Methodological and Ethical Dilemmas Encountered During Field Research of Family Violence Experienced by Adolescent Women in Buenos Aires

Natalia Luxardo, Graciela Colombo and Gabriela Iglesias
University of Buenos Aires, Buenos Aires, Argentina

The purpose of this article is to examine some obstacles and dilemmas related to methodological strategies and ethical considerations that arose during the fieldwork of research focused on family violence during the stages of pregnancy and childbirth in adolescent females in Buenos Aires during 2007. From this study, we are able to contribute some reflections in the arena of qualitative and mixed methods inquiries. Some of the problematic topics encountered were: institutional constraints, questionnaires with categories too abstract for the target population, lack of interest in participating, orthodox methods that did not work in the field and ethical protocols that only focused on informed consent. We conclude that optimizing a research endeavor is affected by the emergent components of fieldwork, and the reformulation and incorporation of new techniques of data collection should be suitable to the specific requirements of the population under study. Key Words: Qualitative Research, Methodology, Ethics, Violence, and Adolescent

This article was designed from examining field notes and forums held by a team of researchers from the University of Buenos Aires in Argentina who participated in an academic project focused on family violence during the stages of pregnancy and childbirth in adolescent females.[1] Basically, it was conceived on behalf of other researchers involved in the social sciences, since the purpose is to share the "behind the scenes" of the research. This includes the discussion of topics that arose while planning and conducting the study, which were rarely found in methodological books and not always detailed in the final reports. We will expose some obstacles and dilemmas related to methodological strategies and ethical considerations implemented during the field work of the research in order to contribute some reflections and research suggestions in the arena of qualitative and mixed methods inquiry in the social sciences.

The field work was performed at the Adolescence, Pediatrics, and Neonatology Service Room of Internment of a public hospital and a health centre in Buenos Aires Area (which includes the city itself and 24 outlying districts) from 2006 to 2008. The research was supported by the active participation and commitment of the professionals working for these services as well as members of the staff of the Consultative Office of Family Violence at the Hospital.

The researchers drew on initial data and analyses from a larger work on adolescent females. In a previous study, Colombo et al., (2005), claimed that the incidence of violence in 15 to 19 year-old adolescents who consulted the Maternal and Obstetric Service of a Public Hospital reached 22%. These results indicated the remarkable incidence of family violence associated with adolescent pregnancy among young women in Buenos Aires. The study also strongly suggested that this at-risk group was a population worthy of study, given the complexity of pregnancy during adolescence, a situation even more serious when considering the existence of a violent environment (Colombo et al.,). The study triggered new research and an examination of methodological dilemmas, which is the focus of this article.

A brief summary of the objectives, design, and results will be described in the following section. Then we will discuss the focus of this article, what we refer to as the "behind the scenes" of research.

Research-*En-Scéne*

Background

As literature has shown, violence against women affects millions, including those who are pregnant or have recently given birth (Colombo, Ynoub, Viglizzo, Veneranda, & Iglesias, 2006; Kendall-Tacket, 2007). As many authors have mentioned (Ball, Kerig, & Rosenbluth, 2009; Banyard & Cross, 2008; Noonan & Charles, 2009), the violence suffered by adolescent females is associated with multiple risk behaviors such as negative health outcomes, suicidal thoughts, risk of depression, post traumatic stress disorder, higher levels of anxiety, and repressed feelings associated with the trauma. Moreover, during pregnancy, an adolescent who has experienced past or current abuse has an increased risk of pre- and neonatal complications, which in turn can affect relationships with others and bring on a sense of social isolation, a lack of social support, and the cessation of breastfeeding.

Even though increasing attention has been given to the problem of violence against women and the consequences affecting their daily lives, more research is needed in this area. In this sense we believe that qualitative inquiry through testimonies, interviews, and other strategies plays a central role in presenting the voices of marginalized women coping with such difficult situations.

Objectives

The objectives of the research were: (a) to determine the prevalence of family violence and/or partnership violence experienced by adolescent females in the stages of pregnancy and childbirth; (b) to explore the strategies of response to the situations of

mistreatment developed by the adolescents in the previously mentioned objective; and (c) to recognize the predominant models of gender in the familial organization of these adolescents.

The perspective taken for this research, rooted in an ecological viewpoint (Dutton, 1996), includes the gender perspective[2] and the consideration of the adolescent females as people with rights and with capacities and abilities to implement active and strategic answers to face situations of oppression. Thus, central dimensions of the problem could be identified such as the gender patterns of the parents and those of the adolescent; the family dynamics; the network of friends; the neighbors; the communitarian networks; their dreams, attitudes, and expectations towards the future among others issues not considered by other approaches.

Design

From this theoretical and also methodological, epistemological, and ethical approach, we conducted the study of the phenomenon of mistreatment of adolescents during the stages of pregnancy and childbirth. The investigation was conceived as a mixed methods study with a flexible design based on a strategy of methodological triangulation (Johnson, Onwuegbuzie, & Turner, 2007). It could be typified as an exploratory and descriptive study which articulates different phases.

For the first objective, the prevalence of family violence, we gave a survey to a random sample of 188 adolescent females in the 15-20 year-old age group. The socio-demographic variables included were: marital status, education, employment status, place of residence, and living arrangements. From that total, 27 adolescents were selected purposively for the qualitative phase, which included face-to-face unstructured and semi-structured individual interviews and some other techniques based on qualitative approaches that will be discussed later.

