
Incentives for Survey Participation

When Are They “Coercive”?

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Abstract: Monetary incentives are increasingly used to help motivate survey participation. This article summarizes several theories underlying the use of incentives and briefly reviews research demonstrating their intended and unintended effects on response rates, sample composition, response bias, and response quality. It also considers the evidence for the effectiveness of incentives in reducing nonresponse bias.

Institutional review boards have begun to ask whether, and under what conditions, the use of monetary incentives to induce participation might be coercive and to question the use of such incentives in surveys of “vulnerable” populations, including surveys of injury and violence. The article reviews the ethical principles underlying the requirement for voluntary informed consent as well as current regulations and a broad theoretical and empirical literature bearing on this question, concluding that incentives are never coercive. The question of whether they exert “undue influence” in a specific situation is more difficult, but it may be the wrong question to ask. The article concludes with several recommendations designed to ensure the ethical use of incentives in surveys on violence and injury.

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Introduction

Several factors may lower participation in surveys related to violence and injury. Some, such as telephone coverage, are functions of social class and economic conditions and are of concern in all surveys.^{1,2} But because injury and violence may be especially prevalent among low-income populations, these factors assume special significance in such surveys. Other factors, such as sensitive topic areas and the possibility of psychological trauma or bodily harm, are particularly salient in violence and injury research and may increase reluctance to participate.^{3,4} The research may involve such potentially sensitive topics as high-risk sexual behaviors, sexual violence, self-directed violence (including suicide and self-mutilation), interpersonal violence (including dating/intimate partner violence and same-gender peer violence), being stalked, family violence experienced during childhood, and potentially illegal activities (such as underage substance use, driving under the influence, and weapons possession). Participation in this kind of research may also rekindle traumatic memories associated with violence or injury, although recent studies have suggested that participa-

tion in research related to past trauma may be less harmful than once feared, and that victims of violence believe that surveys should ask questions about such victimization.^{4–7}

For all these reasons, recruiting respondents for surveys of violence and injury and persuading them to participate can pose significant difficulties. Monetary incentives are often used to facilitate survey recruitment and motivate participation among individuals who might otherwise not respond. This paper considers the theory behind the use of incentives, reviews research on how incentives operate in practice, and considers whether, and under what circumstances, monetary incentives may exert undue influence on research participants. The concluding section makes recommendations concerning monetary incentives in research that, like surveys of injury and violence, may place respondents at greater-than-minimal risk.

Incentives and Survey Participation

Reasons why people refuse to participate in surveys and how those reasons might affect the quality of the data collected have been widely studied. Much less attention has been paid to the motives for participation: Why do people open their door to a stranger, or spend a half-hour with an unknown person on the telephone? Research suggests three main reasons: altruism (e.g., the survey furthers some purpose important to the respondent, or the respondent is fulfilling a social

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obligation), survey-related reasons (e.g., respondents are interested in the survey topic or find the interviewer appealing), and egoistic reasons (e.g., respondents “like it,” or are motivated by the money).⁸

On the basis of this and other research, Groves et al.⁹ outlined what they called “leverage–saliency theory” to describe the decision to participate in a survey. They view this decision as resulting from multiple factors—some survey-specific (topic and sponsorship), others person-specific (such as concerns about privacy), and still others specific to the respondent’s social and physical environment. Each may move a particular person toward or away from cooperation with a specific survey. Furthermore, these factors carry different weights for different people, and they become salient when an interviewer introduces the survey and requests participation. Experimental evidence for a topic’s role in stimulating survey participation has been provided by Groves et al.³

The Effect of Incentives on Response Rates

Incentives as a motivator for survey participation have been widely documented in numerous experiments, and two meta-analyses have described the major findings that hold across these experiments using mail, face-to-face, and telephone surveys.^{10,11} Both meta-analyses show that money is more effective than non-cash incentives, and that prepayment is more effective than a promised incentive. Singer et al.¹¹ report that incentives have significantly greater effects in surveys where the response rate without an incentive is low. That is, incentives are especially useful in compensating for the absence of other motives to participate. They are also most effective in the absence of other persuasion efforts. Some studies have found that the difference in response rates between the incentive group and the non-incentive group diminished after repeated follow-ups.^{12–14}

As noted earlier, surveys of injury and violence often require interviewing special populations, some of which may be low-income. There is evidence that incentives of a fixed size are more effective in recruiting low-income or minority respondents than in recruiting white respondents or those with higher incomes.¹⁵ These studies suggest that, while monetary incentives are effective with all respondents, less money is required to recruit and retain low-income (and minority) groups than those whose income is higher. Experimentation is as yet inadequate to say anything definitive about how large a monetary incentive is needed to increase participation in particular subgroups.

