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Asking for Parental Consent in Research on Exposure of Children to Violence

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Abstract

Based on the principles of United Nations Children's Rights Convention (CRC) and the data collected by the *Balkan Epidemiologic Study* on CAN (BECAN, an EU's FP7 funded project, <http://www.becan.eu>), we argue that similar to adults, children should be granted the right to decide on their participation in research on violence. We have a human rights approach: in the first part of the paper we discuss children's competence, their right to privacy and to give informed consent, as well as their need to be protected against any harm possibly caused by their participation in research.

The second part of the paper is focused on the specific ethical considerations and the procedures of consent followed in the BECAN project. Along this research project the Romanian team has been confronted with a large number of parental refusals, which resulted in the exclusion of 29.39% of 5th graders and 24.56% of 7th graders, due to parental gate-keeping. However, less than 1% of the children have refused to participate. In the third part we present children's views on their involvement in research that asks about their exposure to violence. We set up focus-groups with children same age as those involved in the BECAN research. Responses generally favor the opinion that children from all three age-groups should decide on their own if they want or not to take part in a survey on such a subject. We conclude that in order to understand the multiple facets of children's victimization we cannot avoid involving children in research.

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Keywords: children's rights; ethical dilemma; consent procedure; research on violence; focus group; rights based approach.

Introduction

All research ethics considerations are based on some fundamental principles: utility, privacy and confidentiality, informed consent and non-coercion, non-maleficence, access to results, non-discrimination and equal opportunities (Sal-Kind, 2000). These principles are widely known for health researchers or other domains with human subjects involved, and their analysis is a regular part of the project evaluating bodies in research institutions. In clinical research involving experiments or treatment on children with medications the rules have been set and no research is allowed without the agreement of the child's parent/guardian/legal representative, and are clearly defined in order to protect children from being abused. According to the International Ethical Guidelines for Biomedical Research Involving Human Subjects (CIOMS, 2002), there are specific guidelines for biomedical research with children. As indicated in Guideline 14 of the document, when children are subjected to research, informed consent must be obtained from the child's legal representatives (parent, guardian or another legally recognized person, as defined by national laws).

According to the principle of utility, to undertake research involving children the investigator must justify that the research might not equally well be carried out with adults and it is related to the health needs of children. In order to avoid any coercion, even in cases when a parent or legal representative of each child has given permission for the research, the agreement (assent) of each child has to be obtained (to the extent of the child's capabilities); and at all times the child's refusal to participate or continue in the research should be respected.

The issues related to the competency of the child to give consent are also specified in these guidelines. National jurisdictions differ according to the age at which children become legally competent to give consent. The guidelines consider that "often children who have not yet reached the legally established age of consent can understand the implications of informed consent and go through the necessary procedures; they can therefore knowingly agree to serve as research subjects" (CIOMS, 2002, p. 67). According to this document, when children are subject to research, the principle of informed consent is referred to as assent, meaning the process when children knowingly agree to being subjected to research, though their agreement is considered insufficient unless it is supplemented by the permission of a parent, a legal guardian or other authorized representative. "Taking children seriously means that a deliberate objection by a child to take part in research should always be respected, even if the parents have given permission, unless the child needs treatment that is not available outside the context of

research” (CIOMS, 2002, p. 67). In order to better protect the children’s interests, the guidelines recommend even in cases of children aged 12 or 13 years, when it may be assumed that they are capable of understanding the circumstances of the research that their assent should be complemented by the permission of a parent or guardian, even when local law does not require such permission. Our subject being violence against children, it is interesting to note the recommendation that “Research involving children should be conducted in settings in which the child and the parent can obtain adequate medical and psychological support” (CIOMS, 2002, p. 68). It is also relevant for our topic that for the approval of the research, the members of the ethical boards should have a strong expertise in children’s rights (Butnariu, Lupu & Buta, 2009) and understand the views of children’s advocates, whoever they are (CIOMS, 2002, p. 27).