Quantitative data were analyzed with the Statistical Package of Social Sciences (SPSS), version 12.0. For qualitative data analysis, we took a general inductive approach. The transcripts of the interviews were read several times by different researchers to identify themes and categories. Field notes and observations were also coded and compared across the team. In spite of the fact that many categories were defined previously (type of violence, relationship to the perpetrator, consequences in the adolescent's life), emerging themes were also developed by studying the transcripts repeatedly and comparing the analysis of raw data with previous findings. This strategy revealed emic categories and new themes that were included later (e.g., the emphasis noted in adolescents' discourses in relation to their lives outside the framework of the nuclear family and grounding their emotional security in friendship networks). They were examined in relation to other interviews and to pre-existing theory and perspectives

---

[2] The concept of gender is referred to as the unequal social construction based on the hierarchy between sexes and the consequent asymmetric relations of power generated from this. Gender refers to the socially changing conjunction of attributes and roles that a society assigns to the feminine and to the masculine. Through the gender perspective the notions of woman and man are separated in order to show the multiple roles that both can play in the different levels of social and private life, while the concept of *sex* has a static character, referring to the anatomical differences between man and woman (male and female) in the human species (Pautassi, 1995).

associated with that category. Finally, these emergent themes and categories were also incorporated in the preliminary conceptual framework.

Results

        Since this article is focused on methods, we prefer now to jump to a brief summary of the results. The mean age of the participants was 18 years. Seventy-seven percent were from Argentina and the rest were from Bolivia and Paraguay. Half of them lived in Buenos Aires city, the other half in suburbs. Eighty-three percent had not completed secondary school; however, it does not mean that all of them had abandoned their studies. Out of this group 77% stated that they would not continue studying but the other 23% were still studying or had decided to return school sometime. Only 13% of them had informal employment (e.g., maid services). For almost half of them, this was their first pregnancy. Forty percent of the adolescents were living with their mates. Preliminary data collected in the quantitative phase showed that from a total of 188 adolescents, 44 of them were victims of violence, which is 23% of the sample. Half of them (n=22) suffered violence during pregnancy.

        In the qualitative phase, we explored the relationship between teen pregnancy and violence through interviews based on the personal life stories of women who became mothers while still in their teen years. Many of the themes examined showed their importance in the lives of these adolescents, such as the lack of family and partner support, intimate partner violence which peaked at certain moments (e.g., the disclosure of pregnancy), emotional and physical abuse, lack of personal long-term goals related to their future (e.g., what to do for a living, where to live), poorer educational outcomes, and economic problems. In this context, motherhood was pointed out as the only future they could envision for their lives. Adolescents believed in the idea that the baby to come would not repeat a cycle of frustrations in relation to academic and economic achievement, personal expectations, and social performance. This was a sentiment repeated by many adolescents: a hope that her child could "be someone in life."

        Within one of the most important categories, type of violence, we searched for meanings and emergent subtopics. Besides the physical, psychological, and emotional topics explored, in vivo coding of the raw data generated a new type mentioned indirectly by the adolescents, one called "invisible violence". This included subtle ways that perpetrators manipulated adolescents' wishes and other issues related to models of gender which included, among others, the belief that housework was solely women's work.

Behind the Scenes of the Fieldwork

        An intrinsic aspect of a social investigation based on flexible type designs is the exigency of continuous reflections on each one of the stages. That is to say, to be able to reach the proposed objectives, it is necessary to evaluate methodological and ethical pathways followed in the field to identify their possibilities and limitations. Unlike many fixed designs in which the evaluative emphasis is considered a priori with respect to the fieldwork and also a fortiori of the processing of data, flexible designs require a constantly alert and subtle glance throughout the time granted to the implementation of the techniques of data collection and analysis. As suggested by Sin (2005), it is

necessary to capture and to accompany the inner dynamism of the research process, so there is always time to introduce adjustments that may optimize the quality of the data, the well-being of the participants and the researchers, and the reliability of instruments. Some of these moments of systematic revision and reflection will be explored explicitly here.

Specifically, we examined aspects related to the initially planned strategies, evaluated during their implementation, transformed according to the required necessities, and finally, applied in the field. We will focus on the following thematic axes: (a) tensions, limits, and changes before fieldwork; (b) dilemmas during and after fieldwork; and (c) ethical decisions through all the phases of research.

Tensions, Limits, and Changes before Fieldwork

There were two main issues to deal with before doing fieldwork: first, location, and second, method. The first decision was determining the setting. The selection of the institution was paramount to the frame of this research, as institutional support was required. We needed an institution that could guarantee support for the participants; that is, one that would be able to respond to the demands that might arise as a result of the research. It was also necessary to be able to count on a suitable physical infrastructure from the administration of the different departments in order to secure the use of a private institution. However, in searching for the institutional framework, a variety of obstacles arose. After making contacts with different institutions, we observed diverse practices and ideological conceptions among the professionals in charge of the adolescent population. These administrative practices influenced the direction of the methods that they implemented and affected the nature of the research context.

