Barriers and Enablers
to Conducting Domestic Violence Research with Children

Submitted by

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Statement of Authorship and Sources

This thesis contains no material that has been extracted in whole or in part from a thesis that I have submitted towards the award of any other degree or diploma in any other tertiary institution.

No other person’s work has been used without due acknowledgement in the main text of the thesis.

All research procedures reported in the thesis received the approval of the relevant Ethics Committee (where required).

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Abstract

Twenty-five percent of Australian children are purported to have experiences of domestic and family violence. Despite this statistic, there is a lack of research in Australia with these children. To facilitate children's engagement in domestic violence research, this study explored the barriers, enablers, and decision-making considerations of key gatekeepers and domestic violence researchers. In-depth, semi-structured interviews were held with 49 participants from five cohorts: domestic violence service providers, mothers with experiences of domestic/family violence, clinicians providing therapeutic interventions for children, Human Research Ethics Committee members, and domestic violence researchers.

Themes about the barriers in domestic violence research with children concerned fears, safeguarding imperatives, and heightened risks. Domestic violence research with children was constructed as risky and dangerous. All cohorts, except domestic violence researchers, thought that this research could retraumatise children. The domestic violence service system and children being overshadowed in a closed adult-centric system emerged as further barriers in this research. Enablers in domestic violence research relate to the model and design of the research. Adopting a child-rights focus and trauma-safe methodology, along with having sector leadership, supportive gatekeepers and resources were identified as enablers. Attuned trauma-safe research, which is child-friendly, flexible, child-led, and creative, and which draws on the expertise of clinicians, further facilitates domestic violence research with children. To inform this research with children, an enabling model of attuned trauma-safe research, referred to as the STARR model, has been developed from the research findings.

Glossary of Key Terms

To clarify the use of terms and language used in this study, the following glossary is provided.

- **Children:** Children are those considered less than 18 years, as defined in the United Nations Convention on the Rights of the Child (UNCRC).
- **Domestic and family violence service system:** This includes crisis services, refuges, shelters, and community service programs, including outreach supports, for victims and survivors of this violence.
- **Domestic violence:** Recognising that women are more likely to experience violence from their current or previous male partners, a gendered-based understanding of domestic violence is adopted in this study. With this context established, domestic violence is defined as "violent behaviour between current or former intimate partners—typically, where one partner tries to exert power and control over the other, usually through fear. It can include physical, sexual, emotional and psychological abuse" (Australian Institute of Health and Welfare, 2018, p. 3). Other jurisdictions and countries may refer to this form of violence as intimate partner violence (IPV).
- **Domestic, family, and sexual violence:** Adopting a gender-based understanding of domestic violence as outlined above, domestic, family, and sexual violence is the collective term used in the Australian context. Definitions of this form of violence vary according to legal definitions in jurisdictions. The term family violence is preferred by Aboriginal and Torres Strait Islander peoples in Australia because it includes violence that can occur in the broader context of kinship and family relations. This however may have different connotations and meaning when compared to the international use of the term.

- **Domestic violence research with children:** Research conducted directly with children, where they are informants, on their experiences of domestic and family violence.
- **Victim-survivor**: This term signifies that both experiences of being a victim and that of a survivor can exist when someone has endured domestic violence. This term is utilised in the literature (see Downes et al., 2014) and is in common use in Australia, for example, https://www.vic.gov.au/victim-survivors-advisory-council.
- **Young people:** In this study, young people are defined as people over 12 years and under 18 years. Some research with young people on domestic violence, however, can refer to young people up to 24 years of age.

These definitions are discussed more fully in Chapters One and Two.

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Chapter 1—Introduction

> Children had clear ideas on their most significant needs. Most importantly, children needed adults to commit to the long-term support required to facilitate their physical safety and emotional wellbeing. To do this, children thought adults should provide them with more opportunities to talk, and then listen carefully to what they have to say and take their views and pleas for help seriously. (Noble-Carr et al., 2017, p. 42)

1.1 Introduction to Research Study

Twenty-five percent of Australian children are purported to have experiences of domestic and family violence (Indermaur, 2001). Although scholarship is more developed in some parts of the world (Øverlien & Holt, 2019), a research gap exists in conducting domestic violence research with children (Swanston et al., 2014), especially in Australia (Bartels, 2010; Noble-Carr et al., 2017). Gatekeeper reluctance to facilitate children's participation in domestic violence research and methodological or ethical difficulties contribute to this situation (Baker, 2005; Rizo et al., 2017). Beliefs and assumptions about children and childhood can also serve to exclude children's involvement; notably, children are viewed as far too immature or vulnerable and, consequently, they are less competent to express themselves in the research process (Baker, 2005; Christensen & James, 2008; Freeman & Mathison, 2009).

Researchers highlight the implications of children's marginalisation in domestic violence research because policy and service responses may not adequately meet children's needs (Baker, 2005; Callaghan & Alexander, 2015). Article 12 of the UNCRC (United Nations, 1989) states that children also hold the right to be involved in policy and research activities related to issues that affect their lives.

Numerous ethical concerns arise from undertaking qualitative social research with children (Alderson & Morrow, 2011; Graham et al., 2013; Morrow & Richards, 1996; Powell et al., 2012). Morrow and Richards (1996) stated that the lack of respect for children’s perceptions generally in society presents a challenge for researchers in the design of research. Key ethical considerations relate to obtaining informed consent, ensuring the protection of children, maintaining their privacy and confidentiality, along with deciding whether any reimbursement or gifts will be given to children who participate in research (Powell et al., 2012).

Alderson and Morrow (2011) highlighted that there is more focus on engaging children in research due to the UNCRC. These authors noted the importance of respect for participants throughout the research and for high ethical standards. They indicated that researchers need to assess and evaluate whether the research is of sufficient value to address unanswered research questions. Comprehensive guidance for undertaking ethical research with children has been provided by Graham et al. (2013). Graham et al. signified the importance of justifying the research from the outset and for ensuring the research does not harm children. They asserted that ethical issues often emerge through the relational context that exists for children. This means researchers need to negotiate with parents, children, and other key stakeholders when conducting research.

In establishing the need for this study, the researcher found a paucity of empirical evidence on the barriers and enablers to conducting domestic violence research with children who have experiences of this violence, particularly knowledge about the decision-making considerations of gatekeepers and researchers.

This study is aligned with the aims of a broader research project referred to as the MESSI study (Managing ethical studies on sensitive issues: Involving children in social research), undertaken by the Institute of Child Protection Studies (Australian Catholic University) and partner universities. The study sought to improve understanding of the tensions entailed in protecting children during social research on sensitive issues, while also facilitating their participation (Powell et al., 2018). The researcher accepted a PhD scholarship, included in the ARC Discovery Grant for the MESSI study, to undertake a separate research study on an area of sensitive social research with children.

The research was designed as an exploratory qualitative study of the barriers, enablers, and decision-making considerations to conducting domestic violence research with children who have experienced such violence. This topic was explored with domestic violence researchers and with key gatekeepers, specifically: Human Research Ethics Committee members, domestic violence service providers and child clinical specialists providing therapeutic interventions with these children and with mothers who have lived with domestic and family violence.

1.2 Introduction to Chapter

This chapter presents the impetus for the study, discussing both the professional and personal experiences of the researcher which were pivotal to selecting the research topic and in undertaking research with a broader goal of facilitating children's voices in domestic violence research. It then explains the justification for the study. The chapter details the knowledge gaps that exist in our understanding of children's accounts and experiences of domestic violence and portrays the inherent value of this study to enabling children's involvement in future research on this issue and thus to legislative, policy, and service delivery reforms. This chapter introduces key concepts in this study, such as social research and sensitive social research with children, research gatekeepers and gatekeeping, along with the barriers and enablers in qualitative social science research. The chapter ends with an outline of the thesis and its structure.

1.3 Study Impetus

Clinical and Professional Influences

The impetus for this study emerged from my clinical experience as an occupational therapist, providing therapy to children, and as a social worker in human rights and public advocacy, where I prioritise the voice of individual children in various legal and service systems.

As an occupational therapist, I used expressive arts therapy and other creative methods with children who had experienced domestic violence and child abuse. Often, they could not find the words, but their art clearly spoke of their traumatic experiences: the black charcoal covered page, or the drawing of them crying, cemented in with bricks, or the picture of them locked in a prison cell, wanting to become an angel and just fly away. In my practice, particularly when advocating in children's best interests and when facilitating their engagement in decision-making, it has been important to understand how children construct meaning, their understandings and insights.

I bring knowledge of children's capacity and agency to share their stories of domestic violence to this thesis. As a social worker and occupational therapist, I focus my practice framework on social justice, human rights, empowerment, anti-oppressive approaches, and maximising children's participation. The research questions reflect my professional and personal commitment to facilitating children's safe involvement in domestic violence research.

Through my clinical and practitioner experience, I have come to appreciate that children are not bystanders to domestic and family violence; they offer us a unique understanding into this violence and its impact on their lives. Too often, despite children's rights to participate, barriers and ethical tensions exclude children's voices from research and, consequently, from policy and service reforms which draw on research. This thesis aims to build knowledge that will assist in reversing this situation, particularly in the Australian research context.

When considering the clinical and professional influences that brought me to undertake this research, I am committed to conducting interdisciplinary research from a rights-based framework which not only honours children's views and aspirations, but takes their participatory rights further, giving children a pivotal role in co-leading research, where appropriate. Postgraduate studies undertaken in professional writing (children's literary studies, script writing, narratives) further highlighting the diverse opportunities for enabling children's voices in research. Because children are directly impacted by domestic violence, they need to be central in research endeavours on this issue.

During this research journey, I have often reflected on the words of the Late Dr Bruce Lord, a well-respected Australian social work researcher and educator who encouraged social work practitioners and clinicians to conduct research:

> What is most needed is the emergence of social workers with a scholarly approach, who are prepared to venture into new territory by combining the roles of educator, researcher and practitioner … focused on applying knowledge to the issues confronted by our clients and committed to collaborative research within environments in which social work is practiced. (Lord, 2001, as cited in Pockett & Hughes, 2016, p. 255)

These words continue to resonate for me, inspiring this research journey and the ones to follow.

