

“Sensitive” Research: Ethics of Care in Sexual Abuse Projects

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Aisha Howells¹ , Sue Hollinrake²  and Danny Taggart¹ 

Abstract

Summary: Child sexual abuse research is understood as a “sensitive” field of study. As such, there are distinct challenges faced by researchers operating in this field. Namely, child sexual abuse researchers often confront complex ethical dilemmas alongside rigid ethical parameters. Drawing on nine narrative interviews with mothers whose children have been sexually abused and analyzed using narrative thematic analysis, and conducted as part of a larger study, this theoretical methodological paper presents an ethical framework to inform research in this area. The paper makes an original contribution as it explores the tensions that arise when balancing research governance alongside research deemed as “sensitive” and offers an additional ethical approach arising from a feminist ethics of care standpoint.

Findings: The research applies Fisher and Tronto’s and Tronto’s five phases or stages of care: caring about, caring for, caregiving, care receiving, and caring with, alongside Tronto’s four elements of successful caring: attentiveness, responsibility, competence, and responsiveness, and operationalizes a feminist ethics of care approach to enrich ethical practice in sensitive projects.

Applications: This article illustrates how such a framework can offer additional protections and ethical considerations for participants across sensitive fields of inquiry with applicability in England and comparable international contexts. Additionally, the article offers insights for social work and other disciplines engaged in ethically complex research.

¹University of Essex, Colchester, UK

²Independent Researcher, Ipswich, UK

Corresponding Author:

Aisha Howells, University of Essex, Wivenhoe Park, Colchester CO4 3SQ, UK.

Email: a.howells@essex.ac.uk

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Introduction

Child sexual abuse is a field of research well recognized as being “sensitive” (Lee & Lee, 2012; Pascoe Leahy, 2022). It is understood that research such as this poses particular ethical challenges and is fraught with issues which need to be confronted and documented (Campbell, 2002; Lee & Renzetti, 1993) while being aware of the impact on those involved. As such, this paper draws on PhD research conducted in England (Howells, 2026) and “makes public a very private side of researching very difficult social issues” (Campbell, 2002, p. 13). Although the study utilized two methods of data collection, this article focuses on data derived through nine narrative interviews with mothers whose children have been sexually abused. What is well known in the field of child sexual abuse is that scrutiny and judgment, framed as support, are primarily focused on the child and protective mothers, and include responses that often reveal many shortcomings (Ofsted et al., 2020). These can include a lack of understanding of how the mother’s own needs may be overlooked; unrealistic expectations of safety and protection being placed on them; and mothers feeling pathologized and blamed (Azzopardi, 2022; Toews et al., 2019). These idealized yet misaligned expectations are often situated within entrenched dominant social and cultural beliefs of mothers to be self-sacrificial, nurturing, and protective. However, what is less well-known is what this experience looks and feels like for them and how mothers are often in crisis with their child but unrecognized as such. This study builds on previous research exploring sensitive topics and the ethical issues involved (Hilário & Augusto, 2020; McCosker et al., 2001; Pascoe Leahy, 2022). Cowles (1988, p. 163) has suggested that consideration of common ethical issues may not be sufficient for research involving sensitive topics as they present too narrow a focus. In response, this article develops new insights by highlighting the usefulness of a feminist ethics of care approach for ethical practice in sensitive projects.

This article offers novel theoretical and empirical contributions to the existing national and international scholarship. In line with Campbell’s (2002, p. 9) notion of “researching the researcher,” this article reflects the experiences of a practitioner-researcher in gaining ethical approval within the doctoral research process and integrates the perspectives of their supervisor and a scholar with a specialized interest in ethics of care and feminist research ethics. The article aims to explore the tensions encountered in balancing ethical considerations alongside research governance processes in accordance with conducting “sensitive” research; in essence, exploring the intertwined nature of ethical responsiveness and responsibility. Although situated in England, the study’s theoretical contributions extend beyond the English context, the issues examined resonate with ethical challenges that are common across comparable international sensitive research projects. Furthermore, ethical principles for research and social work practice have global relevance as they are governed by international statements of expectations and human rights.

Consequently, this article provides a practical framework which holds relevance for policy, practice, and research across disciplines and international jurisdictions.

Background

There are debates regarding the definition of “sensitive” research topics (Mallon & Elliott, 2021; Sieber & Stanley, 1988). Cornejo et al. (2019) suggest that “sensitive” is a characteristic of the topic, for example, through exploring socially controversial issues. While Lee and Renzetti (1990, p. 512) and Fahie (2014) note the centrality of reciprocal risks for all those involved in the research. This suggests that ethical considerations in research are not one-sided and mutual respect and care in the research process of all parties involved are important. A systematic review (Lee & Lee, 2012) suggests that “sensitivity” moves beyond a remit of topics such as racism, drug use, and child sexual abuse and trauma, while Pascoe Leahy (2022, p. 778) argues that research exploring mothers is culturally and emotionally loaded, and as such, is “sensitive territory.” Together, it seems that what contributes to research being seen as “sensitive” cannot be reduced to a sole factor, but includes the subject matter, its perceived social acceptability, and potential endangerment as an area of investigation to all stakeholders, including researchers.