Some institutions had a traditional profile. One referred to the research as an impediment to the normal functioning of their service due to the lack of space and resources. The board directors were not interested in getting involved in any extra activity that did not garner professional attention. In general, these professionals were not interested in the data or the applicability of the proposed research in line with the design of future strategies of attendance and prevention on the subject. At no moment did they consider the possibility of responding to the demands of the adolescent females. From this perspective, the research was considered to be a mere matter of releasing the data—something to be started and finished as soon as possible

The medical perspective could be understood as part of the hegemonic pattern in which the relevance of contextual social cultural variants and the importance of the data from a social frame for the design of an attendance strategy and prevention are not recognized. The opinion of the other professionals in the construction of a transdisciplinary collective knowledge was not mentioned either. In the end, the research team decided not to do the field work in this institution as we decided the necessary materials would not be made available. Neither did the team agree with the ideological perspective designed to solve the problem, nor the way of understanding it.

There were also institutions with a much more moderate profile regarding the idea of participating in this kind of study. We called this an intermediate profile. In such cases, even when the institutional authorities considered the study pertinent, the absence of a family violence service made us unable to choose these institutions. From previous

experiences, we knew that emotionally unstable situations could happened, having considered that during the research mistreatment would have to be inquired about in a direct way. For these reasons, it was extremely important to be able to provide resources on prevention and assistance related to problems of family violence to all females participating in our interviews. The reason for this was so they could consult the resources in case of necessity or, at least, to know about the existence of services, something that this second type of institution could not offer.

The last type of institutions had not only interests in the study, conditions to safeguard the participants (such as a private room), but also a holistic and responsible approach which could be characterized in the following way: (a) the decision regarding the formation of teamwork for these kinds of problems and the knowledge of other social disciplines beyond the medical knowledge were valued, indicating the importance of transdisciplinarity; (b) they considered that the releasing of data in the field did not constitute a mere data collection, but that joint work with the Service of Family Violence was necessary; (c) they confirmed the relevance of the subject and showed consideration of this population (as a professional of the area stated: "…women comment on situations of violence although they are not asked in direct form, so if they were asked directly I think that many cases of violence would arise"); and (d) the institution had a family violence team that could take control of any situations of family violence that may appear as a result of the research. To quote an administrator from an interview taken from the Service of Family Violence: "Nobody leaves this place without being listened to." In spite of the small physical space in which they worked, the employees' busy schedules, and so forth, their interest in the problem was clear. Thus, the research team found that this institution offered the support required, as much from the ideological point of view as from the professional advice and they provided the elemental infrastructure necessary. The research was started only after the team of researchers had conferred with the Service of Family Violence and the Committee of Family Violence of the Hospital, so that the adolescents who wished to speak about situations of violence could immediately be contacted by and taken care of by this service.

To summarize for further studies, researchers who study these types of sensitive matters need institutions that can guarantee support during the development of the field work and can engage in joint action with the different professional services. They must be conceived as long-term projects since the data summary in the field should be not seen as a mere compilation of information. On the contrary, it is necessary to implement strategies of attendance and prevention at the time of obtaining data.

Due to the variety of obstacles confronted while selecting an institution, it might be pertinent to implement qualification standards for both professional and nonprofessional health service personnel who work with the cases of the adolescent females in the pregnancy and childbirth stages. The employees of health systems who fail in collecting or inappropriately registering the evidence in cases of rape or aggression may harm any type of legal action that the victim may want to initiate (Heise, 1994).

Moreover, the health sector has not always been prepared for attending to these cases. Different studies show the importance that health workers have as agents of detection and prevention of family violence. The experience has demonstrated that women who cannot or who do not want to request aid by other means may admit that they are abused when they are interviewed in private by a sensitive health assistant.

Literature on the subject indicates that, by implementing suitable training and protocols, health institutions can improve the sensitivity of the personnel with respect to gender abuse by a remarkable degree (Jutting & Morrison, 2005).

Between identifying and starting on the fieldwork, a second range of issues emerged. They were related to the limits that, in light of the new context of research, we found in some activities that had been planned *a priori* regarding the instruments of data collection. Just by exploring the field many new actors and factors came up: the professional team, the cultural traits of that specific population, and the institutional constraints, all of which had a direct impact on field strategy. These actors and factors had to be modified as they had originally been envisioned. We will discuss these changes briefly.

During the design, we had contemplated two strategies: a quantitative strategy that consisted of the application of a protocol and a qualitative one based on non-structured interviews. The objective of the application of this protocol was the detection of situations of family and/or partner violence in cases of adolescents who were about to enter the puerperal stage, counted on a standardized instrument in order to make the results comparable with other studies.

One of the decisions made for the application of the protocol was oriented to questions about types of violence and degree of kinship with the aggressor. Instead of asking about these topics based on predefined categories—all of them available in many protocols—we proposed that the interviewer lead the informant to speak freely about possible situations of violence suffered, and then the interviewer would proceed to take notes of the account of the adolescent in relation to it. It would be during the analysis of the discourse as a whole that the type of violence would be classified. In this way, the possibility of obtaining reliable answers would be increased, while trying not to generate situations of high emotional impact on the interviewee.

Since a central role was given to interpretation, it was stipulated that during the application of the protocol, aspects referred to the receptivity promoted by the experience of the interview would be observed and written down in the section of *Observations*. Emotional impact, feelings observed by the interviewer during its application, and perceptions experienced by the interviewer were recorded. This information had to be as exhaustive as possible, since it would be of extreme utility in defining new categories of violence suitable for that population. Moreover, it was necessary for further evaluation of the impact of this open protocol with respect to our population.

