

Opt-out parental consent in online surveys: Ethical Considerations

Jane Harris¹ & Dr Lorna Porcellato¹

1. Public Health Institute, Liverpool John Moores University

Journal of Empirical Research on Human Research Ethics Apr 2018

Abstract

This article aims to foster discussion and debate around seeking parental consent from young people recruited online. The growth of social media, particularly for young people, has led to increased interest in young people's online activities as both a research topic and recruitment setting. In a health-related study which sought to recruit young people aged 13-18 years old from YouTuber fan communities to an online survey, the question arose of how parental consent could be sought from young people under 16 when no link existed between researcher and parents/guardians. A practical strategy is proposed which combines novel communication methods for participant information, opt-out online consent and age verification to address this issue. Strengths and limitations of these approaches are discussed.

Introduction

This article seeks to encourage discussion around the ethical challenges of obtaining parental consent when recruiting young people (under 16 years) to an anonymous online questionnaire. Conducting empirical research with children and young people online highlights an ethical requirement for both informed participant assent and informed parental consent. This raises important questions about the feasibility, barriers and risks to obtaining this consent online (Markham & Buchanan, 2012; Stern, 2004). This is further complicated for research with children and young people who are less mature in their understanding of the risks and benefits of research participation (Lobe, Livingstone, & Haddon, 2007; Stern, 2004). In health related fields, consent to participate in research for children under the age of 16 years is often measured against the Gillick competence for medical treatment (Alderson & Morrow, 2004; British Medical Association, 2011; National Society for the Protection of Children (NSPCC), 2012). The Gillick competence recognises that children may not always wish to involve their parents in research. It is therefore required that they have sufficient maturity to understand the nature, purpose and likely outcome of the proposed research. Children aged 13 years are considered sufficiently mature although this age will vary depending on the individual (National Society for the Protection of Children (NSPCC), 2012).

In general, consent procedures for online research with young people are not well described in the existing literature. The majority of published studies using online questionnaires with young people (under 16 years) fail to explicitly describe the consent procedures used (Altshuler, Gerns Storey, & Prager, 2015; Moodie, Ford, Mackintosh, & Hastings, 2012). While some previous studies have obtained parental consent for online research; the majority of these studies have recruited participants in an offline setting, such as schools or research panels, where there is already an established link between researcher and parents (Bollard, Maubach, Walker, & Ni Mhurchu, 2016; Cranwell, Whittamore, Britton, & Leonardi-Bee, 2016; Hagger et al., 2016; Hammond, White, Anderson, Arnott, & Dockrell, 2014; Spears, Taddeo, Daly, Stretton, & Karklins, 2015). A small number of studies on sensitive topics have allowed young people who do not want to involve their parents the autonomy to consent to online research themselves (Barbovschi, Green, & Vandoninck, 2013; Carrotte, Dietze, Wright, & Lim, 2016; Martorana, 2015). However, there is little consideration given to recruitment via pre-existing online communities (such as fan based communities) where young people

are acting away from parental influence and are the only point of contact between researcher and parent/guardian.

There are a number of advantages to online research methods particularly when they are mixed with conventional approaches, including: mutual validation of data, enhancement of the data collection process, complementing data gathered via different methods and gaining access to data that would otherwise be difficult to obtain (Barbovschi et al., 2013, Germain et al., 2014). Certain groups can be easier to recruit online and online research can assist in creating more equal power relationships between researchers and participants. Both of these issues are particularly relevant to research with children and young people (Barbovschi et al., 2013). However, the purpose of research about children's online experiences must be to balance methodological innovation with ethically sensitive and responsible responses (Barbovschi et al., 2013; Nind, Wiles, Bengry-Howell, & Crow, 2012). The British Psychological Society (BPS) in their guidance for internet mediated research (2013) acknowledge that consent in particular can be more difficult to achieve in internet mediated situations where there is no direct or face to face contact with participants as in the case of anonymous online questionnaires.