Personal Influences

If you have ever been silenced or curtailed from expressing your views and opinions about matters that directly impact or affect you, you would know the feelings aroused. You may work hard at attempting to make your point known and heard, by becoming louder, more assertive, and demanding. Alternatively, you may just give up, deciding to let it go and become silent.

For me, as the youngest of four in what started out as a traditional patriarchal family until my father died when I was nine, getting a word in, let alone being listened to, was always a challenge. Competition with siblings, who were eight to 12 years older, the resultant family dynamic, and then being known affectionately as “bub,” were experiences that collectively relegated my childhood views to a status of less importance and value. Echoes of the old-time adage, “seen and not heard,” were apparent. Yet, these childhood experiences solidified and forged a determination, a fighting spirit for justice and the right to a voice. To have a say, to be really listened to, and to have equal consideration in decision-making, regardless of who you are, your age and experiences, was a principle that took flight from this time. The social justice prize I received during my secondary education reflected this drive and commitment.

Supporting others through challenging family situations such as domestic violence has been significant in my work and personal life. I have experienced firsthand the continued silencing of children in this area and the difficulties the service and the legal systems have in effectively and safely facilitating children to have a say, by prioritising their views and experiences equally.

A pivotal impetus for this research has been standing in the shoes of victims (as a child advocate or litigation guardian) in various court proceedings, where domestic violence was an issue, feeling and witnessing the realities of these systems for children. Children’s views, thoughts, and experiences of domestic and family violence continue to be overshadowed, marginalised and discounted in decision-making (Macdonald, 2017). This cannot continue when they are direct and “equal victims” (Callaghan & Alexander, 2015, p. 189). Research enables children to share their stories, which are significant to the ongoing development and improvement of service systems. Facilitating opportunities for children to be safely empowered to engage in reforms is an important commitment and has been a motivator and driver for this study.

1.4 Justification for Study

Gaps in Domestic Violence Research with Children

Scholars argue for further research with children about their experiences of domestic violence, particularly the relational implications of the violence (Georgsson Staf & Almqvist, 2015). Although research has focused on the impacts of domestic violence on children, there are fewer studies which specifically consider the effects of domestic violence through the lens and perceptions of children (Georgsson et al., 2011). Children’s unique narratives about domestic violence are not as prevalent in the literature (Callaghan et al., 2018), especially in Australia (Noble-Carr et al., 2017; Sety, 2011). This research deficit is concerning. Data in Australia show that, between 2002 and 2012, of the 1,158 victims of domestic family homicide, 238 (21%) were children (Cussen & Bryant, 2015, p. 2).

Reviews of domestic violence literature highlight significant knowledge gaps, which led Øverlien to state that “many questions and problems remain unanswered” for the domestic violence research community, in enabling the voice of children in research and in effectively addressing presenting ethical issues (2010, p. 80). Research, as undertaken in this study, begins to address these questions, particularly with respect to understanding the decision-making considerations of gatekeepers.

The literature reflects some reluctance from gatekeepers (such as mothers) to provide consent for children’s involvement in domestic violence research, because of fears held about the research and the consequences of participation, such as the possible involvement of child protection agencies (Rizo et al., 2017). Greater understanding of the assumptions, conceptualisations, and concerns of diverse gatekeepers is necessary to facilitate future research with children on this issue. Parsons et al. (2015) identified the issue that guidelines and procedures adopted by ethics committees, regarding social research involving children, may not readily be available on their websites. Even less information exists on how gatekeepers, such as ethics committees, clinicians, and service providers, deal with children's participation in domestic violence research and whether specific concerns, additional barriers, or safeguarding requirements result in this area of research being considered differently.

Ethical and methodological challenges in domestic violence research and the conception of children as vulnerable and lacking in "social status" have "limited the amount of empirical research" with children on this issue (Baker, 2005, p. 281). This exposes a serious shortcoming in research. The Office of the Special Representative of the Secretary-General on Violence Against Children (2019) estimates that, when all types and forms of violence (such as community violence, sexual exploitation, domestic violence, family violence and school violence) towards children are included, "at least one billion children" or "half of the world's children experience violence" annually (p. 11).

In Australia, the need to prevent domestic violence and protect victim survivors has led to various reform processes, prevention campaigns and a research agenda focused on the issue (Australian Government Department of Social Services, 2019; Australia's National Research Organisation for Women's Safety [ANROWS], 2014; Council of Australian Governments, 2011; Our Watch et al., 2015). Similarly, the issue of domestic violence and the prevention of this form of violence against women and children has gained international attention (European Union Agency for Fundamental Rights, 2014; Foreign and Commonwealth Office, 2014; Office of the Special Representative of the Secretary-General on Violence Against Children, 2019; UNICEF, 2018; UN Women, 2012).

Despite this social policy focus and the duty of researchers to facilitate the inclusion of marginalised and at-risk children in research, so that risks for these children can be reduced and service outcomes for them improved (Rizo et al., 2017), Øverlien (2010) outlines the challenges, such as the need for qualitative longitudinal studies with children. Moreover, as required under the UNCRC, it is crucial that children are safely and sensitively engaged in research, so that they can have a say about reforms such as legislative changes, policy developments, and service improvements and in establishing evidence-based interventions and programs which meet their needs (United Nations, 1989).

Literature highlights the significance of children’s involvement in domestic violence research to inform research designs, policy development and in facilitating service delivery improvements (Øverlien & Holt, 2018). Aadnanes and Gulbrandsen (2018) undertook research with 13 participants (aged 17 to 30 years old) on their experiences of child abuse. Participants were recruited via different agencies providing welfare or support services and through universities. This study illustrated the importance of involving children and young people in research because their unique perceptions, knowledge and understandings can inform social work theoretical development and social work practice.

Baker (2005) conducted research over a 12-month period with 19 children (between 5 and 16 years old) who were involved with domestic violence services in rural areas of the United Kingdom. They researched the availability of services for children, identified examples of effective practice and made recommendations for improvements. The study demonstrated the ethical and methodological challenges experienced with gatekeepers and with the gatekeeping process. Findings also evidenced that refuges mostly focused on mothers, despite children being “the majority of refuge service users” (p. 295). Likewise, in Ireland, Hogan and O'Reilly (2007) researched service availability for children involved with the domestic violence sector. Twenty-two children and young people (aged 5 to 21 years old) were involved in the study. These researchers also experienced issues with gatekeepers in facilitating access to children. They found that child-focused services for children with experiences of domestic violence "are minimal and difficult to access" (p. 2).

Literature shows that children's engagement in domestic violence research might be their first opportunity to share their stories (Buckley et al., 2006; Paavilainen et al., 2014). Researchers also articulate the importance of prioritising research and consultation processes with children, because children can contribute specific knowledge and understandings of domestic violence (Beetham et al., 2019).

Lamb et al. (2018) completed research in Victoria (Australia) with 16 children and young people (between 9 and 19 years old) with experiences of domestic violence, who were accessed and recruited through agencies providing therapeutic services. The study sought their views on fathers who use violence which then informed perpetrator intervention programs. The participants voiced that fathers who use violence need to know the significant impacts that violence has on children. They sought reparation from their fathers and wanted them to focus on, and be committed to, changing their behaviour. The study showed the value and importance of research with children who have experienced domestic violence and demonstrated they welcome being asked about their views.

The richness of children's views in ongoing reform processes is recognised; but there are significant deficits in our knowledge, particularly in Australia, where: "the quality, consistency and availability of information about children's exposure to family violence is at present alarmingly poor" (Mitchell, 2016, p. 19). This rights-based and social justice issue will only be addressed by continuing to improve our understanding on the obstacles which curtail children's research participation, while equally considering the enablers to their engagement in this area of sensitive social research.

Various barriers are encountered in social research with children generally. These include barriers relating to consent processes (Jones & Stanley, 2008; Lambert & Glacken,

2011) and dealing with “extreme regimes of regulation,” where ethics committees seek to protect children from exploitation in research (Scott & Fonseca, 2010, p. 298). However, most information about the barriers in sensitive social research with children is not specific to domestic violence research with children. Deficits exist in the literature about the dilemmas and challenges, especially when ethical practices are not routinely reported in the literature (Berry, 2009; Gabriel et al., 2017; Sigmon et al., 2002).

McCarry (2012) discussed the disconnect, attempting to realise and give voice to children and young people in research relating to interpersonal violence while also working with gatekeepers, tight timeframes, complexities, and the power issues which can present in youth advisory committees. Research with children about domestic violence is a significant area for study, where researchers need to be reflexive, taking into account the influence of power relations in how children’s voices are used and represented, along with the purpose of this representation (Åkerlund & Gottzén, 2017).

A Canon of literature specifically relating to the ethical issues in domestic violence research with children is evolving. Peled (2001) presented ethical principles which included considering ethics at all stages of the research. Acknowledging the relational context, researchers need to join with participants which can empower children. While ensuring domestic violence research does no harm, it should also directly benefit participants.

Cashmore (2006) wrote about similar ethical issues to Peled (2001) and focused on consent and gatekeeping in a national survey in New Zealand that involved 2,079 students, between 9 and 13 years old, who were asked about school violence and their experiences of violence at home (see Carroll-Lind et al., 2006). Arguing for greater discourse on the ethics in child maltreatment research, Cashmore discussed the gatekeeping of parents. Parents may refuse consent to protect the privacy of the family, which includes what goes on at home. The New Zealand survey utilised a passive consent process which meant that children could participate unless their parents submitted a form refusing consent. Schools were also the gatekeepers of children's participation because from the 150 schools randomly selected to be involved, 20% of schools agreed to participate. There was little information reported as to the reasons for most schools not being involved.

