

Research With Adolescent Victims of Child Sexual Abuse: Evaluation of Emotional Impact on Participants

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The aim of this study was to evaluate the emotional impact on adolescent victims of sexual abuse from participating in a study addressing the consequences of their abuse. A total of 114 adolescents between 12 and 17 years old participated (4 sexually abused adolescents and 60 nonabused students). Both groups responded to a battery of scales to determine their coping strategies and some psychological consequences linked to stressful experiences and two questions about the emotional impact of participating in the study. Sexually abused adolescents reported fewer unpleasant emotions after participating than did nonvictim students (mean difference = .4, $t[103] = -2.334$; $p < .01$). Adolescents who had more symptoms reported more discomfort (r_s scores between .3/ and .43; $p < .01$). These results suggest that when ethical guidelines are followed, it is possible to survey adolescent victims of sexual abuse on aspects related to their experience without causing them significant distress.

KEYWORDS *ethical considerations, risks in collecting data, survey studies, victimization*

Empirical research with child victims of violence has increased in recent years because victims' participation provides useful information to improve the quality of life of this population (Morris, Hegarty, & Humphreys, 2012). Excluding child victims of violence from empirical research would preclude gathering information relevant to prevention and treatment (Becker-Blease & Freyd, 2006; Carroll-Lind, Chapman, Gregory, & Maxwell, 2006). Moreover, international organizations have argued that children and adolescents have the right to express their opinions and be heard in all matters that affect them, including those relating to empirical investigation (United Nations, 1989).

However, research with child victims should be governed by specific ethical principles and consider the best interests of the child above the objectives of the study. This requirement implies that the researcher should be able to think carefully about the methodological and procedural aspects and be flexible with these throughout all phases of the study (Fisher, 1993; Kinard, 1985). To meet this goal, there are different guidelines for researchers who want to include children in their studies (Save the Children, 2004; Schenck & Williamson, 2005; UNICEF, 2012); these guidelines provide important instructions for the various stages of research. However, there are not enough empirical studies about the emotional impact on underage participants in research. Instead, the decision to include children in a research study is generally based on the professional experience of those making the decision or derives from theoretical approaches about potential adverse effects of participation (Stanley, Sieber, & Melton, 1987).

Among the few studies that have addressed this issue, those that have focused on the area of child sexual abuse need to be highlighted, given the serious consequences that this form of victimization can have on its victims (Maniglio, 2009; Tyler, 2002). In this context, Langhinrichsen-Rohling, Arata, O'Brien, Bowers, and Klibert (2006) used a battery of instruments about abuse experiences, suicide attempts, and drug use with 880 middle and secondary education students and 660 adolescents treated by the juvenile justice system in the United States. In both groups, the vast majority of participants reported no discomfort after the evaluation; however, the adolescents with a history of sexual abuse reported higher levels of distress.

In a similar study with a sample of 1,588 adolescents who were interviewed about experiences of violence in the United States (Ybarra, Langhinrichsen-Rohling, Friend, & Diener-West, 2009), results indicated that 23% expressed some type of discomfort linked to these questions; however, there were no differences between victims and nonvictims. Meanwhile, in Europe, Priebe, Bäckström, and Ainsaar (2010), with a sample of 4,735 high school students who were surveyed on issues related to sexuality and sexual abuse, found that most of the participants did not express any discomfort related to the evaluation. After comparing victims of sexual abuse and

nonvictims, the authors did not find general differences in their responses, although the victims expressed certain displeasure associated with some of the questions.

Even within the range of low negative impact, these studies have observed that sexually abused adolescents consider some of research questions to be more unpleasant than nonabused adolescents (Langhinrichsen-Rohling et al., 2006; Priebe et al., 2010). It is necessary to keep in mind that the cited studies were conducted with samples from the general population. Therefore, it is possible that these studies become the first opportunity some victims have to talk about their experience of abuse. This may explain the stress experienced when participating in such studies. In addition, the cited studies obtained their data from assessing groups of students with instruments applied by clinical psychology graduate students who were unknown to the adolescents or by using online surveys. These types of procedures can be highly stressful because they are massive and impersonal. Conversely, there have not been any studies so far that evaluate the emotional impact of psychological assessment in sexually abused adolescents who are in a more protected context, such as being part of the therapeutic process. It is plausible to assume that victims involved in this type of research—where they receive the support of a therapist—might feel less discomfort.