Opt-out parental consent is a common method for anonymous surveys with young people, particularly in school settings where teachers often give consent in loco parentis (Bagnall, 1998; Farmer & Porcellato, 2016; Tigges, 2003). Evidence suggests that opt-in parental consent can produce a smaller and more skewed sample than opt-out consent (Crow, Wiles, Heath, & Charles, 2006; Hewison & Haines, 2006; Junghans et al., 2006; Spence, White, Adamson, & Matthews, 2015; Tigges, 2003). Opt out parental consent is particularly relevant for studies considering variations across factors such as age, ethnicity and socio-economic deprivation where it is important to achieve a sample which is representative and sufficient in size. However, there is little evidence or guidance for research which seeks to employ these opt-out methods online. Online research creates its own nuanced ethical considerations in relation to consent and representativeness. In the absence of other alternatives, this article outlines the practical methods which were employed when seeking opt-out parental consent from survey participants aged under 16 years recruited online. The limitations of the proposed approach are also considered.

Methods

The research which inspired this ethical consideration was one stage of an exploratory mixed methods study exploring the role of professional YouTubers in influencing young people's health behaviours in the UK. The study involved an online questionnaire with young people aged 13-18 years who self-identified as YouTube viewers and who were recruited from YouTuber fan communities (or "fandoms"). The survey was posted on social media (Twitter, Tumblr, Instagram) using a series of fandom related popular hashtags for the 50 most subscribed YouTubers in the UK. Young people accessing the survey who stated they were under the age of 16 years were prompted to seek opt-out parental consent. They were directed to ask their parent/guardian to read some information about the study and were asked to tick a box to indicate they had done so before being permitted to proceed to the survey.

Ethical approval was sought and granted by a UK University Research Ethics Committee (REC). During the process of applying for ethical approval a number of issues were considered in relation to this parental opt-out approach both during the initial research design and through feedback from the REC. These considerations and the subsequent amendments to the research design are outlined below.

There are two points the reader must bear in mind when considering this approach. Firstly, the questionnaire was anonymous and non-sensitive in nature. Beyond basic demographic information (age, gender, ethnicity, self-reported health and wellbeing), the survey asked only about frequency of use and recall of health topics on YouTube rather than asking about personal health experiences. The methods would not be suitable for sensitive research topics. Secondly, we cannot assume that all respondents were over the age of 13 or that they actually sought parental consent. However, given the anonymous and non-sensitive nature of the questionnaire, the ethical implications of this are minimal. There are tensions and limitations to the approach proposed which are acknowledged and discussed. However, in the absence of existing guidance the intention of this outline is not to present a single approach to seeking consent but rather to both inform future research and stimulate discussion on the issue of online consent for young people.

As with all research, three key concerns were considered when seeking consent from participants, namely that: participants fully understood the research process, they were able to give informed consent and consent was given voluntarily. Online research creates its own issues which must be addressed in relation to these concerns (Roberts, 2015) which are considered in greater detail below.

Participant information

Ensuring that children and young people fully understand the purpose of the study and research process is vital (Barbovschi et al., 2013; NSPCC, 2012). However, when discussing best practice the BPS (2013) caution against having overly complicated information sheets and consent procedures. They argue that this information can be skimmed or not read by participants and in online environments the researcher has no guarantee that the information is understood. To overcome this, Buchanan and Zimmer (2012) suggest a short informative video or web portal to provide participants with information. A short animated video communicating participant information was felt to be particularly relevant to both the aims and the population being recruited and was incorporated into the research design. Participants had to watch the video before proceeding to the survey. The video was just under 2 minutes long and communicated the participant information using a combination of text and animation. The questionnaire was piloted with a small number of young people (n=21) and qualitative feedback from those who viewed the participant information video suggested they found it more engaging and easy to understand than those who were given a standard participant information sheet.

The BPS (2013) state that online consent and information procedures should be designed to allow participants who clearly wish to participate in the study to proceed easily. In questionnaire studies, completion often implies participant consent/assent. However, in online environments the BPS recommend including a tick box which allows participants to confirm they have watched/ read the participant information and thus give more implicit consent. All participants in the study (aged 13-18 years) were prompted to confirm that they had watched the information video using a tick box before they could proceed to the survey.