Other scholars have highlighted that guiding procedures are missing for domestic and family violence researchers who are dealing with complex ethical issues, such as obtaining consent, maintaining confidentiality, appropriately responding to a child's possible distress and disclosure of harm, and concerns about asking children on their experiences of violence (Berry, 2009). Morris et al. (2012) also raised these ethical concerns with reference to Australian research examples. These researchers discussed domestic violence research which explored resiliency and safety with mothers and their children (23 children and young people between 8 and 24 years old), who were recruited through a primary health care setting (see Morris et al., 2015). Young people assessed as mature minors provided their own consent. Protocols were also established to deal with safety and risk issues, the possible disclosure of maltreatment, and for managing any distress experienced by the child (Morris et al., 2012).

Continuing to build the knowledge base on ethical hurdles in domestic violence research with children, Cater and Øverlien (2014) highlighted the need for dialogue on research ethics and the methods utilised to elicit information from children. Obtaining consent was viewed as being a dilemma because in addition to working with the child, researchers must deal with the child's legal guardians, which is complex, if one is the perpetrator of the violence and the other the victim. Further, different perceptions and constructions about domestic violence influence consent decision-making. These researchers recommended that recruitment information should clearly document the limits to confidentiality and argued for research relating to the effects of trauma research on children, and for guidance about dealing with confidentiality. They concluded: "There is no recipe for how to conduct ethical research with, for and on children. The issues surrounding ethically justified research, consent, confidentiality and disclosures remain less than precise" (Cater & Øverlien, 2014, p. 76).

The critical importance of bringing children and young people into ethical discussions about domestic violence research was reflected in Scotland where 48 children and young people were integral to the research and policy development process (Houghton, 2015). Houghton asserted that their voices and views are mostly absent from ethical discourse. This researcher strongly advocated that children and young people need to be central in any consideration about the ethical issues in domestic violence research (for example, obtaining consent, dealing with confidentiality, managing distress, risk, and disclosure). A model of participatory ethics for undertaking domestic violence research with children was presented, which included the research offering children opportunities for empowerment.

Additional research on children's perceptions and constructions of domestic violence has been called for, particularly about how children experience their lives (Øverlien & Holt, 2019). While literature is emerging about conducting domestic violence research with children, commentators still argue that, overall, there has been limited empirical research on the inherent and presenting ethical issues in conducting this research (Ellonen & Pösö, 2011). Moreover, ethical processes and guidelines used in research with maltreated children and in the dissemination of findings, particularly when presented at conferences, may not be clear (Mudaly & Goddard, 2012).

Researchers have highlighted the need for "ongoing discussions" (Cater & Øverlien, 2014, p. 76) and debate about ethical practices (Randall et al., 2016). Gabriel et al. (2017) stated: "We need more researchers and research publications to authentically and transparently narrate the quandaries and difficult decision-making processes encountered" and, "it is timely to debate the challenges of developing ethical research dialogues on sensitive issues if we want to ensure we hear the voices of the vulnerable” (p. 163). The Child Protection Monitoring and Evaluation Reference Group (CP MERG, 2012) argued for additional research and critical review on the issues related to children’s involvement in violence-related research and the impact of the research on children.

The presence of disagreement among academics, researchers, and practitioners about the best way forward has impeded domestic violence research and service developments (Barnett et al., 2011). Koverola and Heger acknowledged that there are varying methodologies and underpinning paradigms between researchers and professionals and “unfortunately they have seldom engaged in meaningful dialogue that could inform their respective research pertaining to children exposed to domestic violence” (2003, p. 331). This has contributed to knowledge and understanding being “like a colossal jigsaw puzzle” (Barnett et al., 2011, p. 40): some pieces may be obvious, while others are hidden or do not link together.

The adequacy of professional guidance for managing and addressing ethical barriers and concerns that emerge in conducting domestic violence research has also been called into question (CP MERG, 2012; Fontes, 2004). A number of commentators believe that there is insufficient knowledge about the effect of research on traumatised children and the benefits, costs, or risks that may exist for these children (Becker-Blease & Freyd, 2006; Chu et al., 2008; Runyan, 2000; Seedat et al., 2004).

Rizo et al. (2017) conducted research in the United States on the underpinning factors influencing consent for children’s participation in domestic violence research, from the perspective of 21 mothers involved in mandated services. In the Australian context, there is limited understanding of how other gatekeepers, such as ethics committees, domestic violence agencies, and child clinical practitioners, along with mothers, weigh up the risks and benefits to children when making decisions about children's research participation. Mothers have been prioritised in this study because of their significant gatekeeping role.

With a focus on safeguarding and protection strategies for children in research, Randall et al. (2016) analysed 23 research papers from 2000–2014. This included some papers on research with adults relating to areas such as domestic violence, health, and mental health. Although research papers were from different disciplines, the analysis identified inadequate consideration of child protection issues. Some researchers avoided having to report child abuse concerns; screening processes for researchers (such as obtaining criminal record checks) were lacking; cultural safety considerations were not sufficiently addressed; some researchers did not access child protection training; and, in general, the ways in which ethics committees managed child protection issues varied.

With respect to sensitive social research with children more generally researchers discuss the need for "shared understandings" between gatekeepers and stakeholders about "any areas of sensitivity and potential risks," and also in the review of research designs and approaches (Powell et al., 2018, p. 657). Supporting the rationale for this thesis, scholars have raised concerns about the lack of ethical guidance for undertaking violence-related research directly with children, calling for additional study on the presenting ethical issues and the creation of "a strong framework for ethical research practice" (CP MERG, 2012, p. 63). Knowledge creation about the decision-making considerations of gatekeepers was an important next step, in the light of the literature and established research gaps, as was understanding the barriers and the enablers in conducting domestic violence research with children.

Value of Thesis

There is more to learn through undertaking qualitative research with children as direct participants and informants about their experiences and constructions regarding domestic violence (Pernebo & Almqvist, 2017), especially when quantitative research has been more prevalent in this field (Øverlien, 2010). Swanston et al. (2014) support this and stated: "How children negotiate and make sense of living with domestic violence is still under-researched" (p. 1).

Domestic violence research with children attests to their ability to share their experiences, along with their capability and reliability in what they say about the violence (Callaghan et al., 2018; DeBoard-Lucas & Grych, 2011). While recognising children's capacity in this area, Callaghan et al. (2018) also highlighted the ethical challenges they experienced in conducting domestic violence research with children. In addition to the need to protect children, they discussed the possible risks of further traumatising children if they were questioned directly about their experiences. To address these barriers, only children who had left domestic violence participated in the research and domestic violence support workers firstly assessed the child. Children were provided with the questions beforehand which enabled them to make an informed decision about their participation. Creative strategies and pseudonyms were used and if the child became upset, additional support was available through domestic violence workers.

DeBoard-Lucas and Grych (2011) conducted research with mother and child dyads who were recruited through domestic violence services. While that study also focused on children's perceptions about their experiences of domestic violence, the barriers or challenges experienced in conducting the research were not discussed. Mothers however were present at all child interviews.

Landmark qualitative domestic violence research with children on their experiences of the violence and their views about the service sector was undertaken by McGee (2000) across Wales and England. Different recruitment methods were used which included agencies being sent information about the study, the study was publicised through the media, and mothers and their children were contacted directly by workers from different services (such as counselling agencies and refuges). The study utilised an opt-in method of recruitment. Following receipt of information about the study, mothers and their children could decide for themselves if they wanted to make contact with the researcher. The protection of confidentiality was foremost. Agency records were not accessed by the researchers, hence there was less risk of undermining trusting relationships between mothers, children, and the service providers. To facilitate the participation of children from different age groupings, interview schedules were modified to ensure they were age-appropriate.

Domestic violence research also depicts children’s coping skills (Mullender et al., 2002), their vulnerabilities, such as feeling unsafe and in danger (Bowyer et al., 2015; Morris et al., 2015), and their difficulties in understanding domestic violence beyond physical violence (Naughton et al., 2019). Research highlights that young people can find domestic violence “incomprehensible and confusing” (Øverlien, 2014, p. 163). Scholars have recommended new forms of qualitative research, which cater for the needs of children, and research which prioritises hearing from children about domestic violence (Ellonen & Pösö, 2011; Mullender, 2006; Øverlien, 2010). With respect to undertaking domestic violence research with children Cater and Øverlien (2014) concluded: “We need their knowledge, and they need us to build theories and develop practice on the basis of their knowledge” (p. 76).

Understanding the barriers and enablers to undertaking domestic violence research with children is important for achieving research and practice outcomes. This study aims to build knowledge about how best to include children in these research processes. Often silenced, hidden, and overlooked in domestic violence responses (Australian Government Department of Social Services, 2019), children themselves highlight the significance of including them in research on the issue: “It doesn’t just affect the mother – it’s the kids … Because they’re the ones that have got to see it and hear it” (17-year-old young woman, refuge study, as cited in Mullender, 2006, p. 58). Commentators have asserted the importance of involving children with experiences of domestic violence in research on the issue, and the problems that exist if policy and service responses are not based on research evidence from children (Mullender et al., 2002).

Momentum exists in Australia and internationally to tackle domestic violence (Australian Government Department of Social Services, 2019; Office of the Special Representative of the Secretary-General on Violence Against Children, 2019). Moreover, considering the current Australian national research agenda in domestic and family violence (ANROWS, 2014), this thesis is important to the stakeholders who have a role to play in decision-making about children’s research participation and their involvement in decision-making processes.

This study is of contemporary value to the research community, to government agencies, and to gatekeepers such as ethics committees, domestic violence service providers, and clinicians. Its findings can inform the research being undertaken through Australia’s National Research Organisation for Women's Safety (ANROWS, 2014). The Australian National Children’s Commissioner wants to guarantee that “the voices and needs of children are an explicit focus” in national developments, because their experiences are “central to all measures that we take to prevent violence and to deal with the consequences” (Australian Human Rights Commission, 2015, p. 99).

