

Ethical and safe: Research with children about domestic violence

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Abstract

Ethics applications to conduct research with children who have experienced domestic violence will frequently raise a red flag to ethics committees about the potential for risk and re-traumatization. On the other hand, such sensitive research can enable a hidden, marginalized population to have their voices heard. It can deliver findings about children's lives that can inform otherwise adult-centric research, policy and practice initiatives. The authors highlight ethical concerns and practical solutions using examples from domestic violence, family law and child abuse research with children. Ethical planning is explored according to methodologies, context and whether the violence has been named. Also discussed are consent procedures, confidentiality and the development of protocols for disclosure, distress, safety and risk assessment, which support ethical and safe research with children.

Introduction

Research involving children who have experienced domestic violence requires research ethics committees (RECs) to have an understanding about the potential dangers inherent in this type of research both within the research context and the child's family relationships. However, they also need to have an appreciation of the significance and responsibility of involving children in this under-researched field (Överlien, 2010) so that practical solutions to ethical and safety issues are realized. These solutions then become essential components of any research design with children (Mudaly and Goddard, 2009).

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This article provides examples from sensitive research with children so that RECs can more confidently approach applications for this type of research. The examples are from research with children about domestic violence, child abuse, family separation and conflict. Questions to children about their lives are framed by methodologies and context, but the questions are also moderated by the extent to which the violence has been named. Ethical issues that will be explored in this article include consent, confidentiality, distress, disclosure, safety and risk assessment. Finally, the authors discuss the ethical challenges and solutions provided by an Australian qualitative study about domestic violence known as the SARAH project. It features a primary health care sample of children whose mothers had been afraid of their partners.

Background

Recognition of children as victims of domestic violence (Fantuzzo and Lindquist, 1989; Jaffe et al., 1990) emerged at a time when the rights of children were brought to the fore following the United Nations 1989 Convention on the Rights of the Child (UN, 1989). The Convention spawned international interest in the concept of children's participation rights and is considered a significant influence on 'the sociology of childhood' (Mayall, 1994; Qvortrup, 1991) – a discourse of childhood and children in research that emerged in the late 1980s across a range of disciplines.

The 'sociology of childhood' views childhood as a social construction and has espoused the child as a social actor in their own right (James and Prout, 1997; Mayall, 1994). More recently, social researchers have argued that a children's participation rights discourse should be complemented by notions of adult care and responsibility. That is, if children are to be able to participate freely and safely they also have a right to the care and protection of adults (Eriksson and Näsman, 2010). Collaborative approaches in research with children (Christensen and James, 2008) has delivered a shift toward researching children's own experiences of domestic violence and children's agency in keeping themselves and others safe (McGee, 2000; Mullender et al., 2002; Överlien and Hydén, 2009).

The shift has coincided with a broader agenda of researching with children in inter-related fields (Jaffe et al., 2001). Researchers have sought perspectives from other hidden victims of abuse and violence, such as children who have experienced parental divorce (Butler et al., 2003; Campbell, 2008; Jaffe et al., 2001; Smart, 2006), participated in family court processes (Bagshaw et al., 2010; Eriksson and Näsman, 2008) or via populations in health (see SARAH Project below) and education (Carroll-Lind et al., 2011; Mullender et al., 2002). A back-drop of increased domestic violence research with children, coupled with expanded

lines of enquiry into children's lives, leads to a discussion of the implications for ethics committees debating and facilitating the changing landscape of ethical research with children.

Implications for REC members

RECs require a comprehensive understanding of how researchers can interact with children in an ethical and safe manner across a range of disciplines, children's backgrounds and research environments. Likewise, an awareness of the risks involved within and outside the research environment (Birbeck and Drummond, 2007; Peled, 2001), especially for children from violent or abusive households, is required.

Continuing contact with a violent parent via access or shared parenting arrangements will constitute on-going danger for these children (Bagshaw et al., 2010; Jaffe et al., 2001). This danger, coupled with risk of re-traumatization or disclosure of abuse in the research environment (Peled, 2010) demands a comprehensive research plan (Logan et al., 2008). A good starting point is to explore methodologies and research contexts that signpost ethical research with children.

