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Berry, Vashti Louise

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Original paper

Ethical considerations in conducting family violence research.

VASHTI BERRY

Senior Researcher , Dartington Social Research Unit, Dartington. UK

Email: vberry@ dartington.org.uk

There is a lack of procedure in the UK guiding social researchers faced with ethical questions. In particular, investigators concerned with family violence and its effects on children face some of the most complex ethical dilemmas in social research and there is a need for greater transparency of ethical procedures.

This paper summarizes some key ethical principles guiding social research focused on children, and the decisions that researchers face when conducting studies in the area of child maltreatment or domestic violence. A case example of a study conducted in Dublin, Ireland is used to illustrate difficulties surrounding decisions of informed consent, confidentiality and disclosure, distress and danger, and questioning children directly about their experiences of family violence. The advice of the ethics committee and the solutions agreed by the research team are shared.

While the study was subject to a review by an independent ethics committee, in the absence of nationally recognized or agreed guidelines, good ethical practice is largely dependent upon the moral judgments of the research team. It is hoped that by providing one such case example, others might be encouraged to report on their own ethical protocols and procedures.

Keywords: *ethical guidelines, child maltreatment research, questioning children.*

Introduction.

The meanings of values and moral behaviour are subject to negotiation and redefinition [1]; what is ethical now may not be ethical in the future. Furthermore, what is considered ethical research practice for one profession (eg medicine) may not be regarded as such in other fields of investigation (eg social care). Ethics committees and guidelines for conducting ethical research have existed for a number of years, with an emphasis on human rights, data protection and confidentiality, informed consent and protecting the interests of subjects. A review of the guidelines, however, reveals a disappointing lack of procedures or assistance for researchers investigating social issues affecting children. While the Department of Health for England and Wales provides clear direction regarding children's involvement in decisions about their medical treatment or participation in medical research [2], there are no definitive legal guidelines regarding children's participation in social research. In this context, social researchers are required to exercise 'good judgement' and follow recognised ethical recommendations where possible.

This paper focuses on issues and application of ethical principles for social researchers investigating family conflict and violence, although it will also be of interest to commissioners and users of social research. It sets out how children can be defined as research participants and examines some of the key ethical principles that (should) guide good practice in this area. The paper then draws on a study that was conducted in Dublin, Ireland, which explored the needs of children and families in the community and patterns of service-take-up, in order to provide a case example of the various ethical issues encountered in real world research and the manner in which they may be resolved or overcome.

Background

A distinction has been made in the literature between therapeutic research and non-therapeutic or learning research. The former involves the study of interventions where the participant stands a 'reasonable chance of obtaining therapeutic benefit' [3], for example the trial of a new drug for cancer, while the latter has no clear opportunity for the participant to benefit directly, for example gathering epidemiological data [4]. In the past, ethical regulations in the medical field have excluded children as participants in non-therapeutic research, largely because involvement in this research is understood as altruistic, ie for the greater good of humanity with no direct gain for the individual. People might also volunteer to be involved in research of this kind in order to learn about something they are interested in, or because they feel it to be a citizen's duty.

According to Ramsey [5] it is never ethical to use children in research where there is no direct benefit for them because they could never properly consent – he views this as exploitation. The debate then is whether parents, as the guardian giving consent for a child to participate in research, can transfer their altruism to their children? The dilemma in this context, however, is that many things (disorders, diseases, etc.) manifest themselves differently (or exclusively) in children compared to adults and, further, that interventions affect children differently too [6]. The National Research Council's (NRC) report asserts that without research into the field of child maltreatment, children as a whole will be deprived and put at further risk of harm [7]. There is no UK case law on this, although best practice guides seem to suggest that a parent may give consent, provided it is not against the child's interests or wishes. It is important to note, however, that the caregivers of the child may be the perpetrators of the maltreatment – children are more likely to be harmed by those known to them than by strangers [8].

