman et al., 1999).

In addition to these subjective self-reports of benefits from trauma research, there is ample objective evidence as well that participants benefit. Numerous studies have indicated that writing and talking about traumatic experiences can benefit an individual both psychologically and physiologically (e.g., Donnelly & Murray, 1991; Francis & Pennebaker, 1992; Pennebaker, 1997). When he reviewed 44 trauma studies, Pennebaker found that study participants who wrote about traumatic events had a reduction in physician visits, increased grade point average (GPA), and less absenteeism from work.

Despite these positive findings, there remains a tacit assumption among researchers and institutional review boards (IRBs) that trauma research is somehow riskier than other kinds of psychological research (Becker-Blease & Freyd, 2006; DePrince & Freyd, 2004). Survivor vulnerability and stigmatization are raised as concerns for participants, and participant attrition rate is raised as a concern for researchers (see Becker-Blease & Freyd, 2006, for discussion). These same concerns are not raised for other potentially stigmatizing material in psychological studies such as research about body image, sexual behavior, risk taking behavior, or other personal questions, such as about income or GPA (Becker-Blease & Freyd, 2006). Although survey methods are often considered to be no risk or minimal risk for IRBs and are often exempt from full IRB review (e.g., Office for the Protection of Human Subjects, 2005; University of Oregon, 2005), for a broad range of psycho-

logical material, this latitude is rarely afforded trauma research. Our study endeavors to compare exempt research in social psychology with the relatively riskier trauma research to evaluate empirically whether this common perception of trauma research is valid.

Past research has generally neglected to question whether men and women experience different levels of distress in response to trauma questions and whether they value this research equally. We are aware of only one prior study that has evaluated gender differences when considering the costs and benefits of trauma research (DePrince & Freyd, 2004). DePrince and Freyd asked men and women to rate how good idea it was for psychologists to do trauma research, as well as how distressing trauma questions were relative to other things encountered in everyday life. They found that women made higher ratings than men on both how distressing the research was and how good an idea it was to do trauma research; however, both of these effect sizes were small. Because women tend to blame themselves more for trauma and experience more posttraumatic stress disorder and interpersonal trauma (DePrince & Freyd, 2002; Tolin & Foa, 2003), gender is an important consideration in evaluating the impact of trauma research and is included in analyses in this study.

## THIS STUDY

Newman and Kaloupek (2004) called for research to assess whether the emotional distress incurred from trauma research qualifies as minimal risk compared to other types of psychological research. This study provides an empirical response to this call. Replicating and extending methodology from DePrince & Freyd (2004), we asked undergraduates in the Human Subjects Pool at the University of Oregon about their experiences after completing a series of questionnaires from a wide range of areas in psychology, including trauma. Participants rated their level of distress in responding to the research questions, provided a judgment about the importance of the different kinds of research, and determined a cost–benefits ratio for each type of research. We provide a gradation in sensitivity of topics by focusing on GPA and Scholastic Aptitude Test (SAT) scores; questions about body image; questions about emotional trauma; and questions about sexual abuse in one sample, and parental income, race, sexual orientation, and sexual abuse in a second sample. Sample 1 was collected in spring term and Sample 2 was collected in the following fall term.

## PREDICTIONS

Previous research has found that trauma victims are generally not distressed about trauma research and that most participants feel that participation benefits outweigh

the costs (e.g., Ruzek & Zatzick, 2000). We therefore predicted that, when compared to other types of personal questions, trauma questions would not cause more distress. We expected however, that when asked about the importance of research, participants would indicate that trauma research is more important than other types of research. We also conducted exploratory gender difference analyses.

## METHOD

### Participants

University of Oregon undergraduates participated for partial completion of course credit in introductory psychology classes. Sample 1 consisted of 166 women and 74 men, *M* age = 19.53, *SD* = 2.58. The majority (76.7%) identified as White, 4.7% identified as African American, 11.6% as Asian/Pacific Islander, 2.9% as Hispanic, and 4.1% as Other. Sample 2 (*N* = 277) consisted of 203 women, 71 men, and 3 who declined to answer, *M* age = 19.55, *SD* = 3.17. The majority (79.6%) of participants in Sample 2 were White, 1.5% identified as African American, 13.5% as Asian/Pacific islander, 3.3% as Hispanic, and 2.2% as Other.

