

Listening With Children: Research, Policy and Practice

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Introduction

Irish social policy and legal systems have recently become concerned with children's rights, most notably children's rights to be recognised as persons. The *United Nations Convention on the Rights of the Child* (United Nations [UN], 1989), the *Child Care Act* (Department of Health [DoH], 1991) and the *National Children's Strategy* (Department of Health and Children [DHC], 2000) together with the establishment of the Office of the Minister for Children (OMC) in 2005 and the appointment of the Children's Ombudsman (2004) have all underpinned the endeavour to give children a voice in their own right. While there has been some recent attention to hearing teenagers voices in research and policy formation, The Centre for Early Childhood Development and Education (CECDE) has already recognised in their research strategy that: "*the question of consultation with and empowerment of children in the early years is largely underdeveloped*" (CECDE, 2003: 2).

This movement toward including children's voices in research has created a new demand for accessing children's narratives. However, the manner of engaging, listening with and making sense of children's views remains somewhat challenging. The Centre for Social and Family Research, Waterford Institute of Technology is focused on developing research methodologies that honour and hear the voice of the child as central to research, policy and practice. Central to our previous work (Ferguson and O'Reilly, 2001; Ferguson and Hogan, 2004) is the recognition of the importance of providing children with the opportunity to be included in research about their lives. This paper draws from our report, *Listening to Children: Children's Stories of Domestic Violence* (Hogan and O'Reilly, 2007), highlighting considerations with regard to the ethics of interviewing children in such research and the consequent methodological issues involved.

Developing Child Centered Research; Holding Children at the Centre of Domestic Violence Research, Policy and Practice

Recent Irish research has highlighted the extent of domestic violence in intimate relationships (Bradley *et al.*, 2002; Mc Keown and Kidd, 2003; Watson and Parsons, 2005; Buckley *et al.*, 2006). However much of this research has focused on the narrative accounts of what professionals and/or mothers have to say about the effect of the violence on children (Abrahams, 1994; Edelson, 1995; O'Connor and Wilson, 2004). Much of this research can be seen as being child centred in that its central concern is the welfare and protection of children, however placing children at the centre of research is significantly different where their views and experiences of having witnessed domestic

violence are directly explored. This research firmly views children as active agents in contemporary Irish society by privileging their narratives and interviewing them directly about their experiences.

This paper is framed with a vision of children, even those who have, as in the case of our study, experienced violent and fractured childhoods, as being competent subjects in a social world rather than deficit objects to be randomly abused and manipulated. Notwithstanding this attitudinal disposition towards children, as researchers we struggled with issues of ethics, method and engagement and offer these struggles here in an attempt to further the development of collaborative research with children.

Aims and Objectives of This Study

The central focus of this research, commissioned by the OMC, was to gather original narrative accounts from children who have lived with domestic violence exploring (a) their experiences of the violence itself and (b) the types of service responses they found most helpful.

Methodologically our study employed qualitative in-depth interviews with a purposive sample of key professionals (n=22), mothers (n=19) and children (n=22). Interviewees were sampled through women's refuges and support services after a careful process of negotiation with gatekeepers. The sample of children consists of twenty-two children and includes thirteen females and nine males ranging in age from five to twenty-one years. These twenty-two children were members of fifteen households; ten of the children had either recently stayed in a refuge, or were currently in refuge at the time of the research interview; eleven children were accessed through community support services; and one child was accessed through a residential unit. The sample reflects three distinct (if small) subgroups of children; (1) seven of the children were aged between five - eleven years; (2) twelve children were aged between twelve and seventeen years, and (3) three 'children' were young adults aged between eighteen - twenty one years, who reflected on their childhood growing up with domestic violence as a constant in their lives and the service responses.

Ethical Issues Involved in Interviewing Children

Sound ethical practice governing the inclusion of children in non-medical research has received very little attention until recently (Greene and Hogan, 2005; Guirin and Heary, 2006). Given the nature of this study, ethical considerations were paramount. Key ethical issues were; (1) Children's informed consent; (2) Issues of confidentiality; (3) Limits to confidentiality/Child protection concerns; (4) Recognising the possible impact of interviews on children.

Informed Consent

Perhaps one of the most challenging ethical concerns is obtaining children's informed consent. This raised questions such as; do children really understand the aims of the research? Do they feel able to refuse or compelled to participate as a 'favour' to a gatekeeper whom they have a relationship with? At what age can children make informed decisions? Hill (2005) points out that some researchers (although few) have rehearsed with children how they can say no. In this study, preliminary discussions with children provided a space within which children could say no.

Alderson (1995) highlights how children's agreement to be involved in research must be open to review at all stages of the process. Thus we were extremely careful to practice process consent, whereby children can and indeed did exercise their right to withdraw from the study at any stage. Children were reminded as the interview progressed of their choices around what they were comfortable discussing. As outlined by Morrow and Richards (1996) ethical issues were considered at all stages of the research, "*they are not simply a preliminary stage or hurdle to be got out the way at the beginning*" (Hill, 2005: 65). Children were informed that they could terminate the interview at any stage, should only talk about issues they felt comfortable with, and should ask the researcher to 'explain more' or 'move on' if any particular questions were uncomfortable. Interviews were driven by the children themselves in terms of content and duration.

