

Conducting Research with Lesbian, Gay, and Bisexual Populations: Navigating Research Ethics Board Reviews

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The acceleration of research with lesbian, gay, and bisexual (LGB) populations amid existing sexual prejudice and advancing human rights leads to sometime conflicting stances between researchers and ethics boards over acceptable methodological practices. Ethics boards, charged with ensuring the safety of research participants, may engage in ostensibly protective stances regarding potential risks and informed consent that are unwittingly founded upon negative stereotypes of LGB populations. We examine four case studies that demonstrate divergent stances between researchers and ethics boards, researchers' responses to ethics reviews and their resolution. Based on these cases, we describe themes and strategies for researchers working with LGB populations in responsibly navigating ethics board concerns.

KEYWORDS *lesbian, gay and bisexual populations, human research subject protection, prejudice, research ethics committees, IRBs*

INTRODUCTION

The rigorous application of ethical standards of practice when conducting research is a well-accepted dictum in social work (Padgett, 1998; Reamer, 1998, 2007) as in psychology (Nagy, 2011). The key tenets of ethical research practice have justifiably received intense scrutiny regarding their appropriate

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application across a wide range of populations and clinical and social areas of interest. Much of the impetus for these protective measures, including documents such as the Nuremberg Code, arises from gross atrocities perpetrated against vulnerable populations ostensibly in the name of science: “experiments” conducted on inmates of Nazi concentration camps from 1942–1945 that constitute medical torture and the Tuskegee Study of Untreated Syphilis from 1932–1972 (Pont, 2008; Wasserman, Flannery, & Clair, 2007).

More recently, the field of social work has begun to acknowledge specific ethical challenges in research with historically marginalized populations, such as lesbians and gay men (e.g., Meezan & Martin, 2009). In fact, the history of medical and social science research with sexual minority populations is replete with severe physical and psychological violations of recognized ethical standards. “Experiments” conducted over the past decades alleging to alter the sexual orientation of both men and women have resulted in enduring physical and psychological harm to participants. These dubious endeavors in the name of scientific research include the use of castration and hormone injections by Nazi physicians to eliminate homoeroticism among male prisoners (Plant, 1986), use of shock treatment to alter the same-sex desires of men and women (Owensby, 1941), and combinations of behavioral, medication and electroconvulsive “therapies” (ECT) to “change” sexual orientation (Spitzer, 2003; Tanner, 1974). Against all scientific evidence, and in the wake of repudiation by former clinician proponents (see Arana, 2012; Dreger, 2012), various extremist religious and political groups continue to promote so-called conversion therapy, a violation of professional ethics under all accepted mental health practice standards (American Psychological Association, 2010; NASW, 2008).

Not only were participants in past studies placed at significant physical and psychological risk, but the manner in which the results were used has caused harm to sexual minority populations. Several now discredited studies that have promulgated malevolent stereotypes continue to be erroneously cited in support of procedures, such as “conversion therapy” (e.g., Bieber et al., 1962; Spitzer, 2003), despite the removal of “homosexuality” from the *Diagnostic and Statistical Manual of Mental Disorders (DSM-II)* (American Psychiatric Association, 1974; Spitzer, 1981) nearly four decades ago and the lack of any enduring genuine professional debate (Drescher, 2010; Meyer, 2003).

It is against this backdrop of gross ethical violations committed against lesbian, gay, and bisexual (LGB) people that research ethics boards are now charged, on the one hand, with the mandate to protect research participants and, on the other hand, with the need to appropriately respond to and approve meaningful research. This can prove to be a difficult balance.

Despite professional codes of ethics and the best of intentions, past ethical failures to protect research participants may propagate overly protective stances by some ethics boards that unwittingly manifest stigma against LGB populations and present undue obstacles to potentially important

scientific research. Although attitudes toward sexual minority populations have become increasingly more accepting over the past few decades (Andersen & Fetner, 2008), and important LGB-affirming policy changes have occurred (e.g., legal recognition of same-sex marriage in Canada, repeal of the “Don’t ask, don’t tell” policy in the U.S. military), sexual prejudice (Herek, 2000) and negative stereotypes of sexual minority populations persist among the general public as well as among some graduate social work faculty (Fredriksen-Goldsen, Woodford, Luke, & Gutiérrez, 2011; Woodford, Brennan, Gutiérrez, & Luke, 2012). Similarly, stereotypes and prejudicial attitudes toward LGB populations may be held by ethics review board members, which may impact on the ethics review process.