Late enough, but before adhering to the EU, Romania adopted the international rules for bio-ethical research with children, where besides issues of informed consent by legal representatives and assent of children it is clearly stated that researchers must be aware of the developmental differences between younger and older children, as well as between children and adults, and respect all needs (biological and emotional) of the involved children; the risks of the research must be weighed against its benefits (Butnariu, Lupu & Buta 2009). M. Davis (accessed 2012) reports that in spite of parents’ expectation that treatment for children should be research based, only 30% of them are willing to allow their children to participate in health research. According to Singh (2007) parents refuse children’s involvement in health research based on naive assumptions about the ways in which research methods, might harm children. Although the risks for the health of children taking part in experimental medical research are different from the risks children have to face in case of social and psychological research (which is usually non-experimental, post-factum), in research that explores children’s experiences related to violence we cannot exclude risks of negative emotions and re-experiencing traumatic events, with consequences on children’s mental health, which places research on violence close to medical research. On the other side, not talking about negative experiences in life, especially violence, does not dissipate its effects, so putting the responsibility of children’s participation in such research in the hands of parents will not reduce, but multiple ethical considerations, because the rights of children to express their views contradict parents’ interests to hide certain facts (Punch, 2002).

In the framework of research with children, a special place rests for studies that investigate children’s views on the issues of violence they are exposed to. In cases of research with children, the human rights perspective as formulated by the UNCRC has contributed to debates on the equilibrium between the emphasis on protecting children and that on allowing children express their views by participating in research. The domain of ethical practice and ethics of research in child protection has been raised several times along the last decades. Discussions were

often oriented on weighting issues of protection, versus promotion of children's rights to express themselves in all matters that concern them, and the literature explored the dilemma of children's rights versus parents rights to allow the child to be involved (Hill, et al., 2004; Tisdall, Davis & Gallagher, 2009; Alderson & Morrow, 2011), both sets of rights being perfectly legitimate from specific legal perspectives (The CRC, respectively the Family Law).

The discussion on ethical considerations pertaining to children's direct involvement as informants of their own experiences on exposure to abuse, neglect, abandonment, traffic or exploitation has risen in the last years. An important impulse was given in this direction by the UN Study on Violence against Children (Pinheiro, 2006) that clearly recommended to all member states to systematically include children as resources for collecting data on violence against children, especially different categories of vulnerable children. "A vital way to protect children is to listen to them" (Alderson 2008, p. 54), as even young children (four to nine-year-olds) demonstrated that they could speak for themselves. For such research, Powell (2012) considers that ethical practice cannot rest on sets of principles prescribed by research bodies dealing with different areas of social life, psychological health and development, physical health and economic activity, but should create the opportunity for children to decide for themselves whether they want or not to participate at a certain research. Children's capacity to take decisions is another sensitive issue for the ethics of research with children. Gate-keeping by parental consent of responsible adult can be seen as a necessary way of protecting children who are not capable of understanding the requirements of being involved in research and its consequences. From the opposite side, it should also be seen as the expression of power of adults over children and a way of restricting their freedom to express their opinions, to preserve control on children and a demonstration of parental competencies over the incompetent children (Tisdall, Davis & Gallagher, 2009; Alderson and Morrow, 2011; Wyness, 2006).

In the Romanian context the discussions have just started and the researchers promote CRC as the guiding principle for all actions with children, including the involvement of children in research (Cojocaru, 2003; Gavrilovici & Gavrilovici, 2007; Frunză, 2011; Cojocaru, Cace & Gavrilovici, 2011; Caras & Sandu, 2012). This gives us the opportunity to reopen the debate on the ethics of research with children as raised by the application of the BECAN survey in Romania, on children's exposure to violence in their micro-environment. The discussion follows the leads of the ethical principles discussed above, placing the accent on the dilemmas faced by researchers when planning and conducting research with such topic.