Incentives can be used at two stages of a survey—before or after a respondent has refused. **Prepaid** incentives are offered when the survey request is made, and before the respondent decides about participation. **Promised** incentives are similarly offered, but are not

paid until interview completion. **Refusal-conversion** payments, as their name implies, are offered only after a respondent has refused at least once, but they, too, may be either prepaid or made contingent on interview completion. Research by Cantor et al.¹³ and Brick et al.¹⁴ suggests that in large random-digit-dial (RDD) screening surveys, where many households must be screened, small prepaid refusal-conversion payments may be as effective as prepaid initial incentives at a lower total cost.

Response Rates and Nonresponse Bias

The primary concern about low response rates is their capacity for causing nonresponse bias. Nonresponse bias is a function of the nonresponding group’s size and the difference between responders and nonresponders on the characteristics of interest to the survey. Any variable that is related both to the reason for nonresponse and to the dependent variable(s) of interest in the survey will lead to nonresponse bias.¹⁶ For example, if high concern over privacy reduces willingness to respond, a survey whose key dependent variable is the level of privacy concern in the population will underestimate the amount of concern. But the bias size depends on the strength of the relationship as well as the group size. If, for example, very few of those concerned about privacy respond, whereas most of those unconcerned about privacy do, the population estimate of privacy concerns will be more biased (the under-estimate will be greater) than if the relationship between response propensity and privacy concerns is weak. But even if different demographic groups respond differentially to a survey, this need not cause nonresponse bias if the demographic characteristics are not strongly related to the dependent variables.

From the perspective of leverage–saliency theory, both monetary and nonmonetary incentives are inducements offered by the survey designer to compensate for the absence of factors that otherwise might stimulate cooperation, such as interest in the topic of the survey or a sense of civic obligation. There is evidence from some studies that they have this effect. For example, Baumgartner and Rathbun¹⁷ found a significant impact of incentives on response rate in the group for which the survey topic had little salience, but virtually no impact in the high-salience group. Additionally, Martinez-Ebers¹⁸ reports that a \$5 incentive, enclosed with a mail questionnaire, successfully motivated less-satisfied parents to continue their participation in a school-sponsored panel survey. Similar findings of the differential effects of incentives have been reported by Berlin et al.¹⁹ and Groves et al.⁹ This compensating effect of monetary incentives has not always been found. Curtin et al.,²⁰ for example, found no incentive effect on responses to the key dependent variable in their study, the Index of Consumer Sentiment, and Brick et al.¹⁴

found no effect of incentives on the composition of the sample. These findings suggest that incentives may simply raise response rates without compensating for any nonresponse bias that may exist, by motivating those already predisposed to respond. More research is needed on how monetary incentives can reduce nonresponse bias rather than merely raising the rate of response.

The Concept of Coercion in Research with Human Subjects

The incentives used in the studies discussed above are very modest in size. Some studies—for example, studies involving interviews ranging from 1 to 2 hours in length, or studies asking for detailed, sensitive information—use considerably larger monetary incentives. The Health and Retirement Study, a panel study investigating health, wealth, and retirement decisions among people aged 50 years and older, currently offers pre-paid incentives of \$40 per married couple, and as much as \$100 during the final stage of the field period to convert refusals. The National Survey of Family Growth offers \$40 per respondent paid at the time of the interview, and \$80 to those in the second-phase sample (a subsample of refusers).

Can incentives of this size ever be “coercive”? Institutional review boards (IRBs) are increasingly saying so. This section considers the question in the context of the principles underlying Regulations for the Protection of Human Subjects (45 CFR 46) (the basic rules governing the conduct of human subjects in the United States), as embodied in the Belmont Report.²¹ The following section examines the regulations themselves to see what light they shed on the concepts of “vulnerable populations” and “coercion.” The penultimate section uses the ethical analysis of coercion, undue influence, incentives, and informed consent offered by Faden and Beauchamp,²² as well as the economic analysis of the same topics by Dunn and Gordon,²³ to suggest when incentives may undermine the principles underlying the requirement for informed consent. The final section offers practical recommendations for solving the ethical dilemmas that may arise.