While in the UK context, the Independent Inquiry into Child Sexual Abuse (IICSA) (2022) was a key transitional point in societal responses in the wake of significant and long-standing multiple institutional failures in child protection; this has also led to increased research and practice developments in the field (Barker et al., 2023; Taggart, 2023). Furthermore, there is an emerging international scholarship regarding ethical issues for child sexual abuse researchers (e.g., Australia: Salter, 2018; India: Dayal et al., 2018; Ghana: Markwei & Tetteh, 2021). Similar principles and issues, such as building rapport and trust between child sexual abuse participants and the researcher, including measures to protect participants through the research process; gaining access; and ensuring safety, are found to be universal discussion points, with differing levels of progress and understanding. Consequently, this article proposes that the ethics of care framework, supported by evidence from this study, offers insights that can inform ethical trends within “sensitive” research projects internationally.

“Safe” Ethics

It is widely regarded that ethics committees are active in framing, creating, and sustaining cultures of practice to ensure research conforms to recognized national and international standards of law (Mehta et al., 2023). However, with a tendency to act as gatekeepers, they can also be risk-averse (Pascoe Leahy, 2022). Often operating with a narrow view of ethics and an emphasis on protocol, ethics committees are typically seen as the primary way in which ethical standards are maintained (Oates et al., 2021). In situating the ethics committee as a paternalistic step and existing within an increasingly litigious and “risk” culture (Melville, 2005), it may play a role in creating a climate of overzealous ethical vigilance in sensitive projects, which can have a limiting effect on the research process. Borrowing from Ahmed’s (2021) idea of complaints processes as

institutional mechanisms being like unused paths—hard to find and difficult to follow—ethics governance processes overlap with discussions of a path revealing what needs to be done and what needs to be followed, narrowing its remit to procedural ethics (Taggart, 2018). To push forward in such an unwieldy process, under the guise of safety and protectionism, participant, legal, and reputational risks are seemingly reduced through a focus on form and legality, rather than substance and subtlety (Pascoe Leahy, 2022). In a practical sense, for sensitive projects, this means a heavy focus toward considerations of protections within the project, often alongside a protracted ethical approval process. Ethical issues are often seen as more complex in sensitive research (Sieber & Stanley, 1988), and yet the need for these additional burdens that are typically required within sensitive projects has been strongly challenged (Cromer & Newman, 2011).

Sensitive research often involves ethical dilemmas that may emerge dynamically throughout the process. As such, the predefined and standardized ethical protocols which emphasize consistency may present difficulties for researchers operating in this field. For example, a “one-size-fits-all” approach, with overly restrictive requirements may not align meaningfully with the study. Moreover, Clark and Walker (2011, p. 1492) suggest that “investigators have frequently been reduced to rule followers in place of becoming ethical thinkers.” In addition, Ellis (2007, p. 4) identifies a third aspect of relational ethics, which is closely related to an ethics of care (Gilligan, 1982; Noddings, 1984; Tronto, 1993) and feminist ethics, requiring “researchers to act from our hearts and minds.” This suggests that there is responsiveness within relationships where ethics are contextually located, characterized by respect, empathy, and taking account of power differentials. As such, a feminist research ethic is presented as an alternative model of ethics more suited to a sensitive field of research, compared to a procedural ethics approach.

Feminist Research Ethic

A feminist research ethic is a set of questioning practices implemented throughout the research process and is useful as a quality indicator within a research project, irrespective of whether it is feminist or not (Ackerly & True, 2019). It begins with the standpoint and experiences of women and a concern for social equality, seeking to remove the power imbalance between the research and its subject and to promote social justice for marginalized groups. For the researcher, critical reflection is a central concept, along with attentiveness to boundaries, relationships, and the situatedness of the researcher (Ackerly & True, 2019, p. 22). The recognition of women as moral subjects and the theorization of their experiences have been a significant development in the last 50 years within feminism, alongside feminists’ challenges to the subordination of women and confinement to the private life within the home, importantly turning what is private and invisible into public and visible, and notably making public the private sphere of the family, which is an important element and goal of the study under consideration in this article. For these reasons, a feminist ethics of care provides a moral framework to create a space which caters to research on the contextualized experiences of mothers.

Table 1. Inclusion and Exclusion Criteria.