Research problem

In order to protect children from any harm potentially caused by their involvement in the study, research forums require researchers to ask for parental consent and offer information sheets to parents (Additional Protocol on Biomedical Research Art. 13, FP7). Parents often deny their children's participation in research, because they fear that children might be physically or psychologically harmed by reflecting to the questions asked during the surveys. Parents' reservations might indicate their reluctance with professionals interfering in their family life (Sandbaek, 1999) and can have serious and uncontrollable effects on the sampling process.

One purpose of this study is to understand the effects of parental consent procedures on children's participation in research in the topics of parenting practices and child maltreatment. Another objective is to learn from children about their own views on this issue. According to the principles of the CRC, we consider that children should be those who inform us on how they see their involvement in CAN surveys, including being surveyed on sexual abuse issues.

Research process

The Romanian epidemiological research with nationally representative samples of children aged 11, 13 and 16 years and their parents is part of an overall Balkan data collection process, other participant countries being Greece, Turkey, Albania, Bulgaria, FYROM, Bosnia and Herzegovina, Serbia and Croatia. The initial sampling units were schools. Depending on the size of the country, 1-5% of the school children corresponding to the mentioned ages were included in the target sample, aiming to collect data of more than 60000 children from the Balkan countries. The research consortium has chosen ICAST-C (children) and ICAST-P (parent) questionnaires developed by ISPCAN, UNICEF and the Oak Foundation (Runyan et al., 2009, Zolotor et al., 2009). Children's questionnaires were matched with parents' questionnaires. The items were translated in each language of the partnering countries. Translations were first tested in focus groups, procedures that helped the cultural validation process, and then piloted in small samples. Finally a consensus was reached in the consortium, in order to obtain comparable inter-country results.

In order to comply with the requirements of EU's 7th Framework for health research with children, ethical procedures were developed and thoroughly discussed in National Ethical Boards and with the advisers of the consortium, all along the field research. The ethical procedures followed several general phases agreed in the consortium:

1. Obtaining the agreement of the National/Governmental Bodies responsible for children's safety, their mental health and development. For Romania, the Ministry of Education and the Directorate of Child Protection from the Ministry of Labor, Family and Social Protection, as well as the County Directorates for Education from all 16 involved counties agreed to, and declared their support for the research.
2. Establishing procedures of informing children and their parents on the goals and procedures of the data collection and obtaining their consent. The National Board of Ethics of the Romanian team, in agreement with the Board of ethics of the consortium opted for passive consent forms from parents and signed assent of children for those aged 11 and 13, as well as children's consent for respondents 16 years old.
3. Obtaining consent/assent for surveyed parents and children and collecting paired questionnaires. Children whose parents did not object to the survey, and themselves agreed to being surveyed, were also given an empty envelope, with the parental questionnaire for their parents or caregivers. As a general BECAN procedure, a unique code was given for each child's and his/her caregiver's questionnaire, and the linkage between the two questionnaires was secured, preserving at the same time the anonymity of respondents. To avoid as much as possible the differences in emotional attitudes and previous experience, field researchers were especially trained for their tasks, using a training procedure developed in the consortium, based on a manual of research procedures.
4. Responding to the issues raised during the field survey, including questions raised by children, their parents, the school principals and teachers. For Romania, all along the field research, a supervisor team was set-up that directly responded by the means of a telephone help-line and an email address to adults or children, but also teachers and researchers involved in any way in the process. As guided by Feinstein & O'Kane (2008), in order to avoid risks for children during the field survey, we tried to anticipate possible risks of any forms of violation of safety issues that might affect children when they request parental consent and during the completion of the questionnaires in the classrooms. The letter of information and consent clearly contained information not only about the goal to investigate parenting practices and parent-child relationships, but also about the possibilities to ask for more information by contacting BECAN experts. Children in classrooms were required to maintain a calm and serious atmosphere, in order to assure intimacy of completion and complete confidentiality around filling in the questionnaires. Field researchers acted in pairs, so in each classroom there was one researcher who could occasionally intervene and comfort a child who was affected by some of the survey questions, or wanted to reveal personal information on his/her exposure to violence. By means of thoughtful sampling we made sure to give opportunity to express views for all categories of children enrolled in schools, and – as the

Becan Consortium agreed – we also extended the survey to a group of 50 drop-out children, whose results will be discussed elsewhere. Children or parents with reading difficulties were offered help to read the items of the survey. Field researchers were especially trained not to suggest answers for parents and children for whom the researcher reads the survey. Parents were informed that researchers are coming from the University and not from Child Protection Services, and the goal of the survey is to understand the state of art of parent-child relations and parental practices.