The aim is that knowledge gained from this study will also offer benefits to the legal system, potentially aiding children’s active inclusion in decision-making and investigative processes. Practitioners conducting consultative and participatory processes with children about sensitive topics could also gain from study findings. Most important, however, is the value of this study for children with experiences of domestic violence. Research indicates that children welcome being able to talk about their situation, where adults listen to what they have to say (Bowyer et al., 2015; Morris et al., 2015; Noble-Carr et al., 2017). The literature recommends that children be involved in the development of domestic violence research processes and methods (Beetham et al., 2019).

Qualitative studies have provided knowledge about children's understandings and experiences of domestic violence (Øverlien & Holt, 2019). Early research in the United Kingdom conducted by Mullender et al. (2002) involved 1,395 children between 8 and 16 years old who completed a survey at school on their understanding of domestic violence. In a separate phase of the study, 54 children participated in interviews and group processes about their experiences of the violence having been recruited through domestic violence services, women's services, and statutory systems. This study raised the importance of adopting a child-focused approach in domestic violence research. Results also indicated that while it may be difficult for children to talk about their experiences, they are able to do so, and want the chance to speak. Stanley et al. (2012) conducted further research in the United Kingdom during 2007–2009 with 19 participants (aged 10–19 years) who were recruited through the domestic violence service system. These children also wanted to be heard and for their experiences to be validated.

Överlien & Hydén (2009) reported on research in Norway with children who were involved in a group therapeutic process. In addition to observing 29 sessions, 10 interviews were conducted. Discourse analysis was undertaken on extracts from two group sessions and from seven interviews with young people aged between 12 and 15 years old. The study demonstrated the different actions and responses of children during domestic violence incidents, which included attempting to protect their mother, making calls to police, trying to placate their father, playing music, reading, or “closing one’s ears” (p. 483). The scholars concluded that those working with children who have experienced domestic violence, and researchers, need to consider the child’s own accounts of the violence. Further research in Norway by Øverlien (2014) also explored the strategies children use when experiencing violence. An in-depth narrative analysis was undertaken with four adolescents who were part of a larger study involving 25 children and young people (aged 8–20 years). This study also highlighted the protective and active role that children and young people can take in resisting domestic violence.

Still within Europe, but in more recent years, Callaghan et al. (2018) presented results from 21 children (between 8 and 18 years old) from the United Kingdom who were part of the European study, which considered their resistance and coping skills in response to domestic violence (see Callaghan & Alexander, 2015). Children spoke about the coercive control and abuse they experienced and the strategies they used to manage the violence.

Carmel (2019) outlined findings from domestic violence research conducted in Israel with 27 children (aged 7–12 years) who were recruited through social workers at centres providing treatment and prevention services. The study reported that children experienced a sense of “nothingness and a void” (pp. 488–489) which was characterised by having little control, being bored, feeling empty, confused, and missing out on intimacy. The service system was encouraged to provide opportunities for children (such as children doing artwork), so they could experience meaning in their life and some control.

These cited studies provide a brief account of some qualitative research undertaken with children on their experiences of domestic violence. The literature review chapters of this thesis provide detail on other research of relevance to the questions explored in this study. Despite research developments, barriers persist which preclude children’s participation in qualitative research on this issue. There is more to learn, and there are ethical challenges to be faced (Øverlien, 2010).

Various barriers may be evident throughout the domestic violence research process, but, without specific evidence, it is extremely difficult (perhaps impossible) to address these and enable children's research participation. Bernard states that researchers engaged in this area of research need "to be willing to explore and grapple with the complex and challenging ethical issues that arise" (2013, p. 66).

Children will only be involved in future research on their experiences of domestic violence if we know how to manage presenting barriers and concerns. In the current global, political, and social policy context, where attention is on preventing domestic violence and supporting women and children survivors (Australian Government, 2011; Australian Government Department of Social Services, 2019; Office of the Special Representative of the Secretary-General on Violence Against Children, 2019; World Health Organization, 2018), findings of this research study are pivotal.

1.5 Introducing the Thesis

The aim of this thesis is to explore the barriers and enablers and the decision-making considerations of gatekeepers and researchers in conducting domestic violence research with children who have experienced this violence. Interviews were undertaken with significant cohorts pivotal to children's successful engagement in research: domestic violence researchers and gatekeepers, which included Human Research Ethics Committee members; child clinicians providing therapeutic and counselling supports to children who have experienced domestic violence; domestic violence agencies (crisis support services, shelters); and, finally, mothers with experiences of domestic and family violence.

The research questions are:

- What are the barriers and enablers to conducting domestic violence research with children who have experiences of this violence?
- What are the decision-making considerations of gatekeepers and researchers regarding domestic violence research with these children?

In answering these questions, this thesis also focused on building knowledge and understanding about upholding children’s participatory rights in domestic violence research. Another aim of this study is the construction of an enabling framework for undertaking domestic violence research with children.

1.6 Key Concepts in the Research

Children

Acknowledging that children go through various developmental stages, childhood in the context of this thesis was understood as a socially constructed concept (Corsaro, 2011). Children were conceptualised as being under 18 years, which is consistent with the age description and definition for children put forward in the UNCRC (United Nations, 1989). Australia has ratified this Convention, so it is appropriate to use this definition.

Ethical research guidelines can, however, have differing age ranges and definitions for children. Some refer to children as being under 16 years (Market Research Society, 2012); and in other guidelines, children are younger than 18 years. Different cultures and customs can influence the definition (Schenk & Williamson, 2005). The research literature may refer to youth and young people, which might include children over 12 years of age and under 18 years, and some of the domestic violence research involving children includes young adults aged over 18 years (Buckley et al., 2006; Callaghan & Alexander, 2015; Houghton, 2015; McGee, 2000; Solberg, 2014). Although the generic terms children and childhood are mostly used in this thesis to represent children under 18 years, some flexibility is necessary because the literature about research with children may use the terms children, teenagers, adolescents or young people “interchangeably” (Tinson, 2009, p. 3).

The research methods utilised in this thesis did not entail interviews with children or young people. Significant to conducting ethical research with children is the concept of “care” regarding “what the child/young person may be expected to know or understand” (Market Research Society, 2012, p. 14). Research with children must, therefore, be justified; it needs to be clear that children have knowledge on a given topic, and information cannot be obtained through any other method (Graham et al., 2013; Schenk & Williamson, 2005).

The National Statement on Ethical Conduct in Human Research in Australia and the Australian Code for the Responsible Conduct of Research attest to the need for research to respect participants (National Health and Medical Research Council et al., 2018a; National Health and Medical Research Council et al., 2018b). Regarding children specifically, research is to be “appropriate” and suitable for children’s participation; this is important in decision-making about the integrity and merit of the research (National Health and Medical Research Council et al., 2018a, p. 65). This thesis principally concerned the decision-making of key gatekeepers and researchers, and children could not be expected to understand and have knowledge on this topic; hence, it was not appropriate or ethically justified to involve them as participants in this study.

Social and Sensitive Social Research

Ethical research guidelines and governance processes portray and conceptualise children as a vulnerable group in research (Carter, 2009). Factors such as children’s immaturity, lack of knowledge, inexperience, and their limited social, economic, and political power contribute to this conceptualisation, along with the prevalence of values and beliefs, that children have less capacity and competency (Freeman & Mathison, 2009).

Regarding social research with vulnerable individuals such as children, Liamputtong (2007) discussed a number of “procedural sensibilities” (p.48), such as being aware of children’s needs, the importance of developing rapport and trust, taking care not to retraumatise children who have experienced abuse, and using social workers in sensitive research because of their experience dealing with children in distress. Social research with children presents different ethical concerns about children’s competency to be involved in the research (Tinson, 2009).

This thesis attends to a particular area of sensitive social research (domestic violence research) conducted with children and the barriers, enablers and decision-making considerations of researchers and gatekeepers in research. Further, this thesis investigates whether participants constructed domestic violence research with children as being different in some way from other social research involving children, such as mental health research and trauma or maltreatment research (see Durham, 2002; Foster & Hagedorn, 2014; Hutchfield & Coren, 2011).

Social research with children can be undertaken by different social science disciplines (Morrow & Richards, 1996) and is understood as “any process that collects and reports the views and experiences of children” (Alderson & Morrow, 2011, p. 1; Balen et al., 2006). There are different views among gatekeepers, researchers, and, indeed, children about the meaning and definition of sensitive social research (Powell & Smith, 2009; Powell et al., 2018). Research with key stakeholders on this issue highlights the child’s contextual situation, along with their experience within the research, as more likely than the research topic to be a source of concern for stakeholders. Developing trusting relationships with stakeholders (including participants) and having researchers cognisant of the contextual sensitivities and vulnerabilities for the child, were important considerations in undertaking sensitive social research with children (Powell et al., 2018).

While the researcher acknowledges the different constructions about sensitive social research, this thesis used the definition proposed by Renzetti and Lee, who refer to a “sensitive topic” as “one that potentially poses for those involved a substantial threat, the emergence of which renders problematic for the researcher and/or the researched the collection, holding, and/or dissemination of research data” (1993, p. 5).

Research with children about domestic violence and their experiences of this form of violence is encapsulated by this definition and therefore is a form of sensitive research. Possible negative impacts and risk of harm for child participants and for other significant persons, such as mothers, are ethical concerns in this research, particularly if research is “poorly designed” (Ellsberg & Heise, 2002, p. 1599). “Ill-advised practice or research intervention can inadvertently threaten the safety of women and children escaping violence” (Mullender et al., 2002, p. 29).

Research Gatekeepers and Gatekeeping

Children are “rarely free to decide entirely for themselves whether or not to participate in research” (Masson, 2000, p. 36). Their participation is ultimately influenced by the actions and decisions of gatekeepers. Gatekeepers are defined as the “person or persons, who control access to young people and who, in some cases, are present when the research is being conducted” (Tinson, 2009, p. 30). Examples of gatekeepers are: members of research ethics committees; parents; and professionals who facilitate children’s participation, including teachers, guardians, social workers, managers of children’s programs or services, youth workers, and allied health staff (Pyer & Campbell, 2013).