Consent procedure

The BPS guidance does not provide any specific good practice for seeking parental consent online (British Psychological Society (BPS), 2013). Particular care must be taken online when seeking consent from groups who are vulnerable to coercion including children and young people (British Psychological Society (BPS), 2013; Markham & Buchanan, 2012). In online research, Barbovschi et al (2013) highlight the importance of balancing respect for children's autonomy as social actors and respect for parents' roles as gatekeepers concerned with their children's health and wellbeing. Active parental consent can be difficult to obtain in digital environments and opt-out parental consent fosters children's right

to participation and encourages individual decision making. Assuring voluntary consent is also less problematic in online environments where young people enjoy more authority and autonomy in a context associated with being away from adults. This in contrast to the school environment where care must be taken to address the asymmetrical power relations and structured rule systems which may create feelings of an implicit obligation to participate.

The National Children's Bureau Guidance (2011) outlines a suggested procedure for opt-out parental consent online which requires young people under the age of 16 years to seek parental consent and indicate they have done so through a tick box. The online survey in this study initially asked participants for their age. If young people indicated they were aged 13-15 years a message appeared asking them to consult with a parent/guardian before participating in the survey. Information on the study was provided for the parent/guardian to read and they were then prompted to tick a box indicating that they had done so. In total, 66 young people completed the survey of which 30 were aged 13-15 years. The parental consent procedure was completed for all 30 respondents.

Two clear tensions exist in this approach, firstly whether a tick box procedure provides sufficient balance between participant autonomy and parental concern and secondly whether the 30 young people completing the consent procedure have sought parental consent or self-completed. Both of these issues are explored in greater detail in the discussion.

Age verification

Age verification is also challenging online. Barbovschi et al (2013) suggest that formal checks embedded into the information sheet or consent form and multiple confirmation points are practical measures. Two age questions were therefore incorporated into the study in both the participant information section and questionnaire itself. The responses were then compared and any inconsistent responses which suggested that participants under the age of 16 had not sought parental consent were removed from the dataset. On examining the data, all respondents (n=66) reported the same age in both age verification questions. Whilst this process does not guarantee participants were truthful about their age, it does serve as a validity check. All anonymous online surveys, whether they are recruiting young people or adults are limited by their inability to guarantee respondents truthfulness about demographic characteristics such as age (Buchanan & Hvizdak, 2009)

Collaborative Approach to Ethical Approval

As there was no existing ethical protocol for this approach at the institutional level, a collaborative approach was taken to seeking ethical approval. The proposed method was initially discussed with the chair of the University Ethics Committee and the application was sent for review to two members of academic staff who had expertise in online and young people's research respectively. The feedback was then discussed with the chair and the application subsequently amended before consideration by the full ethics committee. In this way, the researcher was able to consider a novel approach to the research which was developed in collaboration with those who had expertise in both research ethics and the research topic. In equal measure, the ethics committee was also given the opportunity to consider the issue in depth and develop protocol for future online research.

Discussion and Recommendations

Through digital technologies young people are participating in a whole range of activities including social media, blogging, video blogging ("vlogging"), gaming and, downloading, uploading and collaborating on a range of creative content (James et al., 2009). In the UK, 92% of 16-24 year olds reported using social media in the past 3 months with 88% using social media daily (Office for National

Statistics (ONS), 2015). Among 12-15 year olds, 70% of those who go online have a social media profile (Ofcom, 2014). Social media is another arena through which young people seek independence, interaction with their peers, and enhancement of their social status (Hagell & Coleman, 2014). Social media therefore presents a range of opportunities and risks for young people: by redefining the pathways to risk (Cabinet Office, 2014; Livingstone & Smith, 2014) and as a tool for empowerment (boyd, 2008; Buckingham, 2008; Ito et al., 2010; Miller et al., 2016). As young people use social media they are continually navigating and redefining the ethical fault lines of identity, privacy, ownership/authorship, credibility and participation (James et al., 2009) and research with young people using social media must be mindful of these ethical issues.