Research procedures from ethical point of view

Children. Most of the children did not show any kind of distress along the research. The majority were eager to give their assent for the participation in the research. Children understood the requirements (including the assent form), transmitted the consent forms and the rest to their parents, and were actively involved in the research. The BECAN Romanian Ethical Board asked the field researchers to inform children that safety issues are important for the research team, and they have the right to be informed on child protection issues (support person in case children needed counseling, telephone numbers for the Direction of Child Protection, or local NGOs helping children, or any other organizations at local level, who have CAN related services). Any indications coming from individual children or teachers, or family members on issues of child protection were taken seriously, as well as the interdiction of parents to allow the participation of their children in the survey. The guidelines required field researchers to comfort the child if he/she complained for not being allowed to participate. When safety issues were considered in relation with any child, the field operator was instructed to report any such case to the school principle in order to use the local network and resources for assuring the child's safety. School-children were taking home the consent forms for parents, with a letter that explains procedures and ask parents to complete the questionnaire. Passive consent was accepted. When consent was actively refused, and the child (less than 14 years old) did not agree with his/her parents, a researcher explained the child that parent's refusal has to be respected, and offered the child information's about assistance through services for children's rights (within the Direction of Child Protection or other organizations). If the child needed more assistance, the researcher established further contacts so the child got the support he/she needs. Field researchers kept records of the number of children who were allowed to be part in the sample and the total number of children in the classrooms. The names of children were not recorded and confidentiality was maintained. If the child did not take part in the survey for reasons of parental, or his/her own refusal, the child could choose another activity in the classroom (to draw or to read, or do other independent work), as long as he does

not disturb his/her colleagues. In case the child disturbed his/her colleagues, he/she had to do an activity as previously agreed with the school (for ex., go in another classroom, go in the school library, or join a sport class). If the child had withdrawn after he/she consented, or after partially completing the survey, the researcher could mention no more than that his/her answers are needed, but if the child is firm in the refusal, then the same thing applies as for the previous situation.

Parents. To respect the right of parents to receive correct information concerning all aspects of the research, parents were informed that the research is about parent-child relationships, parenting and its consequences on children's physical and psychological wellbeing. Parents were informed, not deceived about the research goals, and about the procedure to offer information to children concerning the support they can receive in case they want to discuss with a professional about parenting and their physical and psychological wellbeing. By e-mail, but mostly by help-line, the supervisors responded to calls asking about the "real" goals of the project, and to the anxiety caused by the research: for the first time someone asked them to consent to a research addressed to their children, and this made them cautious. The questions showed that many had difficulties to understand the procedures ("I discussed with other parents and we do not understand what is asked from our children and from us"; "Are you taking our children somewhere for questioning?"; "Where will the survey take place?"; "Will it be individual questioning?"). These cautious were communicated to us by parents on the phone, asking for more information. They were nevertheless satisfied with short explanations, mostly repeating the statements from the information letter about the international scale of the research and confidentiality. Parents also expressed specific concerns for the children being taken outside of the school, or that the survey was taking too much time from learning. They were satisfied that there is no chemical or medical experiment (blood test), medication test or other experiment involved, which they feared. As far as Romanian parents are concerned, previously there were very few social or psychological researches that required parental consent, this was mostly a procedure for medical-experimental research. A dozen of parents objected questions on CAN, considering them harmful for their children, especially the questions related to sexual abuse, and asked if we have approval from authorities. Others agreed that this type of international comparative research is necessary and welcome. We learned that the information letter has to comprise more exact data on procedures and timing of the survey, verbal information given to children is never enough. We put a lot of energy and efforts to ensure best possible communication with all parties involved in the research.