Defining 'a child' in research ethics

Research guidelines in the US require that when a child is below the age of 18 that a parent or parent in loco be approached to give consent on the child's behalf. In addition, many recommend that a child of an age and maturity to understand their participation in the research be consulted and their consent obtained. In situations where a parent gives consent for a child to participate in the research but the child indicates a wish not to be involved or becomes overly distressed as a result of their involvement, the child's wishes should be upheld [9].

Although the 'Children Act', 1989 in the UK [10] defines children in the same way as the US, case law recognises three stages of childhood [11]. The first includes children of 'tender years... [who] lack the capacity to consent' [12]. The second – called 'Gillick competent' children [13] – are those under the age of 16 years who are judged to have sufficient maturity to be able to consent. It is advisable, however,

always to seek the consent of parents for any child under the age of 16 years [14]. Finally, there are young people aged 16 and 17 years who are treated in a similar way to adults, unless there are grounds to believe that they are not competent to make a decision, for example they have learning disabilities. In such cases, their parents may consent for them to participate if it is not deemed against the young person's interests.

Besides a child's parents, there are other gatekeepers who may need to be consulted in the context of social research involving children. In the UK in particular, when research involves patients from the National Health Service (NHS) or is carried out on NHS premises, researchers must obtain the approval of the Local NHS Research Ethics Committee, prior to approaching parents. In addition, if research is being conducted in schools or nurseries then permission is needed from the school or nursery to make the initial contact with parents and children. UK data protection legislation has also had important implications for the manner in which participants may be recruited from statutory and voluntary agencies for a research sample. In the case of children who have been party to court proceedings (eg child abuse proceedings) permission to interview them must be obtained in advance from the Department for Constitutional Affairs (previously the Lord Chancellor's office) and this often means the research cannot take place until the proceedings have been completed.

Ethical principles

What principles should guide research with children and adolescents? King and Churchill identify six core ethical principles for research with children or adolescents [15]. These include scientific soundness; sufficient importance; respect for autonomy; beneficence and non-maleficence; utility; and justice. These principles, discussed in more detail below, have shaped many policy documents in the UK and the US, including the Declaration of Helsinki [16], and seem to be universal values that can inform research in different countries and on a range of social issues.

All research, one would hope, would adhere to the principle of scientific soundness, where the research design is free from assumption and that the methodology is carefully thought through and articulated. The principle of sufficient importance stipulates that the research should ask and provide answers to 'questions important to the welfare of children – or hold substantial promise of benefit to children' [17]. In particular, if the research involves more than 'minimal risk' to the child, the researchers must demonstrate either that the child as a research subject will benefit directly or that the results will substantially further the understanding, treatment or prevention of a problem. Autonomy as an ethical research principle is rooted in the idea of political freedom; that is, to be free from the 'coercive power of the state in directing one's life and disposing of one's possessions' [18]. This means that children and adolescents should be free to choose and act without being imposed upon by the research process. Informed consent is critical here and will be discussed later [19].

Beneficence and non-maleficence refer to the obligations of acting in a manner that benefits a child and refraining from harm – akin to the medical principle of 'first do no harm'. The latter is perhaps the most important obligation that a researcher has for a research participant, particularly children and adolescents who may be in a position of reduced autonomy. The fifth ethical principle, utility, concerns a way of assessing harm for the few versus benefit for the many [20]. This is regarded as particularly important for research with children, where difficulties already exist with respect to autonomy, proxy consent and vulnerability. As such, a greater burden of

proof is required to demonstrate significant contributions in the future, which for the most part supersedes any harm for the research subjects themselves.

Finally, justice or fairness concerns treating people equally and dealing with 'unequals according to their inequalities' [21]. This has particular relevance to the issue of disclosure of risk to the subjects – it is unfair to give some participants more information than others - and to issues of power inequality between parent and child subjects [22].

