Table 5. *Components of psychiatric research studies identified by participants as distressing*

Study	Age group	Disorder/symptom questions found distressing	Risk factor questions found distressing
Herjanic *et al.* (1976)	Children or adolescents	Substance use, sexual, suicide	
Turnbull *et al.* (1988)	Adults		Life events, income, educational attainment, childhood home environment, personality
Zahner (1991)	Children	Enuresis/encopresis, substance use, antisocial	
Zahner (1991)	Adults (parents of children above)	Antisocial, substance use, enuresis/encopresis	
Reich & Kaplan (1994)	Children or adolescents		Substance abuse in family
Jorm *et al.* (1994)	Older persons	Dementia/cognitive impairment, depression	
von Strauss *et al.* (1998)	Older persons	Dementia/cognitive impairment	
Jacomb *et al.* (1999)	Adults	Anxiety and depression	Childhood adversity
Martin *et al.* (1999)	Adults		Sexual abuse in childhood
Boothroyd (2000)	Adults	Severe mental illness, suicide	Finances
Carlson *et al.* (2003)	Adults		Traumatic events

Table 6. *Characteristics of participants associated with distress*

Study	Age group	Characteristics
Henderson & Jorm (1990)	Adults	Higher anxiety, depression, neuroticism
Zimmerman *et al.* (1994)	Adults and older persons	Poorer mental health, history of mental health treatment, younger age, non-widowhood
Jorm *et al.* (1994)	Older persons	Higher anxiety, poorer cognitive performance
Daugherty & Lawrence (1996)	Adults	Higher neuroticism, more negative life events, lower social desirability score
Zimmerman *et al.* (1996)	Adults	Poorer mental health, history of mental health treatment
Newman *et al.* (1999)	Adults	History of sexual abuse
Jacomb *et al.* (1999)	Adults	Younger age, higher education, history of childhood adversity, higher anxiety and negative affect
Martin *et al.* (1999)	Adults	Poorer mental health, less education
Boothroyd (2000)	Adults	Poorer mental health
Parslow *et al.* (2000)	Adults	PTSD
Johnson & Benight (2003)	Adults	Higher depression, PTSD, history of traumas, lower coping self-efficacy
Carlson *et al.* (2003)	Adults	Higher depression, aggression, self-destructiveness, dissociation, PTSD, history of physical and sexual abuse
Willebrand *et al.* (2004)	Adults	Higher neuroticism, aggression, PTSD, worse interpersonal relationships
Dyregrov (2004)	Adults	Worse mental health, female
Boscarino *et al.* (2004)	Adults	PTSD, depression
de Graaf *et al.* (2004)	Adults	Mood disorder, substance use disorder, higher neuroticism, lower social support
Halek *et al.* (2005)	Adults	Female, native American, more severe PTSD, more traumatic experiences
Galea *et al.* (2005)	Adults	Middle age, female, not married, not having health insurance or regular health care provider, traumatic experiences, PTSD, depression, history of mental health problems
Reynolds *et al.* (2006)	Adults	More severe borderline personality disorder
von Strauss *et al.* (1998)	Older persons	Older age, female, lower cognitive status, higher education
Walker *et al.* (1997)	Adults	History of child abuse, PTSD symptoms, neuroticism
Ruzek & Zatzick (2000)	Adults and adolescents	Older age, greater physical injury severity

PTSD, post-traumatic stress disorder.

Table 7. *Summary of ethical recommendations made by researchers*

I. Recommendations for ethics committees/Institutional Review Boards
Ethics committees need to strike a balance between the likelihood of distress and the benefits that might flow from new knowledge in the area.
The focus should be on whether the overall outcome of the research experience is a positive one for participants rather than on the possibility of participant distress.
Recommendations specific to trauma research
Research on traumatic experiences can be carried out safely and traumatized participants can give meaningful consent.
Following a large-scale disaster, there needs to be coordination of research to ensure that traumatized populations are not researched by multiple teams with overlapping aims.
II. Informed consent
In gaining informed consent, participants should be told that participation in studies of mental health and related issues can be stressful for some people, but that many find this to be a positive experience.
Consent procedures should be comprehensible and take account of the reading and developmental level of the participants.
Recommendations specific to trauma research
Depending on the focus of the research and the type of participants, consent procedures may need to include the following: (*a*) examples of sensitive or potentially upsetting questions; (*b*) whether the intention of the research is therapeutic; (*c*) that the interview can be stopped at any time and spread over several sessions if necessary; (*d*) that the participant can contact the researcher if they are troubled by the experience.
When consent is being obtained, the participant should be in a safe controlled environment (not a disaster site) and the initial information should be given in writing rather than on the telephone.
III. Minimization of distress during research
Research staff should be trained in how to support participants who become distressed.
Participants who are thought to be vulnerable to distress should not be excluded from participation, but should be treated with care.
In longer-term projects, participants may need reminders of the purpose of the study and be given opportunities to ask questions at any time.
Recommendations specific to trauma research
There needs to be a suitable time gap between the traumatic event and the interview.
Participants need to be given some control over aspects of the interview, such as when and where to meet, the duration of the interview and whether the interview is spread over multiple sessions.
IV. Responding to distress
If a participant becomes distressed, the researcher should ask how they are feeling and respond in a supportive manner.
Recommendations specific to trauma research
An interview may need to be terminated if a participant becomes overly distressed. Counselling or other appropriate support should be available if needed.
V. Termination of research/debriefing
Participants should be informed of the results of studies in which they are involved.
Where appropriate, participants should be offered information on appropriate services or supports available to them.
Participants should be able to contact research staff if their distress increases following the interview.
Recommendations specific to trauma research
Researchers should have a debriefing procedure and assess the emotional impact of participation.
When research is conducted soon after a traumatic event, back-up mental health services should be available.