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The Ethics of Involving Children Who Have Been Abused in Child Abuse Research

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Abstract

Is it ethical for children to experience pain or sadness when talking about their experiences of abuse for purposes of research? Can they be re-traumatised by this experience? How can confidentiality be guaranteed if there are concerns about current abuse? These are some of the ethical questions that arise when children who have been abused are involved in research. Yet it is also recognised that children have a right to be involved in research. The critical dilemma is how to balance the welfare rights of children to be protected from any possible exploitation, trauma and harm with their right to be consulted and heard about matters that affect them. The difficulty in resolving this conflict may be one reason that current literature on this subject is still limited, and because such research places researchers 'in a minefield of ethical dilemmas' (Runyan, 2000: 676).

This paper critically explores the ethical issues encountered in a study which encouraged children and young people who had been abused to speak for themselves about their experiences of victimisation. The authors discuss the ethical dilemmas that were encountered and how these were addressed in the context of children's rights. The authors argue that while serious ethical difficulties arise in this type of research, strategies which empower and promote children's informed participation, and minimise risks, are possible. The article presents the voices of children wherever relevant.

Keywords

child abuse; child rights; child welfare; research; ethics; child advocacy; children's voices; harm minimization

Introduction

> ... As far as I am concerned, and sorry for saying this, but if you ask me ... you know the system is well and truly stuffed ... Well, I reckon what should happen is that the um, people in the courts should have the bloody consideration and ... I reckon us kids should have the right to be listened to, when or whenever we need to be helped, and when we are in danger ... (13 year old boy).

Social scientists have a greater ethical obligation because they probe into the private social lives of human beings and, from this kind of research, policies, practices and even laws may result (Berg, 1998). Therefore these researchers must

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ensure that the rights, privacy and welfare of people and communities are protected. Asking children for self reports about their experiences of abuse in the context of research is even more difficult because 'there are unique ethical dilemmas related to the (inherent) risks' (Knight, Runyan, Dubowitz, Brandford, Kotch, Litrownik and Hunter, 2000: 761). Such research forces the researcher to face ethical questions that can be avoided in indirect research or research with adults (Thomas and O'Kane, 1998). The obligations of the researcher in research with children who have been abused are not clear-cut (Amaya-Jackson *et al.*, 2000; King & Churchill, 2000; Kotch, 2000: Runyan, 2000; Kinard, 1985). Whilst similar issues may apply to other disadvantaged and vulnerable groups, we confine our discussion to research on child abuse involving children who have been abused.

The critical issues that arise in this type of research have to do with balancing the rights of children to be protected from any possible trauma and harm and their rights to be consulted and heard about matters that affect them. This dilemma is clearly articulated in the quote above by the 13 year old boy.

The lack of clear standards and guidelines to balance these apparently conflicting issues may cause study investigators significant apprehension, and may also explain the lack of discussion in research literature on how these issues are handled (Amaya-Jackson, Socolar, Hunter, Runyan, & Colindres, 2000).

This article is part of an emerging tendency to report on how ethical dilemmas encountered in research are addressed. Our study was designed to give children who had been abused an opportunity to talk about their experiences of abuse. For purposes of this article, only some of the ethical challenges will be examined. For a full discussion on the ethical issues that may be encountered in this type of research, readers are advised to refer to chapter four of our book, 'The truth is longer than a lie: Children's experiences of abuse and professional interventions' (Mudaly & Goddard, 2006).

Comments from children who participated in the study are included where relevant.

Background to the Study

The study was undertaken by the primary author. It sought the views of children and young people who had been abused about their experiences of abuse and violence. The research explored how these children had understood the abuse, its impact on their lives, and their perceptions of the resultant protective and therapeutic interventions. The research was undertaken with the Department of Social Work, Monash University (Melbourne, Australia) and was approved by the University's Standing Committee on Ethics in Research with Humans. Throughout this article, the term 'children' is used for convenience hereafter to refer to children and young people (see for example, Alderson & Morrow, 2004).

Details about the Children Who Participated in the Study

The children and young people who participated in the research were drawn from the client group of an agency that provides specialised abuse related therapeutic interventions for children and young people who have experienced abuse (Mudaly & Goddard, 2001). The agency also provides supportive counselling to the non-offending parents, carers and other family members of the children.

Twenty nine invitations were sent out to prospective participants who were assessed as meeting the stringent criteria set for inclusion in this study. Nine children and their non-offending parent/s agreed to participate. Of these, five were male and four were female. Their ages ranged from nine to eighteen years. Most of them had experienced violence in their homes in addition to other forms of abuse (sexual, physical, emotional, and neglect).