Methodology and context

Methodologies and context offer clues to the researcher's stance on ethical issues and the provision or lack of adequate care and protection of children (Eriksson and Näsman, 2010; Morrow and Richards, 1996; Peled, 2010). Approaches that value research efficiencies over research relationships may do so at the expense of children's care and protection. For example, Black and Ponirakis (2000) discuss the appeal, but also the limitations of on-line surveys with children around sensitive issues. They explain that despite the potential benefits of privacy, anonymity, novelty and efficiency, there are no opportunities to build human rapport or pick up on children's non-verbal cues. Even phone surveying allows for some human interaction, with a skilled interviewer being able to probe further and arrange follow-up if concerned about participant interaction (Finkelhor et al., 2005).

Mudaly and Goddard (2006) and Överlien and Hydén (2009) propose taking a child-centred approach when researching with children who have experienced abuse. In common with feminist methodologies (Skinner et al., 2005), a child-centred approach seeks to minimize the power differential between researcher and participants (Sinclair, 2004) evidenced through decision-making with and about children as collaborators at various stages of the research (Eriksson, 2010; Hart, 1992). Example 1 draws on a child-centred approach for engaging with children about sensitive issues.

Example 1: From an Australian children's trauma counselling service, Mudaly and Goddard (2006) interviewed children aged 8–18 years about their experiences of abuse. All participants had received prior trauma counselling. The researchers planned a safe space to listen to what the child had to say, in their own time and their own words (MacNaughton and Smith, 2005). They created settings with child-friendly furniture, activities and a support person if desired, to make a child feel comfortable. Children were debriefed at the end of each interview and offered follow-up counselling.

The example highlights how context becomes a significant element of the research design in understanding whether the violence has been named and what care and support children will need to have available. It can provide RECs with the confidence that, beyond the methodologies, the setting and resources are conducive to ethical and safe research. But methodology and context also inform the tailoring of consent procedures with ideas about how consent will be attained and by whom (Spriggs, 2010).

Consent

Research with children requires thought as to who will provide an initial, formal consent to engage in the research and how children can opt in/out along the way. Consent is a central concept when conducting research about domestic violence as lack of parental protection is a key concern (Humphreys and Stanley, 2006). Determining who will consent and how becomes reliant on understanding children's care and protection, not only in the research process, but more broadly in a child's life. This context will influence where and how the research sample is selected, who are the possible gate-keepers (Campbell, 2008) and what dangers might be present.

Whilst ethical guidelines vary between countries and states, there is merit in advocating for children's right to consent independently of adults when competent to do so. Alderson and Morrow (2004) promote this notion but explain that excluding parents may bypass parental protection and advocacy. They suggest that assessment of competency becomes not only an assessment of the child, but also an assessment of the parent(s) in how they will support the child and help him or her make sense of the research (Alderson and Morrow, 2011).

If researchers decide to seek parental consent, an appraisal of the possibility of direct child abuse is justified given the high correlation between children as victims of domestic violence and child abuse (Edleson, 1999; Humphreys and Stanley, 2006). Linked to this is a decision whether it is necessary to seek consent from one or both parents which may be dependent on existing court orders. In domestic violence research, it is often appropriate to seek the consent of the non-offending parent only (Eriksson and Näsman, 2010; Mudaly and Goddard, 2006; Överlien and Hydén, 2009).

Given the gendered nature of domestic violence (WHO, 2002), knowledge of how the violence can undermine the mother–child relationship and limit their communication is a key issue that feeds into decision-making around consent (Humphreys et al., 2006; McGee, 2000; Mullender et al., 2002). Research with women and children who remain living with a violent partner/father may place them at further risk of harm. However, mothers who have care of their children after domestic violence may be well placed to support children entering into such research if it is determined that they are in a safe environment and have supports available (Holden et al., 1998).

However, opting for blanket parental consent without children’s consent may leave children feeling powerless and lacking a voice in the process (Powell and Smith, 2009). Children’s disapproval may then be evident in other ways, such as non-compliance or non-verbal cues of dissatisfaction in body language or facial expression (Spriggs, 2010). Children should not be expected to participate against their will and parents should be discouraged from applying undue pressure (Alderson and Morrow, 2011; Spriggs, 2010).

Researching with children about violence or family law may increase the likelihood that parental issues including conflict, over-protection or child abuse will prevent children from participating and deny them a voice (Carroll-Lind, 2006; Neale and Smart, 1998). Example 2 describes a consent option when researchers are concerned about parental gate-keeping (Carroll-Lind et al., 2006)

Example 2: Carroll-Lind and colleagues undertook research with 2077 school children in New Zealand about children and violence. Mindful that children lose the right to decide for themselves if active parental consent is sought on their behalf, the team chose a passive consent procedure. Parents could choose whether to opt-in or out on behalf of their child, but if they did not respond to a written invitation for their child to take part, this was taken as a passive consent (2006). Children were then approached to make their own decision.