We present four case studies of research protocols involving LGB populations that were submitted to research ethics boards (or Institutional Review Boards; IRBs) in Canada or the United States. Each scenario describes the aims and methods of the research, concerns raised by the ethics boards, responses of the researchers to those concerns, and the outcome of the IRB review process. We then analyze themes across the case studies and organize the investigators’ responses into three conceptual domains. Our aim is to provide an overview and specific examples of the challenges for researchers working with LGB populations as well as suggestions for investigators in responding to ethics committees’ concerns and navigating the ethics review process.

CASE STUDY 1

The aim of this research project was to explore the experiences of MSW students at one university in their field placements. The purpose was to illuminate possible gaps in social work field education in meeting the learning needs of LGB students, and to identify areas of strength that might support best practices in field training, in order to provide initial recommendations to the school (a public Canadian institution), field instructors, and social work education.

Given the exploratory nature of the research, the study involved in-depth semi-structured interviews with a small non-probability sample of LGB, queer-identified, and questioning MSW students and a sample of field educators, both LGB and heterosexual, whose supervisees had included LGB students. To mitigate possible or perceived conflicts of interest, notices were to be placed in the student mailboxes of all graduating MSW students after their grades had been distributed, still excluding those students who had been in either of the two faculty investigators’ classes; and mailed to all MSW graduates from the previous two years. To avoid the possible perception that the researchers had in any way “targeted” certain students, the letter of invitation immediately made it clear that the invitation was being sent to *all* MSW graduates. Interested students and field instructors were invited to

contact a doctoral student project coordinator rather than either of the faculty investigators. Interviews with students were to be held in a private office at the university, and those with field instructors in their agency settings or at the university, depending on their preference.

Response from the Ethics Board

The ethics board identified four main concerns:

1. That a student might be identified as LGB (or “outed”) as a result of his or her participation in the study
2. That a student might “divulge a relationship with an under-age partner”
3. That the interviews might reveal situations of misconduct in an academic setting, including criminal activity
4. “The intrusive nature of some questions,” such as having been involved in a same-sex relationship

Response to Ethics Board and Outcome

The investigators approached the first concern (about being “outed”) as a usual and important ethics board mandate with protecting participant privacy and confidentiality; however, the investigators considered whether offering interviews by a doctoral candidate in a private office at the school of social work should be amended: did it represent a particular risk for self-identified LGB MSW students? In the bigger picture, the researchers considered the immediate assumption that inadvertent identification of a former MSW student as possibly LGB was a significant risk. However, the investigators’ concerns about maximizing measures to mitigate the possibility of perceived coercion among current students in the MSW program in regard to a study initiated by program faculty led to a decision not to include *any* current MSW students—even as that was likely to be detrimental to recruitment efforts. By changing the eligibility criteria to alumni, the current graduating class was invited to participate only after receiving their grades and degrees, in addition to invitations to the previous two years’ graduating classes. This simultaneously mitigated the possible risks of outing a current student.

Regarding the second through fourth concerns (underage partners; criminal misconduct; questions about intimate relationships), the principal investigator (PI) was taken aback, ruminated for a day or two, and consulted his co-PI, an experienced social work educator/practitioner who happens to be heterosexual; she was equally shocked by the reviewers’ stated concerns. Initially the PI considered a confrontational tact—e.g., exposure to the local LGBT and campus media—but reconsidered in prioritizing the main aim: to implement the research—and, not incidentally, to achieve tenure. Nevertheless, in reflecting on the reviewers’ stated concerns about avoiding potential risks, the investigators respectfully confronted the ethics board.

The letter to the ethics board began strategically with an acknowledgment of the importance of the first concern about student privacy and

confidentiality. The investigators explained their decision to change the eligibility criteria to those who completed the MSW program so as to avoid potential perceived coercion among current students, and stated that this also mitigated concerns about current students being inadvertently outed.

In response to the second and fourth concerns, the investigators asked the reviewers to consider if they would pose the same concerns (about underage relationships and regarding a question about being in an intimate relationship) in interviews of heterosexual MSW students. For the concern about academic misconduct and criminal activity, the investigators opted not to confront the board, but explained that in the event of any such issues they would consult with the school's head of field education and respond according to established program policies. No changes were made to the study protocol in response to these concerns.

Regarding the fourth concern (about the intrusiveness of questions regarding relationships), the investigators also amplified on the original research protocol in explaining that students' personal lives *were* relevant to the study of experiences in field education: "Given the importance of authenticity and the involvement of both personal and professional self in students' field experience, the student's developmental process of coming out, level of comfort with their sexual self-identification, and degree of social support may impact their field experience and their relationship with the field instructor."