With similar purpose, we decided to discuss matters with the health workers and professionals and to include them in some parts of the team forum. Considering that they were the people who would maintain the permanent bond with the adolescents (and even more so during pregnancy), they would be the ideal candidates to offer us an opinion about the impact that our interviews generated in the adolescents, that is to say, how the participation of these girls in this project was reflected *a posteriori* in the doctor-patient relationship.

The other change was in relation to the other technique implemented: in-depth interviews. We had contemplated that it would be applied to an intentional sample of women in a violent relationship who would be selected according to differences of ages, types of violence suffered, and socio-economic profiles, among other criteria. The objective of the qualitative interview was to know the various strategies that women

developed as a reaction to the violence they were suffering. Our perspective on the matter was to interpret the violence as part of a process of learning and gender socialization, and we understood that in the same way that they had acquired some patterns that they could modify them some time later after certain interventions. However, we decided that even adolescents without violence would be selected, based on the criteria of willingness to talk about their lives as a way of getting acquainted with distinct traits of that specific population that might not be included. This was also used as a way of being responsive to the research.

To summarize about the application of the methodological plan, we started off from the fundamental principle of taking care of the psychological and emotional well-being of the adolescent interviewed over any other factor. Nevertheless, we knew that we would not find a single normative principle about the right procedure that, in theory, could fulfill such purpose, so we tried to adapt the instruments to the particularities of that group.

Dilemmas During and After Fieldwork

In many phases of the research, data collection and data analysis were carried out simultaneously. In such cases it was possible to make adjustments to the instruments because after we identified the problems, there was still time to solve them. The path was both a step forward and a step backward in order to identify obstacles, introduce the changes, and continue down this road.

In the first phase of the research, we discovered that some indicators, even when according to the academic literature, could be considered as key factors to understand the studied phenomenon, did not capture the interest of the adolescents at all. This happened especially when the questions implied reflection about subjects that were abstract, not necessarily on the subject itself, but matters they were confronted to think about for the first time. Their reluctance to speak was openly expressed in some occasions, as some adolescents remarked: "I am not interested in that topic" and "I don't care," but some other times it arose as a specific attitude of agreement or answering with minimum words making it impossible to decipher a reply. Those data later were deemed to be inconsistent with the rest of the answers and we were doubtful about their reliability.

Among the topics that some interviewees declared openly of no interest during these preliminary interviews were some questions related to the gender patterns (e.g., the way in which they thought roles were structured in society). From this lack of incentive to answer, we thought that not only the reliability of the data was at risk, but also the purpose of the research was affected, if it was based on a subject that did not motivate the participants or it was far from their interests.

Therefore, we decided to test first if they really were indifferent to these topics or if the problem was due to the way in which they were approached, as though it seemed too distant with respect to their own reality. As a result, we investigated (through open and informal chat before the application of the protocol) the interests of these adolescents. From this revision we confirmed that when they found aspects that were part of their daily lives in the conversation, they were motivated to continue and to look deeper into the subjects proposed during the interview.

Thus, we decided that those aspects that the adolescents emphasized would be taken into account during observation, although they had little or nothing to do with the problem of the study. In this way, the researchers tried to assert the existential component of the adolescent identity by studying the knowledge of their lives from family, educational, and work contexts.

Many other times the frame of the interview was insufficient, because there were subjects they had never reflected upon before, but those questions could generate a series of new perspectives in the view they had of their own lives, as exemplified with commentaries of an adolescent written down in field notebooks*:* "Oh, look! First my grandmother, then my mother, now my little sister and I, all in my family had children before eighteen", "… my brothers are lazy guys, they do not pick up even a glass, but you cannot say anything because my mother made them used to it that way," "[about her present partner] he does not like me to go out [with school friends], because as I am going to be a mother and I am like this, with the belly. . . always he says to me that. . . I do not know, because it is no good."

We identified defensive answers with minimum commitment (such as "yeah" and "aha"). When these answers were analyzed later, it was clear that they were hardly reliable. As an example, they answered they could do whatever they wanted, but in the course of the speech, they mentioned several restrictions in their lives. It became clear that many times this type of contradiction only meant that they wanted to finish the interview quickly, no matter what the content.

Thus, we introduced a series of qualitative techniques—complementary to the ones already stipulated—to maximize the reliability of the data that we decided to use for investigation. We granted a role to those (direct or indirect) components of the phenomenon that could arise spontaneously and that had not been defined previously. We observed carefully the fact that advancing with the research implied a minimum level of intrusion to the intimacy of the adolescents, almost without altering the context of their medical consultation.

The non-structured interview was one of the techniques applied. We had planned it previously for cases in which the girls had openly confirmed the episodes of violence in order to delve deeper into those situations. However, we decided to apply them to other girls who simply had expressed their wish to continue to talk on other occasions, as previously mentioned.