A Theoretical Overview of Ethics in Research with Children Who Have Been Abused

The rights, privacy and welfare of potential research participants are the essential ethical issues that must be guaranteed when involving human beings in research (Farrell, 2005, Alderson & Morrow, 2004; Berglund, 1995; Glantz, 1996; Grinnell, 1993, 1997). Core components include balancing benefits of the study with the potential for harm (the principles of beneficence and non-maleficence); ensuring voluntary and informed consent, anonymity and confidentiality of data, and protection from exploitation (Alderson, 2005; Grinnell, 1997 & 1993; Glantz, 1996; Berglund, 1995). These core issues become difficult to guarantee in research involving children, and, in particular children who have been abused. The general difficulties appear to centre around balancing two major dilemmas, children's welfare and their rights.

Children's Welfare

In research, the welfare of children relates to protection from any possible trauma, harm and exploitation that arises from their vulnerability. Children's vulnerability is an inherent part of development based on developmental needs and dependence on adults (Briere, 1992; Finkelhor, 1997; Morrow & Richards, 1996). This vulnerability may be increased by extrinsic social, cultural and environmental factors (which may include abuse) and intrinsic factors which are inherent in the child (such as cognitive, emotional, sensory deficiencies, physical defects and health issues) (Cooke, 1994). Therefore, in research with children who have been abused, the welfare of the child must be seriously considered. The need to ensure their protection, safety and emotional security must be an essential part of the research design. Strategies and procedures need to be incorporated throughout the research process to ensure that children's vulnerabilities are not exploited nor become subordinate to the research objectives. This may conflict with their rights to self determination.

Children's Rights

The 1989 United Nations Convention on the Rights of the Child represented a turning point in recognising the rights of children internationally. As a result, there is increasing recognition that children's rights need to be respected and promoted in all situations in which they are involved. What children think, how they see the world, their views on policy and political issues needs to be given recognition. The language of children's rights is about respecting and valuing the contributions children make to the world since both children and adults share this world (Pais, 2002; Roche, 1999).There is also increasing recognition of children as legitimate recipients of a range of services, and their right to be consulted about these services (Alderson & Morrow, 2004). Current literature points to the value and importance of research that involves children and young people who have experienced abuse (Runyan, 2000; Berliner & Conte, 1990; Kinard, 1985). They are 'key experts' who can provide valuable information about the process of victimisation (Berliner & Conte, 1990: 30). According to Hill if the perspective of the child is not sought, '… research, like practice, risks misperceiving the wishes, needs and interests of children' (1997: 172).

The Convention also recognised that there was a need for a major shift from a 'child-caring', welfare perspective to that of child rights (Cohen, 2002: 540). Children's welfare is articulated in the Convention as their right to protection and care. This principle appears to conflict with children's rights to liberty and self determination and is the subject of much debate (Ladd, 2002: 89). According to Lansdown, the debate:

> … exposes the inherent tension between a view of children on the one hand, as dependent on adult protection and incapable of taking responsibility for their decision-making, and on the other, as people with basic civil rights including the right to participate fully in decisions that affect their lives. (Lansdown, 1994: 36).

This is the critical ethical dilemma that researchers are forced to confront when undertaking research with children who have been abused (Knight et al, 2000). Balancing children's rights to protection and care with their right to self determination and participation can create major ethical challenges for researchers.

We report on some of the ethical issues that arose in our study and how the core issues related to children's welfare and rights were addressed in our research.

Ethical Dilemmas that Arose from Balancing Children's Welfare and Self-Determination Rights

We were convinced from our professional involvement for nearly three decades with children who had experienced abuse and family violence, about their rights to express their views about their experiences of abuse. Our main intention in the research was to empower them by giving them an opportunity to have their voices heard. On the other hand, of equal importance to us, was the need to protect them from any possible risk of harm from involvement in the research (Alderson & Morrow, 2004: 29).

The critical ethical questions that arose for us included:

- Will involvement in research on child abuse re-traumatise children who have been abused?
- How do we balance these children's particular vulnerabilities whilst meeting the research objectives?
- What are the rights of children who have been abused to provide informed and voluntary consent?
- How much information about the study and about child abuse should be provided for these children to decide about their participation? and,
- What are these children's rights to confidentiality when concerns about their protection and safety arise?

The measures we implemented to promote participants' rights and protect their welfare on each of the above issues are discussed separately below. However, they must be seen as part of the research design and process (Mudaly & Goddard, 2006; Mudaly, 2002).