Respect for Persons, Autonomy, and Informed Consent

The ethical, as distinct from legal, principles for protecting the rights of respondents and other subjects of research are rooted in the Helsinki Declaration (www.wma.net/e/) and the Belmont Report. The Helsinki Declaration, adopted by the World Medical Assembly in 1964, was a direct response to flagrant violations of subjects’ rights by biomedical scientists during the Nazi era and defined the ethical responsibilities of physicians to their patients and the subjects of biomedical

research. The Helsinki Declaration asserts the need for special protection for “those who cannot give or refuse consent themselves, for those who may be subject to giving consent under duress, for those who do not benefit personally from the research, and for those for whom the research is combined with treatment.” It also recognizes the special needs of those who are “economically and medically disadvantaged,” and specifically asserts that “in medical research on human subjects, considerations related to the well-being of the individual subject should take precedence over the interests of science and society.” (It is important to distinguish language in the Helsinki Declaration that addresses the protection of those who cannot fully consent to medical procedures from that which recognizes the special needs of the disadvantaged. Recognizing and considering a disadvantaged group’s economic or medical status is not the same as ensuring the protection of those who may be unable to give consent.) Many other stipulations in current regulations for human subject protection can be found in the Helsinki Declaration, such as the requirement to obtain assent from a minor child.

The Belmont Report, issued in the United States in 1979, was the work of the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, created under the National Research Act of 1974. The Belmont Report advanced three principles for the conduct of all research involving human subjects: beneficence, justice, and respect for persons. The principle of “beneficence” requires researchers to minimize the subject’s possible harm and maximize possible benefits, and to decide when seeking certain benefits in spite of the risks involved is justifiable, or when benefits should be foregone because of risks. The principle of “justice” aims to achieve some fair balance between those who bear research’s burdens and those who benefit. In the 19th and early 20th centuries, for example, indigent patients largely bore the burdens of medical research, whereas the benefits of improved medical care went largely to the affluent. The third principle, “autonomy,” or respect for persons, gives rise to the requirement for informed consent, defined as “knowing consent of an individual or his legally authorized representative without undue inducement or any element of force, fraud, deceit, duress, or any other form of constraint or coercion.”²⁴ Thus, coercion is directly linked to the requirement for obtaining **voluntary** and **informed** consent from research subjects.

The Belmont Report explicitly introduces the concepts of “coercion” and “undue influence.” Coercion occurs “when an overt threat of harm is intentionally presented by one person to another in order to gain compliance.” Under this definition, incentives are never coercive; this is also the position taken by Faden and Beauchamp. They may, however, constitute “undue influence,” in the words of the Belmont Report,²¹

or “manipulation,” in Faden and Beauchamp’s framework. In the Belmont Report, undue influence is said to occur “through an offer of an excessive, unwarranted, inappropriate, or improper reward or other overture in order to obtain compliance.” Furthermore, what may otherwise be acceptable may be “undue influence” if the subject is “especially vulnerable.” The terms “unwarranted,” “inappropriate,” and “undue influence” are left undefined in the Belmont Report. But definitions of “vulnerable” populations are offered in the Report as well as the Federal Regulations themselves.

What Are “Vulnerable Populations?”

The Belmont Report refers to vulnerable populations in two different contexts. The first, more relevant to considerations of coercion, is that of autonomy. In discussing the rights of autonomous persons to decide for themselves whether to participate in research, the Report explicitly refers to the situation of prisoners: “On the one hand, it would seem that the principle of respect for persons requires that prisoners not be deprived of the opportunity to volunteer for research. On the other hand, under prison conditions they may be subtly coerced or unduly influenced to engage in research activities for which they would not otherwise volunteer.” In 1978, the dilemma with respect to prisoners was resolved by the adoption of Subpart C of the Federal Regulations pertaining to prisoners. The purpose of this subpart is to provide additional protections for prisoners as research subjects, specifically because of the danger that their actions may be constrained by the circumstances of their imprisonment (paragraph 46.302). The Belmont Report makes one other reference to vulnerable populations in the context of voluntariness, by pointing out that inducements that would ordinarily be acceptable may become inappropriate among especially vulnerable subjects.

