Applying Ethical Standards to Research and Evaluations Involving Lesbian, Gay, Bisexual, and Transgender Populations

James I. Martin
William Meezan

SUMMARY. This manuscript examines the application of ethical standards to research on LGBT populations and the evaluation of programs and practices that impact them. It uses social work’s Code of Ethics (National Association of Social Workers, 1996) and psychology’s Ethical Principles of Psychologists and Code of Conduct (American Psychological Association, 1992) to examine specific ethical issues as they pertain to research involving LGBT populations. It notes that when conducting studies with these populations, researchers may need to take additional...
measures to protect participants from harm and to ensure the relevance and usefulness of their findings. In addition, heterosexist and genderist biases are examined as ethical issues, as is the tension between scientific objectivity and values in research involving LGBT populations. Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <getinfo@haworthpressinc.com> Website: <http://www.HaworthPress.com> © 2003 by The Haworth Press, Inc. All rights reserved.

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Cournoyer and Klein (2000) defined professional ethics as principles of conduct, based on a specific set of values, that guide appropriate professional behavior. Because personal and professional values inform nearly every choice made when engaging in both research and practice, the main professional organizations for social workers and psychologists have codified their core values into specific standards of ethical conduct. They are the National Association of Social Workers' (NASW) *Code of Ethics* (1996) and the American Psychological Association's (APA) *Ethical Principles of Psychologists and Code of Conduct* (1992). Although the standards of these two organizations are not exactly the same, they have many similarities.

Members of NASW and APA are expected to abide by their respective Codes when engaging in research and practice. Adherence to these Codes, and the standards that derive from them, are expected to protect the public from potential harm when receiving services and participating in research and evaluation studies.

Hardly any of the numerous elaborations, explanations, and applications of ethical standards in social work and psychological research (e.g., Kendler, 1993; McHugh, Koese, & Frieze, 1986; Padgett, 1998; Reamer, 1998; Royse, Thyer, Padgett, & Logan, 2001) identify the unique ethical dilemmas that may arise in the conduct of research with lesbian, gay, or bisexual populations or explain the application of ethical standards in these situations (see Herek, Kimmel, Amaro, & Melton, 1991; Martin & Knox, 2000; Woodman, Tully, & Barranti, 1995). None examine the application of ethical standards to research involving transgender populations.

Lesbian, gay, bisexual, and transgender (LGBT) populations are marginalized in American society, and their members are at risk for experiencing violence, discrimination, and exploitation in a variety of contexts (Herek, Gillis, Cogan, &
Ghunt, 1997; Hunter, Shannon, Knox, & Martin, 1998) and the subsequent negative effects of these experiences (Clements-Nolle, Marx, Guzman, & Katz, 2001; Diaz, Ayala, Bein, Henne, & Marin, 2001; Herek, Gillis, & Cogan, 1999; Hershberger & D'Augelli, 1995; Meyer, 1995; Savin Williams, 1994). Because research involving LGBT populations always occurs within this context, there may be greater potential for exploitation and harm to participants and the communities they represent in these studies than in studies of less vulnerable and marginalized populations. These dangers are likely to be magnified in studies of "deviant behaviors" or social problems (e.g., alcoholism and drug abuse, intimate partner violence, HIV behavioral risk patterns) in LGBT populations. Therefore, the lack of attention in the literature to the ethical dilemmas encountered in research involving LGBT populations, or the elaboration of guidelines for protecting members of these populations in the course of research, is extremely troubling.

There is an ample history of medical and social science research involving LGBT populations that have violated contemporary ethical standards. Murphy's (1992) review of the strategies used to attempt to change the sexual orientation of men and women includes accounts of numerous studies that caused physical harm to their participants. For example, Nazi physicians studied the effectiveness of castration and subsequent hormone injections in extinguishing homoeroticism among male prisoners (Plant, 1986). Bremer (1959) reported on castration among 244 men, and concluded that although it succeeded in reducing sex drive it was not effective in changing homoerotic orientation. Owensby (1941) studied the use of pharmacologic shock in "correcting" the homosexuality of 15 men and women. Several studies (e.g., Callahan & Leitenberg, 1973; McConaghy, 1976; Tanner, 1974) have examined the effectiveness of behavior therapy in changing sexual orientation, including covert sensitization paired with contingent electric shock and apomorphine therapy, which may cause vomiting or erection depending on dosage and method of use.

There is no evidence that physical harm was caused to participants in the Bieber et al. (1962) study of the effectiveness of several years of psychoanalytic treatment on changing men's sexual orientation. However, the treatment being evaluated might have harmed participants psychologically by encouraging them to maintain futile efforts toward changing their sexual orientation, and by reinforcing guilt and shame regarding their sexual feelings. For example, after many years of psychoanalytic treatment, Duberman (1991) discussed with his psychiatrist the difficulty he had in accepting the perspective of gay liberation. He stated "I suspect it's the extent of my brainwashing-too many years hearing about my 'pathology,' and believing it" (p. 193).

In addition, by claiming success in changing men's sexual orientation based on questionable methodology, Bieber et al. (1962) undoubtedly contributed to
discriminatory societal attitudes and public policies. In particular, this study, which claimed that 27 of 106 participants changed their sexual orientation to exclusively heterosexual, used a questionnaire that the participant’s psychoanalyst completed; there was no self-report of either sexual behavior or fantasy included in the measurement package.

Perhaps the best known example of research that risked harming members of an LGBT population is Humphreys’ (1970) Tearoom Trade. This study’s design involved an elaborate deception in which men’s same-gender sexual behaviors in a public restroom were observed and recorded. Subsequently, the auto license plates of these men were used to obtain their home addresses. They were then asked to participate in an interview in that setting, using false pretenses to help ensure their cooperation.

Because Humphreys did not obtain informed consent from participants, and especially because of the extensive deception used in all phases of the research, the men’s participation in this research must be considered to have been involuntary. In addition, the study participants’ privacy was obviously invaded. However, the researcher did not breach the participants’ confidentiality, and there is no evidence that any of them experienced actual harm. In fact, the study was noteworthy for bringing same-gender sexual behavior among men out of the closet in a scientifically neutral, non-condemnatory manner.

In other studies of LGBT populations, the extensive measures taken to protect confidentiality reflected the magnitude of the danger participants were thought to face. For example, Hooker (1957) interviewed gay participants in her home, rather than in her university office, fearing that no one would take part in her study without such protection—study participants were well aware that their lives could be seriously damaged if their confidentiality was breached. Hooker (1993) recalled that one of them “called me long distance at frequent intervals to ask whether his tapes had been erased” (p. 451).

Some studies have caused harm to LGBT communities, rather than to their individual participants, because of the way in which their results were used. For example, Herek (1998) noted that although researchers have generally ignored the studies conducted by Cameron and his colleagues (e.g., Cameron & Cameron, 1996; Cameron, Proctor, Coburn, & Forde, 1985), these studies "have had a more substantial impact in the public arena, where they have been used to promote stigma and to foster unfounded stereotypes of lesbians and gay men as predatory, dangerous, and diseased" (p. 247). According to Herek, Cameron’s studies were used to promote and defend Colorado’s Amendment 2, an initiative that would have prevented any level of that state’s government from prohibiting discrimination against lesbian, gay, and bisexual residents. In striking down this law, the U.S. Supreme Court ruled that it violated the Equal