Family conflict and violence research: the ethical dilemmas

Researchers studying family violence [23] arguably face some of the most complex ethical dilemmas in conducting social research with children and families. While research is needed to better understand the causes, processes and sequelae of conflict and violence in the home, it must be balanced against the sensitive and potentially distressing nature of the subject for those involved. It is a matter of some concern then that there is a general lack of reporting by social researchers on ethical practices [24]. In response to a call for more transparency of ethical procedures in this field [25], this paper will explore some of the issues and dilemmas faced by the author, and others in the research team, in the context of a study of family conflict and the ways sought to resolve them.

The case study

The study, funded by the commissioner for services in the area, surveyed a representative sample of 300 families (approximately 700 children) across the Dublin conurbation in Ireland. It asked questions about the families and children's housing and environment, standard of living, family and social relationships, physical and psychological health, education and employment, as well as whether the family had accessed statutory or voluntary services over the past year. One aspect of the investigation was an exploration of the levels of family violence in the sample, specifically between intimate adults caring for children and between carers and children. Most family violence research is undertaken with families and children already in contact with protection services; this study represented an attempt to understand the processes of conflict and violence in a normative community sample.

A proposal and research ethics statement were submitted to an independent research ethics committee for consideration; while this is not a mandatory requirement and is often overlooked in social research, the research team felt it was a valuable exercise given the sometimes-sensitive nature of the questionnaire. The process was time-consuming and required the research team to make several amendments to the interview schedule and procedures; however it is a policy the team would repeat and encourage others to do the same.

Morrow and Richards suggest that children in circumstances of maltreatment may require even more protection from potentially exploitative researchers and propose a respect/protect idea [26]. This argues that researchers should be aware of the balance between the loss of trust between the researcher and the family if the former must make a child protection report and the loss of credibility for the researcher if no action is taken, despite evidence of risk, and the child comes to harm. Taken to its extreme, this would mean that the 'only safe way to avoid violating principles of professional ethics is to refrain from doing social research altogether' [27]. But many researchers, quite reasonably, feel that excluding children from research in 'their best interests' may be perpetuating the marginalisation of children's views [28].

The instruments used in the current study to ask children and adults in the family about their experience of maltreatment and violence were all standardised, self-completion measures, used widely in family violence research. Adult respondents, the main or joint caregiver for the children, completed a questionnaire, based on the Conflict Tactics Scales [29], reporting on the frequency with which they had (a) engaged in a list of behaviours, including violence, against their partner in the last year, and (b) experienced those behaviours by their partner. In addition, carers completed the related Misbehaviour Response Scale [30] reporting on their own responses, including violence, to their children's misbehaviour. Young people between the ages of 11 and 17 years were given a short questionnaire – 'Things I have seen and heard' [31] – about their experience of community violence and adult conflict at home. No direct questions were asked of young people in the current study about their experience of child maltreatment.

Informed consent

A key difficulty for research of this kind is deciding or knowing how much a participant should be told about the nature and objectives of the research, as well as why they have been selected, such that they are fully informed and can act with autonomy before consenting to participate. A general principle underlying confidentiality is that the data generated can only be used for the purposes for which the participants (or their proxies) give consent. This has implications for the analysis of secondary data, where the consent given by the participant may not hold in relation to different questions being asked of the data. In a study of the effects of child maltreatment or domestic violence, it is easy to see why informing parents (who may be perpetrators) of the nature of the research could lead to sampling bias; those who fear detection will either not consent to take part or not respond truthfully to relevant questions.

In many cases, the main topic of investigation – violence or maltreatment – becomes entrenched or even hidden within another more encompassing question, for example an investigation of how families resolve conflict or how parents discipline their children. Kotch and colleagues talk about the use of 'compromise language' in the LONGSCAN study, which avoided the words 'abuse' or 'neglect' and focused on 'strict discipline' and 'punishment' [32]. This avoids the impact of brutal disclosure on participants [33]. Terms such as 'abuse' or 'maltreatment' may also have different meanings to potential participants than they would to researchers, who make use of operational definitions, and over-disclosure can often do more harm than good, particularly in the case of stigmatising social problems [34]. Creighton and colleagues followed a similar strategy in their national study of discipline of children in the UK, which explored the occurrence of violence in parents' discipline of their children [35].