The Association of Internet Research (Markham & Buchanan, 2012) highlight in their code of practice that the greater the vulnerability of a community the greater the researcher obligation to protect that community from harm. However, they also make clear that harm itself is a contextual concept which must be understood inductively rather than universally. The best approach in internet mediated research is often one which is a practical judgement made attentive to the research context rather than a one size fits all approach (Markham & Buchanan, 2012). This is particularly pertinent to online research with young people as this is an environment where young people are enjoying greater authority and autonomy away from adult influence (boyd, 2008; Barbovschi et al., 2013). This issue is neglected in the existing literature where recruitment for online surveys is largely from populations such as schools, youth organisations and research panels where there is existing parental contact (Bollard et al., 2016; Cranwell et al., 2016; Hagger et al., 2016; Hammond et al., 2014; Spears et al., 2015). However, this study which surveyed young people viewing UK Youtubers acknowledges that social media has led to new ways of forming community through new styles of communication and interaction (boyd, 2008; Buckingham, 2008; Carroll & Kirkpatrick, 2011; Ito et al., 2010). It seems logical therefore that the way in which we seek consent from young people should be adapted to suit these online communities.

Stern (2004) goes as far as to argue that the unique intersection between internet use and adolescence might in fact deter teens from seeking parental consent to participate in a study. Adolescence is typically a time when young people are disavowing their need for authority and seeking greater autonomy (Ellison & Boyd, 2013; Stead, McDermott, MacKintosh, & Adamson, 2011). The internet holds an appeal for young people precisely because they are afforded the power to be independent and face reduced consequences and limitations compared to offline environments. Seeking parental consent to talk about their autonomous and unmonitored online spaces and activities can be perceived as insulting and a lack of respect for their authority in one of the few places that they yield it. Social media is also often a part of their life that teens choose to keep private and so asking them to secure parental permission when they do not want their parents to know about their online activities can be a futile effort for researchers.

While Stern (2004) represents a somewhat extreme ethical viewpoint which was not feasible for the research study in question, she raises important issues about both the ethos and practicalities of seeking online consent. The AoIR (Markham & Buchanan, 2012) and the BPS (British Psychological Society (BPS), 2013) advocate an ethical approach which is not 'one size fits all' but rather is responsive to the specific research context and which is not prohibitive to those who clearly wish to participate in the research. This study aimed to address this in three ways. Firstly, by communicating participant information in a way which is accessible and relevant to the community participating. In this case, an online video for young people engaged in the YouTube community. Following the video with a tick box to confirm viewing provides the researcher an additional opportunity to confirm understanding (British Psychological Society (BPS), 2013). It also respects young people's autonomy and independent decision making by allowing them to assent before parental consent is sought. Secondly, the simple

parental opt out consent process automatically prompts those aged 13-15 years to show their parents information on the study and tick a box indicating they have done so. This balances respect for young people's autonomy with both the ethical need to seek parental consent and respect for parental concern over their children's wellbeing. Finally, multiple age checks in place throughout the survey gives the researcher opportunity to monitor this process and remove any mismatches from the dataset. The researcher therefore has some control to ensure young participants are protected from harm.

It must be acknowledged that the opt-out parental consent process used in this study does present some limitations. In particular, there are no specific procedures in place to prevent underage young people from completing the parental consent and proceeding to the survey themselves without consulting a parent/guardian. However, it can be argued the age limit of 13 years imposed by the survey reduces the risk of uninformed consent. The Medical Research Council (2004) (supported by the National Children's Bureau (2011) and Royal College of Nursing (2011)) suggest that when children have sufficient intelligence and comprehension to understand what is being proposed and to choose between alternative courses of action then it is the child and not the adult's consent which is required by law in line with the Gillick competence for medical treatment discussed above (Alderson & Morrow, 2004; National Society for the Protection of Children (NSPCC), 2012). The age at which children are able to give consent will vary but the general consensus from the available guidance (National Society for the Protection of Children (NSPCC), 2012) is that young people age of 13 years will have a sufficient level of intelligence and maturity to make an informed choice to participate. In addition, despite the age checks in place, it is possible that young people under the age of 13 could have completed the survey. However, the inability to verify demographic characteristics such as age is a recognised limitation of anonymous online surveys (Buchanan & Hvizdak, 2009) and, due to the non-sensitive nature of the questions, we do not feel that this study presents any additional risks in this regard