Inclusion criteria	1. Mothers whose child(ren) have been subjected to child sexual abuse 2. Steps to ensure the safety and protection of the child(ren) have taken place
Exclusion criteria	1. The abuse occurred within the previous 12 months 2. Mothers who have perpetrated sexual abuse toward children

Methods and Sample

The study elicited stories from mothers about their experiences of mothering a child impacted by sexual abuse. To reach a cross-section of mothers, the project worked with three gatekeepers, who were specialists in sexual abuse support services as well as social media to recruit participants. Purposive sampling was adopted for the project along with inclusion and exclusion criteria (see Table 1) with all participants self-identifying. One of the biggest obstacles was recruitment challenges through the data collection process perhaps due to the nature of the topic, as well as the distress talking about the experience may cause (Crann et al., 2015). Despite the use of multiple channels to reach a heterogenous sample, all interview participants described their ethnicity as White. As such, this lack of diversity is noted as a limitation within the study. The broader study was guided by two research questions and four research objectives. As the article draws on one strand of data collection which included nine narrative interviews, the research question focused on, “What is it like to be a mother of a child who has been subject to sexual abuse?” accompanied by three objectives which examined mothers’ (1) emotional, psychological, and social impact of learning about the abuse, (2) coping mechanisms, and (3) how they navigated support in the aftermath of their child’s sexual abuse. The remaining research question and objective are beyond the scope of this article and will be reported elsewhere as part of the broader study. Inspired by Campbell’s (2002, p. 5) approach, the interview schedule presented six questions, which is consistent with narrative methods for participants to share their story at their own pace and direction. Interviews lasted up to two hours and transcripts were analyzed using narrative thematic analysis (Riessman, 2008). The rationale for this approach involved the focus toward analyzing the content and what was said, alongside the applied nature of the project within social work practice. Ethical approval was granted by the University of East Anglia School of Social Work Research Ethics Committee on February 22, 2021.

Positionality

While the lead author is the practitioner-researcher who undertook the doctoral study discussed here, the authorship team of this article also comprised their supervisor and academic scholar with specialist expertise in feminist research ethics. Bringing together backgrounds which span social work and clinical psychology, the authors drew on cross-disciplinary perspectives with a shared focus on ethics of care. Given the sensitive nature of child sexual abuse research, reflexive discussions supported

the iterative writing and sense-making process in relation to the application of an ethics of care framework.

Theoretical Framework: Ethics of Care

The notion of contextualized ethics is found in what has become known as a feminist “ethics of care.” Care has become a much-thought-about concept and activity since the 1980s and it is now used by some to analyze moral and ethical standards in different institutions (e.g., the family, the workplace, and the welfare state and its professionals), different actors, and their relationships to improve being and working together in an ethical way. This multi-dimensional approach supports the argument here in relation to child sexual abuse research. The researcher is motivated to care about a phenomenon, concerned about the need for care and about the qualities of the relationship that they promote with participants who may be emotionally vulnerable, to ensure that ethical issues are well managed (Fisher & Tronto, 1990, p. 40).

Further developments of interest to this discussion, which help to elucidate how an ethic of care supports ethical research practice, have come from Tronto (1993) who developed the ethic of care around two elements; one is a moral framework and the other is its practical application. In relation to the moral framework, this contrasts with the traditional, universalist approach to ethics outlined earlier, which favors rational, rule-based, and impartial approaches. Instead, it offers an ethical approach based on relationships, mutuality, responsiveness, and promoting voice (often the neglected voices of women, as mothers, carers, and marginalized groups of people requiring care). This approach is useful for informing researchers about their ethical positioning in their interactions with participants to ensure that they create a safe and caring environment for them, in which they can exercise autonomy and choice, while promoting researcher reflexivity before, during, and after their interactions in collecting, analyzing, and disseminating their data and findings. This fundamental change has significant implications for both the phenomenon under study and the data collected in that it problematizes the phenomenon as in need of change and ensures that the emotional weight of researching sensitive topics is balanced with amplifying mothers’ voices. This is of particular importance when researching sensitive topics which require careful/“care full” interactions between researchers and participants. An ethic of care assumes that human beings are interdependent with others and with their environment, and therefore relational. It sees everyone as vulnerable, fragile, and in need of care, either throughout, or at some points in their lives, and from this, everyone can be both givers and receivers of care (Tronto, 2017, p. 32). Vulnerability and fragility are contextual, not absolute, and this does not mean that all the mothers discussed in the study are seen as vulnerable, fragile, dependent, and in need of care. Some may be, but others may have had time and opportunity to process their experiences and feel confident in who they are in spite of, or because of difficult experiences. In the same way, researchers may also be vulnerable and so traditional power dynamics may be different and more fluid in this model. In relation to the givers of care (or the researcher in this discussion), the work of Eva Federa Kittay (1999, 2021) is useful in clarifying their role. She saw care-giving as labor and not virtue, characterized