Gatekeepers were prioritised as the focus of this study because of the powerful position they hold with respect to children’s involvement in sensitive social research and in research more generally. In addition to determining children’s access to research, gatekeepers have a duty or responsibility to ensure that ethical guidelines are followed and that children’s interests are protected and safeguarded (Tinson, 2009). Researchers work in close collaboration with gatekeepers to access children for research and to facilitate their participation (Fargas-Malet et al., 2010). For example, research methods and the location for research often need to be negotiated and amended because of the views and concerns of gatekeepers. Gatekeepers can also provide advice and assistance to researchers (Freeman & Mathison, 2009; Tinson, 2009).

The domestic violence literature recognises the pivotal decision-making role of gatekeepers in granting approval for research and facilitating children's participation (Baker, 2005; Berry, 2009; Rizo et al., 2017). However, there is limited data and evidence available about how gatekeepers weigh up their decision-making: the factors that are integral to their decisions; how they conceptualise children; and what underpinning values and philosophies influence their decision-making considerations.

Members of Human Research Ethics Committees, child clinical practitioners, staff in domestic and family violence services, and mothers currently or previously involved with domestic violence services were defined as gatekeepers in this study. Their views and perspectives are significant to this thesis because of their capacity as decision makers, which either enable children's participation in research or, conversely, restrict access and impose a barrier or obstacle. A parent who does not consent to the involvement of their child in research, or a domestic violence service that fails to support the research and subsequently denies the researcher access to possible participants in their service, are examples of gatekeeping (Baker, 2005; Rizo et al., 2017).

Powell and Smith noted that, in social research, "a hierarchy of gatekeeping increases the potential barriers to children's participation" (2009, p. 136). This thesis, therefore, prioritised interviewing different gatekeepers who are significant in the domestic violence service system and in domestic violence research. Gatekeeper and researcher constructions about this area of research and children’s ability or capacity to be involved, particularly when they are victim survivors of this violence, were the focus of this thesis.

Barriers and Enablers in Qualitative Research

Children’s research participation rights, and legislative frameworks which support them, provide a basis for children’s engagement in qualitative social research (United Nations, 1989). Conceptualising children as having the right, the agency, and the capacity to talk about their experiences also serves to enable their participation in social research (Alderson & Morrow, 2011). However, these views are contested and are often overshadowed by other rights (such as children’s right to be protected) and by strongly held assumptions about children’s vulnerability if they participate in research (Balen et al., 2006; Cater & Øverlien, 2014).

The decision-making of researchers and gatekeepers can either facilitate and enable research or hinder research by presenting obstacles or constraints (Graham & Fitzgerald, 2010; Morrow & Richards, 1996; Powell et al., 2012). Obtaining informed consent and gaining the support of workers, dealing with the possible disclosure of child abuse, requiring children to answer direct questions about abuse, and managing potential risks can all create ethical barriers (Amaya-Jackson et al., 2000; Bernard, 2013; Berry, 2009; Mullender et al., 2002; Paavilainen et al., 2014). Berry noted that, while research is required to improve our understanding and knowledge about domestic violence, it “must be balanced against the sensitive and potentially distressing nature of the subject for those involved” (2009, p. 93). Researchers may be unwilling to undertake qualitative research with children on domestic violence (Baker, 2005).

Although information about the ethical barriers and constraints in social research with children exists (Graham & Fitzgerald, 2010; Morrow & Richards, 1996; Powell et al., 2011), knowledge deficits about the specific barriers and enablers to conducting domestic violence research with children are evident. Questions explored in this thesis, along with an understanding of the views and constructions of gatekeepers and researchers, can inform research efforts and facilitate children's safe research participation.

1.7 Theoretical Approach to Study

This study was positioned within a philosophical framework underpinned by a constructivist-interpretive approach (Creswell, 2014). Such an approach was appropriate to the qualitative exploratory study, to the research questions and to the different cohorts involved (domestic violence service providers, mothers who have lived with domestic and family violence, clinicians, domestic violence researchers, and ethics committee members). Chapter Four will expand on this.

Building on the constructivist-interpretive foundation, the methodological approach draws upon Charmaz's (2008) constructivist grounded theory. This methodology facilitated data analysis across the five cohorts, ensuring that data interpretation was grounded in the multiple and diverse constructions held by participants. It was understood in this study that multiple meanings exist on the research questions. This study sought to adequately capture these different constructions; hence, the suitability of the chosen methodology.

To inform the research design and to understand data from the interviews, this study relied upon other theoretical influences; these were integrated and brought together by drawing on interdisciplinary studies and Childhood Studies, with reference to childism (Wall, 2010, 2019). This served as a unifying theoretical hub for child rights and professional theoretical perspectives from the disciplines of occupational therapy and social work. Chapter Four will discuss this framework in more detail.

Domestic violence scholars have argued for interdisciplinary research in this area (Øverlien, 2010) and for some adjustments to social science research methods to make them more responsive to the rights of children and their presenting needs or circumstances (Cater

& Øverlien, 2014). Other commentators highlight the importance of developing enhanced research practices in conducting research with children on violence (Ellonen & Pösö, 2011).

Consequently, this study relied upon specific theoretical interdisciplinary approaches which understand children as rights-holders, such as Childhood Studies and the child rights framework. With respect to children's rights to "freedom from all forms of violence," the United Nations Committee on the Rights of the Child states that "child participation is essential" regarding "all appropriate legislative, administrative, social and educational measures" to address domestic violence (United Nations Committee on the Rights of the Child, 2011, p. 14). For domestic violence to be understood, children's constructions are pivotal in research (Evang & Øverlien, 2015).

New ways of approaching domestic violence research that enable children's participation are required. With this intent, childism (Wall, 2010), has also been incorporated into the interdisciplinary theoretical framework. Bringing a critical lens to the research questions being explored, childism, in the context of this research, assisted in critiquing the assumptions held about children with experiences of domestic violence and their participation in research. Obtaining this understanding is significant to developing and reconstructing knowledge about the possibilities of facilitating children's research engagement. Potentially, interdisciplinary research holds the key to achieving this outcome. Jordan (2011) articulated the need for this form of research; for example, through interdisciplinary research centres, which are considered ideally placed to advance knowledge development about domestic violence.

Integrating knowledge from the disciplines of social work and occupational therapy was important in this research, both for the design and methods used in this study and in the analysis of the interview data. Social work ethical value principles such as empowerment, self-determination, anti-oppressive practice, and a focus on rights-based approaches and social justice (Australian Association of Social Workers, 2010; International Federation of Social Workers, 2012) underpinned research practice. An understanding of ecosystems theory (Mattaini & Huffman-Gottschling, 2012) was also of assistance in the selection of cohorts and in recruitment processes. The selected cohorts therefore came from different environments that are involved in the decision-making about children's participation in domestic violence research. Recruitment extended beyond the family system to also include child clinicians, the domestic violence service sector, domestic violence researchers and ethics committee members.

Occupational therapy knowledge regarding occupational performance (Kielhofner, 2009) was utilised to understand how domestic violence affects mothers and their role as mothers (Cage, 2007; Helfrich & Aviles, 2001; Nguyen et al., 2018). This informed research practice, particularly in the adoption of trauma-informed strategies and approaches when conducting interviews (Javaherian-Dysinger & Underwood, 2017; Klinic Community Health Centre, 2013; Wilson et al., 2015). Knowledge about the impacts of childhood trauma and occupational therapy practice with children who have experienced child maltreatment, such as sensory-based interventions, task analysis, and environmental modification to facilitate the occupational performance and occupational participation of these children (Case-Smith & O'Brien, 2010; Petrenchik et al., 2015), was valuable in understanding and interpreting results.

The integrated theoretical approach of this study provided an opportunity to advance scholarship on the barriers and enablers in conducting domestic violence research with children who have experienced such violence. Swanston et al. posited: “children as young as eight were able to powerfully articulate their experiences and needs: now is the time for us to listen” (2014, p. 198). However, before we can effectively listen, the domestic violence service system and the research landscape need to give further consideration and attention to facilitating children's safe engagement in this type of sensitive social research, particularly when understanding their voices is considered critical to ongoing policy reform and the development of service responses (Houghton, 2018; Noble-Carr et al., 2017).

1.8 Structure of Thesis

The thesis has10 chapters. This chapter introduced the study which explored gatekeepers' and domestic violence researchers' decision-making considerations and their constructions on the barriers and enablers to children's participation in domestic violence research. The value and importance of this thesis was also outlined.

Chapter 2–Domestic/Family Violence and Children

Chapter Two presents an overview of literature that provides a contextual background to this study. It focuses on understanding domestic and family violence, the policy, service, and research setting, and the impacts of domestic violence on children, such as the trauma experienced.

Chapter 3–Barriers, Enablers and Ethics

Chapter Three provides an overview of the literature informing the research questions and discusses the barriers, enablers and ethical issues involved in conducting domestic violence research with children.

Chapter 4–Theoretical Framework Informing the Methodology

Chapter Four outlines the integrated theoretical framework for this qualitative exploratory study, which has been underpinned by a constructivist-interpretive paradigm and Charmaz's (2008) constructivist grounded theory. This facilitated exploration of the diverse constructions and perceptions held about domestic violence research with children, the barriers, obstacles, and ethical issues which exist, and the strategies to enable children's participation.

Chapter 5–Research Methods

Chapter Five gives an account of the methods used in this research, including the sampling strategy. It discusses the challenges experienced in recruiting mothers to this study, which is relevant to the research questions. The chapter also presents the strategies used by the researcher during interviews, such as principles in the Ethics of Care approach and conducting sensitive, trauma-informed research.