As young people's social media use continues to both increase (Ofcom, 2016; Office for National Statistics, 2016) and diversify (boyd, 2008; Miller et al., 2016), online methods are becoming an increasingly important way to engage with younger populations. As previously outlined, the existing guidance advocates a reflective and adaptive ethical approach to online research (British Psychological Society (BPS), 2013; Markham & Buchanan, 2012). The intention of this article is not to present a rigid approach to seeking online consent. Instead, the experience from this study provides guidance on some measures which can be used in seeking opt-out parental from young people in online community recruited surveys; an area which is under represented in the existing literature. Recruitment from existing online communities presents opportunities to explore the perspectives of young people from a diverse community. It is therefore important to stimulate discussion and debate on ethically sensitive ways of engaging with these communities.

Best practices

Existing studies have explored the nature and outcome of young people's online interactions using conventional recruitment strategies but few have considered the ethical implications of recruiting young people directly from online communities. It is important that research involving online survey data collection among young people firstly: communicates participant information in a way which is engaging (e.g. through a video) and which confirms understanding (e.g. through a tick box). Secondly, directs young people to an opt-out consent page with information for parents/guardians and a confirmation tick box balances young people's autonomy with the ethical requirement for parental consent and parental concern. Lastly, employing multiple age checks through-out the online research procedure gives researchers' greater ability to control and monitor the consent procedure.

Research Agenda

The above procedure describes just one possible approach to seeking parental consent from young people recruited online in a small scale study. Further exploratory research is needed to firstly: consider other possible novel methods which address this issue in an ethically sensitive way. Secondly, research on a larger scale should be conducted to establish the effectiveness and transferability of the practical actions proposed in this article. In particular, the impact of written versus video participant information on young people's understanding of research studies and the reliability of both the participant administered parental consent procedure and multiple age checks.

Educational Implications

The approach above was developed through a collaborative approach to ethical approval which allowed the researcher to refine and improve the ethics process through consultation with the University ethics committee chair, experienced researchers in both methodology and discipline and finally the University Ethics Committee. This approach is in keeping with the adaptive and reflective approach to online research ethics recommended in current guidance (British Psychological Society (BPS), 2013; Markham & Buchanan, 2012).

Author Biographies

Jane Harris is a PhD student at the Public Health Institute, Liverpool John Moores University. Her research interests are centred on young people's health, social media literacy and online research methods. Her PhD examines the role professional YouTubers play in young people's health behaviours and identities in the UK

Dr Lorna Porcellato is a Reader in Public Health Promotion at the Public Health Institute, Liverpool John Moores University. Her research interests include developing innovative qualitative research methods particularly for children and young people.

Acknowledgements: The authors would like to thank members of the Liverpool John Moores University Research Ethics Committee for their advice on the ethical issues discussed in this paper in particular Dr Dave Harriss. We would like to thank the two anonymous reviewers who provided helpful comments on this manuscript.

References

- Alderson, P., & Morrow, V. (2004). *Ethics, social research and consulting with children and young people*. Retrieved from Basingstoke:
- Altshuler, A. L., Gerns Storey, H. L., & Prager, S. W. (2015). Exploring abortion attitudes of US adolescents and young adults using social media. *Contraception*, 91(3), 226-233. doi:10.1016/j.contraception.2014.11.009
- Bagnall, G. (1998). Use of tobacco, alcohol and drugs amongst thirteen year olds in three areas of Britain. *Drug Alcohol Depend*, 22, 241-251.
- Barbovschi, M., Green, L., & Vandoninck, S. (2013). *Innovative approaches for investigating how children understand risk in new media. Dealing with methodological and ethical challenges*. Retrieved from London:
- Bollard, T., Maubach, N., Walker, N., & Ni Mhurchu, C. (2016). Effects of plain packaging, warning labels, and taxes on young people's predicted sugar-sweetened beverage preferences: an experimental study. *Int J Behav Nutr Phys Act*, 13(1), 95. doi:10.1186/s12966-016-0421-7