### Materials

At the beginning of the term, participants completed a prescreening questionnaire packet that contained a variety of brief psychological instruments. Each sample of participants responded to generally innocuous questions (such as decision making and personality instruments), as well as more personal questions (such as body type ratings, opinions about race, how they identify sexually, GPA and SAT scores, parents' income, and trauma experiences). This particular prescreening packet of measures is typical of the prescreening survey administered each term at the University of Oregon. The prescreening survey is considered minimal risk by the IRB.

Trauma was assessed using the Brief Betrayal Trauma Survey (BBTS; Goldberg & Freyd, 2006). The BBTS is a 12-item self-report inventory of low- and high-betrayal trauma experiences; betrayal refers to the degree to which events are caused by someone with whom the victim is close. An example of a low-betrayal trauma is "Been in a major earthquake, fire, flood, hurricane, or tornado that resulted in significant loss of personal property, serious injury to yourself or a significant other, the death of a significant other, or the fear of your own death." An example of a high-betrayal trauma experience is "You were made to have some form of sexual contact, such as touching or penetration, by someone with whom you were very close (such as a parent or lover)." Scoring on the BBTS used a 4-point scale for measuring frequency of events over the lifetime, where 0 = *never*, 1 = *once*, 2 = *two or three times*, and 3 = *more than that*. Participants respond twice to

each question for experiences (a) before the age of 18 and (b) age 18 and older. The BBTS has good test–retest reliability (Goldberg & Freyd, 2006).

Measures of distress and cost–benefit were collected immediately after all the other measures were collected, as part of the same survey packet. To measure the relative distress and cost–benefits of the different types of psychological questions, participants were first reminded of each topic with the statement "In this survey packet we asked you…" followed by the prompt, such as "what race means to you," or "whether you were gay, lesbian or bisexual." Each prompt was then followed by three questions based on an earlier study by DePrince and Freyd (2004). Distress was evaluated with "Was answering this question more or less distressing than other things you sometimes encounter in day-to-day life?" Responses were provided on a 5-point Likert-type scale, where 1 = *much more distressing*, 2 = *somewhat more*, 3 = *neutral*, 4 = *somewhat less*, and 5 = *much less distressing*, and responses were reverse scored for analyses. Importance was evaluated with "How important do you believe it is for psychologists to ask about [topic] in order to study the impact of it?" Reponses were provided on a 5-point Likert-type scale, where 1 = *definitely not important*, 2 = *somewhat not important*, 3 = *neutral*, 4 = *somewhat important*, and 5 = *very important*. Finally, cost–benefit of research was asked with the question "Please consider both your experience answering the question about [topic], and your feelings about how important it is that we ask the question. How good of an idea is it to include such a measure in psychology research?" Responses were provided on a 5-point Likert-type scale, where 1 = *very bad idea*, 2 = *somewhat bad*, 3 = *neutral*, 4 = *somewhat good*, and 5 = *very good idea*.

The first sample of participants responded to four sets of questions about GPA/SAT scores, ideal body image ratings, emotional/psychological maltreatment, and being made to have sexual contact. The second sample of participants responded to four sets of questions about parents' income, meaning and judgments of race, sexuality (gay/lesbian/bisexual), and being made to have sexual contact.

## Procedure

The University of Oregon IRB approved all measures and data collection. Informed consent was obtained before participants responded to the questionnaires. Consent included permission to skip any question that participants felt uncomfortable completing. The first sample completed the instruments in one of two large group sittings in a large classroom, using paper and pencil. They were instructed, both orally by the experimenter and in writing on the written consent form, not to write any identifying information anywhere on the survey packet. Consent forms were dropped off in a separate box from the survey packets. The procedure was made clear to participants so that they were assured of anonymity and assured that there was no way of later identifying them.

The second sample completed measures online from a computer of their choosing, at any time of their choosing, during the first 3 weeks of the term. Consent procedures were in written form, and at any time participants could press an "exit now" button and have their answers deleted. The consent procedures explained that the computer program assigned a random number to their data and that there was no way of identifying individuals with their data. Thus, they had complete confidentiality and anonymity.