This type of interview was more open, longer, and frequent; it was useful to compare the accounts of those girls, who, in some cases showed evidence of mistreatment in their past along with others who seemed to be suffering at the time of the interview, and many of them who were involved in relationships and interactions which implied subtle, almost imperceptible forms of invisible or latent mistreatment. These last two forms described, even though they had not been identified as violence explicitly at the moment of the interview, were detected from certain marks in their discourse, which revealed deeper meanings and allowed us to explore the significance that some episodes of their lives had for them when recalled. These kinds of feelings could be described in one of the following aspects: episodes in which something was recalled as painful, sad, uncomfortable, or else, the perception of a non-specific discomfort in relation to the way they had been treated.

In the same way, we tried to approach them carefully both in a methodological and psychological sense, to capture aspects not included in the interviews without interfering in the medical consultation context. As Li (2008) noted in her own study, sensitive research, that is, research related to vulnerable subjects, should be based upon suitable methods of data collection (e.g., observation).

We decided to undergo a sort of ethnography of the adolescent's service at the hospital. We mean ethnography in the widest possible sense, as a way of *plunging in the field,* by observing and recording different aspects of the phenomenon from different sources of data and not only from the previously planned (Hammersley & Atkinson, 1995). More precisely, that approach implied observation and participation in non-specific tasks, to maintain a constant *floating attention* to what was happening in relation to these girls in the context of their medical checks-ups. This type of observation, on occasion also a participation, allowed us to reach other perspectives on the situations, new aspects that had not turned up in the interviews and, as remarked by Lawton (2001), without altering at all the dynamic of the context. In this way, we could observe who accompanied them to the waiting room, how they were treated, or how they behaved while waiting. We saw that most of them were accompanied by their mothers or a trusted companion, like a sister or a friend, and, on fewer occasions, by their present partner. They showed satisfaction both in relation to the place (i.e., the waiting room was clean, had enough seats, a TV set) and with the professionals who attended them. Those were important factors that they considered when they decided to choose this hospital instead of other medical institutions, in spite of the troubles that many of them had to arrive there. In fact, many of these girls had to travel more than 2 and a half hours to arrive at the hospital, some had to take more than one means of transportation or had to stand during their journey, but they affirmed that they had not even considered the possibility of changing to a closer place for their medical attention.

This last observation is especially remarkable. If the institution had not had such characteristics of excellence, it would have been difficult to do an inquiry about situations of mistreatment when the immediate conditions (i.e., of the interviews, of the attention, of the building) were themselves violent to them, in every dimension of this term (e.g., symbolic, affective).

It was important for understanding the world of these adolescents that we participate in spontaneous group conversations among the adolescents and their companions during the time they were sitting in the waiting room. This type of informal interview, a natural group interview (Coreil, 1995) constitutes a valid source to understand the points of view of these actors and the emergent subjects that captured their interest. These factors could hardly arise in the context of a formal interview on thematic axes defined previously by the researchers. As well, this method guarantees that the intervention of the researcher takes place in its minimum expression, by simply reformulating what has been heard.

We did not restrict our research to the information gathered in the Service Room. On the contrary, we also included interviews with key informants who worked in other sectors of the hospital. We considered the professional specialists in adolescence (e.g., psychologists, doctors, social workers) as qualified informants, but also non-professionals who worked at the hospital and who had vast experience in the interaction with adolescents (i.e., radiology technicians, the secretary, and the emergency personnel).

The discourses of these informants differ from each other in relation to the knowledge, prejudices, sensibility, and capacity of reflection about the subject, but they were considered as a part of a broader perspective and discourse that also co-exists in society and in relation to adolescents, violence, and motherhood.

Furthermore, we interviewed the hospital's emergency doctors to find out if adolescents with trauma had recently entered and, if so, what type, in what condition they had arrived, and who had accompanied them. The interview with the secretary of the radiology service allowed us to consider this information as another possible instance to approach those young victims of violent episodes although we could not meet them. That would have implied a type of participation that as researchers we had not been granted; the institutional permission for our field work was assigned previously to a certain sector and on determined days and schedules. Despite the fact that we could not explore it more specifically and with more detail, we found a new channel of expression of the phenomenon among many others, and it will be taken into consideration in the next inquiry.

Other decisions in relation to the data processing also arose from the field work that had been impossible for us to identify before. For example, to state a difference from another type of instrument, we could not discard the "I do not know" answers. We observed that they did not follow a random pattern, but they were concentrated in certain points in which just *not to know* was a type of answer that offered key information to interpret the perspective of the adolescents. Among these subjects, in reference to the question about the future, *not to know* could mean *not to be able to imagine* how it would be, or what their lives would be in 10 or 20 years. These reports gave accounts of an immediate future conception of their lives. They referred to a "day-to-day" reality, to short-term plans, and showed skepticism towards girls who could project their future, an instance that they often could not even imagine.

In other words, we know that the context of any research work always contains emergent components, and as a result of this, it was impossible to anticipate all the situations that would arise, such as the normal tensions in reaching the objective of maximizing the well-being and the respect of the participants, as well optimizing the data summary. These situations of tension, not only methodological but also ethical, that arose in the field work, are the axes which we will expand in the following section.

The Ethics Crossing All Phases of the Research

There hardly exists research in which a researcher does not have to consider an ethical perspective in relation to the selection of the focus of study, to the financing means, the techniques of data collection and data processing, and to the dissemination of results. Ethical decisions may be made in response to previously planned formal matters or with reflections and decisions that the researcher must solve *in situ*.