Will Involvement in Research on Child Abuse Re-Traumatise Children Who Have Been Abused?

Our concerns around the children's welfare included the following questions:

- What is the emotional and psychological impact of providing information about the abuse which could cause further trauma and/or hinder recovery? Does this conflict with the ethical principles of beneficence and non-maleficence (see Farrell, 2005)?
- Is it justifiable to involve a child who has been abused in research procedures that is classified as non-therapeutic and has limited, indirect or only minor benefits for the child (Koocher and Keith-Spiegel, 1994)?

- What are the possible long-term consequences for children who have been abused of participating in such research?

These concerns were carefully considered. Particular criteria and processes were implemented to minimise possible risks of harm to the children who agreed to participate in the research and to also address their vulnerabilities (see Butler, Scanlan, Robinson, & Murch, 2003; Runyan, 2000; Berliner & Conte, 1990; UNCROC, 1991). These included:

Prior Counselling

A key criterion for sample selection was that all children who were invited to participate in the research had had access to specific abuse-focused therapy (Briere, 2004). We believed that it was important for the children to have received therapy from an agency that specialised in abuse-related therapy and utilised a child-centred approach. This meant that the therapy was provided in terms of each child's specific abuse-related needs. Each child had therefore had the opportunity of speaking about their abusive experiences (Briere, 2004; James, 1989) and the research process would possibly be perceived as less intrusive. In addition, the children were provided with access to counselling and support, if needed, following their involvement in the research. To minimise issues of coercion, manipulation and persuasion, neither researcher had been involved in the children's prior counselling. At the conclusion of the research project, none of the participants required follow up therapy. Some participants who chose to talk about the abuse had become distressed during the research interview but the planned debriefing appeared to have sufficiently addressed their distress:

> I mean I don't really like talking about M … (abuser), but it was only a couple of minutes that we talked about him. But it didn't really bother me that much (13 year old female).

This may indicate that participation in the research did not contribute to further trauma. It may also point to the benefits and effectiveness of abuse-focused therapy (see Briere, 2004) as an important precursor to involving these children in such research.

Details of Abusive Experiences

Children were not asked to verbalise details of the abuse in the research interview. Those who chose to, did so of their own free will. Researchers, however, need to be careful not to give the impression that they do not want to or are unable to hear these aspects of a child's experiences. For example, one boy said:

> I hated what he did. Do you want to know what he actually did, or you don't want to … (13 year old male).

Support of Primary Carer

It is essential that the child's main carer, the non-offending parent or carer, is supportive of the research, feels comfortable with the process, and with his/her rights to question the process. A child must have the right to have a parent or carer present in the research interview (Alderson, 1995). In addition, support during and after the research interview, follow-up counselling if the need arose, transport to and from the research interview are parental responsibilities. The involvement of a child's primary carer is crucial, as the child's safety and need for protection and support must remain the primary consideration at all times. Bypassing parents 'can remove protections and advocates for children' (Alderson & Morrow, 2004. p 10). The following quotations from children reflect this:

> As soon as I told mum, they separated so … (11 year old female).
>
> I've probably told mum more things than I have to dad, because like mum's around more, and like she's there when I need … mum's always around (12 year old male).

We chose to obtain the non-offending parent's support for the child's participation in the research. When selecting potential participants, counsellors were asked to consider those families where parents were assessed as protective and supportive of their children. Counsellors then elicited parents' interest in the research. Parents were assured of unbiased service from the agency if they or their children chose not to participate in the research. Children were given the option of having their non-offending parent present in the interview. None of them chose this option. This may have been because, having had counselling, they were comfortable to be interviewed on their own.

Methodological Considerations Using a Child Centred Approach

We chose the qualitative methodology as it is empowering to participants and promotes a partnership approach. This methodology allowed for an in-depth understanding of the world of children who had been abused (Glaser & Strauss, 1967). It captured the children's 'meanings, definitions and descriptions of events' (Minichiello, Aroni, Timewell & Alexander, 1995: 9) and allowed them to tell their stories in their own voices.

> … I've been planning about this actually. … I'd love to help in research cos' research will be good to, research … usually ends up as a worthwhile cause. And that's why I'm telling because it is for research (11 year old male).