- boyd, d. (2008). Why Youth heart Social Network Sites: The Role of Networked Publics in Teenage Social Life. In D. Buckingham (Ed.), *Youth, Identity and Digital Media* (pp. 119-142). Cambridge, MA: The MIT Press.
- British Medical Association. (2011). *Consent, rights, and choices in health care for children and young people*. London: BMA.
- British Psychological Society (BPS). (2013). *Ethics Guidelines for Internet-Mediated Research*. Retrieved from Leicester:
- Buchanan, E. & Hvizdak, E. (2009) Online Survey Tools: Ethical and Methodological Concerns of Human Research Ethics Committees. *Journal of Empirical Research on Human Research Ethics* 4(2)
- Buchanan, E., & Zimmer, M. (2012). Internet Research Ethics. In E. N. Zalta (Ed.), *The Stanford Encyclopedia of Philosophy*.
- Buckingham, D. (2008). *Youth, Identity and Digital Media*. Cambridge, MA: The MIT Press.
- Cabinet Office. (2014). *Risk Behaviours and Negative Outcomes*. Retrieved from London:
- Caroll, J. A., & Kirkpatrick, R. L. (2011). *Impact of Social Media on Adolescent Behavioural Health*. Retrieved from Oakland, California:
- Carrotte, E. R., Dietze, P. M., Wright, C. J., & Lim, M. S. (2016). Who 'likes' alcohol? Young Australians' engagement with alcohol marketing via social media and related alcohol consumption patterns. *Aust N Z J Public Health*, 40(5), 474-479. doi:10.1111/1753-6405.12572
- Cranwell, J., Whittamore, K., Britton, J., & Leonardi-Bee, J. (2016). Alcohol and Tobacco Content in UK Video Games and Their Association with Alcohol and Tobacco Use Among Young People. *Cyberpsychol Behav Soc Netw*, 19(7), 426-434. doi:10.1089/cyber.2016.0093
- Crow, G., Wiles, R., Heath, S., & Charles, V. (2006). Research Ethics and Data Quality: The Implications of Informed Consent. *International Journal of Social Research Methodology*, 9(2), 83-95. doi:10.1080/13645570600595231
- Ellison, N. B., & Boyd, d. (2013). Sociality through Social Network Sites. In W. H. Dutton (Ed.), *The Oxford Handbook of Internet Studies* (pp. 151-172). Oxford: Oxford University Press.
- Farmer, S., & Porcellato, L. (2016). "Thinking about drinking"; exploring children's perceptions of alcohol using Draw and Write tool. *Health Education*, 116(6), 541-560.
- Germain, J., Harris, J., Mackay, S., & Maxwell, C. (2017). Why Should We Use Online Research Methods? Four Doctoral Health Student Perspectives. *Qualitative Health Research*, Online First, 1-8.
- Hagell, A., & Coleman, J. (2014). *Young People's Health. Update 2014*. Retrieved from London:
- Hagger, V., Trawley, S., Hendrieckx, C., Browne, J. L., Cameron, F., Pouwer, F., . . . Speight, J. (2016). Diabetes MILES Youth-Australia: methods and sample characteristics of a national survey of the psychological aspects of living with type 1 diabetes in Australian youth and their parents. *BMC Psychol*, 4(1), 42. doi:10.1186/s40359-016-0149-9
- Hammond, D., White, C., Anderson, W., Arnott, D., & Dockrell, M. (2014). The perceptions of UK youth of branded and standardized, 'plain' cigarette packaging. *Eur J Public Health*, 24(4), 537-543. doi:10.1093/eurpub/ckt142
- Hewison, J., & Haines, A. (2006). Overcoming barriers to recruitment in health research. *BMJ*, 333(7562), 300-302. doi:10.1136/bmj.333.7562.300
- Ito, M., Baumer, S., Bittani, M., boyd, D., Cody, R., Herr-Stephenson, B., . . . Tripp, L. (2010). *Hanging out, Messing Around and Geeking Out*. Retrieved from Cambridge, MA:
- James, C., Davis, K., Flores, A., Francis, J. M., Pettingill, L., Rundle, M., & Gardner, H. (2009). *Young People, Ethics and the New Social Media. A Sythesis from the Good Play Project*. Retrieved from Cambridge, MA:
- Junghans, T., Modersohn, D., Dorner, F., Neudecker, J., Haase, O., & Schwenk, W. (2006). Systematic evaluation of different approaches for minimizing hemodynamic changes during pneumoperitoneum. *Surg Endosc*, 20(5), 763-769. doi:10.1007/s00464-004-2231-2
- Livingstone, S., & Smith, P. K. (2014). Annual research review: Harms experienced by child users of online and mobile technologies: the nature, prevalence and management of sexual and