We looked at recommendations, codes, and ethical guidelines such as the Code of Nuremberg of 1947 (Citizens Commission of Human Rights United Kingdom, 2010), the Declaration of Helsinki of 1964 and its six amendments (World Medical Association, 2010), the International Ethical Guidelines for Biomedical Research Involving Human Subjects (Council for International Organizations of Medical Sciences, 2002), the reports of the National Bioethics Advisory Commission (2001) and, finally, the Universal

Declaration on Bioethics and Human Rights of UNESCO (19-10-2005; UNESCO, 2006). Then we defined the general ethical frame of the research. In first place, the protocol research was evaluated and approved by the hospital's Committee of Bioethics, which verified that it could not cause any damage to the participants and that we approached a problem of great interest for the institution that had inspired little or no exploration up to that moment.

As part of our ethical steps, we gave an informed consent agreement to all the adolescents in which they could signify their agreement to be interviewed. Although the National Bioethics Advisory Commission (2001) stipulated that, under certain conditions, consent obtained orally could constitute an alternative to written consent, we considered written consent as the best way to safeguard the interests of the participants. In addition, we explained to each participant who we were, what the objectives of the research were, and we guaranteed the confidentiality of the information they offered to us, as well as the anonymity of the data, the freedom that they had to leave when they wished (in case they did not feel comfortable or they simply did not wish to continue), and the access, if they wanted it, to the summarized interview or to the material generated from it.

As it is well known, the Social Sciences fulfill the ethical requirement of research by the so called informed consent (Richardson & McMullan, 2007), a procedure from bioethics. Although this requirement establishes the minimum conditions to guarantee these rights, it is insufficient if applied as the only instrument, since it implies a restrictive perspective of ethics that fails in considering aspects such as the care for the other. If the formal fulfillment of the rule is not surpassed, the ethical procedures basically protect institutions and researchers (in case of the threat of legal action) rather than the subjects that participate in such research (Denzin & Lincoln, 2005). We agreed with Sin (2005) on the different levels and types of informed consent. Specifically, the procedure of a form signed by the participant does not just mean a complete solution to guarantee the ethical behavior of a researcher. It is also a sort of negotiation that contains contingent elements located in every moment of the investigation; that is to say, specific to each context (Wiles, Charles, Crow, & Heath, 2006).

Although we basically relied on the standard ethical problems faced during the research and the standard answers available derived from the socio-historical context of the research (Vessuri, 2002) that are explicit in protocols, codes, and declarations (such as the Declaration of Helsinki [World Medical Association, 2010]), we considered it important to incorporate other procedures more specifically connected with our study. These informal procedures –not too abstract, neither too universal but locally situated- implied problems derived from the concrete practice of day-to-day research activities, in relation to the so-called micro-ethics (Komesaroff, 1995). Some of these issues are exposed at the end of this article.

In this sense, we agree with Guillemin and Gillam (2004) on the perspective of the existence of ethically important moments:

> … when participants indicate discomfort with their answer, or reveal a vulnerability; when a research participant states that he or she does not want to be assigned a pseudonym in the writing up of the research but wants to have his or her real name reported; or the case of (…) interviewing victims of violence where the researcher has to decide how

far to probe a participant about a difficult and distressing experience. (p. 265)

Thus, we understand that a way to incorporate these ethical aspects consists of being able to identify such questions during the development of the research and being able to respond to them appropriately, even when doing so repeatedly implied a kind of delay or even a deviance from the cognitive objectives pursued.

As also noted previously, we found that the participation of the adolescents in the interview could contribute to the recognition of elements of emotional violence that could be considered natural matters within their daily interactions. Therefore, the interview was conceived as a place of listening in which they could talk about the violent situations they were suffering in their daily lives in a safe place –without constraints of time or any other type of demands.

We tried to consider what was important for that adolescent during the interview and, many times, we had to reframe the content of the encounters according to the expectations they had. So, if they were not willing to share during an interview but still had complaints, doubts, or comments to share, we tried to focus on those instead of subtly directing the talk to the arena of the research interests. Moreover, we noticed that some adolescents (most of them migrants from Bolivia) did not feel at ease sharing that kind of information about their lives with a stranger, so we tried not to invade their intimacy by being culturally sensitive; if they did not want to talk, they did not have to do so.

Still, there were some other ways of getting acquainted with them. For example, some of the adolescents were alone with the interviewer and saw this instance as a license to speak freely about topics such as sex and violence. Others came into the interview room with their mothers, sisters, friends, and/or partners; this seemed to be a way of consolidating a small network *in situ* that made them feel more secure and confident about the situation. We encouraged this last group to participate in the interview with their small network, as they wished, even when from a strict methodological point of view that might be inaccurate.

But just listening was not enough. A fundamental ethical aspect of the approach to the adolescents was to understand the necessity that our practice was not only responsible but also *responsive,* according to reflections by Bajtín (1999), Buber (1990), and Lévinas (2000), a practice in which we could *do something* with all the reports and accounts these young people provided.

Our ethical commitment to these adolescents interviewed meant that, in addition to listening, we could somehow respond to them. With that purpose, as we described at the beginning of this paper, we articulated our intervention as researchers with attending to the victims of violence, and the services the girls were receiving (e.g., psychological and emotional support, practical forms of living assistance).

