Annex: Research into risk factors which may lead children to harm online

Ofcom research: Sample and methodology

Sample

Forty-two children aged between 7 and 17 were recruited to take part in this project, across all four UK nations, with a broad spread by gender, socio-economic group, device and online use.

The sample also included seven looked after children, both those living in foster care as well as those living in residential care. Nine children in the sample had special educational needs or disabilities (SEND[1]).

The sample included children who had had a range of types and occurrence of experiences online (ranging from having frequent positive experiences, isolated negative experiences, to mainly negative online experiences). These participants were recruited to gain a detailed insight into the nature of online harms, by capturing the hazards that children are likely to encounter online, what harms look like, and understand the risk factors present for those who experience harm. It is important to acknowledge that the sample is therefore skewed towards children who came across hazards, and therefore the frequency of exposure to hazards may not be representative of all children.

Participants:

Pseudonym	Age	Minority Ethnic Group	Location	Household and family situation	SEG	SEND and/ or health condition[2]
Fatima	7	Y	Midlands	Foster family, three older foster siblings and one older direct sibling	C1	
Jordan	8		Wales	Single parent, four younger siblings	E	
Belle	8		South East England	Parents, younger sibling	C2	Anxiety
Rameet	9	Y	Wales	Multigenerational household - grandparents, parents, younger sibling	C2	
Ben	9	Y	London	Single parent, only child	C2	

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[1] SEND: Special educational needs and disabilities Children with special educational needs and disabilities (SEND): Overview - GOV.UK (www.gov.uk)

[2] These are conditions that the participants and their parents/carers told the researchers the participants had. For those with an acronym in the table: Autism Spectrum Disorder (ASD), Sensory Processing Disorder (SPD), Attention Deficit Hyperactivity Disorder (ADHD)

Hanna	9		North East England	Parents, older sibling	D	
Connor	10		Scotland	Parents, only child	B	
Ethan	10	Y	London	Single parent, only child	C1	
Izzy	10		East of England	Parents, younger sibling	B	SPD
Annie	11		Northern Ireland	Single parent, younger sibling	C2	
Laura	11		North England	Parents, older sibling	B	
Aaron	11	Y	London	Parents, younger siblings	C1	
Miles	11	Y	London	Single parent, two older siblings, one younger sibling	D	ASD, SPD, Selective mutism
Alex	11		Midlands	Divorced parents, splits living arrangements between them	C1	
Ibriz	11	Y	London	Parents, only child	C2	
Carlo	12		Midlands	Parents, younger sibling	C2	ASD
Tommy	12		Midlands	Parents, younger sibling	C1	ADHD ASD
Emma	13		North England	Single parent, only child	D	
Noah	13	Y	London	Single parent, two older siblings	C2	
Demi	13	Y	London	Foster family, one foster sibling and one direct sibling	D	
Elliot	13	Y	Scotland	Single parent, two younger siblings, one older sibling	D	
Yafir	13	Y	North West England	Multigenerational household – grandparents, single parent, two younger siblings	B	
Samira	13	Y	East of England	Multigenerational household – grandparents, parents, aunt, uncle, cousin	C2	
Sufi	14	Y	London	Parents, three younger siblings	C2	Juvenile arthritis
Jane	14		North West England	Parents, younger sibling	B	
Liam	14		Northern Ireland	Parents, older sibling	B	

Esme	14		North West England	Parents, older sibling	C1	
Oscar	14		London	Separated parents, splits living arrangements between them	C1	
Maddie	14		Midlands	Foster family, three older foster siblings	C1	
Kirsten	14		North West England	Parents, younger sibling	B	
Jada	15	Y	Midlands	Semi-independent living, with other girl in care	D	
Nina	15		South West England	Parents, one older sibling, two younger siblings	C1	
Mariem	16	Y	Midlands	Semi-independent living, with other girl in care	D	
Laurence	16		London	Semi-independent living	D	
Malika	16	Y	London	Semi-independent living	D	
Lucy	16		London	Parents, older sibling	B	
Gabi	16		Scotland	Parents, younger sibling	B	ASD, Anxiety, Depression, Bipolar disorder
Brian	17		Yorkshire and The Humber	Parents, younger sibling	C1	
Leo	17		North West England	Parents, older sibling	C1	
Jaden	17	Y	London	Single mum, two older siblings	C1	
Danielle	17		South East England	Mum, stepdad, two younger siblings	C2	
Poppy	17		South East England	Parents, only child	A	ASD

Methodology

Experiences of online harm are highly complex and can only be understood by taking a range of factors into account, beyond just what children see and say they do online. To capture this appropriately, an ethnographic approach was used for this research - meaning participants' behaviours were observed in their homes and via social media tracking. Screenshots and media diaries were also provided by participants to further understand their online lives, as well as both face-to-face and online interviews being conducted to hear from the children themselves.

Phase 1: Face-to-face ethnographic interviews

We visited families at their homes and spent around three hours with the children and their parents/carers interviewing them about their online experiences as well as observing how they used their devices.

Spending three hours with a child, particularly in their home environment, allowed us to capture both reported online experiences in great detail (e.g., through mapping exercises and 'show me' tasks). It also enabled the researchers to collect essential contextual data required for high-quality ethnographic research such as observing how they interacted with their family and getting a range of visual data assets including film clips and photographs. We also talked to parents, and sometimes with siblings, to understand the family dynamics and relationships between family members.

In-home ethnographic interviews were also preferable to a fully remote approach for a number of reasons: they support stronger safeguarding by ensuring researchers can fully assess the context of any safeguarding concerns, they are better for building trust and rapport, and they mean we can spend longer periods with children, without them getting as tired or disengaging from the interview.

Phase 2: Remote diary task, screen records and social media tracking

Our method also needed to get at what actually happens to children online, rather than simply what they remember and report. With this in mind, we included a number of passive activities such as screen record, social media tracking and media diaries, to understand children's actual online behaviour.

The children in the sample were asked to complete a seven-day diary detailing what they did each day and their media touchpoints throughout the day. They were also asked to share photos that illustrated these activities. For those who had smartphones, they were also asked to share their daily screen record data as well as taking screenshots and screen record clips of what they did on their devices.

In addition to the diary task for those children who were using social media, we conducted social media tracking. This meant that their account was followed by a bespoke account set up by project researchers for two weeks. This allowed us to observe their presence online – including what they posted and interacted with (though this account did not interact with the child's account directly).

Phase 3: Remote follow up interviews

This was then followed by a remote interview around a month after the face-to-face interview, depending on how quickly children completed the diary tasks. At this follow-up interview we were able to ask the child about their reflections on the diary task and the social media tracking we had conducted, as well as exploring themes that had come up across the project.

These follow-up interviews allowed us to gain insight into how the participants perceived and explained their behaviour, by presenting their activity data back to them for reflection.

Age-appropriate exploration of harm

Though this project intended to explore the journeys that can lead to harmful experiences, we made every effort not to introduce children to hazards or concepts that were not age-appropriate. Throughout, we took a participant-led approach, allowing children to bring up experiences in their own words, which we then explored in more detail.

Written stimulus that we used to prompt children's recall of harmful experiences was also age-appropriate – for example, "scary images online" and "bullying online" for the younger children, and additional prompts for the older children such as "sexually explicit content" and "content that promotes unhealthy body image".

This approach enabled us to capture children's real experiences alongside what they told us about, in order to disentangle what was happening to children and how they were reacting to these experiences.