The ethics board responded by approving the research. No comment was made in reference to the investigators' comments about prejudicial comments regarding LGB persons. Had the researchers responded to the IRB by omitting inquiries into students' relationships and social support, they might have overlooked what emerged as a core finding. In retrospect, the research indicated the importance of considering the students' social ecology (including relationships and social support) in facilitating their ability to navigate sexual orientation-related challenges in field instruction, in addition to the ecology of the agency and the educational institution (Newman, Bogo, & Daley, 2009).

CASE STUDY 2

The aim of this study was to advance understanding of body dissatisfaction and disordered eating behaviors among ethno-racialized gay and bisexual men (GBM) and men who have sex with men (MSM). The term *ethno-racialized* highlights racialization as a process rather than approaching race as an essentialized characteristic. The primary study objective was to explore the association between experiences of racism, homophobia, internalized ethno-cultural attitudes and beliefs, and pressures to conform to idealized body types in GBM communities. In addition, the study was designed to

examine the risk and resiliency factors that affect body dissatisfaction and eating behaviors among ethno-racialized GBM.

This study included three phases; the present protocol and response was in regard to the initial phase, which was designed to explore how being a racialized GBM or MSM impacted on body dissatisfaction and overall health and well-being. This first phase included eight focus groups, two each among GBM/MSM in four broad ethno-racial groups (East/Southeast Asian, Black/African/Caribbean, South Asian, and Latino/Hispanic/Portuguese speaking). A total of 61 men participated in the focus groups.

Response from the Ethics Board

The ethics board noted four areas of concern with regard to this protocol:

1. Prevalence of the sale, purchase, and use of illicit street drugs
2. The possibility of gay-bashing outside known gay community locations where the focus groups were to be held
3. Age-related power imbalances within the identified groups
4. The inclusion of 16-year-old ethno-racially marginalized GBM/MSM.

The ethics board suggested that an upper age limit should be specified in the inclusion criteria so that the focus groups involve peers and not individuals across all age ranges. In addition, the ethics board expressed concern regarding the investigators' proposed rating of moderate risk and elected to score the study at the highest level of risk (e.g., akin to participation in an experimental drug trial).

Response to Ethics Board and Outcome

The concern regarding the sale, purchase, and use of street drugs caused confusion among the researchers; it appeared that there was an assumption on the part of the ethics board that the eligible populations would be using drugs. The principal investigator consulted LGBT research colleagues regarding the ethics board's stated concerns. In their written response the researchers indicated that they neither ask about nor examine drug use within the scope of the research protocol and that the reviewers' statement implies that gay or bisexual men, or perhaps men of color, are generally engaged in using or selling "street drugs." The researchers challenged the ethics board to consider if they would make a similar comment in regard to a group of White heterosexual participants, ethnically diverse heterosexual participants, or gay White men.

The researchers were also concerned about the ethics reviewers' presumption of risks for gay-bashing outside a well-known LGBT community-based organization in a major city where the focus groups were to take place. The researchers consulted the study's Community Advisory Committee

(CAC); although differences of opinion were expressed, overall the CAC agreed that asking participants to attend a different venue would be ill advised. In their response, the researchers acknowledged that although the ethics board may be trying to protect research participants from the possibility of violence, asking gay and bisexual men to attend a focus group at a location not known as a “gay” or gay-friendly venue might bring greater risks. In their response, the researchers queried if the study involved interviewing Black/African/Caribbean people, would participants be expected to come to an agency that is not identified with these communities for fear of racial violence? Would participants be asked to come to an all (or mostly) White environment so they would be safer?

In regard to the ethics board’s recommendation to conduct separate focus groups for older and younger participants, the researchers inferred from the ethics board’s use of the term *power imbalance*, and the context of other comments, an unspoken or potential concern for predatory behavior on the part of older men (perhaps similar to stated concerns about relationships with underage partners in Case Study 1). After consulting LGBT research colleagues, the researchers opted to agree that there are likely to be some power differences between younger and older men; moreover, they acknowledged that there may be some discomfort between young men and older men in talking about body esteem and body image issues. In addition, the investigators noted that issues of body dissatisfaction have been reported in the literature as being different for younger GBM and older GBM. The investigators chose not in this case to address the possibility that the ethics board’s concern might have been based on stereotypes and agreed that having focus groups stratified by age might facilitate a more comfortable and productive conversation.