Discussion

In order to close this article, we want to emphasize that scientific tasks include reflection (Bourdieu, 2003) on the conceptual, epistemological, methodological, ethical, and ideological decisions. Thus, the position of the researcher in society is conceived in a different way from the traditional value-free scientific model. Furthermore, the roles of

participants are also seen differently. In the process of the production of knowledge we recognize that equal subjects make different contributions during interactions, which implies the acuity to identify and to interpret explicit or implicit responses in the service of the original research plan. As Vasilachis (2006) supports, researchers in social sciences should surpass the traditional conception in the positivist science by which the researcher is just the subject that knows, the only one in charge and the main actor in this process. On the contrary, participants should be considered as active protagonists.

In that sense, we believe in the idea of our responsibility as researchers. From this perspective, we quote the words by Vessuri (2002): "The classical queries related to scientific research were concerned with *who?* did research, and *how?* to investigate (behavior, tools). A third query has gained currency in recent times: *cui bono, what for?*" (p. 140). Political changes and social transformation are also long-term purposes in conducting research in the social sciences of third world countries.

Specifically in relation to the topic of this research, we think that researchers who focus on these kinds of issues constitute a step forward in the study and also in the prevention of violence, in the sense that it does not remain in the environment of domestic invisibility, but acquires a public connotation. As we noted in previous studies (Colombo et al., 2005), women want to talk about situations of oppression that occur in their daily lives. Therefore, the generation of studies that support and make visible the voices of women oppressed by any kind of violence constitutes a chance not only to detect such episodes but also to explore how these women perceive their situation and to look for collective responses. Moreover, these kinds of networks could create changes in the collective imagination of these young people with respect to the myth that violence belongs to the world of the domestic invisibility and this fact could lead to conceive this problem apart from a social-political vision.

References

Bajtín, M. M. (1999). *Estética de la creación verbal* [Aesthetic of the verbal creation]. México D.F., México: Siglo XXI.

Ball, B., Kerig, P. K., & Rosenbluth, B. (2009). Like a family but better because you can actually trust each other: The expect respect dating violence prevention program for at risk youth. *Health Promotion Practice, 10*, 45S-58S. doi:10.1177/1524839908322115

Banyard, V. L., & Cross, C. (2008). Consequences of teen dating violence: Understanding intervening variables in ecological context. *Violence Against Women, 14*, 998-1013. doi:10.1177/1077801208322058

Bourdieu, P. (2003). *Cuestiones de sociología* [Sociology Issues]. Madrid, Spain: Istmo.

Buber, M. (1990). *¿Qué es el hombre?* [What is the man?]. Madrid, Spain: Fondo de Cultura Económica.

Citizens Commission on Human Rights United Kingdom. (2010). *Nuremberg Code (1947).* Retrieved from http://www.cchr.co.uk/nurembergcode-p1.htm

Colombo, G., Ynoub, R., Viglizzo, M., Veneranda, L., & Iglesias, G. (2006). Violencia familiar contra la mujer, en las etapas de embarazo, parto y pueperio: La mirada de los profesionales en un Servicio Público de Maternidad y Obstetricia [Family violence against women in pregnancy, childbirth and puerperal stage: The vision

of the professionals in a maternal and obstetric service of a public hospital]. *Revista Argentina de Sociología, 7*, 73-97.

Colombo, G., Ynoub, R., Viglizzo, M., Veneranda, L., Iglesias, G., & Stropparo, P. (2005). Prevalence of cases of family violence against women in pregnancy, childbirth and puerperal stage. *Convergencia, 38*, 81-107.

Coreil, J. (1995). Group interview methods in community health research. *Medical Anthropology, 16*(3), 193-210.

Council for International Organizations of Medical Sciences. (2002). *International ethical guidelines for biomedical research involving human subjects.* Retrieved from http://www.cioms.ch/publications/layout_guide2002.pdf

Denzin, N. K., & Lincoln, Y. S. (2005). *The sage handbook of qualitative research* (3rd ed.). Thousands Oaks, CA: Sage.

Dutton, M. A. (1996). Battered women´s strategic response to violence: The role of context. In J. L. Edelson & Z. C. Eisikovits (Eds.), *Future interventions with battered women and their families* (pp. 105-124). London, UK: Sage.

Guillemin, M., & Gillam, L. (2004). Ethics, reflexivity and ethically important moments in research. *Qualitative Inquiry, 10*, 261-280. doi:10.1177/1077800403262360

Hammersley, M., & Atkinson, P. (1995). *Ethnography: Principles in practice.* London, UK: Routledge.

Heise, L. (1994). *Violence against the woman: The hidden health burden.* World Bank Discussion Paper #225. Washington, DC: World Bank.

Johnson, R. B., Onwuegbuzie, A. J., & Turner, L. A. (2007). Toward a definition of mixed methods research. *Journal of Mixed Methods Research, 1*, 112-133. doi:10.1177/1558689806298224

Jutting, J., & Morrison, C. (2005). *Changing social institutions to improve the status of women in developing countries.* OECD Development Centre Policy Brief #27. Paris, France: Organisation for Economic Co-operation and Development.