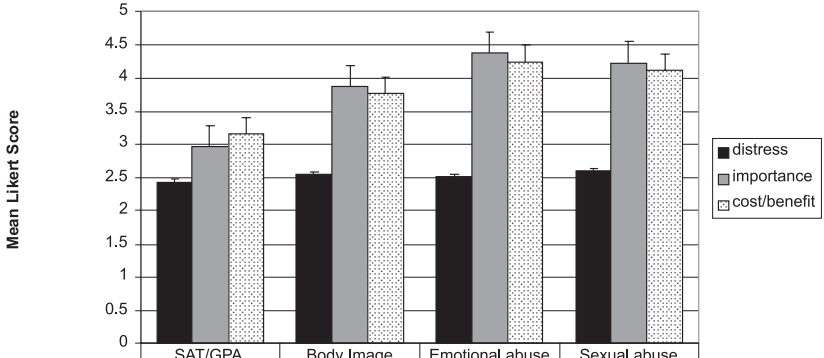
The survey measures completed by Sample 1 and Sample 2 varied in content, as the prescreening survey at the University of Oregon allows all Psychology faculty and graduate students to submit measures on a term-by-term basis. Each term's packet contained the BBTS, but decision research and other measures were not consistent between the terms. Body image was asked only in Sample 1's packet. Questions about race were asked only in Sample 2's packet. In addition to the BBTS trauma questions asked of Sample 1, Sample 2 also responded to questions that specifically asked about being victims of rape or incest, as well as three questions that asked, "yes" or "no," if participants identified themselves as gay, lesbian, or bisexual. Because of the differences between the two samples and because they were not independent (i.e., participants were permitted to do the prescreening both terms if they were in the human subjects pool twice and it is estimated that approximately 10% may have participated both terms), we did not combine the two samples for data analyses.

Both samples received written debriefing forms upon completion of the survey. The debriefing form disclosed the purpose of data collection procedures and provided telephone numbers for free on-campus counseling and a 24-hr crisis line in the event that participants were distressed or needed to talk about any feelings relating to their participation. They were also given the e-mail addresses and phone numbers of the Psychology Department Human Subjects Coordinator (HSC) and IRB in the event that they wished to be orally debriefed. No student contacted the IRB or HSC to discuss the study.

## RESULTS

### Sample 1

A repeated measures analysis of covariance (ANCOVA) was run with gender as the between-subjects variable, amount of trauma (*M* BBTS score) as the covariate, measures of distress, importance, and cost–benefits of the four types of research as the within-subjects variable. There was no significant difference in distress between the four research questions (GPA/SAT, body image, emotional/psychological maltreatment, and sexual maltreatment). There was a significant difference for importance, $F(3, 711) = 91.87, p < .001$, and for the cost–benefit rating, $F(3, 711) = 79.1, p < .001$,




| | SAT/GPA | Body Image | Emotional abuse | Sexual abuse |
|---|---|---|---|---|
| distress | 2.43 | 2.55 | 2.51 | 2.61 |
| importance | 2.96 | 3.87 | 4.38 | 4.23 |
| cost/benefit | 3.16 | 3.77 | 4.24 | 4.11 |

FIGURE 1 Sample 1 means and standard error bars for distress, importance, and cost–benefit ratings for each of four different kinds of research questions.

between questions, with participants finding less cost and more benefit for the research. Means are reported on the bar graph in Figure 1. Questions for Sample 1 were designed with a priori gradation in mind. We predicted that GPA/SAT score reporting would be considered less important than questions about body image, and that questions about trauma would be considered most important. We also expected that the cost–benefit ratios would have the same weighting with GPA/SAT scores seen as less valuable and trauma questions most valuable. These hypotheses were supported with significant linear trends in the within-subjects contrasts. The linear trends for importance and cost–benefit ratio were, respectively: $F(1, 237) = 161.05$, $p < .001$ and $F(1,237) = 132.95$, $p < .001$. There was not a significant linear trend for distress of these questions ($p > .10$). The effect for trauma history and for gender were significant for how distressing the four research questions were ($p < .01$ and $p < .05$, respectively), but not for importance or for the cost–benefit ratio. The mean estimate of distress (reverse scored) for gender with trauma as a covariate, is 2.59 for women ($SE = .06$), and 2.37 for men ($SE = .09$). So, although men were less distressed than women, both rated their distress as "Somewhat less distressing than other things encountered in day-to-day life." Gender and trauma history did not interact with the different research questions. Figure 2 depicts the gender differences for rating distress across the four types of research.