In response to the ethics board’s concern regarding the inclusion of 16-year-old ethno-racially marginalized GBM/MSM, the researchers increased the eligibility criterion from 16 (legal age of consent for research in their context) to 18 years of age. There were several reasons for this. Study participants were asked to report if they had sex with another male in the past year. In Canada, the federal statute designates 18 as the age of consent for engaging in anal intercourse. In consulting other LGBT researchers, it was clear that age 16 could be considered acceptable for the study, which included a question about sexual behavior, as that is the age of consent for other types of sexual activity in Canada. However, the study focus was on adult issues with body dissatisfaction. The investigators also concluded that changing the eligibility criteria to age 18 would not likely lead to dramatic changes in the results and that it was not worth it to engender further disagreement with the ethics board. Thus, the investigators decided to change the lower age of inclusion to 18 years.

The ethics board approved the study. They did not respond to the issues raised by the investigators regarding potentially homophobic and racist

stereotypes. The study risk level was also reduced to moderate risk, as initially stipulated by the researchers.

CASE STUDY 3

The aim of this qualitative research study was to identify the experiences and perspectives of sexual minority, secondary school student leaders attending a statewide safe schools conference hosted by a LGBTQ gay rights organization and local school board in a major city in the southeastern United States. Using purposive sampling techniques, 24 participants between the ages of 13 and 25 years (median age 17) were recruited through an announcement during the opening plenary conference session. The students were asked to sign an informed consent document to participate in the study; neither names nor personal identifiers were to be collected. A questionnaire with open- and closed-ended questions elicited written responses in which students were asked to describe their experiences with school-based harassment, identify who responded to the harassment (such as another student, teacher, school social worker), discuss the reactions from students and teachers, describe their reasons for attending the conference and link (if applicable) their experiences with conference attendance. For example, students who described harassment were asked if such experiences motivated them to attend the conference.

Response from the Ethics Board

The ethics board expressed concern that potential participants may be at increased risk, particularly sexual risk, due to their sexual orientation and were further concerned about the questionnaire, which included an item about participants' sexual orientation. In contrast to other ethics approvals for similar studies exploring school-based experiences with primarily heterosexual youths, the researchers believed that concern regarding the sexual minority identity of the youths seemed to trigger a presumption of elevated risk, including sexual risk. The researchers noted that the concern about sexual risk may have demonstrated confusion among the reviewers about the difference between sexual behavior and sexual identity, and a lack of understanding about the nature of risks and resiliencies for this population. Reviewers' responses suggested that they were equating questions about sexual orientation with sexual behavior and thus inferring additional social and psychological risks for the youth participants.

The ethics board was also concerned about the process of informed consent. As explained in the submitted protocol, the few youths who were under the age of 18 all had received permission from their parents to attend the conference. Parents had not, however, signed an informed consent for youths to participate in the study. This is reflective of a significant sampling

challenge for research with sexual minority youths, which involves potential hazards in unilaterally requiring parental consent (Elze, 2003). Such consent may be perceived by both parents and youths as disclosure of sexual orientation. Youths who were under age 18 might experience negative reactions from parents that could lead to restrictions on their behavior or other psychological or physical risks as a result of being outed to their parents.

Response to Ethics Board and Outcome

Dialogue with the ethics board involved preserving the nature of the study while balancing protection of the participants. To address the concerns related to increased psychological or physical risks, the researchers

1. outlined their previous studies with this population;
2. articulated the difference between sexual minority identity and sexual behavior, and highlighted that sexual risk would not be heightened in a study that focused on school experiences;
3. described the conference environment as one in which the students would be safe to engage their identities;
4. highlighted the clinical expertise of the principal investigator and study volunteers; and
5. offered the study participants the opportunity to debrief during and after data collection.

The researchers further articulated the primary purpose of the study, which was to conduct a program evaluation in order to provide information to the sponsoring agency about the needs and experiences of sexual minority youths. They explained that students under 18 years of age would have parental permission slips that included a description of the evaluation. In addition, the researchers demonstrated that the majority of students attending the conference would be over 18 years of age and therefore able to sign their own consent forms. Thus, the principal investigator aimed to avert the need for additional parental consent, which might have resulted in increased harm to LGBTQ students under age 18, by describing extensive experience working with this population and by implementing added measures to mitigate risks to LGBTQ minors in the context of a program evaluation. This compromise represented a successful communication between the ethics board and the researchers and allowed for an expedited review process and approval.

CASE STUDY 4

The researchers in this case aimed to formatively evaluate a multidimensional classroom educational intervention they developed to promote

anti-heterosexist social work practice. The intervention entailed presenting information about heterosexism and its consequences, facilitating critical reflection on one's attitudes, beliefs, and actions that might contribute to heterosexism, sharing personal experience with heterosexism and its impact (the researchers disclosed their sexual minority status during this process), encouraging students to share their experiences and/or observations about heterosexism, discussing gay-straight alliances as ways to address heterosexism in social service systems, and inviting students to establish a gay-straight alliance.

