

# Ethical principles for None in Three

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**Preventing Domestic Violence**

# Content

- Ethical guidelines
  - British Psychological Society (BPS)
  - American Psychological Association (APA)
- Potential ethical issues in conducting surveys among children
- Ethical issues in qualitative research
- Researcher safety



# Ethical principles

**NONE**  
in  
**3**  
Preventing Domestic Violence

- Voluntary participation
- Informed consent to participate
- Right to withdraw at any time
- Confidentiality of data
- Participants must be protected from mental and physical harm
- Benefits must outweigh the costs to the participant



The  
British  
Psychological  
Society



AMERICAN  
PSYCHOLOGICAL  
ASSOCIATION

# Informed consent requires

- Full information
- Voluntary participation

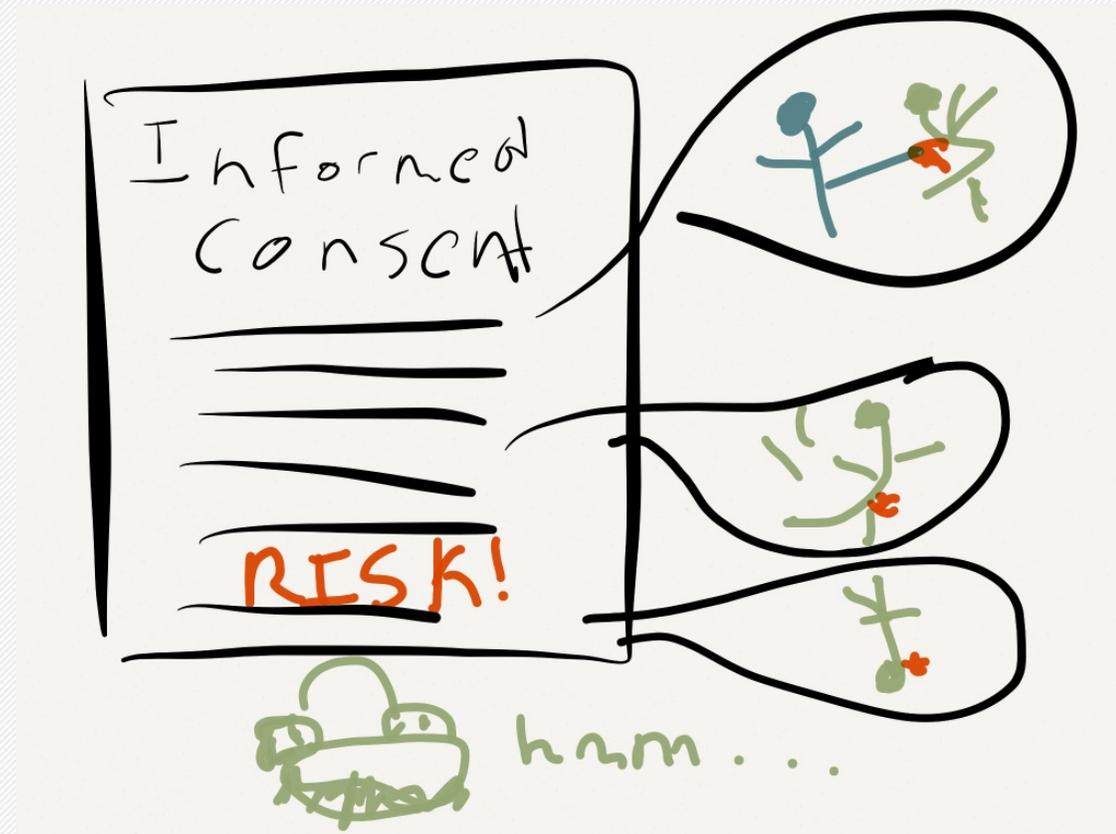
***Informed consent?***  
**Seven years hanging here, and now you tell me it's an *experiment*?**



# Informed consent

## Inform participants about

- The purpose of the research, expected duration, and procedures
- right to decline to participate and to withdraw once started
- foreseeable consequences of declining or withdrawing
- foreseeable factors that might affect willingness to participate (e.g. potential risks, discomfort, or adverse effects)
- any prospective research benefits
- limits of confidentiality
- incentives for participation
- who to contact for questions



# Participants rights

- To take time to decide whether to help us
- To refuse to take part
- To refuse to answer questions
- To withdraw from this project at any time
- We will keep notes and tapes from the survey and interviews in a safe lockable place
- We will not use the data from this study for any other purpose
- Only the researchers will see the data
- When we talk about the research or write reports, we will write in such a way as to ensure anonymity