For some types of violence research, obtaining only the child’s consent may be the preferred option if the family background is not known or there is concern that neither parent is able to offer support or protection to the child. Researchers must be prepared and confident that they can involve the child in the research without harm. If the research is deemed ethically sound, this approach respects children’s autonomy and values their contribution to research. As Example 3 shows, it can give certain children a voice when other consent options may prevent this (Bagshaw, 2007).

Example 3: Bagshaw and colleagues (2010) undertook research with 117 children who had experienced parental separation. Children either phoned in or completed an anonymous on-line survey and reflected on their experiences of decisions made about their care arrangements. The researchers acknowledged the difficulties in accessing children in the family law system because

of gate-keeping, concern for harm or concern for emotional upheaval. Hence they chose broad public advertising to recruit children without parental consent. Participants were directed to Kidsline and a child-friendly, tailored website for follow-up support.

If children are not able to consent independently, seeking their assent may be a suitable alternative. This is a commonly used term in human research ethics guidelines in the United States, United Kingdom, New Zealand and Canada; however it is not specified in Australian guidelines (Spriggs, 2010). It implies that while parents hold the ultimate responsibility for providing informed consent, a child has the right to agree or disagree with their parent's decision. This idea respects parental authority, care and protection of a child's safety and well-being whilst acknowledging that children should have a say in processes that involve them. Assent is deemed to cover children under the legal age of 18 unless they are assessed as being a 'mature minor', able to give consent as would an adult (Gillick v West Norfolk and Wisbech Area Health Authority, 1986; Sancu et al., 2004).

Alderson and Morrow argue that even very young children can provide consent if given appropriate information and supported in the process. However, they do acknowledge that assent may apply when children understand 'some but not all of the main issues required for consent' (2011). Domestic violence research, with the possible dangers inherent for participants and researchers (that children may not be privy to) could be justified in seeking children's assent rather than their consent.

Regardless of who consents initially (child or parent), consent is an on-going process that does not start and finish with the consent form (Cashmore, 2006; Mudaly and Goddard, 2009). Giving children the freedom to voluntarily continue or withdraw throughout a research project ensures that they are not participating under pressure. This may be as simple as a verbal check-in 'Would you like to continue?' or non-verbal options such as 'STOP' & 'GO' signs.

Confidentiality

In research terms, confidentiality usually constitutes a promise to keep participants' identities and information private. However, confidentiality has limitations in research where there is potential for risk or harm to the children involved (Peled, 2001). Participants need to be fully informed of the limitations and where possible supported to consider their own agency in the process of negotiating and maintaining confidentiality.

Confidentiality cannot be extended to disclosure of information that reveals actions by self or others that put the child at risk of harm (James and Christensen, 2008; Stanley, 1992). Disclosure of recent child abuse and any mandate to report such abuse to child protection services means confidentiality could be compromised in the interest of participant safety and well-being (Mudaly and Goddard,

2009) (see Distress and Disclosure below). Such concepts may be difficult for children to understand, so providing them with written information can prompt discussion and clarification.

Consenting parents may expect feedback about their child's interview or wish to be present for an interview. It is important to set the ground rules with parents and children around information sharing from the outset. A child can be given brief time alone with the researcher to decide whether they want a support person at their interview and researchers can help children decide about interview feedback (Koocher and Keith-Speigel, 1994; Mudaly and Goddard, 2006). These issues of negotiating and respecting children's agency are closely linked to safety for the child.

Safety and risk assessment

Sensitive research with children will usually involve an element of risk and concern for participant safety. This risk may be associated with the project itself, such as potential for re-traumatization during or after an interview. However, this risk may also be related to the child's family relationships (Peled, 2001). For example, research with children who have been referred to child protection services about abuse perpetrated by one or both parents could potentially expose that child to further abuse (Spriggs, 2010). Therefore, appropriate risk assessment must be undertaken to ensure that children who are considered at high risk of further harm do not participate.

Alderson and Morrow argue that a risk–benefit assessment occurs at three levels: 'by researchers, by ethics funding and review committees and by the potential participants and their carers' (2011: 25). The final level is a critical factor in understanding risk in domestic violence research. Danger to children, their mothers or the researcher can occur if a violent partner/father becomes aware of, and is threatened by, the participants talking to people outside the family (Peled, 2001). Gleaning such vital background information about risk from participants and caregivers is essential using a detailed risk assessment and mutual safety planning prior to any data collection (see SARAH Project below).