- aggressive risks in the digital age. *J Child Psychol Psychiatry*, 55(6), 635-654. doi:10.1111/jcpp.12197
- Lobe, B., Livingstone, S., & Haddon, L. (2007). *Researching Childrens Experiences Online across Countries: Issues and Problems in Methodologies*. Retrieved from London:
- Markham, A., & Buchanan, E. (2012). *Ethical decision-making and internet research: Recommendations from the aoir ethics working committee (version 2.0)*. Retrieved from
- Martorana, G. (2015). Characteristics and associated factors of non-suicidal self-injury among Italian young people: a survey through a thematic website. *J Behav Addict*, 4(2), 93-100. doi:10.1556/2006.4.2015.001
- Medcial Research Council. (2004). *MRC Ethics Guide. Medical Research Involving Children*. Retrieved from London:
- Miller, D., Costa, E., Haynes, N., McDonald, T., Nicolescu, R., Sinanan, J., . . . Wang, X. (2016). *How the World Changed Social Media*. London: UCL.
- Moodie, C., Ford, A., Mackintosh, A. M., & Hastings, G. (2012). Young people's perceptions of cigarette packaging and plain packaging: an online survey. *Nicotine Tob Res*, 14(1), 98-105. doi:10.1093/ntr/ntr136
- National Children's Bureau (NCB). (2011). *Guidelines for Research with Children and Young People*. Retrieved from London:
- National Society for the Protection of Children (NSPCC). (2012). *NSPCC Research Ethics Committee Guidance for Applicants*. Retrieved from London:
- Nind, M., Wiles, R., Bengry-Howell, A., & Crow, G. (2012). Methodological Innovation and research ethics: forces in tension or forces in harmony? *Qualitative Research*.
- Ofcom. (2014). *Children and Parents: Media Use and Attitudes Report*. Retrieved from London:
- Ofcom. (2016). *Children and parents: media use and attitudes report*. Retrieved from London:
- Office for National Statistics. (2016). *Home internet and Social Media usage*.
- Office for National Statistics (ONS). (2015). *Internet Access - Households and Individuals, 2015*.
- Roberts, L. (2015). Ethical Issues in conducting qualitative research in online communities. *Qualitative Research in Psychology*, 12, 314-325.
- Royal College of Nursing. (2011). *Informed consent in health and social care research. RCN guidance for nurses. Second edition*. Retrieved from London:
- Spears, B. A., Taddeo, C. M., Daly, A. L., Stretton, A., & Karklins, L. T. (2015). Cyberbullying, help-seeking and mental health in young Australians: implications for public health. *Int J Public Health*, 60(2), 219-226. doi:10.1007/s00038-014-0642-y
- Spence, S., White, M., Adamson, A. J., & Matthews, J. N. (2015). Does the use of passive or active consent affect consent or completion rates, or dietary data quality? Repeat cross-sectional survey among school children aged 11-12 years. *BMJ Open*, 5(1), e006457. doi:10.1136/bmjopen-2014-006457
- Stead, M., McDermott, L., MacKintosh, A. M., & Adamson, A. (2011). Why healthy eating is bad for young people's health: Identity, belonging and food. *Social Science & Medicine*, 72(7), 1131-1139. doi:<http://dx.doi.org/10.1016/j.socscimed.2010.12.029>
- Stern, S. R. (2004). Studying adolescents online: a consideration of ethical issues. *Readings in Virtual Research Ethics: Issues and Controversies*. Idea Group, Hershey, 274-287.
- Tigges, B. B. (2003). Parental Consent and Adolescent Risk Behaviour Research. *Journal of Nursing Scholarship*, 35(3), 283-289.