The research team on the study presented here wrestled with the issue of what information to include in the leaflet given to potential participants. While the broader study aims, concerning patterns of need and service use, sound fairly innocuous, a sub-sample of the questionnaire would be used to inform a study of the impact of family conflict and violence on children's outcomes. The research team were fully committed to the principle of *informed* consent and as such included reference to this aspect of the survey in the information leaflet for participants. Compromise language was used, with participants informed that the research was partly interested in the strategies used by family members to resolve differences and conflict.

All participants (adults and young people) were required to complete a consent form (Appendix), which set out the aims of the study, their right to refuse to answer or

terminate the interview, as well as the level of confidentiality they could expect from the survey. Since the young people were below the age of 18 years, their carers were asked for consent *to access them* to take part in the survey (Appendix). In addition, young people were asked for their individual consent to take part in the survey; no young person was forced to complete a questionnaire simply because their carer had consented. The research team felt it was particularly important when administering the consent form that young people were made aware that there were no negative consequences if they refused to participate, for example the withdrawal of support by current service-providers. This is because, as Morrow and Richards point out [36], context is crucial to compliance and particular settings or people in positions of authority, for example a teacher in a school or a family's social worker, should not be used to force compliance. The personal situations of some children and their parents, as well as the timing and location of their involvement, may render them vulnerable to coerced participation [37].

There is debate about whether children should be treated as more vulnerable than adults in the context of research [38]. As seen above, some commentators feel that children should be protected from potentially exploitative researchers, while others feel that research with children should treat them as subjects in their own right with the ability to refuse if they choose. In particular, the use of monetary rewards for participation may be an offer that poor participants cannot refuse and result in parents pressuring reluctant children to participate. In the case study presented, participants were compensated a small amount of money for their time but this was not used as an incentive and only given at the end of the interview. In addition, children were not separately rewarded; rather the family received a nominal amount for their participation regardless of whether or not children completed their questionnaire.

Confidentiality and Disclosure

Researchers also face the considerable problem of what protocol to follow if a disclosure of abuse or maltreatment occurs, where it has not previously been reported [39]. In the US, there is mandated reporting by licensed health professionals of child abuse and, in some states, domestic violence [40,41]. In the UK, however, there are no clear-cut legal or ethical guidelines regarding this matter. It is important that a protocol is agreed between the main stakeholders before the study commences but also that participants are fully informed of the implications of disclosure and the level of confidentiality that can be guaranteed [42]. Allen outlines the debate for and against mandated reporting of suspected maltreatment [43].

Achieving a balance between the risk of harm to the child if no report is made and the potential for benefit can be extremely difficult in this situation. Some researchers argue that the risk of further injury or emotional distress related to breaking confidentiality outweighs the potential gains, for example if a substantial time period has elapsed [44]. Others believe that by not reporting abuse or neglect professionals allow the maltreatment to continue and children are given the message that this is acceptable [45]. It is perhaps surprising, considering the evidence of the effect on children of exposure to inter-parental violence [46], that very few studies published in this field discuss procedures for reporting children's experiences to the authorities.

In the current study confidentiality and disclosure were handled in two ways. First, participants were assured of the complete confidentiality of their responses. They were informed that data would be anonymized and aggregated such that no-one would be able to identify them from the report produced. The team were very aware

that the research process was not a child protection investigation and that the research team were not part of any intervention being delivered to the family. In addition, most written accounts of research with children and families report few concerns in practice in dealing with child protection issues [47]. However, it was still judged ethically and morally important to have a child protection protocol in place to deal with situations where a child was in grave danger. The second approach, then, involved informing respondents that relevant information would only be passed onto authorities in circumstances where the child was judged to be in a situation of serious danger. 'Serious danger' was defined as at risk of severe physical harm or death.