Therefore, the main objective of this study is to compare the emotional impact of individual psychological assessment with self-report instruments in adolescent victims of sexual abuse who are beginning psychotherapy and in a sample of adolescents without a history of sexual abuse from the general population who are normally surveyed in groups. As other authors have noted, children are not a homogeneous group. For this reason, it is necessary to conduct studies with samples with different characteristics. This allows the inclusion of a variety of perspectives (Christensen & Prout, 2002). We believe that adolescents from different contexts should be surveyed with methods carefully designed according to their characteristics. This is to avoid any possible negative consequences on their participation in research studies. Sexually abused adolescents have specific needs, different from nonabused ones. Thus, abused adolescents might require research methods specifically designed for them and different from those used in traditional research. In fact, our main goal is to explore the differences between the traditional method used in research with adolescents (massive applications in classroom) and the proposal of an alternative method, especially designed for victims (personal interviews). The second objective of this research is to explore in depth the emotional impact that participating in a study has on the psychological effects and social consequences of child sexual abuse. In order to do so, a sample of sexually abused adolescents is selected and a qualitative analysis of their responses about their discomfort is carried out.

METHOD

Sample

The sample comprised 114 adolescents between 12 and 17 years old ($M = 14.01$; $SD = 1.70$; 86.8% female) from a city in the center of Chile. Of the total participants, 54 (47.4%) had been victims of child sexual abuse and, for that reason, they had started psychotherapeutic sessions at specialized centers (sessions 2 to 5) in the area. The remaining 60 adolescents (52.6%) were students with no reported history of sexual abuse attending a school in the same city. There were no differences in age ($t(113) = .493$; $p > .05$) or sex distribution ($\chi^2(1) = 1.365$; $p > .05$) between the groups. Four adolescent victims of sexual abuse did not consent to participate in the study. All of the students agreed to participate in the research.

Among the sexually abused group, 34 (63%) had suffered abuse without penetration and 20 (37%) had experienced penetration. Thirty-nine (72.2%) had been abused by a family member, 14 (25.9%) had been abused by a person outside the family but known by the victim, and only 1 (1.9%) had been abused by a stranger. As for the frequency of sexual abuse, 13 adolescents (24.1%) reported that they had been abused once, 15 (27.8%) reported between 2 and 5 episodes of abuse, and 26 (48.1%) reported more than five episodes of abuse. In all cases, the last episode of sexual abuse occurred less than 24 months prior to the study. The time between the first abuse and the disclosure fluctuated between 0 and 10 years ($M = 27.72$ months; $SD = 34.48$). All cases were prosecuted in the courts.

Measures

A battery of self-report scales with a total of 98 items was created. This battery included the Generalized Self-Efficacy Scale (10 items; Schwarzer & Jerusalem, 1995); an adaptation of the Youth Coping Scale, which differentiates between active and avoidant coping strategies on a cognitive and behavioral level (21 items; Ongarato, de la Iglesia, Stover, & Fernández-Liporace, 2009); the Multi-dimensional Scale of Perceived Social Support, which evaluates the perception of support from family, peers, and a significant other (12 items; Zimet, Dahlem, Zimet, & Farley, 1988); an adaptation of the Child Post-Traumatic Stress Symptoms Scale, which evaluates intrusive, avoidant, and arousal symptoms (17 items; Foa, Johnson, Feeny, & Treadwell, 2001); an adaptation of the Child Depression Scale (18 items; Álvarez, Guajardo, & Messen, 1986); and the State Anxiety Scale (20 items; Spielberger, Gorsuch, & Lushene, 1982).