Chapters 6 to 9–Findings

Chapters Six to Nine present the results from the data analysis. Chapter Six details the constructions from mothers about the barriers in domestic violence research with children; Chapters Seven and Eight, the views and perceptions from other cohorts about the obstacles; and Chapter Nine, the enablers in conducting domestic violence research with children, as put forward by all cohorts.

Chapter 10–Discussion and Conclusion

Chapter Ten brings together study findings and interprets these through the integrated theoretical framework of the study, providing knowledge of the barriers to conducting domestic violence research with children, along with learnings and insights about facilitating children’s involvement. This chapter presents the STARR enabling model for conducting domestic violence research with children. Chapter Ten also considers the implications of the thesis for researchers, domestic violence service providers, peak agencies, ethics committees, government, and other key stakeholders, such as legal services. The limitations of the thesis, recommendations for ongoing research in this field, and the researcher’s reflections on the study are also discussed.

1.9 Conclusion

Pursuant to Article 12 from the UNCRC, children have rights to have a say, be heard, and be listened to in decisions that affect them and to participate in social policy and service reforms. The UNCRC holds significant weight in facilitating children's inclusion in research and must be at the forefront for those developing action plans and strategies to prevent and address domestic and family violence. Parkes says of the UNCRC:

> It serves as a legally binding directive to countries all over the world, detailing the nature and scope of children's rights and the minimum extent to which they should be implemented in law and practice. (2013, p. 1)

The outcome and findings of this study offer further knowledge and understanding about the strategies that can facilitate the future inclusion of children in this area of sensitive social research. To ground this thesis in existing scholarship and literature relating to domestic and family violence, the following chapter presents background literature of significance to this study.

Chapter 2—Domestic/Family Violence and Children

> Children’s exposure to domestic and family violence has become a prominent policy issue comparatively recently. In the past two decades, empirical evidence about the extent to which children are exposed to domestic and family violence and the negative effect this has on their development, has created an impetus for policy responses to this issue. (Campo, 2015, p. 2)

2.1 Introduction to Chapter

This chapter provides the contextual background to this thesis and presents a thematic overview of key bodies of research and policy literature pertinent to understanding domestic violence, children’s experiences of this violence and the current policy, service, and research context. Firstly, the chapter summarises the comprehensive literature review process. There is a significant amount of literature related to domestic violence (Heise, 2011); the researcher prioritised literature from the last 20 years, because domestic violence research with children as direct informants on their experiences of this violence generally emerged during this period (Øverlien, 2010). The chapter discusses definitions and terminology regarding domestic and family violence and then focuses on children’s experiences of this violence and the impacts of domestic violence trauma on children. The underpinning policy drivers which currently influence both the domestic and family violence service context and the research environment are also highlighted in this chapter. The chapter finishes by reinforcing the importance of listening to children with experiences of this violence in the ongoing reform and development of service responses.

2.2 Comprehensive Literature Review

This thesis utilises a process of thematic analysis to organise and structure the literature review process (Boyatzis, 1998). Literature was categorised into prominent themes of importance to the background context of this thesis and to the research questions, relating to the barriers, decision-making considerations, and possible enablers to conducting domestic violence research with children. While the literature review initially was broad, focusing on social research, and sensitive social research with children, the researcher was interested in literature relating to qualitative research with children who have experienced domestic violence and childhood trauma, such as child abuse and maltreatment. In addition to the presenting ethical issues and tensions in conducting domestic violence research with children, other areas explored included theoretical underpinnings, conceptual frameworks, methodological issues, and practical concerns in conducting this research with children. Discipline-specific literature from social work and occupational therapy, which related to the research questions was also reviewed.

In addition to research literature, the researcher examined relevant grey literature, such as publications on the current research, policy, and service delivery context. Literature from Westernised and higher income countries including the United States, Europe, United Kingdom, New Zealand, and Australia was predominantly reviewed because of research deficits in developing nations (Colucci & Hassan, 2014). The combination of search terms included: domestic violence, family violence, research, children, ethics, and childhood trauma. Domestic violence can be referred to as interpersonal partner violence; hence, searches also used this term. Various databases such as EBSCO, SocINDEX, PsycINFO, ProQuest, CINAHL, and the Cochrane Library were searched, along with Google Scholar and the websites of key government and research agencies (both in Australia and overseas). The researcher also reviewed the reference sections of key studies.

A preliminary review of the literature informed the development of the research questions, key concepts in this study, the research design, and the interview protocols for each cohort. The review indicated that, although domestic violence research had occurred with children, their voices were not adequately represented in the literature. Knowledge gaps were apparent in the understanding of this research shortfall, the barriers to children's participation, and how the decision-making considerations of gatekeepers and researchers influenced children's research engagement.

2.3 Understanding Domestic and Family Violence

Domestic violence is a "chronic social problem" (Humphreys, 2006, p. 20) and a critical international concern (Bradley, 2018; Pinherio, 2006) which "knows no boundaries," due to its prevalence across all societies, cultures, socioeconomic groups and age ranges (Javaherian-Dysinger & Underwood, 2017, p. 3). Now more recognised, this form of violence increasingly comes to public and community attention via media reports on serious incidents perpetrated against women and their children (Calderwood, 2019; Dent, 2018). Of significant concern to governments is the cost of this violence to their economy. In Australia, this was estimated at approximately 22 million dollars during the period 2015–2016 (Australian Institute of Health and Welfare, 2018, p. xi).

From a historical perspective, domestic and family violence has a long history (Edleson, 1999; Muehlenhard & Kimes, 1999). Despite this, it only started to receive public attention in the mid-1800s, because of the women's movement, followed by social action from suffragists in the early 1900s. Since these initial developments, the battered women's movement, along with the feminist movement from the 1970s, further served to spotlight the issue (Barnett et al., 2011).

Dobash and Dobash (2003) discussed the mobilisation and rise of the women's movement, along with feminism, which were pivotal to the establishment of refuges and support services for women and their children escaping domestic violence. Beginning at the local community level, activism by women on the impacts of domestic violence and growing recognition of this issue, at the national and international level, resulted in the development of women's refuges in the United Kingdom from 1972 (Dobash & Dobash, 2003), in the United

States (Muehlenhard & Kimes, 1999), in northern Europe, Norway (Øverlien, 2011), and, similarly, in Australia from 1974 (Mackey, 2014; Theobald, 2014). Momentum for establishing domestic violence services increased as activists travelled to different locations and countries raising awareness and support for the plight of women and children with experiences of this violence, and the need for refuges and shelters (Dobash & Dobash, 2003).

Understanding this background and historical context to the development of the domestic violence service sector (Dobash & Dobash, 2003), and the significant safety concerns which prevail for women and children with experiences of this violence (McGee, 2000), provided the contextual understanding to this study, and the resultant focus on children's needs and circumstances.

With respect to domestic violence and its impacts on children, only over the last couple of decades has landmark research occurred highlighting children's own constructions and unique experiences as victim survivors (Hague & Mullender, 2006; Humphreys & Mullender, 2000; McGee, 2000; Mullender et al., 2002). Research clearly evidences the adverse impacts on children (Baker, 2005; DeBoard-Lucas & Grych, 2011; Houghton, 2006; Mudaly & Goddard, 2006; Noble-Carr et al., 2017; Øverlien & Holt, 2019). Coupled with increasing knowledge about the impacts, changes have also occurred in how we understand and define domestic violence and the language used about this violence.

Construction of Domestic Violence, Definitions and Terminology

Since recognition of domestic violence and evolving research on the issue, various terms denote domestic violence (Laing & Humphreys, 2013). Domestic violence is "discursively constructed"; Featherstone and Trinder stated that "the recognition and naming of a phenomenon as 'domestic violence' is by no means constant or consistent" (1997, pp. 146–147). A similar point was made by Muehlenhard and Kimes; domestic violence is "socially constructed, has varied over time, and reflects power relationships" (1999, p. 234).

Consequently, the term, the definition, and its significance are not fixed, being dependent upon legislative foundations and the cultural and social context in a given society (Barnett et al., 2011; Smith et al., 2005).

Terms across the literature include “battered women” (Peled, 1998; Peled & Edleson, 1998), “domestic violence,” “partner abuse” and “spouse abuse” (American College of Obstetricians and Gynecologists, 1995, p. 161), “domestic abuse” (Blair et al., 2015), “intimate partner violence” (DeBoard-Lucas & Grych, 2011; Pells et al., 2015; Wathen et al., 2012), “family violence” (Bagshaw et al., 2010), “violence against women” (European Union Agency for Fundamental Rights, 2014; United Nations, 1993), “patriarchal terrorism” (Øverlien, 2013, p. 277), “intimate terrorism” (Bubriski-McKenzie & Jasinski, 2013, p. 1429) or “everyday terrorism” (Pain & Scottish Women’s Aid, 2012, p.13).

Buckley et al. (2006) summarised some of the tensions relating to terminology used. For example, use of the word “domestic” can make light of the violence because it is seen to be confined to the home or the family/domestic sphere. However, women and their children can face risks of harm in the community, such as when they leave a violent relationship (Pernebo & Almqvist, 2017; Stanley & Humphreys, 2015) and in the context of custody arrangements for their children (Galántai et al., 2019; Holt, 2017; Morrison, 2015; Radford & Hester, 2006). The use of the terms “battered” and “victims” also portray women experiencing domestic violence as victims, as opposed to survivors, of the violence (Buckley et al., 2006). Some research uses the term “survivor” (Stanley et al., 2012), and this term is considered a more appropriate and a suitable description for women and children with experiences of this violence (McGee, 2000). The term “victim-survivors” (Downes et al., 2014) is also used in the literature to denote that both experiences of being a victim, and that of a survivor, can exist when someone has endured domestic violence. This term is reflected in the Australian context and is used in some judicial publications (Douglas & Chapple, 2019).

