



ETHICAL RESEARCH INVOLVING CHILDREN

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HARMS AND BENEFITS

Ethical considerations when conducting research with young children on distressing subjects

Background context:

This research explores the experiences of young children when they are in the care of the local authority, with particular reference to decision making processes. It involved working directly with children aged four years to thirteen years and asked questions such as: How much the children were involved in the decision making processes; which children were more likely to be involved; what the quality of involvement was; and what the impact of involvement or non-involvement on the child's perspective of their own decision making abilities?

The ethical challenge:

With a lens of wanting to protect children who are seen as innocent or as victims it seemed difficult to countenance a research project looking at an aspect of children's experience which may provoke strong emotions that are painful or confronting for the child to deal with. Not asking the questions was tempting, but was not a solution as the consequence would be that the children were not heard, and their voice would be lost which seemed inequitable. Furthermore, it is highly likely that the circumstances they have already experienced were distressing, such as being removed from families, placed in foster care or in a residential home and having to attend formal meetings and court hearings. These are all painful events that children who are cared for by local authorities have to encounter. Not involving the children in discussion of their situation overlooks the potential misery of not being involved in important decisions about their lives. Nevertheless, there is a clear duty of care to think very carefully before asking children to recall those events. Sensitive questioning, using activities that did not require words, giving permission to the child to not answer if they did not wish to, giving the child the opportunity to dissent from the research altogether, and incorporating opportunities for rest breaks, were all strategies that were used. The principal strategy used was the development of research relationships of high quality that utilised skills of empathy, intuition and compassion.

Choices made:

An example of an ethical dilemma in the field was demonstrated in an interview conducted with Vickie¹ where she became agitated and overwhelmed when recalling her distress at being forced into agreeing to something she did not want to do. At this point,

¹ Vickie' is a pseudonym

she needed some space to recollect her thoughts so we walked round the garden and looked at her collection of happy photographs to give her a chance to regain her poise before we continued. We continued only when she said she felt able to do so and when I had observed that she was calmer and stronger. A further example was in an interview with Nigel² shortly after he had experienced a foster home breakdown and been returned to a residential unit. Despite assurances from staff at the unit that he would be happy to be interviewed it was quite apparent when I saw him that he was very anxious about his situation and deeply distressed by it. I called an immediate halt to the interview, reassuring Nigel that it was okay to do so as he was clearly worried about letting me (as an adult and therefore an authority figure) down.

It would have been very easy to exert pressure on the children to get the research done. The balance of power between adults and children means that most children will try to obey an adult even when it is difficult, distressing or painful. For children who already feel that adults have extraordinary authority over their lives, such as children cared for by local authorities, this risk is even greater.

Being sensitive and remaining present and ethical throughout all contacts meant that cues suggesting distress could be picked up and appropriate action taken. The children needed substantial reassurance that it was okay to abandon the research or to take a break and they were not thought less of as a consequence.

This ethical dilemma was based on tension between the risk of causing harm to the children by evoking distressing emotions and memories, versus their voices, experiences and views not being heard by excluding them from the study. The risk that children in such circumstances might not get their experiences, views and feelings heard was considered the greater risk, demanding an ethic of care which expected that distress would likely be a pre-existing element that needs to be sensitively and ethically managed and worked with. Prior to engaging with the children I had discussed their individual circumstances with their social workers and established any potential therapeutic networks should the process become distressing or evoke unwelcome or painful memories that would require significant support. As an experienced social worker working in child protection prior to embarking on an academic career, I felt competent to support a child who became distressed and capable of identifying non-verbal signs of anguish. It was nevertheless helpful to discuss with colleagues working in therapeutic environments anything I needed to be further aware of. Researchers who do not have the heritage should not be deterred from engaging with children on complex and painful issues as the pain of not being asked may be just as problematic. However, they should seek elementary training in spotting signs of distress and establish good therapeutic support for both themselves and the child. A good relationship with the child's social worker or therapist may also be advantageous.

Reflexive questions/considerations:

- How might you reassure a child that they do not have to answer your questions if they do not want to?

²'Nigel' is a pseudonym

- In what circumstances would you decide not to talk to a child about distressing events in their life? What informs that decision in terms of your own concepts of childhood, values and confidence?

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