The final element made the intervention innovative compared to existing pedagogical models. Through an alliance, students, regardless of sexual orientation, would publicly "come out" as advocates for LGBT inclusion and take a stand against heterosexism. Moreover, based on feedback about an earlier implementation of the intervention, this action component might be useful in helping students who consider themselves to be accepting and supportive of LGBT people to acknowledge any dissonance or limits to their acceptance or support, such as personal discomfort taking a public position against heterosexism. It could also assist non-LGBT students to identify any possible internalized fears about being perceived to be LGBT, thereby encouraging additional awareness of the nature of heterosexism and one's own beliefs.

The classroom intervention was implemented with social work students at two universities, one in Atlantic Canada and the other in central Canada. The researchers selected a senior-year undergraduate course in feminist practice and a first-year graduate macro course. Heterosexism was one of many systems of oppression examined in each course. The week before the study was implemented the researchers briefly described the upcoming intervention and the research procedures.

The researchers developed an information sheet that was distributed and discussed just prior to the intervention. Students used a self-assessment questionnaire to provide feedback about the intervention's overall effectiveness in terms of knowledge building and self-awareness, its contribution to future anti-oppressive practice, and the effectiveness of each teaching strategy used. Both quantitative and qualitative data were collected. Completion of the evaluation form was optional and participation was anonymous.

Response from the Ethics Board

As the study was to be conducted at two universities, it required ethics approval from both institutions. Because the researchers were the course instructors, the potential for perceived coercion had to be explicitly addressed in the ethics application. The researchers did so by discussing the voluntary and anonymous nature of participation in the evaluation, the procedures to protect anonymity (i.e., students were instructed not to include their names

or any identifying information on the form, the researcher would leave the room when the evaluation forms were being completed, and all forms were to be placed in a large envelope), and that participation in the study was not linked to students' grades.

In each application, the investigators outlined the various aims and components of the intervention and provided examples of specific content. Similarly, examples of the ways in which the instructors experienced heterosexism were outlined in the section discussing the instructors' self-disclosure. Guiding questions used for critical reflection were provided as was the invitation to form a gay-straight alliance. The invitation stated that those who were interested could form an alliance to continue the discussion and to develop plans to promote anti-heterosexist practice in their classes, field placements, and beyond.

Although each application basically contained the same information, the response from each ethics board was quite different. One ethics board permitted an expedited review and required no additional information from the researchers. The second ethics board expressed concern with two features of the study: the instructor/researcher coming out and the invitation to form a gay-straight alliance. The ethics board questioned the validity and appropriateness of these activities for student learning. The board was especially concerned that the researchers had the intention of disclosing their personal sexual orientation to the students and that this might have an adverse effect on the students. The board requested more detailed information about the course and the educational strategies to be used, and posed questions about the nature of social work and social work education.

Response to the Ethics Board and Outcome

Given that the research ethics board members were not from social work or related fields, the researchers appreciated the board's request for additional information about social work and social work education. However, the researchers were concerned that the ethics board was being heterosexist in its response, in particular in the discomfort expressed with the instructors' self-disclosure. The researchers questioned if the board would have the same reaction if an instructor from another disenfranchised group intended to discuss her experiences with discrimination when teaching about oppression. Was it possible that board members were contributing to heterosexism by wanting the instructors' sexual orientation to remain invisible in the classroom? The researchers wanted to raise this question with the ethics board in order to confront and raise awareness about possible heterosexism; yet, they also wanted to proceed with the study in both sites in a timely manner.

Given the need to implement the study (and the board's ultimate power and authority over the outcome), the researchers focused on providing the board with information about social work and social work education,

especially the role of experiential learning, critical consciousness, and praxis in adult education and instructor self-disclosure in the social work classroom. The researchers drafted a thorough response to the board in which they contextualized the intervention within social work's mission and values and social work pedagogy. No new information about the intervention model itself was provided. The researchers cited studies about the value of instructor self-disclosure and intergroup contact to student learning as well as research about normalizing discomfort within educational processes concerning power and oppression. By providing this information, the researchers attempted to respond to the board's concerns about possible adverse effects on students. As requested, the researchers also provided more information about the course, namely the structure of the course, how the intervention mapped on to course objectives, and a brief overview of other experiential learning activities used in the course.

