Students in distress: Unanticipated findings in a cyber bullying study

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ABSTRACT

This article discusses the use of quantitative measures to foster the agency and capabilities of children and youth research participants, and facilitate opportunities for students to receive social services. Based on unanticipated findings of a cyber bullying study among students in grades 4, 7 and 10, we discuss how quantitative measures identified youth “in distress” and allowed opportunities for students to obtain resources that would be helpful. Data indicate that students were able to express their agency by navigating the quantitative phase of the research process in ways that met their needs. These findings suggest that quantitative methods should be included among a range of research methodologies that can promote children and youth's agency and unique voices; meaningfully engage children and youth; and offer benefits to youth participants.

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1. Introduction

In recent years, addressing the ethical dimensions of conducting research with children and youth has been given greater attention across various disciplines (Mishna, Antle, & Regehr, 2004). In response to a historical paucity of research in this area (Lindsay, 2000), a growing body of literature seeks to understand the particular ethical challenges of conducting research with children and youth; how best to respect their agency and capacity in research; provide benefits for child and youth research participants; and offer meaningful participation by children and young people in the development, implementation, and dissemination of research (Barker & Weller, 2003; Goodenough, Williamson, Kent, & Ashcroft, 2003; Grover, 2004; Skelton, 2008). One outcome of this growing interest has been greater use of qualitative methods generally, specifically participatory action research (PAR) and community-based research (CBR) methodologies. This shift is largely through the study's quantitative measures. Data indicate that youth participants were regularly able to express agency and autonomy by navigating the quantitative phase of the research process in ways that met their needs. Further, through a protocol put in place in the ethics process, we utilized the quantitative methods to facilitate social work referrals of students as needed. These findings suggest that quantitative measures should be included among a range of research methodologies that can promote children and youth's autonomy, agency, and unique voices; meaningfully engage children and youth; and offer benefits to youth participants. More broadly, these results suggest that discussion about conducting research with children and youth would benefit from a complex modeling of ethicality with respect to research methodologies, one which does not advance a static or linear correspondence between ethicality and research method.
2. Method

This study employs data collected during year one of a mixed-methods study on cyber bullying among students in grades 4, 7, and 10, in a large Canadian city. The study uses a longitudinal, multi-informant mixed-methods design with a grounded theory approach. The study received approval from the University’s Research Ethics Board and the External Research Review Committee of the participant School Board, one of the largest in Canada.

A primary risk identified with participation in the study was that some questions could cause distress for the student participants or lead to disclosure of information requiring reporting by the researchers to appropriate authorities. In anticipation, a protocol was established to assist students identified as being “in distress” through the questionnaire or interview responses. While the procedure was put in place as an ethical and safety measure, the large number of students that were revealed to be in distress and the emergence of unanticipated findings during the implementation of the protocol created the opportunity to systematically analyze the outcomes and processes involved in identifying and assisting students “in distress”.

2.1. Participants

Participants comprised students in grades 4, 7, and 10, as well as their parents and teachers. In partnership with the participant School Board, a stratified random sampling design was used and strata were identified based on grade and level of external challenges affecting student success, as determined by the School Board’s Learning Opportunities Index for 2011 (LOI). LOI is a single index composed of the following variables: median income; percentage of families whose income is below the low income measure; percentage of families receiving social assistance; adults with low education; adults with university degrees; and lone-parent families. Sixty-two schools were invited to participate in the study, and 19 schools participated, resulting in a school participation rate of 31%. The primary reason principals gave for not participating was an overload of responsibilities.