In-depth interviewing is a common method of data collection in qualitative research. Most current research with children utilises the research conversation to listen to and obtain views from children (Danby and Farrell, 2006). We chose the clinical conversation approach, an off-shoot of the in-depth interview method, (Minichiello *et al.*, 1995). It is particularly useful in researching experiences such as child abuse as it allows a researcher to gain insight into activities and events that cannot be observed directly (Minichiello *et al.*, 1995). We felt that this technique allowed the child '… time to unfold his or her own story in his or her own way' (Minichiello *et al.*, 1995: 134).

The audio-visual record was an essential aspect to our research. The interviews were video-taped as well as audio-taped.as non-verbal ways of communication are an important aspect of children's language (see Emmison and Smith, 2000; Kellehear, 1993). For details on the process, ethics and analysis of this method of data recording, see Mudaly (2002).

Child-centred counselling techniques were utilised as part of the research interview to introduce the children to the research process, engage them, conduct the interview and for debriefing after the research interview (for further details, see Mudaly & Goddard, 2006; Gilligan, 1994). This approach builds respectful relationships with children (MacNaughton & Smith, 2005). It creates a safe space where they know they will be listened to and given time to think and respond (MacNaughton & Smith, 2005). Researchers are increasingly giving attention to using child-centred techniques in research with children. These include activity books for the research sections (see Butler *et al.*, 2003) and children being involved by them taking photos, making diaries, maps or videos of their lives (Alderson & Morrow, 2004).

We began the interviews by allowing children to 'play' with and familiarise themselves with the research audio-visual equipment, and engaged them in an activity such as craft work, drawing, or a game. Other essential components of child-centred techniques such as the room set up and provision of refreshments are discussed in more detail in Mudaly and Goddard (2006). The introductory conversation allowed the child to decide which topic and issue he or she wished to talk about and how much information he or she wished to reveal (see Danby & Farrell, 2006). This approach provides gentle guidance and directs the flow of the interview at certain times (Padgett, 1998). It was interesting to note how structured and organised most children were as many chose to make a list of the topics that were to be discussed. Some verbalised this while others wrote down a list and stuck it on the wall for easy reference. Some kept a check on how they were progressing and others would summarise the topics covered and ask the primary author which ones they still needed to talk about.

Balancing Children's Particular Vulnerabilities and Meeting the Research Objectives

Koocher and Keith-Spiegel (1994) make a number of suggestions on how to reduce risks in research with vulnerable children. These include that the researcher examines closely the importance of the research, reviews the literature for safe and risky procedures and implements procedures to counteract risks. Stanley and Sieber (1992) suggest other measures such as having a developmental orientation in relation to the age and developmental level of potential subjects, graded rather than threshold judgements of risk and focusing on risk rather than benefit. In addition, ' … always attending to the social and psychological child as well as the biological child' are further essential considerations (Marion Yarrow of the National Institute of Mental Health, 1977 cited in Cooke, 1994: 212). A key question for researchers posed by Alderson is 'is the research worth doing?' (Alderson, 2005: 31). This was a fundamental question for this study.

From the outset of the research, many months were spent researching and reading current literature on involving children who had been abused in research, with particular attention to the child protection field. An analysis of several cases at a children's therapy centre was undertaken. Presentations and discussions at conferences and postgraduate seminars explored the various ethical dilemmas. Through these efforts it became increasingly evident that the research would be important as it would provide children who had been abused with the opportunity to have their experiences of abuse and professional interventions heard.

As a children's therapist with particular experience in treating child victims of abuse, the primary author was especially aware of the children's social and psychological vulnerabilities (Alderson & Morrow, 2004). In addition to careful consideration of the research methodology, the advice of the University's Standing Committee on Ethics in Research with Human Subjects was sought (Alderson, 2005).

Concluding Comments

We believe that while some children experienced what Amaya-Jackson et al (2000) refer to as interview-engendered distress during the research interview, they were not re-traumatized by the process. This may have been due to the above mentioned measures that we had implemented to minimise this risk. We believe the risk of further harm or trauma needs to be a fundamental consideration in all child abuse research involving children who have been abused. We believe that while it is possible to involve children who have been abused in child abuse research and not contribute to further trauma of them, specific measures that address their rights to protection and care must be integral to the research design.

What Are the Rights of Children Who Have Been Abused to Consent to Their Participation in Child Abuse Research?

There are many tensions that exist in balancing children's welfare with their right to consent to their participation in any research (Alderson & Morrow, 2004; Edwards & Alldred, 1999). Because of issues of the child's age, competence and legal status, it is believed that children can only assent to their participation in research, and that parents have the legal responsibility and power to consent to their participation (Tymchuk, 1992). However, Alderson and Morrow provide valid arguments suggesting that this type of terminology is disempowering to children (Alderson & Morrow, 2004: 97). Much current research that is concerned with children's rights explores how parental gate-keeping can be by-passed (Carroll-Lind, Chapman, Gregory & Maxwell, 2006; Thomas & O'Kane, 1998). In this type of research, however, we believed that bypassing parental gate-keepers was inappropriate as the children's right to protection and support during and after the research process was essential.