The United Nations Declaration on the Elimination of Violence against Women defines domestic violence as follows:

> Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. (Article 1, United Nations, 1993)

The *Family Law Act 1975* (Cth) in Australia defines family violence as “violent, threatening or other behaviour by a person that coerces or controls a member of the person’s family (the family member), or causes the family member to be fearful” (Section 4AB). To specifically address issues relating to domestic and family violence in family law proceedings and the need to prioritise children’s safety in such matters, the *Family Law Legislation Amendment (Family Violence and Other Measures) Act 2011* amended the definition of family violence and child abuse. Exposure of a child to family violence includes: “if the child sees or hears family violence or otherwise experiences the effects of family violence” (Cole et al., 2020, p. 821). Further, interested persons, such as a party to proceedings or legal representatives must advise the court about any allegations of family violence and child abuse, which includes previous abuse or the risk of abuse (Cole et al., 2020).

The Australian Bureau of Statistics (ABS) adopts the term “family and domestic violence.” This terminology more accurately includes the broad types of abusive behaviours that can occur in intimate relationships and involve members of a family, such as spouses, partners, ex-partners, children, or care providers. This form of violence is defined as “types of behaviour or threats, which include physical violence, sexual abuse, emotional abuse, verbal abuse and intimidation, economic and social deprivation, damage of personal property and abuse of power" (Australian Bureau of Statistics, 2013).

The ABS description and the United Nations definition for gender-based domestic violence (United Nations, 1993) were adopted for this thesis. The ABS description encompasses the different behaviours that constitute domestic violence within the community, such as in Aboriginal and Torres Strait Islander communities (Phillips & Vandenbroek, 2014). Family violence is the term preferred by Aboriginal and Torres Strait Islander peoples because it "captures the broader issue of violence within extended families, kinship networks and community relationships, as well as intergenerational issues" (Australian Government Department of Social Services, 2019, p. 57). Aboriginal and Torres Strait Islander peoples also indicate that domestic violence can involve "social, spiritual, cultural and economical abuse and one-on-one fighting, abuse of Aboriginal community workers and self-harm, injury or suicide" (Korff, 2021, Definitions of 'domestic and 'family' violence section).

However, this thesis principally focused on violence between intimate partners within a domestic setting, where males perpetrate this violence against their female partners and where children are also involved, as opposed to violence involving siblings or violence from a child towards their parent. Hence, the term domestic violence is mostly used throughout this study; domestic violence is also a term commonly used professionally and in the community. The researcher understands that children have different constructions of this violence, their own individualised experiences (Aadnanes & Gulbrandsen, 2018; Cunningham & Baker, 2004) and coping strategies (Chanmugam, 2015).

Study of domestic violence is complex, characterised by significant debate, controversy, and conflicting research in understanding and explaining this form of violence and its causal factors (Archer, 2000; Hydén et al., 2016; Kimmel, 2002; Morse, 1995). Men and women both can be involved in perpetrating intimate partner violence, which can also occur in same-sex partnerships (World Health Organization/London School of Hygiene and Tropical Medicine, 2010), although men are “more likely” to assault their partner repeatedly, and “women are far more likely than men to suffer physical injury and seek medical treatment” (Morse, 1995, p. 251). It is recognised that women and children represent “the overwhelming majority of victims” (Stainton, 2016, p. 79).

Feminists cite the role of gender, structural disadvantage, and inequality as contributing to men’s violence against women, but family conflict researchers suggest that factors leading to this violence are common to both genders (Archer, 2000) and that “multiple etiologic pathways are indicated” (Kashani & Allan, 1998, p. 16).

According to the ecological model, “there is no single factor that ‘causes’ partner violence,” the perpetration of domestic abuse or the possibility of this occurring (Heise, 2011, p. vii). A situation where domestic violence has a higher prevalence rate in a particular community “is a function of many factors that interact at different levels of the ‘social ecology’” (Heise, 2011, p. viii). Heise noted that understanding domestic violence through the ecological lens necessitates consideration of how dominant discourses and ideologies in a society or in the community, and gendered norms, perpetuate this violence. Other factors important for understanding domestic violence include the influence of “life histories, traumatic scars, and personality factors that men and women bring to their relationships, as well as the context and situational factors that impinge on their day-to-day lives” (Heise, 2011, p. vii).

2.4 Children’s Experiences of Domestic and Family Violence

The incidence of children’s exposure and their experiences of domestic violence are difficult to measure. Reasons include under-reporting, lack of data, and the minimisation of children’s exposure (Australian Institute of Health and Welfare, 2018; Phillips &

Vandenbroek, 2014; Richards, 2011). Calder et al. (2004) refers to the “iceberg representation” of children’s exposure, with children at the top involved with refuges and known to the authorities, but other children, under the surface, “known to no-one” (pp. 4–5).

It is estimated that 29.4% of children in the United States who live with two parents have experienced domestic violence (McDonald et al., 2006). In Australia, one woman in six has endured domestic or sexual violence from a present or past partner. The rates of emotional abuse are higher, with a quarter of women indicating that they have experienced this form of violence (Australian Institute of Health and Welfare, 2018). The Personal Safety Survey illustrated that, of women who have experienced domestic violence (from 15 years), “over half a million” stated that their children were involved, either directly witnessing or hearing the violence (Cox, 2016, p. 102). Sixty-eight percent of mothers who disclosed that children were in their care when violence was perpetrated by a former partner reported that the children also experienced the violence (Australian Bureau of Statistics, 2017, as cited in Australian Institute of Health and Welfare, 2018). One in four Australian children is understood to have experienced this violence (Humphreys & Bradbury-Jones, 2015).

Although experiences vary and are unique to each individual child (Coordinated Action Against Domestic Abuse, 2014), research illustrates the significant impacts of domestic violence (Buckley et al., 2006; Callaghan & Alexander, 2015; Hague et al., 2002; McGee, 2000; Pernebo & Almqvist, 2017). Children’s experiences can include witnessing the violence, overhearing the violence, being coerced to participate, acting to stop the violence, being blamed by the perpetrator, or being held hostage. Children may have to deal with events post-violence, which can involve obtaining help, assisting an injured parent, having to leave the family home, and then coping with their own possible injuries and trauma (Buckley et al., 2006; Richards, 2011).

While literature mostly presents the negative and adverse consequences of this violence and the horrendous living environments experienced, it also needs to be recognised that children can display incredible resilience, protective strategies and coping skills (Anderson, 2017; Callaghan & Alexander, 2015; DeBoard-Lucas & Grych, 2011; Howell, 2011; McGee, 2000; Øverlien, 2010; Yule et al., 2019). Scholars call for a greater focus on strengths-based descriptors, highlighting children's capacity or resilience in response to the violence (Fairchild et al., 2017).

Domestic Violence and Child Maltreatment

The various types or forms of violence experienced by children can involve "physical, sexual or emotional abuse and neglect" (Paavilainen et al., 2014, p. 44). A significant body of research illustrates the risks of other types of child abuse for children living with domestic violence (Øverlien, 2010) and the overlap or intersection between intimate partner violence and violence against children (Anderson, 2017; Namy et al., 2017). Researchers note that, while domestic violence and child abuse were previously constructed as separate, in practice and in research, the overlap between the two is now recognised as a "lethal risk" for children (Jaffe et al., 2012, p. 71). Serious domestic violence or interpersonal violence perpetrated by men rarely happens without other co-occurring victimisation and maltreatment (McDonald et al., 2009).

Literature from Australia similarly shows the possible coexistence of domestic violence with other forms of child maltreatment (Bagshaw et al., 2010, Campo, 2015, Dunkley & Phillips, 2015). Research in the United Kingdom highlighted that nearly half of the children who experienced child abuse had also lived with domestic violence (UK Department of Health, as cited in Calder et al., 2004, p. 3). In many jurisdictions, including Australia, domestic violence where children are involved is classified as a form of child abuse (Barnett et al., 2011; Campo, 2015; Clarke & Wydall, 2015; Mudaly & Goddard, 2006; Richards, 2011; Tomison, 2000).

While the impact of domestic violence can be tragic, its effects are moderated if the child has protective influences around them (Clements & Fay-Hillier, 2019). The child's "level of understanding, personality, circumstances, coping strategies and degree of support" (Mullender, 2006, p. 59) are other factors that affect their experiences of this violence. Vulnerability and risks both increase when a child has a disability (Chan et al., 2016; Jones et al., 2012).

Noting possible adverse outcomes for children who experience domestic violence and abuse, Barnett et al. (2011) in their text *Family Violence Across the Lifespan* indicated that children with experiences of family violence and abuse "are far more likely to engage in violence themselves, both as children and when they are adults" (p. 3). However, cautioning against overinterpreting this data, Barnett et al. further stated that most children who experience childhood abuse, do not go on to become adult abusers.

With respect to the significant psychological and emotional impacts of domestic violence on children, Edleson (1999) presented a review of 31 studies which outlined that children who have endured this violence can have "a variety of behavioural, emotional, and cognitive-function problems" (p. 839). This paper provided information about the complex nature of domestic violence and the different ways that children experience the violence, which includes not only hearing it, but being used by the perpetrator and dealing with the situation post-violence.

De Bellis (2001) wrote about the "psychobiological development" (p. 540) of children with experiences of maltreatment and highlighted the association between child maltreatment and mental health issues in adulthood. This scholar discussed "developmental traumatology" (p. 539) and how the neurobiology of a child can be significantly impacted by maltreatment which can affect their development across different domains: emotional, physical, and cognitive. Supporting these findings, Kitzmann et al. (2003) completed a meta-analysis on 118 studies from 1978–2000 which illustrated a significant correlation between a child's experience of domestic violence and adverse outcomes. For example, 63% of children who had endured domestic violence were presenting with more difficulties, when compared with children without these experiences. Although this study also noted that 37% of children who had experienced violence were coping on par with nonvictims.