In addition, two questions about the emotional impact on the adolescents after participating in the study were added. The first question, "Were the questions unpleasant to answer?" was taken from Priebe and colleagues (2010), with a response format ranging from 1 = not at all to 5 = very much.

The second question was an open ended question focused on the feelings arising from participation in the study: "How did you feel while answering the questions?" These questions were asked immediately after participating in the study. Finally, in line with the suggestion by Carroll-Lind and colleagues (2006) to induce pleasant emotions to counteract possible adverse effects of the study, we included an open format question that asked about three activities that make the participants feel good, happy, and relaxed.

Adolescents of both groups responded to the same instruments. However, the victims were asked to respond in relation to their sexual abuse experience, and the students were instructed to respond in relation to their academic final exams.

Procedure

The project was independently approved by the ethics committee of one of the participating universities, by the technical committees of two institutions that manage centers for victims of sexual abuse, and by the directors of 17 centers for victims of sexual abuse in Chile. To minimize potential adverse effects, a pilot study was conducted with 10 adolescents who had been victims of sexual abuse and who were finalizing their therapeutic process (8 girls and 2 boys) between 12 and 17 years old ($M = 14.80$; $SD = 2.35$). Based on the results obtained from the pilot sample, two questions from the Youth Coping Scale (Ongarato et al., 2009) were not included in the present study because they were considered too invasive and inadequate for a highly traumatized population. These were the open question "Please briefly describe the problem you are having" and the closed question "Did you think about how this situation could improve your life?"

In the sample of victims, only adolescents between 12 and 17 years old who were starting psychotherapy related to a sexual abuse experience that occurred a maximum of 2 years ago were invited to participate. To avoid contact between these adolescents and unknown researchers, their own psychotherapists administered the battery of instruments after being trained by the research group. The psychotherapists followed a protocol that included indications for the recruitment of the adolescents, the request of written informed consent from the legal guardian and the young participant, and the administration of the questionnaires as well as guidelines for a support session for the victim after answering the battery of tests. The instruments were administered individually in a single session and in a private room. The confidentiality was maintained by a data coding system that did not allow the research team to know the identity of the participants. After carrying out the instruments, a descriptive report of the results was returned to the psychotherapist and a specific session was provided to the participants to give them a brief summary of the results of their participation in the study.

In the case of the adolescents without a reported history of sexual abuse, the instruments were administered in a class session during school. The instruments were administered in groups based on the age of the participants by a school psychologist trained by the research group in the application of the test battery. The confidentiality was maintained by the same data coding system as used with the participants from the sexual abuse therapy centers. A support session after answering the battery of tests was offered to the students, and a descriptive report of the results was given to the school psychologist.

The instruments were carried out between January and December 2014. Data were entered and analyzed using the SPSS statistical program (IBM Corporation, 2012).

RESULTS

Faced with the question, “Were the questions unpleasant to answer?,” the sexually abused adolescents reported less unpleasant emotions than the control group of students. Specifically, the abused victims obtained a mean score of 1.43 (SD = .78), representing “not at all” for the amount of displeasure in the response format used for this question. In contrast, the control group scored a 1.88 (SD = .89), which places them in the category of “a little” displeasure according to the response format. The analysis shows that this difference is statistically significant ($t(109) = -2.934; p < .01; d = -.54$). To complement this, Table 1 shows that the responses of the sexually abused group were concentrated on the three response categories that represent less unpleasant emotions, namely “not at all,” “a little,” and “sort of.” In contrast, in the control group, the answers showed higher levels of unpleasant emotions ($\chi^2(4) = 18.972; p < .01; v = .41; p < .01$).