The Belmont Report’s other noteworthy reference to vulnerable populations comes in the context not of voluntariness but of justice. “One special instance of injustice,” notes the Report, “comes from the involvement of vulnerable subjects. Certain groups, such as racial minorities, the economically disadvantaged, the very sick, and the institutionalized may continually be sought as research subjects, owing to their ready availability in settings where research is conducted”. The Report goes on to say, “Given their dependent status and their frequently compromised capacity for free consent, they should be protected against the danger of being involved in research solely for administrative convenience, or because they are easily manipulated due to their illness or socioeconomic condition,” thus linking criteria of justice and voluntariness.

But what the Commission had in mind, here, was the singling out of certain populations for research precisely because they would find it difficult to refuse

consent, not because they happen to be included in studies of the general population. The tendency of some IRBs to define certain population groups as “vulnerable” because of racial or economic status alone seems to be an unwarranted extension of the Belmont Report’s principles. The only other categories explicitly recognized by the Federal Regulations as “vulnerable” populations in need of special protections as research subjects are children (subpart D, adopted in 1983) and pregnant women and fetuses (subpart A, adopted in 2001). Levine et al.²⁵ review more recent, broader categorizations of “vulnerable” populations, concluding that in current usage the concept is both too broad and too narrow to be useful.

Informed Consent: Coercion, Persuasion, and Manipulation

This section distinguishes among three concepts that may impair or invalidate the voluntary quality of consent to research. The discussion follows distinctions put forward by Faden and Beauchamp.²²

“Coercion,” as defined by Faden and Beauchamp, involves three elements: (1) the agent of influence must intend to influence the other person by presenting a threat of serious subjective harm, (2) the threat must be credible (i.e., the threatening person must be seen as able to make good on the threat), and (3) the threat must be experienced as irresistible. Thus, coercion is a subjective condition; what is perceived as an irresistible threat by one person may not be so perceived by another. Faden and Beauchamp consider whether offers as well as threats can be coercive, and conclude that they cannot. They argue that such offers may be manipulative, but not coercive. This is also the Belmont Report’s position. Faden and Beauchamp likewise reject the concept of “coercive situations,” as for example when poverty constrains a person to choose a job rather than starvation, arguing that although the person may not be “free” to choose the job, he chooses “autonomously”; that is, he prefers the job to starvation.

“Persuasion” is a second source of influence considered by Faden and Beauchamp. In their definition, persuasion consists of the “intentional and successful attempt to induce a person, through appeals to reason, to freely accept—as his or her own—the beliefs, attitudes, values, intentions, or actions advocated by the persuader.” They consider persuasion the most desirable way of eliciting informed consent from a prospective subject. From this definition, incentives are not persuasive influences and are consigned to the last category. Faden and Beauchamp consider: manipulation.

“Manipulation” comes in many guises. These include offers, or incentives, which Faden and Beaumont describe as “the most difficult and complex of all prob-

lems about autonomy and manipulation.” To get purchase on the problem, they distinguish between “welcome” and “unwelcome” offers, and they argue that so long as an offer is welcomed by the recipient, the resulting act is autonomous, provided that the recipient is not simultaneously under some other controlling influence. An offer of \$25 to participate in a painful and invasive medical procedure “might” be welcomed by some subjects; in that case, consent might be autonomously given. Offers of rewards for participating in objectively unpleasant situations, Faden and Beaumont argue, may be exploitative rather than manipulative, calling into question the principle of justice rather than the principle of autonomy. (Wilkinson and Moore²⁶ claim that an offer is coercive only when the person making the offer is also responsible for the condition [e.g., poverty] that makes the offer difficult to resist.)

Faden and Beauchamp conclude that manipulation through some offers of rewards, and even some threats and punishments, are compatible with voluntary informed consent. But they concede that they have “no magical formulae for establishing the threshold that demarcates these ‘compatible’ manipulations.” They suggest two criteria: (1) any offer that the subject welcomes is compatible with voluntary informed consent, and (2) any threat or unwelcome offer that is reasonably easily resisted is compatible with voluntary informed consent. Unfortunately, whether an offer is welcome or unwelcome, easily resisted or not, varies from one person to another—there are no objective criteria. But to develop policy rules, objective criteria are needed. Faden and Beauchamp suggest that these should express how average or prudent individuals would view the offer, and whether they would find it easily resistible. (They go on to develop the same argument for determining whether the application of psychological manipulation—for example, withholding some of the relevant information about an experiment—is compatible with informed consent. This argument is not considered further here.)