# Conducting survey/experimental research with children

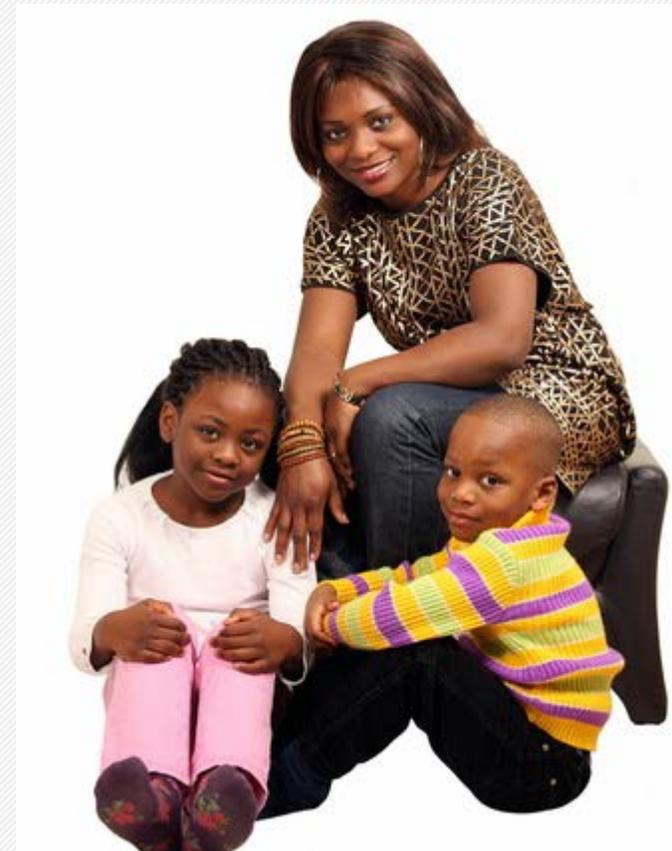
## Clarify to participants at the outset of the research

- the treatment's experimental nature
- the services available to the control group if appropriate
- available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun



# Problem of groups who cannot give informed consent (children)

- Obtain informed consent from caregivers, teachers or social workers
- Where procedures involve risk/harm etc., obtain informed consent from the individual as well, plus consult an ethics committee
- Child's avoidance of testing should be taken as withdrawal of consent
- Be aware that children/students may feel they are not in a position to say "no" (power of relationship with teacher?)
- Inducements to participate should not be excessive



# Parental informed consent (research with children)

## Passive or active consent?

- **Active consent** refers to the use of a consent form, whereby parents/guardians are required to sign and return a form indicating their consent for their child to participate in the study.
- **Passive consent**, on the other hand, requires parents/guardians to return the slip **only** if they do not want their child to participate in the study.



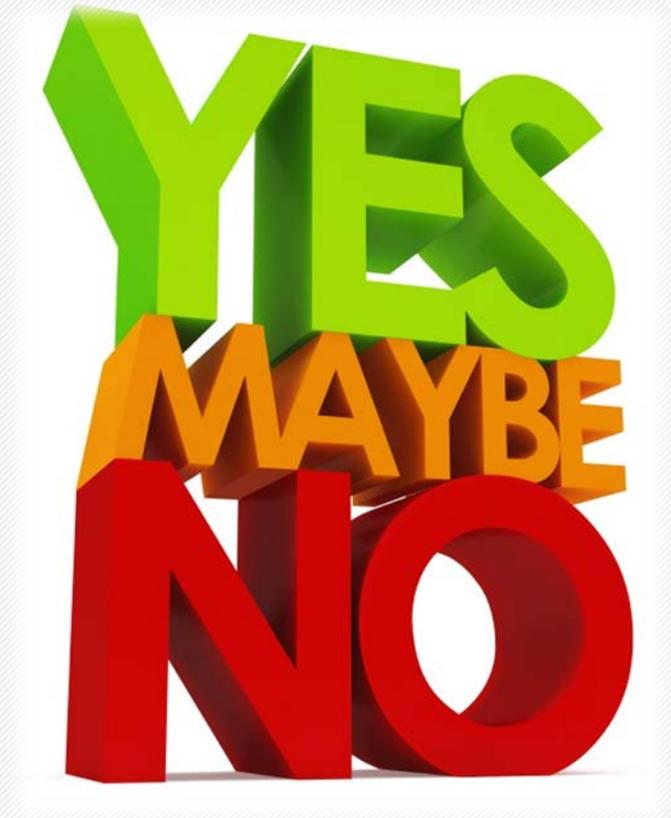
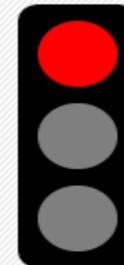
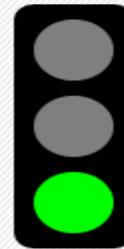
# Use of deception

- Should be avoided if possible, especially where it would raise other issues (e.g., stress)
- Use deception only if unavoidable:
  - Consider participants' reaction to finding out they have been misled
  - Debrief participants as soon as possible
  - Consult an ethics committee, plus individuals of the community/culture from which participants are taken



# Deception varies in extent

- Participant gives informed consent to participate in one of two conditions, but does not know which one they are allocated to (exposure to game/no exposure).
- Participant consents to participate in a study but does not know the full details until afterwards (e.g. research on "memory" or "perception").
- Participant consents to participate in a study but is misled about what the study is about.
- Participant is involved in a study without prior knowledge or consent.