To maximise a child's ability to decide on participation, it is important to provide them with adequate information about the study as they have the right to not feel compelled to participate (MacNaughton & Smith, 2005). They must be provided 'with clear and unambiguous information about the purpose and nature of the particular research study' (Edwards & Alldred, 1999: 266). This brings into question whether detailed information about abuse could also be harmful to children who have been abused as it could alarm or appear to label the child (Kinard, 1985). On the other hand, too little information may fail to provide them with an accurate picture on which to base a decision about participation. Collaborative research requires the participant to be armed with knowledge about the nature of the research, how the research will be conducted, and about confidentiality and anonymity issues amongst others (Minichiello *et al.*, 1995). 'Consent is the invisible act of evaluating information and making a decision (Alderson & Morrow, 2004: 96).

In our research we were particularly sensitive to the impact of too much or too little information when we considered how much information about the research would be adequate and how the information would be conveyed to the participants. We chose a child-centred approach to present the information in a manner comprehensible and accessible to the children's level of development (Edwards & Alldred, 1999; Berglund, 1995; Grinnell, 1993). The information was prepared in a two page, question and answer format with clear headings (see Alderson &

Morrow, 2004). It included questions such as: What is this study about? What will be discussed? Will the names of participants and the information be confidential? What supports will be available after the interview? The information was presented in different colours to make the package child friendly and appealing. An interesting idea proposed by Butler *et al.* (2003) is the use of a newsletter format, which is discussed further on in this article.

To promote children's rights to consent, ethically sound research with children who have been abused requires both parents and children to be involved (Grinnell, 1993; Tymchuk, 1992; Kinard, l985). Alderson (1995) offers a checklist to promote children's consent in an informed and freely chosen process. She suggests that they must be given time to think about participation, as well as reassurances that refusal would not compromise them in any way.

We chose a process where children could consent or dissent to participate at various times in the research process. This approach sees consent (or dissent) 'as a continuing process' which goes beyond the child's initial agreement to participate in the research (Cashmore, 2006: 971). Children and parents were first informed about the research by the child's counsellor with whom they had developed a trusting and secure relationship. The subsequent explanatory letter with information about the study, an invitation to participate in the research, and their rights not to participate was sent out by the child's counsellor. The letter was addressed both to the child and the parent. They were reassured that neither their counselling nor their relationship with the agency would be affected in any way by their decision. A short note to the child, handwritten by the counsellor was added, explaining the counsellor's reason for selecting the child. It was envisaged that this personal note to the child from his/her counsellor would demonstrate the counsellor's approval for the research, alleviate any anxiety the child might have about the research, reassure the child about ongoing support, and maximise the child's involvement in deciding about participating in the research. The opportunity to clarify information prior to consenting was also offered, identified by Alderson & Morrow (2004) as a critical aspect of the consent process. The letter also explained that the researcher had no identifying information about the child or the family during this consent phase. This is referred to as an opt-in approach which requires that the child and parent had to actively agree to participate. Until they had consented and the forms were received, no identifying details were available to the researchers (see Alderson & Morrow, 2004; McGee, 2000). The child's consent was again checked by the researcher prior to the research interview. They were also given the option of withdrawing from the research at any time, and of deleting, changing or adding to the information they had provided in the research interview (MacNaughton & Smith, 2005). Children were offered this option several times and by different people, for example, their parent, their counsellor and the researcher (Cashmore, 2006). Follow up appointments were specifically arranged for this purpose. None of the children chose to withdraw from the research, nor to change the information they had provided. Many of them verbalised how impressed they were with the information they had provided. MacNaugton and Smith (2005) suggest that children can have control over this process by them managing the audio-visual equipment, such as using hand-held recorders, cameras or dictaphones.

The continuing consent and dissent process also addresses the concept of voluntariness to consent to participate. This implies 'substantial absence of control by others' (Weithom & Scherer, 1994: 142) as coercion, manipulation and persuasion are potentially controlling factors and children are more susceptible to such influences. Potential participants must be given maximum freedom to agree to, or refuse to participate and must believe that they have this choice. In child abuse research, it is imperative that the child's socio-emotional context is considered so that '… the capacities of the individual to respond to choice are optimal' (Weithom & Scherer, 1994: 143).

