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OPINION ARTICLE

Internet-mediated research in the wake of Covid-19: Dealing with disclosure of serious risk of harm [version 1; peer review: 1 not approved]

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v1 First published: 22 May 2020, 9:426
<https://doi.org/10.12688/f1000research.24127.1>
Latest published: 22 May 2020, 9:426
<https://doi.org/10.12688/f1000research.24127.1>

Abstract

In response to the Covid-19 pandemic many studies are using internet-mediated research (IMR) methods. However, IMR guidance omits the issue of disclosure of serious risk of harm to self or others (DSRHSO). Studies involving face-to-face data collection on sensitive topics or with participants experiencing high adversity, often stipulate that participant confidentiality be broken in the face of DSRHSO. In IMR, participation may have been anonymous, either as part of a research strategy or because participants have chosen a pseudonym. Lack of valid contact details and other identifiers can also make tracing participants—to invoke safeguarding procedures such as social services involvement—more difficult.

The need for guidance is also pressing as the pandemic impacts emotional and psychological well-being, so that DSRHSO may be more likely, even when researching non-sensitive topics. Those suffering abuse or severe mental illness may also take the opportunity afforded by research participation to DSRHSO in order to access help, but may still need guidance or prompts to provide contact details. Lack of existing guidance likely reflects that studies on sensitive topics are recommended for face-to-face data collection precisely because researchers have low control over risks in online settings.

Prioritising participant safety (by requiring participant identifiers so that confidentiality can be broken if needed) may reduce data validity and participation by the most vulnerable. Nonetheless, the current pandemic presents both an opportunity and a need to establish IMR guidance on handling DSRHSO. In the post-pandemic era, such guidance may also facilitate safe online participation by those who are unable to participate in face-to-face data collection for reasons such as domestic abuse, care and work responsibilities or stigmatisation fears. Planned production of DSRHSO guidance will take an open, transparent and inter-disciplinary approach.

Open Peer Review

Approval Status

1

version 1

22 May 2020

[view](#)

1. **David Rothschild** , Microsoft Research,
New York, USA

Any reports and responses or comments on the article can be found at the end of the article.

Keywords

Internet-mediated, research, risk of harm, disclosure, confidentiality, ethics

This article is included in the **Sociology of Health** gateway.

This article is included in the **Emerging Diseases and Outbreaks** gateway.

This article is included in the **Coronavirus** collection.

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Author roles: Edelman N: Investigation, Project Administration, Writing – Original Draft Preparation, Writing – Review & Editing

Competing interests: No competing interests were disclosed.

Grant information: The author(s) declared that no grants were involved in supporting this work.

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How to cite this article: Edelman N. **Internet-mediated research in the wake of Covid-19: Dealing with disclosure of serious risk of harm [version 1; peer review: 1 not approved]** F1000Research 2020, 9:426 <https://doi.org/10.12688/f1000research.24127.1>

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Among the many debates sparked by the Covid-19 pandemic is how best to ensure appropriate bio-ethical guidance is in place to inform medical and public health interventions and the research which underpins and guides them. The research community has been galvanised by expedited funding, approval and publication processes, and innovations such as crowd-sourced approaches to international collaboration¹ and living evidence reviews². Alongside these new ventures, many existing and newly-designed studies are moving to internet-mediated research (IMR) – defined by the British Psychological Society as ‘any research involving the remote acquisition of data from or about human participants using the internet and its associated technologies’.

Existing guidance on IMR from bodies such as the British Sociological Association (BSA)³, the British Psychological Society (BPS)⁴, the Association of Internet Researchers (AoIR)⁵ and the British Society of Criminology (BSC)⁶ have been complemented by newer and more broad-reaching guidance such as the crowd-sourced ‘Doing Fieldwork in a Pandemic’⁷. However, a review of these documents suggests a lack of existing guidance on handling participant disclosure of serious risk of harm to self or others (DSRHSO) during IMR, although AoIR and BSC do acknowledge that researchers may have legal or professional obligations to report such disclosures⁵. The business of IMR is still often ‘uncharted territory’³ and the timely production of such guidance is vital as the pandemic not only necessitates online methods, but also creates and exacerbates vulnerabilities.

For studies involving face-to-face data collection, it is often stipulated that if a participant discloses serious risk of harm to themselves or others, the confidentiality usually afforded in the research environment should be broken in order to address those safety concerns. This action is most commonly specified for studies that will predictably touch on very sensitive topics and/or studies involving populations who have experienced significant adversity or trauma. This caveat is written into the participant information sheet along with a brief account of how the researcher will respond to such a disclosure, e.g. who they will notify and when, and who else might be involved in escalating the issue. Though always difficult, the hope is that in the context of a face-to-face interview conducted in an organisational setting any revelation could be handled sensitively.

In the case of IMR, such participant disclosures may occur in very different contexts. Participation may have been anonymous, either as part of a deliberate research strategy to improve response validity, or because participants have chosen to provide a pseudonym. Even when a bona-fide name is provided, further action may be difficult in the absence of valid contact details and other identifiers such as date of birth. This can mean that tracing participants—in order to invoke safeguarding procedures such as informing police, social services or other agencies—may be much more difficult, particularly as online studies may more easily draw participants from across the world⁴. Certainly the ‘act’ of participation may inadvertently cause harm, with certain topics awakening distress and other strong emotions, and/or bringing to the fore issues concerning risk of harm to self or others. In

particular, disclosures may occur more commonly when gathering qualitative data, particularly interviews, and to a lesser degree, other forms of open-ended responses such as focus groups, diaries or open-ended questionnaire items.