Participation in Research as a Cost–Benefit Calculation

Thus far, discussion of whether consent is voluntary has proceeded by considering the extent to which it is coerced or manipulated. An alternative framework views decisions about participation in research in an economic framework, arguing that it essentially involves a comparison of benefits and costs.

The cost–benefit framework has been given a succinct summary by Dunn and Gordon.²³ Their central argument is that since economic forces operate in any case, investigators must explicitly take them into account. Individuals will participate in research if they think the benefit (including, but not limited to, monetary compensation) is greater than

the cost. Costs and benefits vary across both projects and individuals. Like Faden and Beauchamp, Dunn and Gordon emphasize the subjective variation in perceived benefits and costs.

Several studies^{27–30} support the cost–benefit model of decision making described by Dunn and Gordon. Halpern et al.²⁷ show that participation rates decline as the “costs” of a hypothetical study (either in terms of side effects or in terms of the control group’s size) go up, and increase as the monetary compensation increases, although they find no significant interaction between the two within the same study; that is, individuals offered more compensation are unwilling to accept greater risk than those offered less compensation. For each level of risk, an increase in compensation brings about roughly the same increment in response. Singer²⁸ finds that perceived risks, social benefits, and individual benefits, as well as the perceived risk–benefit ratio and perceived harm, all influence participation in the expected direction. Bentley and Thacker²⁹ show that individuals responding to hypothetical vignettes are more likely to respond with higher incentives and less likely to respond with greater risk, but again find no interaction. These experiments suggest that subjects do not exchange higher pay for greater risks. (Another concern sometimes voiced about offering monetary incentives is that subjects may under-report conditions that would keep them out of high-risk, high-incentive studies.³¹ But Macklin’s subject in fact participated in a low-risk study, and might have died whether or not she participated in the research. Thus, her failure to report certain preconditions, like being in treatment for bulimia by a psychiatrist, cannot be regarded as causing her death, nor is it a certainty that she would have reported these conditions even without the offer of an incentive because of social desirability concerns. Macklin, however, defines the incentive in this study as coercive because (she believes) it led to the failure to report the psychiatric treatment, which would have excluded the student from the study.)

Dunn and Gordon conclude their review by pointing to three sets of issues that IRBs should address. First, the process of informed consent, not the kind or size of incentives, must ensure that research participants understand the risks and benefits involved. Second, fears that participants might falsify information to be eligible for payments should be addressed by requiring more rigorous screening, especially for higher-risk studies. Finally, IRBs (or a federal body) should monitor the level of incentives offered in various types of studies, as well as the demographic composition of the subjects, to identify outliers that might warrant closer ethical scrutiny.

Recommendations for the Use of Incentives in Surveys of Violence and Injury

As acknowledged earlier, surveys of violence and injury pose challenges for both recruitment of unbiased samples and protection of subjects. In our view, the issue of coercion is irrelevant to both concerns. This section suggests more appropriate foci for the discussion of recruitment and protection of subjects against harm. Such discussions should focus on two major concerns: (1) whether subjects have been adequately informed about the survey's nature and purpose, and (2) whether adequate precautions have been taken to protect subjects against harm.

To make an informed decision about participation, respondents have to understand what kinds of information will be requested from them, how strongly confidentiality of that information can be protected, and how the information collected will be used. In our view, that does not mean they must see every question or be told the data's every research use. It does, however, mean that they must be able to assess accurately the survey's physical and psychological risks for them, and to decide voluntarily whether they will accept those risks. The researcher must not only provide adequate information about risks, but also make sure participants understand the information. Only such procedures can alleviate concerns about the capacity of incentives to distort the perception of risk.³²

The use of monetary incentives in surveys of injury and violence is both necessary and appropriate. (The Office of Management and Budget's guidance on the use of incentives in federally funded surveys requires agencies to provide justification for such use. Factors that agencies should consider in justifying incentives include data quality, respondent burden, study designs requiring continued participation or the participation of special subgroups, improved coverage of specialized respondents, rare groups or minority populations, reduced survey costs, equity, and the desirability of research into incentives. A number of these considerations clearly apply to surveys of injury and violence. See www.whitehouse.gov/OMB/inforeg/pmc_survey_guidance_2006.pdf.) At the same time, many researchers have come to rely too heavily on their use. Use of a variety of appeals tailored to the needs of target populations offers the best hope for recruiting unbiased samples. Thus, reasons for participating in surveys of injury and violence, as well as barriers to such participation, should be an integral part of the research program. Paradoxically, telling potential respondents about the survey's nature and purpose may motivate their participation on altruistic or even egoistic grounds, such as informing policy on sexual violence.