Confidentiality

Issues of confidentiality in social science research includes ensuring the anonymity and privacy of interviewee's details and narrative. In discussing confidentiality with the children themselves we carefully explained the aims of the research, who was commissioning the research and why; and that the interview would be taped and typed by someone other than the researcher. Assurance was given that only the researchers and the typist would have access to the transcripts. However we did clearly inform children that what they told us would be put into a report. It was extremely important to make children aware that what they told us would be placed in the public domain, albeit anonymously. Children were assured that what they told us, the researchers, would remain *confidential*. Children were also informed that what they said would remain *anonymous* in the final report.

Limits to Such Confidentiality/Child Protection Concerns

Limits to confidentiality were also explained in advance of the interview with all participants including when child protection and issues of risk and safety are concerned. Within the Centre for Social and Family Research at WIT we adhere fully to the child protection guidelines outlined in *Children First: National Guidelines for the Protection and Welfare of Children* (DHC, 1999). Thus as part of the process of seeking written informed

consent we explain that where a child protection issue is raised with us in the interviews we will join with the interviewee in reporting the issue to the Health Services Executive.

Recognising the Possible Impact of Interview with Children

Given the sensitive nature of the interviews themselves and how we wanted to ask children about their experiences of living with domestic violence and also living with the range of service responses, we were conscious that such interviews may 'bring things up' for children and we were concerned to hold the interviews in a way that did not further hurt the children. A key ethical concern (of both the researchers and the gatekeepers - see discussion below) was the potential to damage children through the research process. However we firmly believe that the time spent explaining and discussing the research with the children prior to the interview, the reassurance offered throughout the interview, and the time spent with children post interview, meant that every effort was made to minimise any potential negative impact. Notwithstanding these strategies, as researchers we can never guarantee that the research interview will not have a negative effect. However to exclude children from research on such grounds denies children a voice in hugely important debates about their lives.

These central ethical considerations had a direct influence in how we developed our methodological approach to the research project.

Methodological Dilemmas

The aims of our study required a methodology that allowed us draw on the experiences of a strategically designed sample of children, mothers and key professionals. A qualitative approach was adopted, through the use of in-depth interviews, which provided rich contextualised data from children on their experiences of living with domestic violence and domestic violence services as they relate to children.

Access/Gatekeepers: The sampling framework utilised purposive sampling which is designed to enhance understandings of selected individuals by selecting "*information rich cases, that is individuals, groups, organisations, or behaviours that provide the greatest insight into the research question*" (Devers and Frankel, 2000: 264). Thus, the first phase of our recruitment was to purposefully target children, through their mothers, via the professionals working with victims of domestic violence. Before we met with any children we first had to meet with, and discuss in detail our research, with two sets of gatekeepers, service providers and children's mothers. In doing this we also gathered rich data on this subject from both groups (which we draw on in detail in the full report). While this process was both a necessary and time consuming way into children's lives, it was not particularly fruitful in ultimately gaining access to children. In effect, negotiating two stages of gatekeepers in this way doubled the possibility of being refused access to

children. In the first instance, professionals differed in terms of who they considered to be suitable mothers to refer to us; some believed that women and children currently living in a refuge were 'too vulnerable' to be interviewed for research. Other professionals felt that it was unethical to contact women and children who had left the refuge, either because they had returned to live with the violent man, or because the professionals wanted to allow the women and children some 'closure' to their experience. The complexity of ethical concerns resulted in a gatekeeper filtering process which ultimately dictated the overall sample profile.

Setting and Presence of Other Staff

All of the interviews were carried out in a site of the child and mothers' choosing, thus we held interviews in rooms provided at refuges, community centres and children's homes. We introduced ourselves to the children in the presence of their mothers and as part of seeking their informed consent we gave them the choice of being interviewed by either of the researchers (male or female) but we did not notice any discernable pattern in their response, most children said they did not mind. We offered to interview them in the company of their mother if they wished, but again children did not opt for this and interviews with them happened in rooms next to where their mothers were being interviewed.

The availability of relevant child care professionals post-interview, should children be distressed by the research, was identified as an ethical requirement. All agencies that provided access to women and children were requested to provide such support, with any associated costs borne by the research. In some cases child care workers accompanied the researchers to children's homes or were available to meet with children in the relevant agency.

Conclusion

Children's capacity to reflect on their (sometimes painful) experiences was evidenced in this research. Accessing and utilising such reflections requires very careful consideration. Ethical issues were always to the forefront of this research, to the extent that key methodological decisions were made solely on ethical grounds. Notwithstanding these ethical concerns, the importance of understanding children's experiences, of often traumatic situations, from the perspective of the child cannot be over estimated. The voice of the child, in this research, has made a huge contribution towards our understanding of the impact of domestic violence on children and how we might best protect children and promote their welfare.

The importance of including children in research as active agents rather than passive subjects is now recognised. The challenge for social researchers is to explore children's private experiences and present them for public debate using non-intrusive and safe methods.

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