We attribute this relatively low response rate to the active consent required. Active consent entails obtaining consent from a student’s parent/guardian. In contrast, passive consent involves informing parents/guardians about the study, and asking for a written response only if they do not consent to the student taking part in the study. Obtaining active consent requires considerable resources, because generally there is a need to send follow-up letters and regularly speak with the school personnel to remind students about the forms. Considerable school personnel time is typically required. The response rates of passive consent are considerably higher than those of active consent, as low as 10% (MacGregor & McNamara, 1995; Mishna, Cook, Gadalla, Daciuk, & Solomon, 2010) to 60% (Tiggas, 2003). Of the 669 students, 160 participants were in grade 4 (23.9%), 242 in grade 7 (36.2%), and 267 in grade 10 (39.9%). Males comprised 40% of the sample and females 60%.

2.2. Measures

2.2.1. Quantitative measures

The student, parent and teacher participants were asked about demographics and their usage of information and communication technologies. Grade 7 and 10 student participants, their parents and teachers completed the Youth Self-Report (YSR; Achenbach 2001), Child Behaviour Checklist (Achenbach 2001a) and Teacher Report Form (Achenbach 2001b) respectively. These are widely used about behaviour, social, thought and attention problems, and delinquent and aggressive behaviors with excellent reported test-retest reliability. All student participants then completed three questionnaires: (1) Bullying and Cyberbullying: Perpetrators, Victims & Witnesses Survey (B&C: PVWS), which gathers information on experiences with bullying and cyber bullying in the past 30 days; (2) Self-Perception Profile for Children (Harter, 1985a) (grade 4, 7) and the Self-Perception Profile for Adolescents (Harter, 1988) (grade 10), standardized measures which assess self-esteem and self-concept in the social domain; and (3) Social Support Scale for Children (Harter, 1985b) (grades 4, 7) and Social Support Behaviors Scale (Vaux, Riedel & Stewart, 1987) (grade 10), a standardized measure which assesses perceived support by family, friends and peers.

2.2.2. Interviews

In addition to the quantitative measures, face-to-face individual interviews were conducted with selected boys and girls in each grade who identified themselves as victims, perpetrators or witnesses of bullying/cyber bullying in the B&C: PVWS. Youth who indicated involvement with bullying in the questionnaire were selected based on age and gender, as well as role in bullying/cyber bullying incidents. The parents and teachers of selected students were also interviewed. In Year One, 143 interviews were conducted: 62 with students, 51 with parents and 30 with teachers. Follow-up interviews with students and parents will be conducted in Year three.

2.3. Consent, confidentiality, and distress

Prior to consenting to participation, students and parents were informed that participation in the study was entirely voluntary and confidential where possible. All students and parents were advised that confidentiality would be maintained by replacing participants’ names with a unique numerical code on each questionnaire, recording, and transcript. It was explained that while students’ teachers and/or school administration may be aware of their participation, only the research team would have knowledge of participants’ answers. A master list of participants’ names, matched with their unique identifiers, is kept by the research team in the event that any participant wishes to withdraw and/or a student’s answers indicate that he/she is in distress.

An important component of the study’s consent process was ensuring that students and parents understood that in instances where students’ answers indicated they may be at risk to themselves or others, the research team would meet with the student, which could lead to a referral to school social work. Further, we informed students and parents that if a child disclosed that an adult had hurt them physically or emotionally, that someone had touched them in a way that made them feel uncomfortable, or if it was identified that a child was not being taken care of, child welfare authorities would be contacted and a referral would be made.

While students and parents were advised that referrals to school social work or child welfare authorities were possible outcomes of study participation, there is no evidence that this deterred participation or that participants intentionally misrepresented their answers on questionnaires or in interviews. Rather, the high level of students identified as being “in distress” would suggest that participants were generally truthful about their experiences and feelings, even when it was painful or difficult for them to do so. To the best of our knowledge, participants’ awareness of the lack of anonymity in the study did not impact the results.

2.4. Distress identification and management

Student participants were classified as “in distress” if they met one or more of the following five criteria: 1) indicated on the B&C: PVWS that they needed help and would like to speak to a researcher; 2) endorsed fire setting items on the YSR; 3) endorsed self-harm/suicide items on the YSR; 4) scored at or above the clinical cutoff score of 85%.
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