Ethical problems identified during the school survey

Ethical challenges emerged in cases of children who disclosed being subject of different forms of abuse. The dilemma emerged between issues of confidentiality, as a general guiding principle, versus the responsibility to safeguard the life and well being of a child in danger. Our response in such cases was that one of the researchers listened to the child and initiated an ad hoc crisis intervention, while the other researcher from the team continued the survey. We also established close collaboration with local communities' agencies for tackling unforeseen events and especially children's disclosures which eventually emerged all participant countries. Along the field research in schools one child disclosed that he was abused and neglected in the family. Having reading difficulties he approached the researcher for helping him to understand the questions, and during the dialogue he disclosed severe abuse. The researcher announced the teacher and the principle, but they refused to take action in order to report child abuse. In agreement with the field research supervisor, the researcher, who considered that the child was in danger of further abuse, reported the case directly to Child Protection Services. A second child also disclosed abuse, but the case was already known to social services. No other child disclosed abuse during the Romanian fieldwork. The abuse cases that were identified during the research remained anonymous, so that no other actions could be taken to safeguard the children.

Parental gate-keeping appeared when examining the sample that resulted after parental consent and children's assent. Most of the children did not show any kind of distress along the research. Children's refusal to participate in the survey was insignificant. Except the 16 years olds from vocational schools, where refusal rate was 5%, by the rest of the students refusal rate was under 1%: it was 55% for the 10th graders in the mainstream schools, and .14% for the 5th graders, and .15% for the 7th graders. The majority were eager to give their assent for their participation in the research. Children understood the requirements (including the assent form), transmitted the consent forms and the rest of the papers to their parents, and were actively involved in the research.

Most of the parents who received the consent forms for children and themselves understood the procedures and took the opportunity to participate or to reject the participation of themselves and of their children in this inquiry. Refusal was given by 29.39% of the parents of the 5th graders and 24.56% of the parents of 7th graders. This refusal proportion was larger than expected. Little over half of the contacted parents (58.59% of the parents 5th graders and 59% of the parents of 7th graders) actively expressed their agreement by returning the consent letter with their signature.

Table 1. Children's participation in research as a result of parental and child refusal

Grade-group	Number of Schools	Number of class Rooms	Number of children to whom consent letters were distributed	Parental refusal		Children who themselves refused to participate in the survey	
11-year olds	84	153	3429	1008	29.39	5	.14%
13-year olds	76	122	2683	659	24.56	4	.15%
16-mainstream school	26	76	1934	0	-	10	.51%
16-vocational	8	15	240	0	-	12	5.0%
TOTAL	99	366	8286	1667	-	31	.37%

Table 2. Parental consent

Grade-group	Number of children to whom consent letters were distributed	Parental refusal	Number of parents whom the ICAST-P was sent	Response Rate of parents based on ICAST-P Sent	ICAST-P excluded from the parents' database because	Valid response rate based on ICAST-P sent	Response rate based on the initially approached parents
11-year olds	3429	1008	1981	76.73	153	69.01	36.83
13-year olds	2683	659	1856	74.62	122	68.05	40.10
16-mainstream school	1934	0	1924	59.88	76	55.94	55.92
16-vocational school	240	0	228	77.19	28	64.91	61.66
TOTAL	8286	1667	5989	70.68	379	64.35	46.51

Looking at the large proportion of children from 5th and 7th grade who were not allowed to express their views and mark their experiences in the surveys, questions arise on the categories of children that were prevented to participate. Refusals are clearly not random, which means that the representativity of the sample and inferences to the larger population are affected. Some children, not clear how many, can be overprotected, with parents fearing that questions might disturb children; the other category kept away from participation are children who are exposed to inadequate parenting, probably some form of child abuse and neglect, and their parents fearing disclosure. Accepting this point of view, the results of the survey might be somewhat altered, excluding an important proportion (almost one third of the 5th graders and one quarter of the 7th graders) who could tell about being victims of violence. This is true for the Romanian sample, but also for the

data of the consortium (see Table 3), while the consent procedures followed the same guidelines, based on parental gate-keeping.