Almost without exception, interview questions that might elicit such information from respondents were contained within the self-completion booklets, which included the aforementioned measurement scales on family and community violence. Interviewers had no access to these forms – so removing from them any moral obligation to report – as respondents were instructed to put the completed booklet in an envelope and seal it. These were then returned to the research team for scrutiny.

Following consultation with a child protection expert, the research team had set clear trigger thresholds for action on each of the relevant measurement scales. In situations where a family met any of these thresholds the case would be considered as a whole, taking into account responses to other interview questions, and judged for its seriousness. This is important as respondents may tick one item in error and then be highlighted as a concern. A chief concern with disclosing information was that the case was serious enough to qualify for a service – it seemed counterproductive and unfair to a family to highlight child protection concerns only for them then to be denied assistance.

A procedure was, therefore, agreed whereby families were informed that in situations judged as concerning, they would be notified by letter giving specific contact details of someone to contact for help. The local agency contacts in the geographic area were informed and consulted on the thresholds at the outset and as such knew the seriousness of any case highlighted for concern. However, it was agreed that no specific information from the interview would be shared with agencies.

The issue of confidentiality relates not only to a child disclosing an experience of abuse or neglect, which implicates a parent, but also to situations where the parent wishes to have access to confidential information provided by the child to the researcher. The principles of autonomy and justice for the child are in danger of being compromised where a parent wants to know what a child has said in an interview with a researcher or may wish to chaperone the child during the interview [48]. This is best dealt with by fully informing parents of the expectations of confidentiality at the outset. The current study built this into an agreement signed by parents at the start of the interview, which first allowed parents to view a blank version of the young person's questionnaire before consenting to allow access to the child. Parents were required to agree that information provided by their child in the child self-completion booklet would be entirely confidential and that they (the parents) would not have access to the completed scripts.

Questioning children about their experiences

Largely due to the ethical considerations of asking children directly about their maltreatment experiences, studies have concentrated on parental accounts of their children's experiences and their resulting effects. Despite the fact that at least two studies have found significant differences between parent and child perceptions of

domestic violence, many studies in the area still do not listen to the children's voice [49]. Not considering children as social actors in their own right is common and young people are often overlooked in surveys for practical, resource or logistical reasons clear direction regarding children's involvement in decisions about their medical treatment or participation in medical research. But it is a particular problem for maltreatment studies as parents may weigh the potential benefits and costs of participating in the research differently than children do. This becomes controversial when one considers that the parent also provides the proxy consent for the child to participate in research, and means that there will be situations where the interests of parent and child conflict.

Peled suggests that few studies of family violence provide participants with any sense of empowerment by way of their involvement, and that young people may not feel empowered by their experiences being simply reduced to a label of 'resulting pathology' [50]. The current study sought to address this by giving young people an opportunity to be involved in a survey about their own and their families' needs and the kinds of services and facilities they would like to have access to in their community.

Distress and Danger

In line with the principle of non-maleficence, studies gathering data about children's experience of conflict and violence must also consider whether participation in the research process may harm them. Emotional distress due to reporting the details of intimate and traumatic experiences, as well as the concern about protecting the reputation of their parents or themselves, are common risks in research of this nature. There is conflicting evidence here. Some suggest that this impact is mediated by the child's relationship with the perpetrator and other characteristics of the abuse, for example the severity and chronicity of the violence [51]. However, other commentators observe that there is no empirical data showing that individuals experience psychological harm as a result of answering sensitive questions [52]. Even so, it is possible to minimise the possibility of this effect by allowing people to refuse to answer questions, moving to the next question and by interviewers being empathic and sensitive to participants' emotional state. As Cashmore puts it, consent should be a continuing process, not one agreed at the outset and then forgotten [53].