## Sample 2

A second repeated measures ANCOVA was run for Sample 2 using the same parameters as for Sample 1. The four research topics being compared in Sample 2

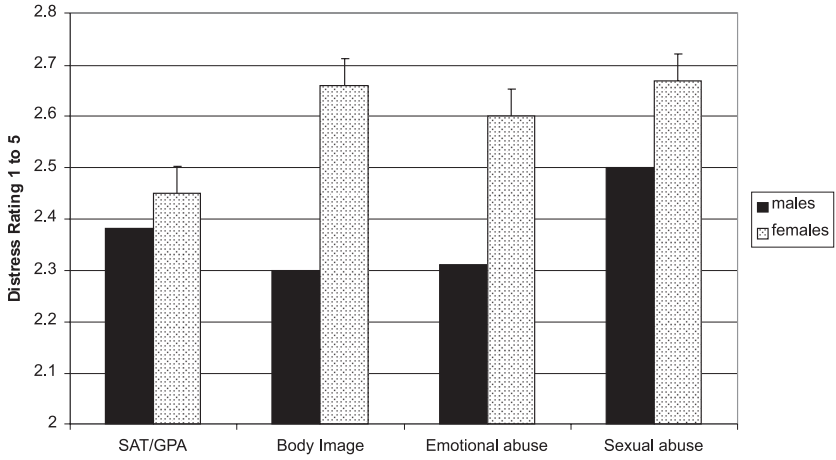
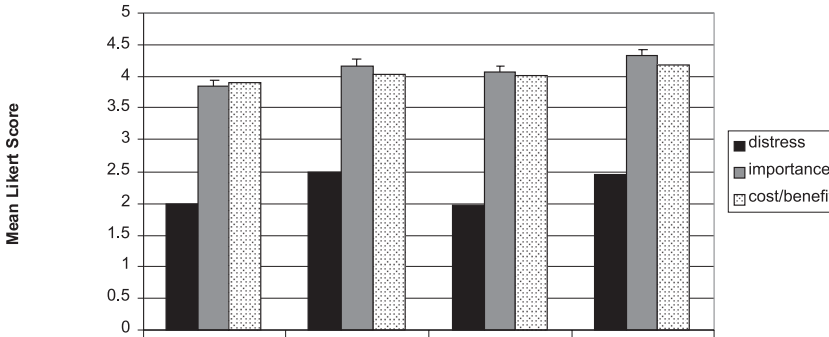



FIGURE 2 Sample 1 means and standard error bars showing gender differences in distress ratings on four different kinds of research questions. Means of 3 or less indicate neutral to no distress on a 5 point Likert-type scale where 5 = *much distress*.

were reporting parents' incomes, stating what race meant to them, stating their sexual orientation, and stating whether they had been made to have sex, as well as whether they had been victims of rape and incest. Note, Sample 1 was not asked specifically about rape or incest, rather they answered the BBTS questions that included "… made to have … sexual contact, such as touching or penetration …" Eighteen participants in Sample 2 reported having been raped and six declined to answer. Five reported being victims of incest and one declined to answer.

There were significant main effects for distress, $F(3,756) = 8.59$, $p < .001$, importance, $F(3,756) = 9.44$, $p < .001$, and cost–benefit rating, $F(3,756) = 4.93$, $p < .005$. Simple contrasts showed that answering questions about being made to have sex was more distressing than answering questions about parents' incomes, $F(1, 252) = 5.92$, $p < .02$, and sexual orientation, $F(1,252) = 7.59$, $p < .01$, but not more distressing than being asked about what race meant to them ($p = .15$). Simple contrasts also showed that importance ratings were greater for being asked about sexual abuse than being asked questions about parents' incomes $F(1,252) = 21.41$, $p < .001$, and sexual orientation $F(1, 252) = 9.85$, $p < .005$, but not being asked about race ($p > .10$). Cost–benefit ratings were higher for the sexual abuse questions than the other three research questions being asked (all $p$s $< .05$). Means are reported on the bar graph in Figure 3. There was no main between-subject effects for trauma history or gender of participants on any of the three questions asked (all $p$s $> .10$).




| | Parents' Income | Race | Sexual Orientation | Sexual Abuse |
|---|---|---|---|---|
| distress | 1.99 | 2.49 | 1.97 | 2.46 |
| importance | 3.85 | 4.18 | 4.07 | 4.34 |
| cost/benefit | 3.91 | 4.04 | 4.01 | 4.2 |

FIGURE 3 Sample 2 means and standard error bars showing gender differences in cost–benefit ratings on four different kinds of research questions.