Distress and disclosure

Children may become distressed when hearing or talking about experiences that have been sad, difficult, confusing or frightening. The process through which this expression of emotion is planned for, acknowledged and managed is what counts (Peled, 2001). Children's cues of distress can be different from those of adults, so awareness of children becoming quiet, looking distracted or focusing on something

else in the room may be prompts for the researcher that this is a difficult issue for them to talk about (Powell and Smith, 2009).

The literature describes how researchers plan for potential distress given the research context, the style and type of questioning and likelihood of evoking distressing thoughts or memories. Notably, researchers Mudaly and Goddard (2006) and Eriksson and Näsman (2010) described how their line of questioning was related to the violence but not directly about it, so that children could raise it only if they felt comfortable.

Överlien and Hydén (2009) and McGee (2000) addressed the violence directly in initial discussions and in the research questions. Interestingly McGee reported that it was often in the final question where children were free to say what they wanted that they were able to open up about the violence. The direct questioning prior had perhaps set the scene, but for some children those questions were not the ones they wished to answer, or at least not until they felt comfortable to do so in their own way.

Such approaches help prepare children for the content of the interview, but equally important are the follow-up options available to children once data collection has occurred. Options for participant debriefing, counselling or referral are discussed in the literature. Suggestions include employing appropriately trained and qualified professionals (Bagshaw, 2007), referring children to supportive phone lines (Carroll-Lind, 2006) or linking on-line to suitable websites (Bagshaw et al., 2010).

Disclosure of abuse is also a very real possibility in sensitive research (Mudaly and Goddard, 2009; Peled, 2001). Children may feel heard for the first time, perhaps, or feel that they can trust the interviewer with confusing or unsafe information. Once again, researcher preparedness is what will ensure an appropriate, safe and ethical response. A disclosure protocol with simple step-by-step instructions for researchers helps to ensure that appropriate action is taken if a child discloses recent or imminent abuse by a parent or other known person, or reports engaging in risky, self-harming behaviours (see Example 4).

Safety and Resiliency At Home: The SARAH Project

The SARAH Project is an Australian study about domestic violence with children and their mothers from a primary care population. Some examples from the project are used to highlight ethical issues and how they were addressed.

Example 4: The Sarah Project

- qualitative project about children's safety and resilience in the context of domestic violence;

- children and young people aged 8–24 years ($n = 23$) from a primary care population, whose mothers ($n = 17$) reported that they had been afraid of their partner/ex-partner;
- separate in-depth interviews with children and their mothers about children's safety and resilience and focus groups about appropriate health practitioner responses;
- no direct questioning of children about experiences of violence as the sample were from a primary care population and violence may not have been named;
- creative and play based methods were used for interviewing with younger children.

The SARAH Project drew on three complementary methodologies. The first was ethics of care (Held, 2006; Noddings, 2003), which values the relationship between the researcher and participants and promotes empathy (Preston, 2001). This is supported by Christensen and Prout's assertion that 'ethical practice is tied to the active construction of research relationships' rather than preconceived 'ideas or stereotypes about children or childhood' (2002). The second was children's participation rights (Alderson et al., 2000; Grover, 2004; Powell and Smith, 2009), which regard children as equals in their contribution to the project (Christensen and James, 2008; Noddings, 2003). The final methodological approach was post-structural feminism (Skinner et al., 2005; Wendt and Boylan, 2008), which views domestic violence as a gendered abuse of human rights and understands such research as a consciousness-raising experience (Skinner et al., 2005).

Consent was obtained independently from mature minors and those over 18 years. Mothers provided consent for their younger children, who could assent or dissent to participate. On-going verbal confirmation to continue or withdraw from the project was also sought (McCarry, 2005; Mudaly and Goddard, 2009). A tailored children's information sheet was sent out with the initial letter to mothers.

A risk assessment was undertaken with all mothers at an initial interview. The research team then discussed each family to determine whether the risk to their safety was assessed as high, low or medium. Those in the high risk category were excluded. Low risk families were all included. When an assessment indicated medium risk, the research team discussed the particular risk factors and an individualized safety plan was established with the mother to enable the family's participation. This included negotiating interview locations away from the participant's local area, ascertaining who the child would talk to about the project and, importantly, determining who they would not tell (this included extended family members such as paternal grandparents, aunts and uncles).