The committee approved the study and it proceeded in both sites without any problems. The study results highlighted the value of instructor self-disclosure to student learning; participants rated this strategy as the most effective in terms of facilitating their learning. In both study sites, students responded favorably to the idea of establishing a gay-straight alliance, and no participant directly disclosed discomfort about the idea; however, only one of the two sites actually created such an alliance (Woodford & Bella, 2003).

DISCUSSION

The four case studies presented address a range of social work research and program evaluation with diverse participants: lesbian, gay, and bisexual MSW students, ethno-racially diverse adult gay and bisexual men/MSM, university undergraduates and graduate students, and LGBTQ secondary school students. The studies took place in diverse settings—Study 1 in an MSW program, Study 2 in the community, Study 3 in a youth conference, and Study 4 in undergraduate and graduate social work classes—and diverse geographical locations, including large urban areas, smaller cities, and suburban environments. In the first three case studies, participants self-identified their sexual orientation; in Case Study 4, the researchers disclosed their sexual orientation.

Presumption of Heightened Risks to Participants

A pervasive issue across cases was the presumption of particular and heightened risks to participants due to their sexual orientation and due to potential or actual disclosure of being lesbian, gay, or bisexual. The National

Association of Social Workers (NASW, 2008) Code of Ethics, section 5.02, mandates that “social workers engaged in evaluation or research should protect participants from unwarranted physical or mental distress, harm, danger, or deprivation.” The ethics boards’ presumption of participant risk spans the physical, social, and psychological realms. For example, physical risk was presumed to be heightened as a result of gay-bashing due to attending a known gay venue in a large metropolitan area to participate in a focus group (Case Study 2). Social risks were presumed as a result of youths (Case Study 3) and MSW students (Case Study 1) being outed and as a result of graduate students joining a gay-straight alliance (Case Study 4). Psychological risks were perceived in regard to students hearing researchers’ disclosure of their sexual orientation (Case Study 4) and in perceived risks (in a study of MSW field supervision) of participants answering “intrusive” questions about being involved in an intimate relationship (Case Study 1).

Informed Consent

In two case studies, ethics boards were concerned about the process of informed consent. The NASW Code of Ethics (2008) stipulates that “social workers engaged in evaluation or research should obtain voluntary and written informed consent from participants, when appropriate, without any implied or actual deprivation or penalty for refusal to participate; without undue inducement to participate; and with due regard for participants’ well-being, privacy, and dignity.” In Case Study 2, the ethics board expressed concern about inclusion of 16-year-olds; while legally eligible in Canada to provide informed consent to participate in research, a question in the study about sexual behavior risked the possibility that a participant might report behavior that required a jurisdictional age of consent of 18 years old. In Case Study 3, in the United States, the ethics board was concerned that youths under 18 years of age had received parental consent to participate in a conference but not to participate in a related study; and, further, that participation in the study would, in effect, require them to disclose their sexual orientation.

These concerns about the legal age of consent to participate in research, and the need for parental consent in addition to assent of participants under the age of majority, are indeed legitimate domains of institutional review board (IRB) scrutiny. The consideration of potential social or physical risks that may accrue in some contexts in unwanted disclosure of sexual orientation is also clearly within the mandate of the IRB. However, these cases also raise challenges due to risks that may arise from uncritically implementing IRB-mandated procedures ostensibly designed to protect research participants as well as differences in the legal age of consent to participate in research across different jurisdictions.

Divergent Responses Across Ethics Boards

Case Study 4, as a multisite study, involved seeking ethics approval from two different ethics boards. One ethics board raised no objection to the research protocol while the second ethics board expressed several concerns. The experience of these researchers highlights the lack of consistency from board to board, which may be due to individual reviewers' perspectives, degree of familiarity with LGB populations, and perhaps the location of one board in an area that is more politically conservative (Bjørnskov & Potrafke, 2011). The latter, however, also suggests that what might be considered a reasonable concern about potential risks to LGB participants may indeed vary from location to location—for example, in a more LGB-affirmative setting with civil rights protections for sexual minorities and legal recognition of same-sex marriage versus a locale with more pervasive sexual prejudice and institutionalized discrimination.

Research Risks versus Stereotypes?

Given that ethics boards are charged with ensuring the protection of research participants, concerns about risk and informed consent are understandable, even demanded. The array of risks identified in these cases, however, appears to traverse a spectrum—from those that seem more reasonable and usual in light of the research protocols to those that may be more reflective of stereotypes and prejudices against LGB people. As a result, we think it an important question to consider at what point the presumption of risk to LGB research participants may be based more on latent and pernicious stereotypes and prejudices than on mitigation of real-world harms. Furthermore, at what point do potentially undue or unreasonable concerns among ethics boards block or place undue obstacles in the path of researchers implementing studies that might otherwise illuminate concerns of LGBT populations and provide evidence to suggest pathways for constructive advances in human rights and well-being?