## "Do No Harm"—The Most Distressed Participants

In assessing risk in research, it is ethically responsible to look beyond the nomothetic data that examines means and standard deviations of large groups and look at the individuals. In follow up analyses, we investigated whether any participants viewed any of the research as "much more distressing." It was the case that for all questions asked in both studies, at least one person indicated the questions were "much more distressing." Close inspection of the data revealed that different individuals found different questions more distressing. In other words, this is not a response bias of one individual, but rather represents several individuals' reactions. Table 1 shows the frequency of endorsement that each type of research question is very distressing. Because questions about sexual abuse had the highest frequency of endorsement with 24 individuals across the two samples, we examined this more closely.

Arguably, IRBs and researchers should be concerned about these 24 individuals and whether they were harmed by this type of research. In selecting the 9 individuals from Sample 1 and 15 individuals from Sample 2, we examined their ratings on the importance and "how good an idea" questions for sexual abuse research (see Figures 4 and 5). It was the case that 23 were, at worst, neutral, and, at best, strongly in favor of the research; 1 individual thought that the research was a very bad idea but also thought that the research was important. Table 2 provides the distribution of responses to these items.

TABLE 1
Frequencies of "Much More Distressing" Responses for Each Item

| | *Sample 1* | | | | | | | | *Sample 2* | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | *GPA/ SAT Scores* | | *Body Image* | | *Emotional Abuse* | | *Sexual Abuse* | | *Income* | | *Sexual Orientation* | | *Race* | | *Sexual Abuse* | |
| *Question* | *M* | *SD* | *M* | *SD* | *M* | *SD* | *M* | *SD* | *M* | *SD* | *M* | *SD* | *M* | *SD* | *M* | *SD* |
| Much more distressing | 4 | 1.5 | 1 | .4 | 3 | 1.1 | 9 | 3.3 | 1 | .4 | 1 | .4 | 6 | 2.2 | 15 | 5.4 |
| Somewhat more distressing | 48 | 17.5 | 48 | 17.5 | 42 | 15.4 | 46 | 16.8 | 11 | 4 | 10 | 3.6 | 44 | 5.9 | 47 | 17 |
| Neutral | 106 | 33 | 108 | 39.4 | 115 | 42.1 | 117 | 42.9 | 108 | 39 | 104 | 37.5 | 115 | 41.5 | 95 | 34.3 |
| Somewhat less distressing | 31 | 11.3 | 59 | 21.5 | 53 | 19.4 | 41 | 15 | 19 | 6.9 | 34 | 12.3 | 32 | 11.6 | 25 | 9 |
| Much less distressing | 85 | 31 | 58 | 21.2 | 60 | 22 | 60 | 22 | 138 | 49.8 | 128 | 46.2 | 80 | 28.9 | 95 | 34.3 |