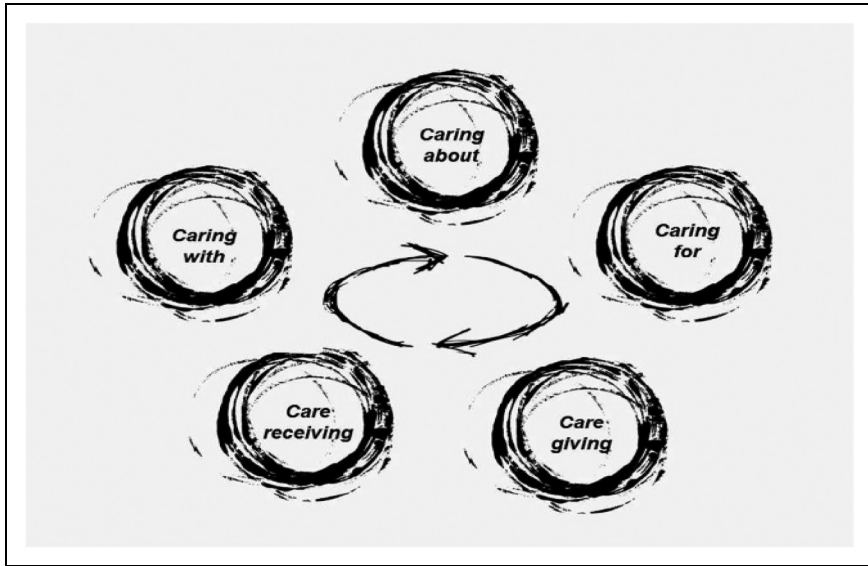


Figure 1. The five phases/stages of an ethics of care (source: Tronto, 2013).

by skills that can be developed to ensure that it is done well. This will be discussed in more detail below.

Conducting Research Using the Phases (or Stages) of Caring

Fisher and Tronto (1990) proposed four phases of care—caring about; caring for; care-giving; and care receiving. Later, Tronto (2013) added a fifth phase—caring with; these phrases will be explored in relation to the researcher role within the research process (Figure 1).

The five phases will be applied to researching a sensitive field of research, involving mothers and child sexual abuse, supported by illustrative quotations as representative examples of trends across the narrative interview dataset.

Caring about, the first phase, refers to the noticing of unmet caring needs, which in the case of a research project would be the focus of the researcher on an area of social work policy and practice that is under-acknowledged. In relation to this study, there is much research across the field of child sexual abuse, including prevalence (Karsna & Kelly, 2019), impact (Vera-Gray, 2023), and victim/survivor accounts (IICSA, 2022). However, there is a dearth of research exploring mothering experiences, which is the focus of this study and presented through Maddyn’s reason for taking part in the research,

So, it’s something that I’m quite passionate about, getting heard and getting out there and actually helping people to form bit more of an understanding. I think there’s a lot of stigma around being a parent of a child that’s been abused. (Maddyn)

This step's significance in undertaking sensitive research involves the recognition of the need to care about research in often difficult or under-explored fields. *Caring about* can also include preparatory curiosity about possible needs, arising from prior knowledge, including those that may not be made explicit verbally or behaviorally (McAuliffe, 2023, p. 265), but which can be imagined and inquired about through the emotional intelligence and empathy of the researcher in the care-giving phase discussed below.

Taking care of, as the second phase, is focused on an identified need that is unmet, recognizing that these needs can be addressed and demonstrating a willingness to do so. This phase cannot be effective, unless there is a sound emotional commitment generated in the first phase—otherwise the researcher's approach will be purely technical (Rummery & Fine, 2012, p. 330). In relation to research, this is the process within the researcher, who has identified a social issue and research focus that will throw more light on the issue with a view toward improving policy and/or practice and potentially alleviating the suffering of others. In this research, this involved the first author actively assuming a sense of responsibility about the topic, which emerged from direct practitioner experience of noting the absence of understanding and support for mothers of children impacted by child sexual abuse. Furthermore, planning a sensitive research project and undertaking preparations such as gaining ethical approval, preparing information for participants, and structuring interviews are part of this phase. In this case, the researcher underwent the ethical approval process, which involved scrutiny of this research. "Policing" is also commonly experienced in sensitive projects more generally seen as high-level risk and can create unrealistic standards for researchers. The researcher remained focused on ensuring that the study considered the world through the lens of the interacted individual, in this case, the mother, as a foundation within the research, and consequently, preparations were undertaken by the researcher to ensure the mothers' needs were met and appropriate conditions were created for the interviews. This could be seen in the Participant Information Sheet, where the purpose of the study was outlined. In addition, this was reinforced in Amaya's interview experience, when asked toward the start if she had any worries about the interview or anything the researcher could do to address these,

No, you seem very understanding, sensitive and genuine, which I think is really helpful when you're talking about personal stuff like this. (Amaya)

This second phase highlights the importance of the researcher's ethical responsibility and imperative to carry out research in a sensitive field, acknowledging that reflexivity is ongoing throughout the process and the need for thoughtful consideration of supportive and protective mechanisms.