The researchers in the three case studies involving LGB participants all believed that some of the concerns expressed by ethics board reviewers were a result of projecting their own concepts of risk on LGB participants; in so doing, the reviewers were deemed to have depicted more extreme risks than in fact existed. Many of the purported risks were not within the purview of the research itself (e.g., disclosure of sex with minors, illicit drug use or criminal activity). It is possible that some of the concerns articulated by IRBs might be invoked with heterosexual populations; however, several concerns, particularly about outing and gay-bashing, are unlikely to arise with heterosexual populations. The shared experience of researchers across these four case studies seems to indicate latent sexual prejudice underlying at least some of the IRB's stated concerns.

Investigator Responses to Ethics Reviews

As our main aim is to provide useful information to assist investigators in strategizing around appropriate responses to research ethics board concerns on research addressing LGB populations (rather than evaluating ethics boards), we have identified three domains of responses by investigators that emerged across the four cases. They are discussed here.

CHALLENGING THE REVIEW

In all of the case studies, the investigators challenged aspects of the ethics review. In cases 1 and 2 the researchers opted to challenge the ethics board on concerns that appeared to reflect prejudicial attitudes toward LGB populations rather than risks associated with the particular research studies. In Case Study 1, the researchers challenged the ethics board to consider if they would ask about risks of revealing sex with minors in a similar field education study with heterosexual MSW students. In Case Study 2, the researchers elected to challenge the ethics board on the presumptions about sale, purchase, and use of street drugs and about risks of gay-bashing outside LGBT-identified locations in a major urban area where the focus groups were to be held. In Case Study 3, the researchers responded to concerns over the potential for increased risk due to the students' sexual orientation by outlining experience with previous studies of this population. In Case Study 4, the researchers responded to the ethics board's concerns about instructor self-disclosure and the formation of a gay-straight alliance by educating the board about the nature of challenge, and normalizing occasional discomfort, as part of the process of growth within social work pedagogy. They also asked the board to consider whether self-disclosure used as a pedagogical tool by instructors from other marginalized populations would be similarly viewed as producing undue risk.

EDUCATING THE ETHICS BOARD

To some degree, each of the instances of confronting the apparently discriminatory comments of research ethics boards entailed an educational component. A primary strategy was asking the board to consider if similar risks would be considered in the case of other populations; for example, that presumptions about drug use and statutory rape may be more reflective of the reviewers' prejudices than the study population or research focus. Education also took the form of presenting arguments about the resiliencies of LGB populations in the face of homophobic contexts and that mere self-identification in the contexts of the particular studies is not in and of itself a major risk. Note that this response does acknowledge that in some contexts it

indeed may not be safe to disclose being LGB; and that consideration about the safety of self-disclosure must be appropriately contextualized (Meezan & Martin, 2009). Thus it is incumbent on researchers to provide this contextual information to ethics review boards. Finally, education also took the form of describing researchers' past experiences with a population that might be less familiar to the review board. As with any program of research, investigator experience is a warranted consideration by ethics boards; it is incumbent on investigators to present evidence of their competence to handle their proposed research and interactions with the proposed populations, and to mitigate any associated risks to participants.

REVISING THE RESEARCH PROTOCOL

The case studies presented also provide examples of revisions made in response to ethics reviews to lower the level of risk and to address ethical and safety challenges. Studies 1 and 2 changed their eligibility criteria in order to substantially mitigate potential risks. The investigators in each of these cases deemed these changes—not including current students and not including youths under age 18 years—as not substantially diminishing their research. In Case Study 3, the investigators changed the research design to stratify focus groups by age. The changes to eligibility criteria in Case Study 1 made recruitment more challenging. In Case Study 2, the changes to study design may have enhanced the research by facilitating discussion among more uniform groups of participants by age, as one might similarly implement with heterosexual participants. In Case Study 3, however, the need to retain eligibility of youths under age 18 years was deemed an important component of research related to bullying in schools; nevertheless the investigators were able to comply with ethics requirements as a program evaluation conducted under the rubric of a conference, thus not endangering minor participants by requiring additional parental consents.