Interviewers involved in the case study described underwent training not only on the content of the interview schedule but also on dealing with sensitive questions and responding to emotional distress should it occur. Respondents were informed at the outset that they had the right to refuse to answer any question or to terminate the discussion at any point during the interview. In addition, it was recognised that some respondents might realise as a result of completing parts of the interview or self-completion booklet that they needed help with a personal or relationship problem. Consequently, each adult and young person who took part in the survey was given an information leaflet at the end of the interview with contact details for several relevant national help lines as well as a local number to contact for details of local services and assistance.

Mullender and colleagues consider the 'three Ds' – disclosure, danger and distress – and the 'three C's' – consent, confidentiality and child protection – in their work on understanding children's perspectives on domestic violence [54]. Disclosure, distress, consent, confidentiality and child protection have already been discussed in this paper, however, the issue of such research posing a potential 'danger' to respondents and children should also be explored. The authors suggest that research

may become a trigger for further abuse or violence in situations of domestic violence, for example if an abusive parent or partner feels threatened or discovers that a child or spouse has discussed 'secret' family matters.

Only one adult respondent was interviewed per household. It would have benefited the research to consult both carers of the child, however, this was not possible for resource and ethical reasons. The respondents were interviewed in private and all sensitive questions were included in the self-completion booklets to ensure that partners were not aware of and could not overhear the information shared. Respondents were assured of the confidentiality of their responses from all other family members; this included the young people's questionnaires. On the advice of the ethics committee, the protocol developed for situations when the child was deemed to be in a situation of grave danger was that families would be consulted before authorities were notified. It was agreed that the respondent would be sent a letter suggesting that the interview had raised some concerns about the child and an agency contact name would be given for the parent to contact. The parent was told that the agency representative was awaiting their call. The letter did not spell out the specific concern, for example domestic violence, and was sufficiently vague to protect the respondent's information should another person – such as the violent partner – open the mail. Despite having these protocols in place, we were fortunate not to encounter a situation where action was required for any of the participant families.

Solutions and alternatives

Given the variety of difficult decisions facing researchers investigating family violence, it is reasonable to should question whether it is ever ethically possible to conduct community-based, family violence research that involves asking children about their experiences [55]. But what are the alternatives? Many of the studies conducted in the field have drawn on data about children and families already in contact with agencies or narrow clinical samples of children in therapeutic settings. However, official reports of child maltreatment are known to be an imperfect indication of childhood experiences, largely due to the number of cases of abuse that go undisclosed or unreported and the use of indirect sources of information [56]. In addition, the characteristics of clinical samples make it difficult to generalise the findings of the study to a wider population; refuge samples of children who have experienced domestic violence tend to over-sample children who have been exposed to more recent and more severe forms of violence as well as families from lower socio-economic status. With a few notable exceptions [57] we know very little about the health and developmental outcomes for children in the community who experience varying degrees of conflict or violence.

Directly questioning children about their experiences raises a broad, complex range of methodological and ethical problems, and the approach is in its infancy in many respects. Some of the difficulties have been mentioned already, including how to proceed should unreported maltreatment be disclosed, whether children are reliable in self-reporting maltreatment experiences, and how and what should parents and children be told about the nature of the study. Carroll-Lind and colleagues report on the use of 'passive consent' from parents as one solution for gaining direct access to children's perceptions of violence [58]. Another difficulty is how to construct an interview format that children can understand and respond to while feeling safe. The use of computer-assisted interviewing (shortened as ACAPI or ACASI) has gone some way to overcoming some of the problems with questioning younger children while preserving feelings of privacy and confidentiality [59]. This method has been

used, by the research team described, to interview young people on an intervention programme for anti-social behaviour [60].