For a better understanding of the emotional impact of the psychological assessment on adolescent victims of child sexual abuse, we analyzed their responses to the open question “How did you feel while answering the questions?,” Responses were grouped into five categories ranging from low to high discomfort. The first was called “feeling good after thinking about it” and included responses from 33 adolescents (61.1%) who indicated they felt

TABLE 1 Distribution of Answers Regarding Unpleasant Emotions After Participating in the Study for the Sexually Abused and Control Groups

| | Were the questions unpleasant to answer? | | | | |
|------------------------------------|--|--------------|-------------|------------|-----------|
| | 1 = Not at all | 2 = A little | 3 = Sort of | 4 = Rather | 5 = A lot |
| Sexually abused group ($n = 54$) | 40 (74.1%) | 5 (9.3%) | 9 (16.7%) | 0 (0%) | 0 (0%) |
| Control group ($n = 60$) | 23 (38.3%) | 24 (40%) | 11 (18.3%) | 1 (1.7%) | 1 (1.7%) |

good because the study allowed them to express their feelings about the abuse experience and because this would help them cope with what happened to them. The second category, named “*feeling good, but disconnected*,” included responses from eight adolescents (14.1%) who felt as well as those in the previous category but who showed a clear emotional disconnection about what happened to them. The third category, “*feeling so-so, but supported by the study*,” comprised three participants (5.6%) who said they felt regular but also recognized a supportive space associated with participating in the study. In the fourth category, five adolescents (9.3%) reported some discomfort associated with remembering what happened to them. For this reason, it was named “*feeling not so well*.” Finally, the fifth category was “*feeling bad*” and comprised five adolescents (9.3%) who reported more discomfort due to having been emotionally connected with memories of the abuse. Table 2 shows the categories and examples of the answers obtained.

An ordinal score according to the intensity of the reflected discomfort was assigned to all qualitative categories, where 1 = *feeling good after thinking about it*; 2 = *feeling good, but disconnected*; 3 = *feeling so-so, but supported by the study*; 4 = *feeling not so well*; and 5 = *feeling bad*. We used triangulation

TABLE 2 Categories and Examples of the Responses From Sexually Abused Adolescents Regarding Their Feelings About the Questions Asked

How did you feel while answering the questions?

1. Feeling good after thinking about it (n = 33; 61.1%)
 “I felt relieved to respond because now nobody asks me how I am” (girl, 12 years).
 “I felt good because you will know how I am feeling and you can help me cope with what happened to me” (boy, 15 years).
2. Feeling good but disconnected (n = 8; 14.1%)
 “I felt good because I understood all the questions and I easily decided what to say” (girl, 13 years).
 I felt good because these questions helped me forget things that happened to me. I will not think about it anymore and I will take it out of my head” (girl, 14 years).
3. Feeling so-so, but supported by the study (n = 3; 5.6%)
 “I felt so-so because it is not easy to think about it, but I was in a supportive situation and I could relax a bit” (girl, 13 years).
 “I felt a bit upset.....Really, I don’t like to remember what happened to me. However, these questions aimed to learn about my situation and to try to help me, so I did not get angry” (girl, 15 years).
4. Feeling not so well (n = 5; 9.3%)
 “I felt a bit uncomfortable because I usually do not talk about how I feel” (girl, 17 years).
 “I felt a little nervous because I had to remember some things I do not like to remember, like dreams or things like that. However, even so, it was not difficult to answer” (girl, 14 years).
5. Feeling bad (n = 5; 9.3%)
 “I felt nervous, scared, bad, very bad because I don’t want to remember although I always remember it, and these questions made me remember it. You did not ask me things that were too hurtful, but I felt bad, sorry” (girl, 14 years).
 “I felt anguished, tense, and overwhelmed because I don’t like to talk much about it because remembering what happened makes me feel bad” (girl, 15 years).

methods among researches and external collaborators to bring about rigor into the analysis (Long & Johnson, 2000). In addition, we included new categories to have saturation of information (Charmaz, 2006).