Care-giving in the research process is the direct work of connecting with and interviewing participants. This is the phase in the process where the relationship skills of the researcher (the skills of the labor of caring referred to by Kittay, 1999, 2021), as discussed above, are important for facilitating a caring context within which to explore the issues which are the focus of the study, and to minimize the risks to the participant through care-full attention. In particular, this phase is underpinned by the elements of

care-giving that Tronto also developed—see below. In this study, Campbell's work (2002, p. 123) suggested "attuning to these affective components" to enrich the research and cope with the cumulative effect of hearing stories of child sexual abuse. Within the interviews themselves, this was characterized through the "emotionally engaged researcher" (Campbell, 2002, p. 10),

I just went into survival mode. So, it's like this needs doing, this needs doing, this needs doing and I didn't really process anything [cries]. (Ambika)

[Pause] I can hear how difficult it was for you. Please take as long as you need. If you want to take a break, we can. (Researcher)

To ensure the mothers' experiences and pain were not minimized in the retelling, the researcher conveyed how bearing witness to the stories was a privilege as seen below,

It feels an honour that you've shared your story with me. So, I just want to thank you. It has truly been a privilege listening to your experiences and what you've shared with me today. (Researcher)

Further examples in wider research include opportunities to create the felt experience of dignity and worth through treating participants well through attentiveness and care, consideration of the environment and the participant feeling valued (Moran & Salter, 2022). In addition, the researcher drew on social work skills to hold different explanations in mind (SWE, 2019), realizing that the process can be both empowering and painful. This third phase underscores the need for researchers to demonstrate emotional sensitivity, compassion, and implement research practices which prioritize safety and wellbeing within the sensitive research process.

Care receiving focuses on the response of the participant to the actions of the researcher in conducting the interview through the researcher checking during and at the end of the interview, with a particular focus on the protection and safety of the participant and later, in member-checking with participants, to ensure that their understanding of the participant's contribution through the interview has been accurately recorded and presented within the findings. This means that member-checking is seen as a relational process whereby participants are active agents in the care relationship. During the project's early ethics paper work iterations, the researcher advocated for member-checking; however, this was later removed following guidance from a senior research advisor. It may be that a more universalist, rule-based approach would see member-checking as potentially harmful for participants in re-awakening the trauma of the experiences they discuss in their interviews, but from an ethics of care perspective, the researcher would balance the requirement for accuracy in the reporting of findings, with autonomy for participants and the potential risk of harm being mitigated through power-sharing with participants to evaluate the risk. Further reflection persuaded the researcher that member-checking could have been a helpful additional protection in

this research, rather than a risk raiser and could offer potential value in a range of sensitive research contexts.

In relation to the emotional impact and the ethical requirement to “do no harm,” any research project that focuses on a sensitive topic, care must be taken to “tune in” (Taylor & Devine, 1993, p. 20) to the participant both cognitively and emotionally at all stages of the process. Campbell (2002, p. 134) discusses creating an emotionally connected relationship, where acknowledgment and response to the affective needs of mothers are considered throughout the research process. This was reinforced by Maia’s interview experience when asked what it was like doing the interview,

It’s the first time I’ve really spoken about it, so it’s interesting for me to be reflective and see where the connections are coming out really and helps me understand more. It’s been quite cathartic. (Maia)

Caring with is the fifth phase in the ethics of care as later developed by Tronto (2013) and this also adds to the moral framework. It refers to the promotion of social justice and equality and embraces a positive empowerment approach, stressing the importance of the democratic participation of all citizens. In this project, some of the mothers spoke about how they had felt disregarded or dismissed by others they had encountered.

And just the whole process I just felt like I was being spoken to like I was a daft mum or a silly uneducated mother [...] there’s something about being the “mum” and having the tag of that. I almost lose 40 points of my IQ as ‘the mum’. Whereas, if I’d been Lily in a suit, I would have been received and spoken to differently. (Lily)

As can be seen above, the lived experience for participants included not being seen or valued for their unique strengths and challenges as women, capable of decision-making but rather dehumanized in their maternal role. Within the field of sensitive research, particularly around child sexual abuse or trauma, negative stereotypes that exist about participants’ fragility and vulnerability intersected with assumptions of incapacity. This connects with epistemic injustice where trauma survivors’ credibility is undermined, and they are seen as incapable (Barker et al., 2023). So, this phase reinforces the empowerment of research relationships built on trust, respect, and considerations of power alongside ethical engagement with participants in sensitive research.