We addressed this issue by setting stringent criteria for inclusion in the sample as explained earlier. In addition, children's counsellors were informed that potential research participants had to be safe from any known abuse, and that there were no current concerns about the child's protection and care. A further measure was that the research interviews were not conducted in the child's home to keep the living situation free from abuse related issues (see Alderson, 1995). The introductory letter that was sent to the child and parent requested for the research to be explained to the child. Separate spaces were provided on the consent form for the child and the parent to sign. It was interesting to note that there were various responses from parents and children. In some instances parents made the decision, without consulting their children, for the children not to participate in the research in the belief that it would further traumatise their children. In other cases, children refused to participate even though their parents were interested in the research. It was reassuring to note that these parents did not pressure their children into participation despite their own support for the research but conveyed their children's dissent to the counsellors.However, despite the measures we implemented we cannot be certain that the children's participation in the consent process was voluntary and without control as there may have been some influence and/or control in the following ways:

- The counsellor's support for the research could have been experienced as subtle coercion in that the child may not have felt free to refuse to participate out of anxiety at upsetting his/her counsellor.
- Similarly, parents/carers could have coerced or persuaded the children to participate in order to maintain a positive and co-operative relationship with the agency (see Alderson & Morrow, 2004).

Alderson & Morrow (2004) state that this is an issue that requires further thought and discussion.

Can Anonymity and Confidentiality Be Ensured?

Protection of privacy is a basic right of all research participants and assuring anonymity is one way to do this (Koocher & Keith-Spiegel, 1994; Grinnell, 1993; Melton, 1992). However, this becomes a problem when the research is about child abuse and when it involves children who have been abused. The conflicts that arise include: how to assure confidentiality to children about the information they provide in the research interview and how disclosures of current abuse should be responded to (for example, experiences of abuse or violence during access/contact with a separated parent). In qualitative research, research participants get to know the researcher and anonymity is essentially non-existent (Berg, 1998). For this reason, a high degree of confidentiality needs to be provided to research participants. This creates a problem when the need to share information with parents or others is seen as essential to the child's welfare. It may conflict with a child's right to confidentiality and privacy. Researchers can be placed in an ethical bind, especially if parents request or expect detailed feedback particularly if the research is in sensitive areas such as child abuse (Koocher & Keith-Spiegel, 1994).

In our research, assuring children of their right to decide what information could be shared with their parents and others conflicted with our mandatory duty to notify authorities if concerns about a child's safety arose. The guiding principle generally for information sharing is to obtain consent from the parent and the 'free and informed permission' of the child prior to the research interview (Koocher and Keith-Spiegel, 1994: 66). However a researcher must also be aware of the limitations on children's freedom to do this because of developmental vulnerability and parental and adult role power. One option for overcoming this dilemma is to set ground rules for information sharing with both parents and children at the outset (Koocher & Keith-Spiegel, 1994) This could assist children in deciding what and how much information they wish to divulge in the research interview.

In our study, the parent and child were informed just prior to the research interview that the child and/or primary author would provide feedback to the parent after the interview. They were also reminded at this time about sharing information with others, for example, the child's therapist. In particular they were advised of the primary author's responsibilities related to concerns about a child's safety. The child was given several options on how feedback to parents and therapists could occur just prior to completion of the research interview. The primary author and child agreed on what information would be given out, how this would be done (by the child, primary author or jointly) and whether feedback to the child's therapist was required. All the children chose for information to parents to be given jointly and this appeared to work particularly well. Feedback to the therapist was required for one child only and he felt comfortable for the primary author to do this in his absence.

Responding to disclosures of current or ongoing abuse during the research interview, and making a report to authorities, brings the rights – welfare issue into scrutiny. According to Runyan (2000), researchers appear to fall into one of two categories. Some strongly believe that assurances of confidentiality should never override state laws on reporting while others believe that 'ethically sound research could include cases of child maltreatment detected but unrecorded by the researcher and unreported to authorities' (Runyan, 2000: 677). Some authors insist that, whether mandated or not, researchers need to place the safety of a child above legal obligations, and they should be morally and ethically bound to report (Kinard, 1985).