Of particular relevance at the moment is the emotional and psychological cost of the Covid-19 pandemic. Reports of domestic abuse and mental illness have spiralled^{8,9}, such that we might anticipate more frequent DSRHSO even when researching seemingly innocuous topics. Furthermore, victims of abuse or those suffering severe mental illness may take the opportunity afforded by research participation to disclose serious risk of harm in order to access help, but may still need guidance or prompts to provide contact details.

The lack of existing guidance on this issue is perhaps indicative of the small proportion of studies to which it was previously thought to be relevant; before the Covid-19 pandemic, studies on sensitive topics were recommended for face-to-face data collection precisely because researchers have low control over risks in online settings⁴. Conducting such studies in online settings presents significant procedural difficulties which may be difficult to surmount in order that ethical and methodological concerns can be adequately balanced. Specifically, the prioritisation of participant safety (by requiring participant identifiers and contact details so that confidentiality can be broken if needed) may reduce the validity of the data they provide, and prevent the inclusion of disenfranchised voices—such that the most vulnerable in society may in fact elect not to participate at all.

Nonetheless, the current pandemic presents an opportunity to establish some guidance on handling DSRHSO in the context of IMR—both on sensitive topics, and on topics previously considered less sensitive but conducted with people more likely to be experiencing extreme adversity due to the pandemic. This would be to the benefit of not only participants’ wellbeing but also researchers, who might otherwise experience the distress of being unable to address serious safety concerns following a disclosure. Although the moral ‘context specificity’⁵ is unique to each study, warranting a situational ethics approach³, guidance on this specific issue is warranted, particularly as it intersects with the core concerns of IMR—i.e. confidentiality and informed consent³. Going forward into the post-pandemic era, such guidance may also facilitate safe online participation by those who are unable to participate in face-to-face data collection for reasons such as domestic abuse, informal care and work responsibilities or fear of stigmatisation.

The nature of guidance itself, how it is created and adopted and by whom, has itself become the subject of scrutiny during the pandemic. The production of guidance on this issue is therefore planned as an open and transparent process, an interdisciplinary endeavour, drawing on those with lived experience of participating in research as well as those expert in conducting IMR and in researching disenfranchised populations, stigmatised conditions and sensitive topics.

Data availability

No data are associated with this article.

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Open Peer Review

Current Peer Review Status:

Version 1

Reviewer Report 23 August 2022

<https://doi.org/10.5256/f1000research.26615.r144998>

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David Rothschild

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This paper focuses on the cost and benefits of a rapid shift from face-to-face to internet-mediated research due to COVID for sensitive topics and at-risk subjects. The specific focus is on the potential for serious risk of harm to self or others, and how to provide the right guidance and support, while ensuring the value of research. The author includes three key milestones in the research process (1) what should be disclosed up-front that gives the subjects option of continuing (2) potential harm of the study itself to the subject (3) potential of what could be learned about subject that may necessitate follow-up.

The abstract is like a jigsaw puzzle because the author keeps going back and forth on various aspects, costs and benefits without making it clear what things they are optimizing for and which aspects are good or bad for each of these goals (I am inferring the three milestones from several reads of the abstract and paper).

I trust the author that various British academic societies have not updated their guidance to explicitly ask for disclosure of serious risk in internet research, but most academics are most concerned with their IRB board, which will certainly require a clear disclosure (at least, I can confirm that for myself and all of my recent colleagues). It is important for the author to tie in the IRB as key guidance for subject research both face-to-face and on the internet.

In a world in which a subject is told about potential risks in person or online: are they not in a better position to drop-out and protect themselves in an online environment versus in person? This would be bad for the sample, but better for subjects? The author frames this completely from the face-to-face side: I get the benefits of stating something versus reading it, I get the benefits of reading the subject and saying things with sensitivity, but the author needs to be way more specific of various costs and benefits to these two different modes of research on this outcome.

Conditional on doing the study, the author is concerned not about the impact of the study, but what may be learned requiring follow-up (e.g., determining from results of the study that the subject may be contemplating self-harm). In that case, I agree that if this is a possibility from a

study, the ability to securely re-identify could be helpful, if there is an agreed upon intervention, which is hard. This is not as simple as requiring the possibility of re-identification, this is about what is disclosed to the subject and how re-contact could plausibly be done. This should be an open discussion in the field, not something where there is obvious guidance to add.

Face-to-face studies have less nuance than internet (which can run the gambit of various methods of targeting, onboarding, interfacing, and offboarding subjects. The paper should tap into fact that internet, if necessary could mimic face-to-face in almost every aspect (it could be video call).

I think this is great topic for discussion, but the writing is confusing, biased towards face-to-face, and too focused on adding guidance versus opening up a debate on what guidance could entail.

Is the topic of the opinion article discussed accurately in the context of the current literature?

Partly

Are all factual statements correct and adequately supported by citations?

Partly

Are arguments sufficiently supported by evidence from the published literature?

Partly

Are the conclusions drawn balanced and justified on the basis of the presented arguments?

Partly

Competing Interests: No competing interests were disclosed.

Reviewer Expertise: Most relevantly, I have written extensively on online panels and platforms, and data quality for behavioral economics and finance studies.

I confirm that I have read this submission and believe that I have an appropriate level of expertise to state that I do not consider it to be of an acceptable scientific standard, for reasons outlined above.

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