Discussion: Conducting Research Using the Elements of Caring

In focusing on the practical application of care, Tronto (1993, pp. 127–137) further identified four elements or dimensions of successful caring which can apply to the five phases or stages discussed above, and which can strengthen the researcher’s ethical stance: attentiveness, responsibility, competence, and responsiveness. It is suggested that by following these phases and elements within the research process, a care-full-ness will be promoted that places the well-being of the participant at the center.

The following discussion focuses on the four elements which amplify the phases and draws on evidence from the research to illustrate how these elements were addressed and

their contribution to the phases. An additional “element” (autonomy and empowerment) is added in to address the practical implications of the fifth phase (caring with) which Tronto added in later (see earlier sections).

Attentiveness

Here, the researcher needs to be attentive to the impact of the interview questions on each individual participant so as not to further traumatize the participant and cause further harm by being too intrusive. Social work, as a highly specialist field of work, is underpinned by integrative theoretical and practical knowledge and application, which operates at the interface of complexity with practitioners equipped to deal with painful experiences (Adams et al., 2009). As such, the researcher possessed the ability to be self-aware when responding to the mother being interviewed and was capable of being attentive to the relationship with participants and the difficult emotions that this might bring, while also being open to fully experiencing and attuning to feelings as a researcher,

I feel as if I’ve spent an awful lot of my energy as a parent trying desperately to find answers and find somebody who can help and support her. [pause] (Lavinia)

It sounds like you did everything that was in your power to change things for [child] in spite of not knowing what was going on for her. Sounds like you faced a real battle in trying different services with many obstacles and hurdles. (Researcher)

Yes, it did feel like that [...] we had the school essentially saying ‘you’ve got a naughty daughter. (Lavinia)

Here, the researcher is validating the emotions of the participant and attending to their words, which stands in contrast to their previous experiences of being dismissed as having a “naughty daughter.” Empathy clearly plays a key role across the four phases of care (Tronto, 1993, pp. 105–108). Warmth and respect are key interactional practice skills in social work (Mullins & Kirkwood, 2022), and in line with an ethics of care approach, form part of a caring relationship. Empathic reflections or paraphrases helped Lavinia feel that she was being listened to and conveyed that she was understood. The intention of the interviewer was to resonate with Lavinia’s experience and to acknowledge her expert authority to share what happened and how she felt. In addition, Ratcliffe (2012) theorizes that “radical empathy” can be helpful when understanding and engaging with traumatized individuals and may be useful across sensitive contexts. This commitment requires researchers to be genuinely attentive to the lived experiences of participants in sensitive research.

Responsibility

The responsibility of the researcher was to establish and maintain a caring relationship and provide for the needs of the participant as far as she could. In broad terms, it means something similar to obligations that people feel for each other, while recognizing that all

individuals are interdependent and vulnerable at some point in their lives and accepting that the responsibility to care in a variety of contexts is an important human attribute. This can be seen in the study as the explanations offered to each participant of the conditions and limitations applied to the research project by the ethical expectations applied through ethics committees. It is important to check with the participant that they understand their rights so that they can participate with confidence about what is expected of them and what they can expect from the researcher. It is also seen in the researcher's awareness of the potential vulnerability of the participants and the importance of protection from further trauma or harm:

You also have rights [...] which includes the right to be respected [...] You do not have to answer any questions that you don't feel comfortable with. You can stop the interview at any time and you're free to withdraw without giving a reason and without [...] consequences. (Researcher)

There is an increased level of responsibility commonly found in "sensitive" research topics. However, researchers have questioned why there are additional ethical considerations with no clear grounds to be held to a higher standard (Cromer & Newman, 2011). An additional call on the responsibility of the researcher also arises by way of using the research findings, by making public, in particular, for the attention of policy makers, the private difficulties of mothers of children impacted by sexual abuse, using their narratives to promote a more accurate public understanding of their situations, and providing more support for them. In the context of sensitive research, sharing findings can offer meaningful insights that ordinarily may remain hidden by amplifying silenced voices and advancing social justice.

Competence

The researcher's competence in providing a caring and contained emotional space for the participant arose, as stated earlier, from her professional competence as a social work practitioner, which translated across to her research role; the skills, knowledge, and values required to carry out the research well. It also links researchers to professional and research ethics, as discussed earlier, ensuring that these are adhered to through the researcher's capacity to engage with the participant in ways that do not cause harm.