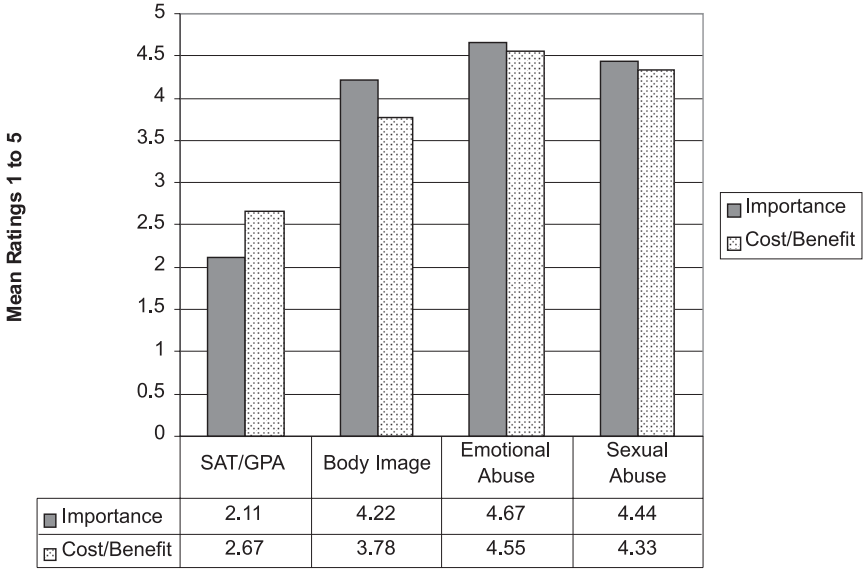



FIGURE 4 Sample 1 means showing importance and cost–benefit ratings for only the 9 participants who endorsed trauma questions as "much more distressing."

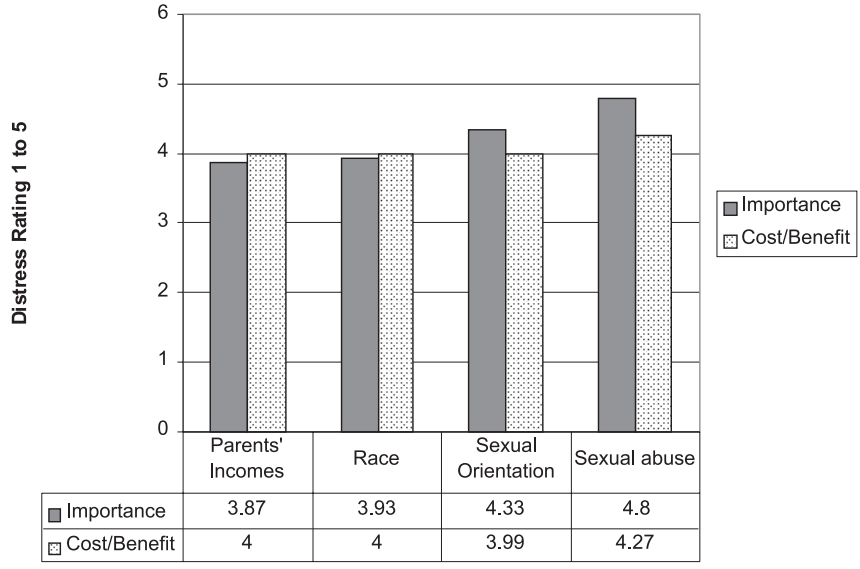



FIGURE 5 Sample 2 means showing importance and cost–benefit ratings for only the 15 participants who endorsed trauma questions as "much more distressing."

TABLE 2
Frequencies of Responses to the "Importance" and "Good Idea" Questions for the 24 (15 from Sample 1 and 9 From Sample 2) Respondents Who Indicated That the Questions About Sexual Abuse Were Much More Distressing.

| | *Sample 1*[a] | | | | *Sample 2*[b] | | | |
|---|---|---|---|---|---|---|---|---|
| | *Importance of Sexual Abuse Research* | | *How Good an Idea Is This Research?* | | *Importance of Sexual Abuse Research* | | *How Good an Idea Is This Research?* | |
| *Likert-Type Scale Responses* | *n* | % | *n* | % | *n* | % | *n* | % |
| Not Important/bad idea | 0 | 0 | 1 | 6.7 | 0 | 0.0 | 0 | 0.0 |
| Somewhat important/somewhat bad idea | 0 | 0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Neutral | 0 | 0 | 0 | 0.0 | 1 | 11.1 | 2 | 22.2 |
| Somewhat important/somewhat good idea | 3 | 20 | 8 | 53.3 | 3 | 33.3 | 2 | 22.2 |
| Very important/very good idea | 12 | 80 | 6 | 40.0 | 5 | 55.6 | 5 | 55.6 |

[a]$n = 15$. [b]$n = 9$.

## DISCUSSION

This research advances the extant literature on participants' subjective experiences when participating in trauma studies, and informs judgments about the risk of this research. Previous research has demonstrated that participants view trauma research favorably (e.g., Carlson et al., 2003; DePrince & Freyd, 2004); however, as pointed out in Becker-Blease and Freyd (2006), it is important to understand the relative emotional reaction of participating in trauma research as compared to other kinds of psychological research. Newman and Kaloupek (2004) also stressed that empirical data is needed to determine whether the emotional distress incurred from trauma research qualifies as minimal risk. The findings from two research samples at the University of Oregon suggest that at least some kinds of trauma research appear to be minimal risk when compared to other minimal risk research topics. These samples demonstrated that trauma questions cause relatively minimal distress and perceived greater importance and greater cost–benefit ratings compared to other kinds of psychological research in a human subjects pool population.