Table 3. Participation rates of children in respect to the official enrollment figures

Grade group		Country									Total
		Albania	Bulgaria*	B&H	Croatia	Greece	FYROM	Romania*	Serbia	Turkey	
11-year old eq. grade	Sample size1	1652	1241	1333	1744	4401	2058	3471	2131	2913	20944
	valid ICAST-CH	1187	662	682	1223	2771	670	1976	908	2500	12579
	P.R./R.R.3	71,85	53,34	51,16	70,13	62,96	32,56	56,93	42,61	85,82	60,06
13-year old eq. grade	Sample size1	1667	1105	1340	1771	5072	2183	2709	2623	3162	21632
	valid ICAST-CH	1204	685	692	1188	3438	791	1849	1400	2564	13811
	Participation Rate2	72,23	61,99	51,64	67,08	67,78	36,23	68,25	53,37	81,09	63,85
16-year old eq. grade	Sample size1	1125	1273	1501	1492	5847	1408	2190	2811	3027	20674
	valid ICAST-CH	937	693	1345	1233	4242	1121	2130	1719	2462	15882
	Participation Rate2	83,29	54,44	89,61	82,64	72,55	79,62	97,26	61,15	81,33	76,82
Total	Sample size1	4444	3619	4174	5007	15320	5649	8370	7565	9102	63250
	valid ICAST-CH	3328	2040	2719	3644	10451	2582	5955	4027	7526	42272
	Participation Rate2	74,89	56,37	65,14	72,78	68,22	45,71	71,15	53,23	82,69	66,83

1. Number of pupils registered to school; the asterisk indicates the countries for which the sample was the number of pupils who were present in the classroom the day the ICAST-CH was administered

2. P.R.: Participation Rate or R.R.: Response Rate. P.R. is calculated as a percentage of N registered, indicating thus the percentage of the pupils' total sample that the survey managed to reach, while R.R. is calculated as a percentage of Npresent in the classroom; the asterisk indicates the countries for which R.R. is presented.

Source: Petroulaki et al., manuscript submitted 2013

Children’s views on parental consent

The large parental refusal rates and its consequences led us to further investigate children’s views on their participation to research concerning violence. The procedure we followed was to ask children aged 11, 13 and 16 to complete the ICAST –C surveys and then participate to 3 focus-groups (one for each age-group). Our questions went around how the children felt about their own competence to complete the survey, as often their capability to answers surveys is questioned. As we agree with Morrow (2005, p.10) that it is less about children’s competences and more about the cultural reluctance to take children seriously, we

also asked about children's feelings on the rightfulness of taking themselves the decision to participate in such a survey.

In their responses, focus group participants aged 16 and 13 agreed that all children their age should be involved in surveys as such, without asking for parental concern. Some respondents appreciated that answering questions on parenting methods gives a good opportunity to think about family relations and responsibilities in their lives. These age groups considered that children their age are able to understand and respond to all questions, including those with sexual abuse content. As a sign of maturity and responsibility, they also warned against involving younger children without parental concern. Younger children (11 years) themselves considered they need parental advice before forming their own opinion and giving consent about their participation in research. The group favored the idea of taking their own decision, but after consulting their parents. Questions asking about sexual experiences were perceived by all children as more challenging than any other question. Interestingly, the older children feared for the younger, who might be upset because questions on sexual abuse. These answers show the variety of children's attitudes in this area that is so much influenced by cultural-familial patterns. It looks like a part of the children aged 11 need to discuss with their parents in order to form their own opinions on more intimate issues, but the older ones were much confident that they can take their own decisions and can answer all questions. Our findings here are similar with those of Kilkelly and Donnelly (2011), who noted in their research on decision making of children in healthcare that children's views in this area are mixed: although they have a clear sense of the importance of being listened to, they also need advice and want to consult better informed opinions.