The second ethical issue in relation to surveys of injury and violence is that of protection against harm. The issue of coercion is sometimes raised by IRBs

because of concerns about potential harm to which respondents may be exposed. The counterargument is that instead of worrying about a coerced or manipulated decision, IRBs should ask whether the risks of the study have been minimized.³³

Clearly, one of the biggest risks in surveys of injury and violence is the disclosure of confidential information that might harm the respondent. If confidentiality is not adequately protected, this information may put respondents at risk of damage to their reputation, livelihood, or liberty, or, in extreme cases, may even endanger their life.

To guard against this risk requires careful attention to procedures protecting sensitive, confidential information against disclosure. For example, have the investigators obtained a Certificate of Confidentiality, and have they told respondents about this? Is the survey covered under the Confidential Information Protection and Statistical Efficiency Act (CIPSEA)? If so, have respondents been informed? On the other hand, are investigators required to report certain behaviors to authorities, and if so, have respondents been so warned? Have other appropriate measures been taken to protect data confidentiality? An example of such measures is training interviewers and data management personnel in the ethical requirements for, as well as the nuts-and-bolts procedures of, protecting confidentiality of the information collected.

Possible breaches of confidentiality may not be the only danger in such surveys. The disclosure of violent behavior by one's partner may, if discovered by the partner (say, through overhearing a conversation or opening of an advance letter), put the respondent at risk of physical harm. How best to minimize such risks is beyond the scope of this paper, but withholding or reducing the size of incentives is not the appropriate answer to the problem. Instead, the ability to ensure respondents of a private setting for the interview might be required. Since this cannot easily be done in an RDD survey, minimizing risk may require a screening interview to select respondents and offering them an alternative mode and time for completing the main interview, the use of code words that would alert the researcher to an unsafe situation and terminate the interview, or inviting them to contact the researcher at a time that will ensure privacy. Preliminary research may help find an appropriate solution; however, ethical behavior requires protection against risk, not minimizing the size of incentives. Incentives are improper when they are used to induce participation in the presence of avoidable or unreasonable risks. What is unethical in such a situation is not the use of incentives, but the failure to protect against risk.^{34,35}

Faden and Beaumont,²² as well as Dunn and Gordon,²³ have argued that appraisals of risks and benefits are subjective, whereas some objective criteria are required for deciding, for example, when an

offered benefit—such as a monetary incentive—is so large relative to a risky protocol as to constitute undue influence. In current practice, the IRB makes this decision on an ad hoc basis; this is not necessarily the best strategy. IRBs vary in making these determinations, and inconsistencies in the decisions of a single IRB over time are also likely. Such variations are likely to be perceived as unfair by researchers. Faden and Beaumont refer to the “prudent, average individual” as the proper yardstick against which to measure the appropriateness of the incentive. Instead, a sample of the population to be surveyed, but who are not themselves part of the survey sample, may constitute a more appropriate group for making such a decision, since they are in the best position to evaluate the subjective risks and benefits that would be experienced by the target group. Such a sample should provide a mechanism for assessing the value and meaning of monetary payments in the population of interest. A similar method has been recommended for determining adequate levels of compensation for members of culturally and economically disadvantaged groups.³⁶

A related technique has also been proposed by Halpern et al.³⁷ Halpern describes a “prospective preference assessment” as “a method by which investigators would evaluate potential trial participants’ motivations for and concerns about enrolling in a planned trial prior to formal recruitment.” The investigator would then use the information to make enrollment more attractive and identify ways in which likely participants differ from those who would refuse in order to learn more about the trial’s generalizability.

Currently, many decisions are made by IRBs without the benefit of relevant empirical information concerning, for example, the sensitivity and potential for psychological harm of certain kinds of questions. The fairness of the review process would benefit from more empirical research to inform these ethical decisions. It is the function of an IRB to protect human subjects. Although some harms—for example, the risk of injury in certain medical procedures—may be objectively known, what is **perceived** as harmful or coercive or beneficial varies across individuals and is undoubtedly influenced by situational factors. Especially in surveys and other social science studies, IRBs should request systematic evidence of these perceptions among the relevant population rather than relying on ad hoc and idiosyncratic judgments.

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