# Risk of harm

- Risk should be no more than children expect in everyday life
- Physical and psychological harm (e.g. stress, damage to self image)
- Participants should leave the study unchanged from how they entered it



# Confidentiality

## **We need to maintain records, but:**

- Data should be anonymous wherever possible
- Only collect and retain as much personal information as is necessary for the study
- Participants have right to expect that their data will be kept confidential
  - If not, they should be warned in advance of participation
- Preserve confidentiality with codes, aliases, etc.



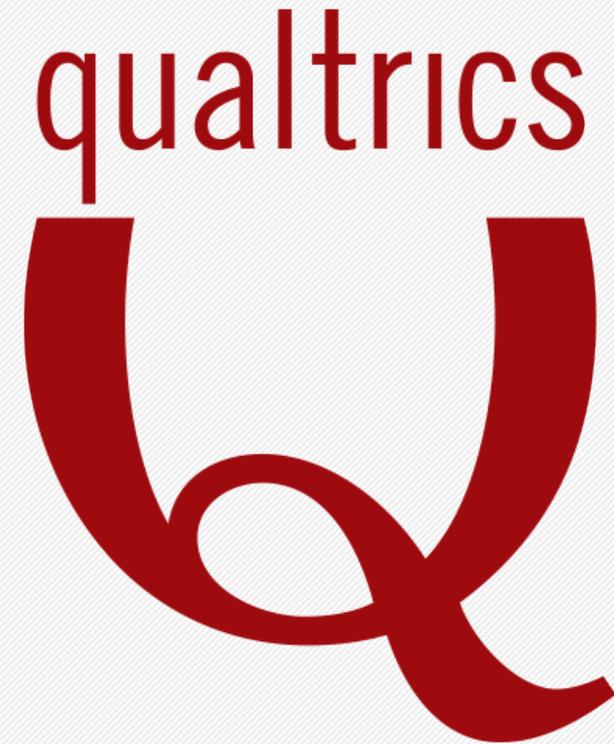
# Debriefing

- Give full explanation of what the participant has been involved in
- Avoid evaluative statements
- Consider effects of study on self-esteem, etc.
- Provide contact details for follow-up questions
- Do not justify unethical/misleading treatments
- If psychological problems are revealed, researcher should alert participant to these, and refer them to an expert for treatment if necessary
- After debriefing, participants have right to withdraw their consent retrospectively, and to demand destruction of their data and any recordings



# Ethical issues - internet surveys with children (if we decide to use Qualtrics)

- Need to distinguish between internet chat rooms & social networks (public behaviour open to anyone to observe) and private email correspondence and instant messaging (personal data).
- Lack of interactivity between researcher and child poses special issues:
  - Difficult to ensure informed consent
  - Difficult to ensure adequate debriefing
  - Need to ensure confidentiality of participants



# Advantages of using surveys with children

1. Relatively easy to administer to a large sample
2. Can be developed in less time (compared to other data-collection methods)
3. Cost-effective
4. Can be administered remotely via online, mobile devices, mail, or email.
5. Conducted remotely can reduce or prevent geographical dependence
6. Capable of collecting data from a large number of respondents
7. Numerous questions can be asked about a participant, giving extensive flexibility in data analysis
8. With survey software, advanced statistical techniques can be utilized to analyse survey data to determine validity, reliability, and statistical significance, including the ability to analyse multiple variables (**this is crucial for WP 04**)
9. A broad range of data can be collected (e.g., attitudes, opinions, beliefs, values, behaviour).
10. Standardized surveys are relatively free from several types of errors



# The reliability of children survey data

## PROBLEMS

1. They may not feel encouraged to provide accurate, honest answers
2. They may not feel comfortable providing answers that present themselves in an unfavourable manner.
3. Data errors due to question non-responses may exist. The number of children who choose to respond to a survey question may be different from those who chose not to respond, thus creating bias.
4. Survey question answer options could lead to unclear data because certain answer options may be interpreted differently by respondents. For example, the answer option “somewhat agree” may represent different things to different children, and have its own meaning to each individual respondent. ‘Yes’ or ‘no’ answer options can also be problematic. Respondents may answer “no” if the option “only once” is not available.
5. Modified surveys can run the risk of containing certain types of errors

## SOLUTIONS

1. Emphasis on confidentiality & anonymity
2. Make sure that they know this is not a self-evaluation (no right or wrong answers)
3. Survey weighting adjustment will be applied
4. This will be discussed with teachers working directly with children (for cultural validity Adele, Ena, Hazel)
5. Modified surveys will be piloted and validated (construct, dimensionality and so on)