In terms of your background, are there any similarities from your childhood with your children's experiences? (Researcher)

No. My childhood was completely different to what theirs is. I have made the comparison quite a lot lately. (Ambika)

Here, the researcher inquired sensitively about the generational imprint of abuse. The researcher was mindful that revisiting distressing experiences could bring painful emotions to the surface. So, framing questions tactfully fostered openness and helped to

minimize any feelings of intrusion. Moreover, sensitive research demands a high level of researcher's emotional capabilities, as well as skilled, informed research practice to navigate the ethical complexities of sensitive topics.

Responsiveness

This requires the researcher to use their active listening skills (listening to understand)—to listen closely to what the participant is saying and how they are saying it—the emotional tone, the hesitations, the body language of the participant, with the researcher being non-judgmental and empathic, and reflecting back through paraphrasing and clarifying, as in the following example,

I completely lost myself [...] I do remember one of my work colleagues commenting on how I had changed [...] [long pause] Would you ask me some more questions? (Amaya)

Of course. It sounds like it's been a really long and difficult journey for you. [pause] I suppose the first thing you said that your work colleagues had picked up, that you changed when you'd met him. Thinking about that in terms of your mothering role and timing, I'm wondering if you could tell me a little more about this, if you feel able. (Researcher)

As this extract shows, the researcher must pay attention to the responses of the participant as the interview progresses, showing integrity (being honest, courageous, and having strong moral principles). The potential vulnerability and inequality which can characterize the position of the research participant must be recognized by the researcher, and again, attentiveness is required to observe and listen to how the other receives the care offered and expresses her response, in order for the researcher to respond in an attentive and caring way. Responsiveness is key in sensitive research and relies on the researcher's ability to respond to the participant's cues and unfolding emotional dynamics.

Autonomy and empowerment (caring with):

My last question is, what was it like doing this today? (Researcher)

I've got a headache, it's made me cry, my nose is running and my sausages are burnt [Laughs]. In all honesty, I haven't particularly looked forward to reliving this, but it's been really helpful to talk about it today [...] We need you to keep doing what you're doing to change stuff. (Ina)

Giving voice to marginalized groups and individuals as "experts by experience" to promote inclusion is something that is very much part of social work professionalism (Howells et al., 2023), and as can be seen in the extract above, the researcher contributes to this through focusing research efforts on marginalized groups, such as mothers who may not have the power to do it for themselves. Such groups may have organizations that can advocate on their behalf, but research can provide useful evidence to expedite this process, particularly for sensitive fields. In this way, the researcher is "caring with" individuals and groups, as in the fifth phase of Fisher and Tronto's (1990) phases

of care, which focuses on political choices and social justice, where we can engage with issues about the suffering of others and take action from a distance (e.g., publish research and exert political pressure) in the hope of producing care to support their needs, amplify their voice, and promote democratic inclusion and change. Consequently, participants are themselves empowered to participate because of their desire to use their experience to promote change and protect others (IICSA, 2022).

The study implemented a positive empowerment approach, where participants were recognized as “active agents” (Downes et al., 2014, p. 6). This suggests that although there was a recognition of the risks, the research positioned mothers as being able to take action and make choices about their participation, promoting a more balanced risk versus benefits approach. In contrast, to assume otherwise could involve a paternalistic overprotective attitude curtailing participation (Kühler & Mitrović, 2023), which arguably infantilizes participants as vulnerable and undermines marginalized women’s empowerment. Newman and Kaloupek (2009) highlight the danger of basing vulnerability in research on group membership, rather than personal characteristics, as this approach risks individuals being stereotyped. This can be potentially reflected through a view that the mother’s experience of trauma affected their decisional capacity to competently consent to research. However, this study was predicated on the argument that mothers who had experienced trauma were able to decide what was in their best interests and act in accordance with their wishes, while exercising their autonomy through refusing or stopping participation. Clarke and Walker’s (2011) article widened the lens of ethical debates surrounding victimization studies and has provoked a flurry of critical discussion and exchanges of views on this matter (Cerulli, 2011; Cromer & Newman, 2011; Downes et al., 2014).

The research presented an opportunity for a positive experience and participants were seen as active agents, with agency and capacity to make decisions. In addition, Newman and Kaloupek (2009, p. 596) highlighted

most experts agree that, in the absence of impairments such as serious brain injury or acute psychosis, even severely trauma-exposed adults can competently consent to research. Although evidence is limited, the expressed consensus is that decisional capacity is not impaired by virtue of exposure to trauma.