In order to evaluate the convergent validity of both measures of discomfort, we conducted a correlation analysis. The results showed that unpleasant emotions from answering the questions were directly associated with the feeling of discomfort reported in the open question ($r_s = .53$; $p < .01$). Table 3 shows the relationship between the response distributions of both emotional impact measures ($\chi^2(8) = 33.622$; $p < .01$; $v = .6$; $p < .01$). As shown, the categorization of responses to the open question, “How did you feel while answering the questions?” resulted in five levels of discomfort associated with participation in the study; however, in the closed question, “Were the questions unpleasant to answer?” the adolescents chose only three of the possible five options. Still, there is consistency between the answers to the two questions. The majority of those who reported “feeling good after thinking about it” answered that the questions were “not at all” unpleasant (87.9%). All participants who reported “feeling good, but disconnected” replied that the questions were “not at all” unpleasant; the same percentage of adolescents who reported “feeling so-so, but supported by the study” said that the questions were “not at all,” “a little,” or “sort of” unpleasant. This distribution shows the intermediate level of discomfort that is represented in this category; 80% of the adolescents who reported “feeling not so well” and 60% who said they were “feeling bad” answered that the questions were “sort of” unpleasant to answer, an alternative that represented the most severe emotional impact chosen by the participants for the closed question.

TABLE 3 Relationship Between Unpleasant Emotions and Feelings Associated With Participating in the Study Among Victims of Sexual Abuse ($n = 54$)

| | | Were the questions unpleasant to answer? | | | | |
|---|---|--|--------------|-------------|------------|-----------|
| | | 1 = Not at all | 2 = A little | 3 = Sort of | 4 = Rather | 5 = A lot |
| How did you feel while answering the questions? | 1 = Feeling good after thinking about it | 29 (87.9%) | 3 (9.1%) | 1 (3%) | 0 (0%) | 0 (0%) |
| | 2 = Feeling good but disconnected | 8 (100%) | 0 (0%) | 0 (0%) | 0 (0%) | 0 (0%) |
| | 3 = Feeling so-so, but supported by the study | 1 (33.3%) | 1 (33.3%) | 1 (33.3%) | 0 (0%) | 0 (0%) |
| | 4 = Feeling not so well | 0 (0%) | 1 (20%) | 4 (80%) | 0 (0%) | 0 (0%) |
| | 5 = Feeling bad | 2 (40%) | 0 (0%) | 3 (60%) | 0 (0%) | 0 (0%) |

TABLE 4 Correlations Between Measures of Emotional Impact and Characteristics of the Sample, Sexual Abuse Variables and Psychological Measures in Adolescent Victims of Sexual Abuse ($n = 54$)

| | Were the questions unpleasant to answer? | How did you feel while answering? |
|-----------------------------------|--|-----------------------------------|
| How did you feel while answering? | .53** | — |
| Characteristics of the sample | | |
| Age | .22 | .04 |
| Assessment session | .08 | -.18 |
| Sexual abuse variables | | |
| Frequency | .08 | -.05 |
| Latency of disclosure | .40** | .08 |
| Time since last abuse episode | -.12 | -.29* |
| Psychological measures | | |
| Self-efficacy | -.24 | -.30* |
| Active cognitive coping | -.21 | -.47** |
| Active behavioral coping | -.04 | -.04 |
| Cognitive avoidant coping | -.05 | -.04 |
| Behavioral avoidant coping | -.16 | -.34* |
| Family support | -.17 | -.12 |
| Peer support | .01 | -.05 |
| Significant other support | -.19 | -.15 |
| Intrusive symptoms | .35** | .40** |
| Avoidant symptoms | .14 | .12 |
| Arousal symptoms | .23 | .41** |
| Depression | .37** | .49** |
| Anxiety | .48** | .44** |

Note: Spearman correlations; * $p < .05$; ** $p < .01$

Finally, correlation analyses were conducted to evaluate the relationship between the impact of participating in the study and the other variables measured with the battery of instruments (see Table 4). The results showed that unpleasant emotions after participating were directly associated with the latency of the disclosure of sexual abuse ($r_s = .40$; $p < .01$) and with the intrusive ($r_s = .35$; $p < .01$), depressive ($r_s = .37$; $p < .01$), and anxious symptoms ($r_s = .48$; $p < .01$) presented by the victims.