Strategies for Navigating Ethics Review

Finally, the researchers' responses in each of the cases illuminate strategies to responsibly navigate ethics reviews. In each of the cases, the principal investigators consulted with co-investigators and professional colleagues, including those with experience in their substantive areas of research (e.g., MSW field education, bullying), LGBT colleagues, and colleagues experienced in working with LGBT populations. Given the apparently prejudicial nature of some of the review board comments, it is not surprising that an investigator might react strongly upon reading the review. However, when placed in a defensive position, the researcher may be more likely to construe otherwise reasonable and perhaps innocuous comments (e.g., stratifying focus groups

by age; need to break confidentiality to disclose potential harms) in a homophobic light. The outcome of non-selective responses to ethics committees, which uniformly presume reviewers to be hostile, may be considerably less successful than responses that selectively and respectfully counter prejudices and respond with appropriate changes to mitigate genuine risks to participants. Individuals on both sides of the equation, researchers and review boards alike, may hold biases that have relevant implications for a research study.

Another strategy, particularly in Case Study 2, was to consult a community advisory board; particularly in research that is community based or participatory, this may be a useful path to respond with evidence to ethics committees. This also recognizes that being LGB is but one social identity; LGB investigators are not automatically privy to the interior experiences of all LGB populations, much less transgender populations. The potential exists for researchers to fail to recognize the implications of their own biases. In fact, in each of the studies, multiple intersecting identities were an important component of the study, such that no one investigator could lay claim to unilateral “insider” status (Kanuha, 2000). Beyond responding to IRBs, community consultation may mitigate oversights in research design, recruitment, and questionnaires that might reflect researchers’ biases and inadvertently pose obstacles to the research.

Even as we describe some of the prejudicial and objectionable assumptions by ethics reviewers that appear to be projected onto LGB populations, it is important to note that some of the same review board concerns may be seen as quite reasonable and understandable. Both students and minors across LGB and heterosexual populations are at heightened risk and every effort should be made to ensure their participation is born of meaningful consent and is completely voluntary (Meezan & Martin, 2009). All efforts should be made to avoid conditions that may result in perceptions of coercion. Similarly, concern with multiple domains of risk—physical, psychological, social, and legal—is a core element of the mission of ethics boards. Thus, in addition to being selective in confronting ethics boards about presumed stereotypes and homophobia, it is important to provide sufficient contextual information to enable ethics boards to make informed evaluations. Indeed the same research protocol among ostensibly the same population conducted in a different geographical context might reasonably warrant different evaluations of risk. It is incumbent on investigators to describe their research contexts, to provide evidence of their own experience, and to document concerns (e.g., that requiring parental consent of all LGBTQ minors may bring its own risks) with evidence from other investigators and studies.

The present critical commentary is neither intended as a cookbook nor as universally applicable. It is important for each investigator to consider his or her own goals (balancing a mission to take on the ethics board with that of implementing the research), job position (e.g., tenured or not), social

context (e.g., the level of LGBT-supportiveness of the school/department; their support network) in weighing the appropriate response. The cases and approaches we describe are not proscriptive; they are meant to illuminate what might remain skeletons in the closet to make manifest particular challenges one may face in responding to reviews of research protocols that include LGB populations. Areas of specific concern regarding research ethics, as well as stereotypes, likely face researchers working with other communities that may be seen as vulnerable, including people living in poverty, ethno-racialized communities, older adults, and people who use drugs. Ultimately, each of the projects, albeit with different investigators, populations, areas of research, academic institutions, and geographical contexts, was successfully approved. Selective confrontation of prejudicial comments on the part of research ethics boards may be reasonably enacted as part of a successful research agenda; it also may promote increased awareness and competence of researchers and ethics review boards in evaluating research with LGB populations.

LIMITATIONS

We have purposely included four cases with different LGB populations, research foci, and geographical locales in the United States and Canada; however, these represent only a small sample of research conducted with LGB populations and the geographic and institutional contexts of that research. For one, the present analysis does not include studies reflecting substantial involvement of transgender populations; rather than generalizing from experiences with LGB-focused research, additional scrutiny should be afforded the ethics review process for research with transgender people. Consideration of additional cases and contexts will help to broaden and evaluate the generalizability of the present analysis. Our objectives were to discern themes that emerge in ethics board evaluations and in the responses posed by researchers, with the purpose of supporting ethical research that advances scholarship on LGB populations, LGB health, and human rights.

CONCLUSION

The case studies presented in this article constitute four examples of investigators who have been challenged by ethics boards in their endeavor to conduct research involving LGB populations or LGB-related topics. Shared themes across the cases suggest concerns that researchers may anticipate when seeking ethics approval for studies that address lesbian, gay, and bisexual populations, and successful strategies for navigating the review process.

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