High risk factors included (but were not limited to):

- mother still felt afraid of the violent ex-partner;
- history of weapons;
- perpetrator contact with mother or child;

- perpetrator had broken intervention orders;
- other people of concern in the child's life; and
- any other relevant information about the family's social, psychological or medical history which could impact on the child or the mother's participation in the project.

Medium risk:

- some contact with perpetrator (relationship, parenting arrangement) but mother no longer afraid;
- current orders in place (intervention order or child protection order);
- potential for safety issues;
- history of mental health issues or substance abuse;
- current/past legal issues;
- current/past financial or housing issues; or
- limited supports (formal or informal).

Low risk:

- mother was no longer afraid;
- minimal or no contact with ex-partner;
- stable health, housing, finances, legal; and
- supports in place (formal or informal).

All participants completed 'Staying Safe & Supported' sheets with the interviewer prior to data collection. The sheets were intended to prompt discussion between participant and interviewer about any potential safety issues. Simple statements in children's own words about interview location and who or how children would tell about the project were included.

A researcher safety protocol was developed and adhered to throughout the project. The protocol identified ways that the research team would enhance and be mindful of their own safety throughout the project. The protocol included (but was not limited to):

- notifying the Chief Investigator of the interviewer's movements via the Outlook Calendar and mobile phone text messages;
- maintaining a schedule of all interviews and focus group participants/times/dates/locations
- regular supervision sessions and opportunities to debrief after interviews by phone or in person; and
- ensuring that the interviewer left the interview/focus group location separately to the participant(s).

Children sampled were from a primary care population where the violence may not have been named. Hence, ethics approval from the University of Melbourne was granted on the basis that the researchers would not talk to children specifically about domestic violence unless a participant raised the topic. Instead, researchers had approval to talk to children about their safety in the home. This decision initially created a dilemma for the researchers, who were limited in their capacity to name the violence. However, the research then became positively framed around the exploration of children's safety and resilience.

The ethics approval was also initially conditional based on the first five interviews with young people over 15 years. This was modified with approval from the REC to suit family groupings with younger children, so the initial five included an 11 year old and a 14 year old. The research team provided a brief summary of the five interviews, participants and their family circumstances and was then granted approval to interview all other participants.

A protocol for distress accounted for the possibility of an emotional reaction by participants. The potential for distress was explained to all participants in written and verbal communication. A break was offered when the interviewer felt that a participant was becoming upset, uncomfortable or distressed. Supportive counselling techniques were employed during the break. Whilst a few mothers became tearful during their interviews when recalling painful memories, the children were more likely to become fidgety or distracted if speaking about something they found difficult or uncomfortable. Checking-in with them at these times was important to determine whether to continue. Ultimately the outcome was based on what the child needed at the time. Sometimes a quick toilet break changed the dynamic; sometimes the researcher just acknowledged the difficulty in talking about certain topics. All children opted to continue with the interview or continue after a short break.

Participants were debriefed immediately following their interviews and focus groups. A follow-up phone call was made within a week to check-in with each participant and review support options. Children could independently choose whether to have their mother or another support person sit in for the interview. They were also given the opportunity to choose how they felt comfortable to communicate their thoughts: by drawing, writing or talking to the interviewer.

Researchers addressed the potential for, and management of, disclosure directly with participants in written and verbal communication, which resulted in opening up the dialogue, particularly with children who had had previous contact with child protection services. Their experiences, both positive and negative, were able to be aired prior to data collection. A disclosure protocol explained how, in the event of a disclosure of child abuse, the interviewer would proceed to act in the

child's best interests whilst keeping them informed. It detailed the services and contact numbers required to make a notification to child protection services. Like all SARAH project protocols, the disclosure protocol was designed as a practical tool for ease of use in the field.

Conclusion

In summary, ethical issues associated with conducting domestic violence research with children have been discussed. Helping children find ways to have a say about sensitive matters that affect them is not an easy ethical path. However, ethical challenges present the opportunity to consider innovative, safe and ethical research methods for involving children in research. Research design that considers sympathetic methodologies, appropriate contexts, protocols and procedures enables researchers to prepare for and manage the potential for risk and re-traumatization.

Research that is thoughtfully planned and managed can give children the same opportunities as adults to share their life experiences and provide useful insights from children's perspectives (Alderson et al., 2000). Insights can inform more authentic research, policy and practice initiatives (Birbeck and Drummond, 2007; Pascal and Bertram, 2009). Researching with hidden populations, valuing children's expertise and understanding children's lived experience through such sensitive research has the potential to lead to positive outcomes in research and in children's lives.

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