Conversely, the results showed inverse relationships between the discomfort reported by the adolescents while they answered the questions and the time passed since the last sexual abuse episode ($r_s = -.29$; $p < .05$), self-efficacy beliefs ($r_s = -.30$; $p < .05$), and the use of active cognitive coping strategies ($r_s = -.47$; $p < .01$) and behavioral avoidant coping strategies ($r_s = -.34$; $p < .05$). In turn, there was a direct and positive relationship between discomfort while participating in the study and intrusive ($r_s = .40$; $p < .01$), arousal ($r_s = .41$; $p < .01$), depressive ($r_s = .49$; $p < .01$), and anxious symptoms ($r_s = .44$; $p < .01$).

Women showed stronger unpleasant emotions in relation to the study than males ($M = 1.47$; $SD = .79$ vs. $M = 1.00$; $SD = 0$; $t(48) = 4.142$; $p < .01$; $d = .64$). They also reported more discomfort while participating in the

study ($M = 2.00$; $SD = 1.41$ vs. $M = 1.00$; $SD = 0$; $t(48) = 4.950$; $p < .01$; $d = .77$). As a final point, there was no significant difference in the level of unpleasant emotions in relation to the type of abuse (with or without penetration) ($t(52) = .189$; $p > .05$). The type of abuse was also not associated with the feelings of discomfort associated with participation ($t(52) = .03$; $p > .05$).

DISCUSSION

Research with child victims of violence involves ethical and methodological challenges that cannot be ignored (Morris et al., 2012). The best interests of the children, their welfare, and the benefits they can obtain from the study must be prioritized at all times. For this reason, it is necessary to evaluate the impact that psychological assessment may have on children who participate in research studies.

The present study, in line with previous work (Langhinrichsen-Rohling et al., 2006; Priebe et al., 2010; Ybarra et al., 2009), showed that child and adolescent victims of sexual abuse can be asked about their method of coping and about the possible consequences of their experience because this type of assessment does not generate more discomfort for them than for children who have not experienced such abuse. This is particularly likely to be the case when the study is conducted following a procedure that includes special consideration of their condition as victims (personal interview, therapist support, noninvasive instruments).

The results also support the idea that research related to the consequences of child sexual abuse can incorporate the children's view without adding significant discomfort to them. As noted, children are active members of society and have the right to express their views on issues that affect them (Einarsdóttir, 2007; United Nations, 1989). However, children's participation should be emphasized not only because it benefits the population of underage victims as a whole but mainly because most of the participants seem to have a positive sense of their own participation and could indeed benefit from such a process. In this study, most of the adolescents indicated that the questions were not unpleasant to answer and they actually felt good about their participation in the study. Thus, it is the responsibility of the researchers to ensure that they allocate time during their study to explore and attend to children's emotions and feelings regarding their participation.

In the present study, adolescent victims reported less discomfort associated with the research questions than the control group, although this result may be due to a variety of factors. For example, the method of data collection was much more careful and protected in the sample of victims through individual administration than in the group of students

through group application. Previous studies that obtained differences in the level of discomfort between victims and nonvictims (Langhinrichsen-Rohling et al., 2006; Priebe et al., 2010) based their methodology on group surveys without differentiating the data collection procedure between groups. In addition, these same studies were focused on finding possible experiences of sexual abuse in the adolescents surveyed; however, in the present study, the questions were administered with the knowledge that abuse had occurred and focused on the possible consequences of that experience. Even when the questions were related to sexual abuse, they did not directly address it. It should also be noted that sexual abuse victims could have been accidentally included in the control group, even when the researchers had no official report of abuse regarding those participants. Therefore, sexual abuse victims could be in the control group due to underreporting. It is essential to note that some authors have found that sexual abuse victims who have not disclosed their experience of abuse might have more severe symptoms compared to those who have reported them (Smyth, Pennebaker, & Arigo, 2012). Certainly, reporting child sexual abuse presents a number of challenges. Sexual abuse may cause a wide variety of emotional and behavioral problems that make it difficult even for adults to discuss their victimization (Maniglio, 2009; Tyler, 2002). In addition, the secrecy involving sexual abuse could prevent children and adolescents from reporting their experiences (Summit, 1983). Furthermore, cognitive and emotional processes in childhood can prevent children from being conscious of the experiences they are living until they achieve adulthood (London, Bruck, Ceci, & Shuman, 2005).