# Risk of Abuse and Harm

- It is possible that in the course of the study, information regarding children at risk of abuse will be revealed.
- Commitment to confidentiality must be balanced by the primary need to safeguard the welfare of children and vulnerable adults
- In respect of children and vulnerable adults, this means that Research Confidentiality must be balanced by our Duty of Care

# Duty of Care

- No harm will come to respondents as a consequence of being involved in this study
- Safety & care are not always assured through 3<sup>rd</sup> party disclosure and may increase risk of harm
- Reporting concerns of potential harm will, in the case of adults, always be based on consent about the course of action proposed
- In the case of children, actions will always follow child protection protocols in the country of operation

# Reporting

- The reporting of any allegations regarding risk of harm shall be in accordance with the child protection policy and legislative framework of the specific country in which the research is taking place and will be assessed not only in terms of the immediate support needs for the survivor but also, the perpetrator's potential risk to others.
- All participants will be given an information leaflet about how to access help, in addition, each country will establish a National Response Team (volunteer counsellors) willing to be contacted should a participant need help and advice
- The National Response Teams will be briefed about their role

# National Response Teams

- Country specific
- Professional
- Confidential
- Knowledgeable
- Able to refer on to other agencies
- Have knowledge of issues related to gender-based violence

# Qualitative research Ethical dilemmas exercise

## SOME ETHICAL DILEMMAS

1. A woman living with HIV tells you that her partner deliberately infected her – it is his intention to infect as many women as possible as pay back for acquiring the infection from a girlfriend. He has infected three women already and has just moved into another relationship.
2. In researching women who have been trafficked, you come across a 15 year old girl from Haiti working as an 'exotic dancer'. She says if you report the situation to the police, her traffickers will kill her.
3. You are interviewing a pregnant woman, she tells you that her last pregnancy ended in miscarriage because her husband punched her in the stomach. He says he wants to bring on an abortion and has started hitting her again. She doesn't want you to do anything because she has two other children and if he throws her out, she will have nowhere to go.
4. A transgendered sex worker tells you that she reported to the police that her lesbian partner slashed her with a knife. She was laughed out of the police station and the police officer who received the report has been coming to her for sexual 'favours' and threatens her with prosecution if she says anything.
5. A participant who is blind and physically disabled tells you that she has suffered violence at the hands of her husband for years. She says she has grown to believe this is her fault because she was also abused (sexually and physically) in the special school she attended. She is aware that the teacher who did this is still at the school and it is common knowledge that he molests the children.

**SOLUTIONS**

# Researcher Safety- Risk Analysis

## Travel and working in remote areas



- Isolation
- Fear
- Increased possibility of personal harm or injury
- Increased risk of theft of personal goods

# Risk management

- Must carry authorisation, ID and cell phone at all times
- Travel must be with regard to personal safety. Only the following forms of transport should be used: reputable public transport, own transport, friends, relatives, authorised car rental companies or authorised taxi's
- Must notify the Lead Researcher they are reporting to of their whereabouts at all times during fieldwork
- Must only go to locations pre-agreed and to agencies where authorisation has been obtained
- Must be mindful of and take responsibility for assessing risk for personal safety within any given situation. I.e. if allocated an area considered unsafe
- Should conduct focus groups and interviews in daylight hours or at the very least, be in a public place
- Must not carry valuables during fieldwork
- Lead Researchers to follow up all stages of fieldwork through email/phone contact

# Female Researchers working with men



Personal example

- Increased risk of sexist behaviour
- May be targeted for sexual purposes
- May be faced with unwanted sexual comments
- May receive verbal abuse

# Risk management

- Focus groups, interviews and surveys must be held in appropriate (public) settings
- Where there are any obvious signs of alcohol or drug use among participants, then the research process should be ended immediately
- Abusive language or behaviour must lead to the immediate termination of research process

# Participants request ongoing contact or make inappropriate requests or gifts



- Inappropriate crossing of professional boundaries
- May compromise Researcher
- May compromise participant
- May leave Researcher open to allegations

# Risk management

- Do not divulge personal contact details or personal information
- Give out official contact details
- Use Researcher role to maintain boundaries
- Use the ethical protocol
- Use the chocolate rule



# Researching sensitive topics

**Secondary  
traumatisation !!!**



- Distress or disclosure of abuse from participants
- Emotional impact on Researcher
- Managing the research-duty of care balance

# Risk management

- Establishment of National Response Teams
- Debriefing built into the process on a regular basis
- Effective supervision and support
- Establish clear professional boundaries
- Peer support - may also access counselling through the NRTs
- Know thyself - establish healthy self-care habits



Never offer to provide counselling to a participant- refer to the NRTs