Discussion

Thinking about research involving children who might be victims of any form of maltreatment, including sexual abuse, we need to revisit the Convention on the rights of the child. As stated in article 12.1, the child who is capable of forming his or her own views has the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child (Art.12.1). The child also has the right to seek, receive and impart information (Art.13.1). However, the child has also the right to chose not to express his views, so he can avoid participation in surveys.

Our analysis confirms the importance of hearing directly children in issues of parenting and violence, and questioned the role of parents as gatekeepers, who might be overprotective, suspicious, or reluctant to allow the participation of children in research. We agree with Morrow (2005) that the principles of the UNCRC have to be applied for strengthening the position of children as

contributors to research in the social arena, especially when the researchers relay on their information like in the area of violence. As they expressed in the research groups, they should and can assume roles based on the same rights as adults with regard to such matters as privacy and informed consent. It is also true that children are aware of their vulnerabilities and special protection may be necessary to avoid any form of manipulation, exploitation or harm (by researchers, parents, peers or other family members).

Asking for parental consent for 11 and 13 years reduced the sample with more than a quarter. These changes in the sample raise questions of representativeness due to the fact that refusals are not random, but introduce systematic errors in population estimates inferred from the sample. The fact that the sample is smaller increases the estimation error. In a country where physical sanctions are banned, as in Romania, presumably the 28% of refusals do not belong in majority to the overprotecting parents who might use positive parenting methods, but to those who tend to hide their parental practices.

No harm or shortcoming was registered in the schools as a consequence of research (no child was reported to be molested or bullied by peers following the research). Operators were prepared to deal with any indices in this direction; in order to ventilate emotions, all children were offered paper-pencil puzzles to solve.

Most of the children agreed that generally children have the right to be aware of and talk about CAN issues (for themselves and for their peers), but both children aged 11 and the older ones mentioned that younger children should have the opportunity to consult with parents before being surveyed on sexual abuse issues (another aspect that worth to be taken into consideration here is that topics related to sex are tabu topics in Romanian families, more than those related to punishment, but these issues will be discussed in another paper).

Conclusions and recommendations

Based on our survey results and the data of the focus-groups, as well as the principles of the CRC, we conclude that on topics concerning parent-child relations, parental practices and CAN issues children all age should be allowed to participate at the survey and tell about their own experiences. They should be informed before the survey that they might discuss with their parents about it in advance and afterwards, but it is them to decide if they want to participate. Children asked to complete surveys on violence should be reassured that no harm will come to them, and they can stop their participation whenever they feel so. They should be informed about the usefulness of the research, and that data will be kept confidential, anonymous and secure. Providing them a helpline that can

be used afterwards in order to get informed about the results and receive support in case of post-research anxieties is highly recommended.

In conclusion, the BECAN analysis revealed high risks that may undermine the representativeness of the survey-sample on parenting, and the focus groups showed that children should and could decide on their own participation in research on violence. When researchers study children's exposure to violence and its consequences, parents should not act as gatekeepers anymore. In the model that we recommend, parents have the right to be informed about the surveys to be applied to their children and announced that children are empowered to decide if they want to participate. Parents should have the possibility to ask questions about the scope of the research, if this is not clear for them and they should be explained and reassured that researchers' role is to safeguard children during the research. Planning for research means that appropriate collaborative measures are built in the methodology so as to avoid all harm done to children, all answers being kept confidential and anonymous and all data secured. In this model, the responsibility of researchers and their institutions will increase, leaving them the task to plan and monitor the adopted safety procedures for all children involved.

Taking the decision from the hands of parents and empowering children to express their views and report their experiences would demonstrate consistency of consent procedure with CRC.

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