Conclusions

This paper has explored the many concerns and difficulties faced by researchers working in the field of family violence. Ethical concerns and the way in which research teams have addressed these concerns are rarely reported, which means that good practice is not shared. In the light of this, the paper has reported on a case study of research looking at the needs of a representative sample of families in the Dublin conurbation in Ireland. The researchers faced particular concerns regarding directly interviewing children about conflict and violence at home and in the community, dealing with child protection concerns, and negotiating informed consent for parents and children.

For the most part, good practice in this area relies on good judgement by the research team with a solid commitment to the priority of the welfare of research subjects. As the research community continues to expand its focus to community samples or epidemiological studies of conflict and violence, these issues will no doubt be confronted time and again. Generic guidelines by organisations such as the Social Research Association [61] and the British Psychological Society [62] as well as from projects such as RESPECT are a welcome aid in this context[63]. They re-iterate for professionals principles for ethical practice and research, although it may be argued that the vast number of guidelines available for related disciplines may serve to confuse rather than encourage.

There is an urgent need and an opportunity within the newly framed 'children's services' in the UK to find consensus across the many different codes of practice and to provide professionals with clear direction in ethical decisions regarding children's involvement in social research. Direction should not necessarily be construed as fixed rules but rather as consistent guidance that sits across the disciplines of children's services which allows for contextualised decisions and a promotion of an 'ethic of care' [64].

Ultimately, ethical practice is always the responsibility and ownership of the researcher and as such relies on them being just, fair and moral people. If we are to develop research in this field it seems vital that we share our ethical protocols and procedures with others and that we are able to defend our positions as ethical researchers.

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Appendix: Consent forms for parents and young people

| | |
|--------------------------|--------------------------|
| X1: Household identifier | X2: Interviewer initials |
| X3: YP identifier | X4: Date of interview |

CARER CONSENT FORM II (YOUNG PERSON QUESTIONNAIRE)

This short questionnaire for young people aged 11-17 years is part of the survey described earlier. It is very important that we get the young people's views too. To help the young people concentrate and to ensure that they are as honest as possible, we have found that it works best if they fill out the questionnaire in private. We need your permission for your child / children to fill out the questionnaire, so please read the following statements and sign to indicate that you agree.

I agree that:

- (1) My child / children aged 11-17 years old may complete the questionnaire described above, which usually takes about 10 minutes
- (2) My child / children will be able to read the questionnaire by themselves
- (3) My child / children may ask the interviewer if they need any help with the questionnaire
- (4) I have had the opportunity to view a blank version of the questionnaire, however I understand that I will not have access to my child's completed questionnaire.

Signed: _____

Name: _____

Date: _____

YOUNG PERSON CONSENT FORM

Please read the following statement and sign at the bottom to say that you understand and agree to take part in the survey on these terms.

I understand that:

- (1) **The survey is about what life is like for children, young people and their families in the Eastern Health Board area.** More specifically, it is about the needs of children and young people, the services that families use and how families resolve differences
- (2) **The information I give will be used to help improve services for children, young people and families.** My information will be put together with that from other 11-17 year olds in the survey and will be used by the health authority and other organisations that provide services in this area
- (3) **There are different people responsible for this survey.** It is being conducted by an Irish survey company called *Quota Search*, which has done lots of this kind of work before. An independent research organisation called *Dartington Social Research Unit* has overall responsibility for the work. The work is funded by the East Regional Health Authority
- (4) **Everything I write will be treated in the strictest confidence.** No-one else will be told anything about my personal circumstances – not even my parents or other family members. Because the questionnaire is anonymous, no-one will know that the information I give is about me. It will be stored securely at the offices of the research organisation doing the work
- (5) **I understand that there is one exception to this.** If I write something that indicates that I am in serious danger, the research organisation may write to my parent or carer advising them of who to contact for help
- (6) **I understand that some of the questions are sensitive.** I can stop completing the questionnaire at any time and I do NOT have to answer any questions that I do not want to answer
- (7) **The people doing the survey may contact me in the future,** via my parent / carer, in order to find out how things have changed

Signed: _____

Name: _____

Date: _____