Kendall-Tacket, K. A. (2007). Violence against women and the perinatal period: The impact of life time violence and abuse on pregnancy, postpartum and breastfeeding. *Trauma, Violence & Abuse, 8*, 344-353. doi:10.1177/1524838007304406

Komesaroff, P. (1995). From bioethics to micro ethics: Ethical debates and clinical medicine. In P. Komesaroff (Ed.), *Troubled bodies: Critical perspectives on postmodernism, medical ethics and the body* (pp. 62-86). Melbourne, Australia: Melbourne University Press.

Lawton, J. (2001). Gaining and maintaining consent: Ethical concerns raised in a study of dying patients. *Qualitative Health Research, 11*, 693-705. doi:10.1177/104973201129119389

Lévinas, L. (2000). *Ética e infinito* [Ethics and infinity]. Madrid, Spain: La balsa de la Medusa.

Li, J. (2008). Ethical challenges in participant observation: A reflection on ethnographic fieldwork. *The Qualitative Report, 13*(1), 100-115. Retrieved from http://www.nova.edu/ssss/QR/QR13-1/li.pdf

National Bioethics Advisory Commission. (2001). Temas sobre la etica y la política en la investigación internacional: Ensayos clínicos en los países en desarrollo. Resumen ejecutivo [Ethical and policy issues in international research: Clinical trials in

developing   countries.   Executive   Summary].   Retrieved   from
        http://www.bioethics.gov

Noonan, R. K., & Charles, D. (2009). Developing teen dating violence prevention
        strategies: Formative research with middle school youth. *Violence Against
        Women, 15*, 1087-1105. doi:10.1177/1077801209340761

Pautassi, L. (1995). ¿Primero…las damas? La situación de la mujer frente a la propuesta
        de ingreso ciudadano [Ladies… first? Women´s situation regarding citizen´s
        income proposal]. In R. Lo Vuolo (Ed.), *Contra la exclusión. La propuesta del
        ingreso ciudadano* [Against exclusion. Citizen´s income proposal] (pp. 235-279).
        Buenos Aires, Argentina: Miño y Dávila Editorial.

Richardson, S., & McMullan, M. (2007). Research ethics in the UK: What can sociology
        learn from health? *Sociology, 41*, 1115-1132. doi:10.1177/0038038507082318

Sin, C. H. (2005). Seeking informed consent: Reflections on research practice. *Sociology,
        39*, 277-294. doi:10.1177/0038038505050539

UNESCO. (2006). *Universal statement on bioethics and human rights*. Retrieved from
        http://www.unesco.org/new/en/social-and-human-
        sciences/themes/bioethics/bioethics-and-human-rights/

Vasilachis, I. (2006). *Strategies of qualitative research*. Buenos Aires, Agentina: Gedisa.

Vessuri, H. (2002). Ethical challenges for the social sciences on the threshold of the 21st
        century. *Current Sociology, 50*, 135-150. doi:10.1177/0011392102050001010

Wiles, R., Charles, V., Crow, G., & Heath, S. (2006). Researching researchers: Lessons
        for   research   ethics.   *Qualitative   Research,   6,   283-299.*
        doi:10.1177/1468794106065004

World Medical Association. (2010). *Declaration of Helsinki.* Retrieved from
        http://www.wma.net/en/30publications/10policies/b3/index.html

---

Author Note

Natalia Luxardo is a social worker with a PhD in Social Sciences from the
University of Buenos Aires and a Master in Social Sciences Health orientated (FLACSO).
She is an associate researcher in the National Scientific and Technical Research Council
(CONICET) in Argentina. She teaches Methodology of Social Sciences at the University
of Buenos Aires (UBA) and co-ordinate projects related with end-of-life issues.
Correspondence regarding this article can be addressed to Dr. Natalia Luxardo at: Iberá
1998 1 D (1429) CABA, Argentina; Phone: 54-11-4782-2937; and E-mail:
palish@hotmail.com

Graciela Colombo holds a Bachelor of Sociology and has specialized herself in
social sciences in the Latin American School of Social Sciences (FLACSO). She teaches
Methodology at the Department of Social Work of the University of Buenos Aires (UBA)
and Educational Research at the Higher Institute for Teaching Training Dr. JV González.
She was the head of several researches on violence against women within the framework of
the Social Sciences Faculty of UBA, the UIDI (Interdepartmental Research Unit of the
Higher Institute for Teaching Training Dr. JV González) and IDIS (Institute for
Sociological Research Council of Professional Sociology). Correspondence regarding this

article can also be addressed to Graciela Colombo at: Charcas 2754, 3 D (1425) CABA, Argentina; and Phone: 54-11-4962-7072.

Gabriela Iglesias is a sociologist from the University of Buenos Aires. She has specialized in demography. Teaches Methodology of Social Sciences at the University of Buenos Aires and is in charge of the Research Department of the University of Business and Social Sciences in Buenos Aires. Correspondence regarding this article can also be addressed to Gabriela Iglesias at: Paraguay 1410 9th floor (1016) CABA, Argentina; Phone: 54-11- 4815-3290; and E-mail: giglesias@uces.edu.ar

Article Citation

Luxardo, N., Colombo, G., & Iglesias, G. (2011). Methodological and ethical dilemmas encountered during field research of family violence experienced by adolescent women in Buenos Aires. *The Qualitative Report*, *16*(4), 984-1000. Retrieved from http://www.nova.edu/ssss/QR/QR16-4/luxardo.pdf