This is further reinforced through Barker et al.’s (2023) discussion about epistemic injustice of testimony predicated on the credibility of the speaker. This means that the mothers, who had already experienced a loss of control in their lives either through their child being sexually abused or subject to oppressive treatment through the support process, would be seen in this project as having self-determination to choose whether to take part in the research. It was the intention of the project that possessing free will to make this choice, while being recognized as deeply intertwined in relationships (e.g., a mother with her child) and social contexts (e.g., experience of abuse by someone personally connected to the family), would serve as relational autonomy for participants. The interconnectedness between participant, researcher, and social and relational context supported mothers to feel understood and heard in their feelings instead of feeling these were

diminished. This approach helped to counter the marginalization, which mothers experienced by fostering a sense of recognition and legitimacy of their narratives, which may be a useful consideration across other sensitive research contexts.

In summary, this article has highlighted the significance of relationship-based interviewing skills underpinned by principles informed by an ethic of care. As the foundation for an ethically caring relationship, the importance of attentiveness is highlighted. Researchers need to be attuned to both participants' experiences, as well as their own emotional responses, demonstrating empathy, validation, and reflexivity to foster safe and trusting research relationships in sensitive fields of inquiry. Furthermore, responsibility requires an active commitment to recognize and respond to participants' needs, which include clear communications of rights, boundaries, and importantly, support mechanisms. While sensitive research is often held to a higher standard of ethical responsibility, instead this article highlights the need to make the realities of conducting sensitive research, the obligations undertaken by researchers and their care, more visible. Additionally, competence extends beyond technical skills to include a high level of relational and emotional skills to navigate sensitive topics. While practitioner-researchers may already possess such capabilities through their professional background and practice experience, there can also be a fear of getting things wrong (Howells, 2025), and so, they and researchers in other disciplines may require additional specialist training to equip them to conduct sensitive research safely. Moreover, responsiveness includes listening to what is said and the way it is said in a nuanced way, as well as paying attention to the underlying meanings, emotions, and circumstances surrounding the interaction and responding to participants with care. Finally, autonomy and empowerment highlight how caring research creates opportunities for marginalized voices to be heard. There is a need for greater understanding of participants' experiences and this article reinforces how sensitive research must avoid conflating experiences of trauma with diminished capacity to make informed decisions, and instead promote self-determination and agency in their choice to participate in research. Together, the five elements of care: attentiveness, responsibility, competence, responsiveness, and autonomy and empowerment, demonstrate the hallmark of ethically sound sensitive research, with participants and caring relationships at the center.

Limitations

A limitation for this study was the lack of diversity across ethnicities within the sample, despite the researcher accessing three gatekeepers and circulating flyers across social media. Consequently, this suggests that intersectional aspects of ethnicity or disability may not be fully captured within this study. One practical remedy for future research would be to build time into the study to foster relationships and engage with gatekeepers who have established connections with underrepresented groups to ensure their inclusion.

Conclusion

A feminist ethics of care approach provides a useful framework to guide sensitive research projects in sound ethical practice. For researchers, this article has operationalized

the five phases across the research process, centering on five elements: attentiveness, responsibility, competence, responsiveness, and autonomy and empowerment. Applying an ethic of care within this project ensured participants who are often overlooked, were seen, and heard and able to share their difficult experiences in a safe, supportive, and responsive environment. Furthermore, championing participants' agency and their stories' significance beyond the research also contributed to a shared purpose and highlighted the justice-oriented nature of care relationships in sensitive research. This suggested that an ethic of care approach affirmed the legitimacy of a mother's experience and actively challenged their marginalization. As such, this article presents significant implications for conducting sensitive research underscored by key caring practices. Additionally, the article provides new empirical and theoretical insights by foregrounding an ethics of care framework with ethical responsibility and responsiveness, which can be replicated across disciplines and across jurisdictions, and for social work practice, this reaffirms the focus on relational, contextual, and empathetic responses in ethical decision-making, particularly in sensitive contexts such as child sexual abuse.

Based on this project, we suggest that researchers:

- Implement an ethics of care framework when working within "sensitive" fields of research operationalizing the five phases within the ethics of care approach alongside the five elements: attentiveness, responsibility, competence, responsiveness, and autonomy and empowerment.
- Offer context-specific responses to participants in interactions with empathic reflections through demonstrating respect, empathy, genuineness, and encouraging autonomy and choice for the participant to minimize risk and harm, in line with an ethic of care approach.

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ORCID iDs

Aisha Howells  <https://orcid.org/0000-0003-4116-8339>

Sue Hollinrake  <https://orcid.org/0009-0008-1469-5989>

Danny Taggart  <https://orcid.org/0000-0003-0974-6979>

Ethical Considerations and Informed Consent

This study was approved by the University of East Anglia School of Social Work Research Ethics Committee on February 22, 2021. Respondents gave written consent for review and signature before starting the interviews and verbally confirmed at the start of the interview.

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Data Availability Statement

The data that support the findings of this study are available via the University of Essex Repository: <https://repository.essex.ac.uk/43119/>.

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