Since there are no clear-cut guidelines about what is legally and ethically expected of research investigators (Amaya-Jackson *et al.*, 2000), researchers tend to provide explanations for their particular approach. In our research, we strongly supported the proponents of the first point of view believing that any risk of harm to a child elicited during the research process 'should be recognised and that steps should be taken to offer protection' (Runyan, 2000: 677). An assurance of confidentiality was therefore qualified by the primary author's responsibility to report any disclosures pertaining to a child's safety. This was explained in the introductory letter and the information pamphlet. The principle was further mentioned to the child and parent just prior to the research interview and repeated to the child during the interview. This gave the child the opportunity to refuse to participate and also decide on what information he/she wished to divulge. It is possible that some parents (and children) chose not to participate in the research because of this.

Thomas and O'Kane (1998) believe in the child's right to full confidentiality. Without this assurance, Thomas and O'Kane feel it would have an impact on children's trust in the researcher, and that children should have the autonomy to decide what they say and to whom they say it. If the child was ready for disclosures of abuse to be passed on, their role as researchers would be to help the child tell someone in authority rather than making the report themselves (Thomas and O'Kane, 1998). The idea of empowering children is a positive one. However, the principle of assuring full confidentiality is problematic. It is our view that such an approach in child abuse research can be confusing to children who have been abused especially in self report research. Having to break the commitment to confidentiality in an 'exceptional' situation (Thomas and O'Kane, 1998: 340) could be viewed by the child as being lied to and deceived (Kinard, 1985). It could impair the child's relationship, not only with the researcher, but with adults in general (Morrow, 2005). Whilst we took a clear stance in favour of the child's welfare, we recognize that such an approach has implications for any child abuse research involving children who have been abused.

Limitations to Addressing Ethical Dilemmas in Research with Children Who Have Been Abused

Despite being particularly sensitive to children's rights to protection, care and to self determination, and also developing strategies to minimise research risks to promote their rights, there were many limitations to the free and informed participation of the children. The following questions were not fully resolved at the conclusion of our study:

- Is it ethically acceptable in research for children who have been abused to experience 'interview engendered distress' (Amaya-Jackson et al., 2000: 726). Whilst many strategies can be employed to reduce or minimise the emotional impact there are no current guidelines to assist researchers on how to protect the children from the impact of the research, the research interview or procedures that cause distress (Runyan, 2000). Whilst there was no pressure in our research for participants to talk about the abuse, many children chose to do so. Many admitted that it had been difficult but also that they felt better after they had spoken about the abuse. For example,

  > I just want to say thank you for this opportunity (13 year old female).

  Little is know about the benefit and harm impact of research procedures on child participants (Runyan, 2000). Although all the participants were fully debriefed and, with one exception, did not require follow-up counselling, we felt uncomfortable about the emotional pain they had experienced during the interview.
- The second question was whether children who have been abused can be true partners in research on child abuse when their welfare needs are extremely important? This is particularly relevant to children who have been abused as they are more susceptible to exploitation in research and persuasion by parents (Berglund, 1995; Weithorn & Scherer, 1994). In addition, not providing full confidentiality and not being able to guarantee anonymity in this type of research emphasizes the unequal status between the child and the researcher. Our belief in the need to make reports to the relevant authorities if abuse was disclosed, conflicted with our equally strong belief in empowering and

promoting children's rights to be heard and their right to privacy. This is a discomfort that we have had to contend with as part of the many conflicts and contradictions inherent in this type of research. Morrow (2005) states that 'the reality of research is much more complex' (2005: 161). The lack of ethical guidelines means that these are some of the hurdles and frustrations researchers must navigate in order to advance knowledge on children who have experienced abuse (Koocher and Keith Spiegel, 1994).

Lessons from Our Study

Research with children who have been abused is essential if we are to improve protective and preventative responses to child abuse. However, important lessons can be learnt on how to balance children's rights to protection and care with their right to self determination and participation when they are involved in research, in particular, how to minimise risks and prevent further trauma or future harm to them.

Under What Conditions Would It Be Appropriate to Involve Children Who Have Been Abused in Child Abuse Research?

Our research indicated that some measures that we implemented to address the welfare needs of the children were effective. We believe that the following issues must be considered carefully in any research on child abuse that involves children who have been abused:

- Ethical issues can arise at any stage of the research process (Walsh, 2005). Reflecting on the ethical issues must be essential to the research design (Allen, 2005).
- Setting criteria for sample selection. These should include prior abuse-related counselling, and links with a counsellor and therapeutic agency; support of a non-offending carer; careful assessment of a carer's ability to protect and support the child; ensuring that the child is in safe care; and the researcher does not have a prior relationship with the child nor his/her family (Mudaly & Goddard, 2006; Mudaly, 2002).
- Child centred techniques should be utilised throughout the research process e.g.. the research environment, provision of research information, engaging, interviewing and debriefing the child (MacNaughton & Smith, 2005);
- Confidentiality issues need to be thought through and communicated clearly to the child and carer (Koocher & Keith-Spiegel, 1994).
- Intrinsic ethical principles state that the research must be scientifically sound, 'well designed and meticulously carried out by 'qualified researchers' who are

especially careful and reflective about methodological issues' (King & Churchill, 2000: 713).
- In the absence of ethical guidelines to conduct research with children who have been abused, ethical principles may be a helpful guide for researchers. Whilst there are limitations to using principles, they can provide clarity and understanding of ethical tools that researchers can use to better grapple with issues that arise in their studies (King & Churchill, 2000; Thompson, 1992). Ethical principles such as veracity (being truthful about participants' rights to autonomy eg. their right to be informed about confidentiality and its limitations), fidelity and justice promote sound ethical practice in this type of research (Corey, Corey & Callanan, 2003; Bond, 2000).
- A full moral analysis by the researcher that provides explanations and justifications for a researcher's choices and which is available for examination is recommended. This 'demonstrates the thoughtful, deliberative process followed' by the researcher throughout the research (King & Churchill, 2000: 723).

What Could Be Done Differently

- Tonkin (cited in David, Tonkin, Powell & Anderson, 2005) suggests the development of a research protocol to establish standards of research practice. The protocol should specify the research approach, the reason for the research, the possible impact on children, how consent will be sought, how the data will be used, how children will benefit from the research, and how confidentiality and child protection issues will be handled. This excellent idea promotes ethical standards and ensures children's welfare and participation rights.
- Dissenting process. McGee (2000) discusses an approach she used with children to empower them to be able to dissent. She incorporated exercises for children to practise how to dissent. This approach would address children's vulnerabilities and their susceptibility to coercion and manipulation, a technique we believe is worthy of consideration. However, at what point in the research design would this technique be most appropriate and who should conduct it (a child's counsellor, non-offending parent or carer or the researcher) are issues that need to be considered.
- Information about the research. There are many innovative child-friendly ideas on how to convey information about the research such as the use of newsletters which carry photos of the researchers and their expertise to carry out the research. (see Butler *et al.*, 2003). Other ideas include the use of drawings, spidergrams, speech bubbles and large print for slower readers (Alderson & Morrow, 2004).
- Influence of the child's counsellor. As mentioned earlier, the child could have felt coerced to consent to participate because of his/her counsellor's approval

for the research. To address this possibility, it may be important for counsellors to help children practice the dissenting process. They may also need to emphasize the child's right to unbiased services irrespective of their decision to dissent or consent to be involved in the research.

- Planned debriefing for researchers: An issue that became apparent through this research was the impact on researchers of listening to sensitive and emotionally distressing information that they are exposed to over and over again. For example, during the data collection phase, checking of the transcriptions, analysing and coding of the information, at the writing up stage and dissemination of the results of the study. It is inevitable therefore that they would be affected by exposure to the trauma material (Beale and Hillage, 2004). Opportunities for researcher debriefing and processing of the impact needs to be built into the research process. It is an invaluable resource to the researcher and for informing the research process and findings (Alderson & Morrow, 2004).

Conclusion

Any research which aims to promote children's voices should be guided by their rights in respect of their protection and care, and to self-determination and participation. These rights have a strong appeal to those who are committed to promoting children's rights, but such rights can also be in conflict with each other (Ladd, 2002). For example, Ladd asks the question 'If children are to be free to decide things for themselves, how can adults protect them from the harms or mistakes to which their youth and inexperience make them vulnerable?' (2002: 89). Protecting and enhancing children's rights in research requires critical reflection (MacNaughton & Smith, 2005). One way, according to Bellon, to resolve the conflict that children have 'underdeveloped capacities for autonomy and making choices' is to use the concept of children's 'evolving capacities'(Bellon, 2002: 103). She states that children come to develop moral capacities for decision making about themselves and for exercising liberties though guidance, practice and active participation in the moral community. They therefore need opportunities by those who seek to meet their best interests (Bellon, 2002).

In this article we have attempted to describe the ethical issues we encountered in balancing children's rights as these unfolded during the process of our research (Peled & Leichtentritt, 2002). The research weathered many of the dilemmas and this required much contemplation, study, sensitivity and discussion. We acknowledge that there may be strategies or issues that we have overlooked. At the time of conducting our research, we considered every issue that we could identify, consulted widely and openly, and addressed issues to the best of our ability.

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