University human subjects pools provide participants for a wide variety of psychological empirical studies and much of this research is defined by IRBs as minimal risk. Federal regulations define minimal risk as:

> The probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests. (NIH, as cited in University of Oregon, 2005)

Taken together, the data from the two samples in this report suggest that trauma research that asks participants to anonymously disclose their trauma histories either in paper and pencil or in online reports may also be classified as minimal risk. When compared to other forms of psychological research that ask participants to report personal information such as grades, sexual orientation, parents' incomes, or one's ideal body image, trauma research is no more distressing. Furthermore, participants did not see other personal questions as being as important or as having as high an overall benefit compared to trauma research. It is important that mean ratings of distress to trauma questions were in the less distress to neutral range, compared to other things encountered in everyday life. Therefore, according to federal regulations, participants claimed that trauma research is minimal risk. Moreover, they informed us that the trauma research was important to them, and that generally it was a good idea to do this research. It is of interest that in the second sample, when we asked about distress in response to questions about race and what race meant to participants, questions about trauma were no more distressing than questions about race. Thus, although researchers and IRBs may presuppose

that trauma questions are too emotionally charged to be considered minimal risk (Becker-Blease & Freyd, 2006), it may be that IRB review committee members' own discomfort in asking about trauma history is thwarting participants' opportunities to be validated and to have their experiences acknowledged.

Although the average responses clearly indicate minimal risk, an argument can be made that what matters is not the average, but rather the extremely negative reactions that some participants might experience when asked about trauma, even if those reactions are rare. On examination, we found that 24 out of 517 total participants reported the trauma research to be much more distressing than everyday life. Of these 24 participants, only 1 participant thought that conducting trauma research was a somewhat bad idea; the other 23 thought it was generally a good idea. The one participant who thought it was somewhat of a bad idea (4 on Likert-type scale) also thought that doing this research was somewhat important (4 on Likert-type scale), thus indicating that, objectively, the benefits match the costs. Thus, even those who are most upset about the trauma research also see it as valuable. Several of the authors have collected trauma data in person in various laboratory type situations and have had personal experiences with participants that provide perspectives on these findings. At times, participants have become emotional when filling out trauma questionnaires and have declined to answer questions or have ended participation early because the questions were triggering for them. During debriefing, which occurs even when studies end abruptly, participants have shared that they are glad we are conducting this important research and that they wish that emotionally they were able to participate. Not only do they convey approval for the type of research, but they also convey a strong sense of validation for it.

Analyses in this study also considered gender and trauma history of participants. The first set of analyses with Sample 1 indicated that women were more distressed than men in responding to trauma questions, and individuals with more trauma history also experienced more distress to trauma questions. However, in all cases, mean distress ratings were neutral to somewhat less distressing than occurrences in everyday life. Thus, although there were between-group differences on distress ratings, these ratings were all within a not distressed score range. Because the gender and trauma history between-group differences did not hold for the second sample, future research should continue to attend to these between-group variables to determine what other factors may moderate these variables.

This study has several limitations. First, it used a sample available through a university human subjects pool. Human subjects pool participants may have more appreciation for research because of their socialization to academia, and thus may be biased compared to community samples. On the other hand, a strength of the sample is that the participants did not self-select into this study based on content of the study, but rather were selected based on schedule availability. Future research should include samples that have more demographic diversity—age, ethnicity, and socioeconomic status. In addition, future studies should include samples that have

more extremely traumatized individuals to determine if our results generalize. It is also important to note that this study investigated response to questions about trauma history but did not look at manipulations that might create more powerful triggers for participants, such as studies that might attempt to prime emotions related to the trauma.

In summary, trauma questions caused relatively minimal distress and were perceived as having greater importance and greater cost–benefit ratings compared to other kinds of psychological research in a human subjects pool population. These findings suggest that at least some kinds of trauma research appear to be minimal risk when compared to other minimal risk research topics, and that participants recognize the importance of research on trauma.

## ACKNOWLEDGMENTS

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