The results also showed that it is especially important to include an open question about the emotional impact of the evaluation, allowing participants to describe their emotions and feelings in greater detail. In this study, the open question regarding how the participants felt while answering the questions provided more information than the closed question about participants' unpleasant feelings regarding the assessment. Although the adolescents chose only three of the five possible answers to the closed question, the analysis of the responses to the open question resulted in five different categories of discomfort associated with participation in the study. This allowed us to differentiate between adolescents who reported not feeling bad, related to dissociative symptoms, and those expressing the absence of discomfort based on actively coping with the problem. Dissociation is a common problem in victims of sexual abuse that must be addressed in the therapeutic process to avoid the potentially serious consequences it can have on the life of the victim (Johnson, Pike, & Chard, 2001).

Finally, the results showed that some characteristics of the abuse experienced (such as the latency of disclosure and the time elapsed since the last abuse episode) and some personal variables (such as gender, coping strategies, self-efficacy, and higher levels of anxiety, depression, and posttraumatic

symptoms) are related to the emotional impact of participation in the study. These findings should be carefully analyzed in future studies because they might suggest different assessment procedures for different profiles of adolescents.

Limitations

The first and most important limitation of the study is related to the different characteristics between the groups (general students and victims of sexual abuse). This limitation should be thoughtfully considered when interpreting the results obtained. Also, the small size of the sample and the fact that all sexual abuse cases were prosecuted in the courts limits the potential of generalizing the results obtained.

Another limitation of this work is that the reliability of questions used to evaluate the emotional impact has not been established, despite the fact that the questions were obtained from previous studies (Priebe et al., 2010) and have convergent validity indicators in their correlation. In addition, one should also bear in mind that the modification of the Youth Coping Scale, by eliminating two items, could have influenced the reliability and validity of the results obtained. It is recommended that standardized procedures are followed to analyze the impact of a research study on children (see, for example, the indications by Kassam-Adams and Newman (2002) for research involving traumatically injured children). This will allow us to access the valuable perspective of children on sensitive issues, such as sexual abuse, without revictimizing them. We believe it is essential to include children and adolescents in research on these issues because the information they provide can help design more effective intervention programs and because their specific perspective cannot be obtained from any other source. In addition, the possible ethical or methodological problems related to children's participation in empirical research should not be accepted as an impediment to children's participation in research studies (Cashmore, 2006); nevertheless, research should always be conducted with the certainty that it will not harm the already highly vulnerable child victim.

Clinical Implications

Taking into account the best interests of the child (UNICEF, 2012), the differences found in previous work, and the lack of discomfort found in the present study sample, investigations aiming to assess child victims may need to give priority to individual interview assessments conducted in a private and secure context rather than collective group evaluations. In addition, it seems necessary to recommend that researchers conduct pilot studies assessing the possible discomfort associated with the instruments before using them with the total sample. In addition, it has been established that victims of child

sexual abuse who are interviewed in a cold and depersonalized context are at risk of experiencing secondary victimization (Gutiérrez, Coronel, & Pérez, 2009), consequently, the administration of assessments in a protected context and by a trusted professional, such as the therapist, is recommended.

It is essential that all studies that include child victims of violence assess the emotional impact associated with participation. The inclusion of questions to assess the emotional impact of participation on victims in empirical studies will allow us to improve the investigation procedures used with this population, thereby reducing the risk of harm (De Prince & Freyd, 2004). The inclusion of this assessment could help protect distressed participants from future psychological problems or the aggravation of their symptoms, such as with a support session after completing the study.

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