Bair-Merritt et al. (2013) discussed the "epidemic of childhood exposure to domestic violence" (p. 1673) and highlighted that experiences of domestic violence are associated with higher levels of health issues in children, and clinicians should address these concerns to prevent future health complaints. They argued that domestic violence needs to be identified earlier on to mitigate adverse impacts on health. Childhood asthma was discussed and how experiences of violence can increase the occurrence of asthma and its seriousness. The chronic impacts of stress on the developing brain and on the neurocircuitry of the brain were acknowledged. Children in early childhood were positioned as being especially vulnerable to domestic violence. Difficulties with learning and adverse effects on the child's emotional wellbeing can result (Bair-Merritt et al., 2013).

The possibility that children with experiences of domestic violence can also present with behavioural issues was identified in research conducted with 300 women in Texas, United States (Blair et al., 2015). Women were recruited through refuges or via the Office of the District Attorney and participated in interviews about their children's experiences of the violence. This research highlighted gender differences, in that boys who directly witness the abuse of their mothers, were more likely to display hostile or aggressive behaviours.

Afolabi (2015) reviewed empirical studies and literature about the impacts of domestic violence on children, in particular, "biological and psychological influences" (p.

44). This paper highlighted that experiences of domestic violence can result in children having health and developmental concerns, mental health issues, behavioural difficulties, and emotional problems, which may endure into young adulthood. It was recommended that professionals needed to have the skills and capacity to undertake assessments and to provide appropriate crisis supports, which necessitated understanding the developmental needs of children, along with the impact of trauma. In summary, scholars have stated that some children develop post-traumatic stress disorder (Herrenkohl, 2010; Margolin & Vickerman, 2007), where overwhelming invasive thoughts about a traumatic experience exist, along with inherent problems managing and regulating emotions (Carrion et al., 2007).

2.5 Understanding the Impact of Trauma

In order to build knowledge which enables the participation of children in domestic violence research, this thesis points to the importance of understanding the potential traumatic impacts of interpersonal trauma on children. These can present as barriers to conducting research in situ, particularly when eliciting children's responses about their experiences. Researchers themselves have argued for greater focus and acknowledgement of trauma in scholarship (Day, 2018), especially in domestic violence research (Goodman et al., 2017).

Domestic violence and child abuse are considered forms of "interpersonal trauma" (Klinic Community Health Centre, 2013, p. 35). Domestic violence falls within the definition of complex trauma, because the trauma generally "occurs repeatedly and cumulatively," mostly "over a period of time," and in a relational setting (Courtois, 2008, p. 86). Ford and Courtois (2013) in their definition of complex trauma indicate that betrayal frequently exists, and experiences can include "direct harm through various forms of abuse" (2013, p. x). Examples of abuse include physical abuse, neglect, psychological or emotional harm, and sexual abuse (Ford & Courtois, 2013).

James and MacKinnon made the distinction between “Big-T and little-t Trauma,” giving examples of abuse and domestic violence as “Big-T traumas” because of the “highly disturbing” nature of the incidents (2012, p. 191). Shaw (2010) stated that trauma experiences can lead to deleterious effects, disrupting the child’s ongoing development. Although these adverse outcomes are possible, it is acknowledged that experiences of poverty, racial discrimination, structural oppression, and other macro-ecological factors can also have traumatic impacts on children, and often these are under-recognised, and not adequately addressed (Svetaz et al., 2020).

Perry recognised that “children growing up in chaos, neglect and threat do not have the fundamental developmental experiences required to express their underlying genetic potential to self-regulate, relate, communicate, and think” (2006, p. 28). A raft of adverse effects and impairments can result from experiences of trauma including problems with arousal, behaviour, disturbances in mood, cognitive functions, and how children self-regulate emotions (Bedi & Goddard, 2007; Cook et al., 2005; Tufnell, 2011). Medical issues, such as somatic concerns and shifts in the construction of meaning and self-concept, are also possible. Perceptions held about the perpetrator of violence, and relationships with others, can change, so significant is the impact on trust (Courtois, 2008).

The Neuroscience of Trauma

Research evidence shows that trauma can significantly affect a child’s neurological development, because neurological pathways and circuitry in the brain are at risk of being fundamentally changed (De Bellis, 2001; Painter & Scannapieco, 2013; Perry, 2006). Serious trauma in the early stages of an infant and child’s development can jeopardise the growth of neurological connections (Cozolino, 2005).

The clinical implications from trauma experiences for a child cannot be underestimated. Unpublished assessment data from about 2,000 assessments conducted with children by multidisciplinary trauma clinicians (occupational therapists, social workers, and speech pathologists), at the Michigan Children's Trauma Assessment Center in the United States revealed striking results:

- 71% have moderate to major receptive language delays
- 82% have moderate to major memory delays
- 70% have moderate to major visual processing delays
- 85% have moderate to major attention deficits
- 60% have probable to definite sensory processing problems
- The mean of rule-breaking, aggression, and externalizing behaviours are at statistically elevated levels. (Steele & Malchiodi, 2012, p. 36)

Although these results emerged from a clinical setting, they do provide insight into the potential presentation of children and young people with experiences of domestic violence. As this thesis posits, these results have implications for research designs, the optimal environment for research, and, potentially, the professionals and key research disciplines who are best placed to conduct domestic violence research.

For children with post-traumatic stress disorder because of family violence, due to "overwhelming dysregulation … even minor stressors can lead to serious distress" (Margolin & Vickerman, 2007, p. 615). Within the brain, stress chemicals and neurotransmitters fire off, readying and preparing the body for action. Tufnell refers to this as "the psychophysiological response to stress" (2011, p. 107). According to Van der Kolk, "the whole world is filled with triggers" for children who have suffered abuse, potentially leading to feelings of danger, terror, anger and aggression (2015, p. 274).

The type of coping behaviours that children develop depend on their experiences of trauma, their current environment, and the people in that environment (Steele & Kuban, 2013). But if a child's sense of safety is impinged upon, survival behaviours such as "fight," “flight,” or “freeze” can result (Steele & Kuban, 2013, p. 10). The child can become angry, aggressive, can run out of the room, can emotionally shut down and feel nothing (numb), or may disassociate. With the freeze response, as the word suggests, children effectively shut down (Steele & Kuban, 2013). Van der Kolk describes this as “the last resort” automatic nervous system response to trauma (2015, p. 83), activated when there is no escape nor ability to flee or fight your way out of an overwhelming traumatic experience.

What do these insights and learnings from neuroscience offer to the design and conduct of research with children on their experiences of domestic violence? An understanding of complex trauma and the impacts of trauma on children provides an underpinning theoretical and philosophical framework which assists us to make sense of children’s presentations and behaviours (Ford & Courtois, 2013). This is pivotal to conducting domestic violence research, so that researchers can understand the child before them and the child’s responses.

Equally significant to domestic violence research are learnings from neuroscience which show how traumatic experiences affect the mid-brain (or limbic area in the brain), where there is no verbal language. Steele and Kuban explain that, in the limbic part of the brain, sometimes “referred to as the ‘feeling’ brain or the ‘survival’ brain … there is no reason, logic or language” (2013, p. 4). Because trauma is initially stored as a sensory experience within the body, children may need other strategies to share their experiences (Steele & Malchiodi, 2012). In a therapeutic sense, “sensory-based interventions” are recommended (Steele & Kuban, 2013, p. 10) to facilitate children’s ability to connect with those experiences and process their trauma. Steele and Kuban argue: “If, therefore, there is no language to help children communicate what their experience is like, what matters most is that we present them with opportunities to communicate what it is like without words” (2013,

p. 7). In the light of this, talking-based interventions with those who have experienced trauma can be problematic (Smith, 2018; Warner et al., 2014).

Child clinical experts advise that children who have endured severe maltreatment are mostly not inclined to tell us about their experiences, particularly if the abuse is perpetrated by someone they are reliant upon; children may also try to protect the perpetrator (Klorer, 2005). Other children feel compelled to share their experiences, but children who have experienced prolonged trauma may be unable to talk about it—or simply "*cannot*" (Klorer, 2005, p. 216). Steele and Malchiodi (2012) acknowledge that children may not be able to articulate in words, or even remember, what happened to them. From a therapeutic stance, Baraitser notes that children can "relive in their bodies and in the unconscious parts of their minds the moments of terror that they cannot yet describe in words" (2014, p. 17).

This brief discussion on the impacts of traumatic experiences is not intended to construct children in a way that renders them too vulnerable or emotionally at risk to participate in domestic violence research. The literature clearly highlights children's lack of voice in this area, where they are constructed as "passive, damaged and relationally incompetent" (Callaghan et al., 2016, p. 649). On the contrary: the purpose here is to provide clinical insights and improve understanding of how experiences of domestic violence may affect children. This contextual information is foremost in showing respect to children, understanding the child involved in research, and ensuring ethical research practice (Graham et al., 2013).

Relational and Attachment Impacts

Recognising the impact of violence on the relationship between mothers and their children is significant for this study. The varying, multifaceted and enduring effects of domestic violence on the mother–child relationship are presented in the literature (Buchanan et al., 2015; Holt, 2017; Levendosky et al., 2011; Thiara & Humphreys, 2017). Perpetrators of violence attempt to erode the relationship between mothers and their children (Radford & Hester, 2006).

Buchanan et al. (2013) reported that mothers described living with an ever-present fear. This impacts both the mother and infant, their developing relationship, and the mother's response in mitigating the escalating risk of violence and in safeguarding their child. Violence can seriously affect the growing attachment between a mother and their child (Cook et al., 2005; Levendosky et al., 2011). The attachment between a mother and their child is considered the most significant (Ludy-Dobson & Perry, 2010). Attachment is defined as "an enduring relationship with a specific person that is characterised by soothing, comfort, pleasure, and safety"; the loss of this person, or the threat of a loss, causes a sense of immense distress (Ludy-Dobson & Perry, 2010, pp. 30–31). The literature highlights the impact of domestic violence trauma on children's relationships, attachments, and development (Graham-Bernmann & Levendosky, 2011; Lapierre et al., 2018; Levendosky et al., 2011).

2.6 The Research, Policy and Service Context

The domestic and family violence sector shows more awareness of children's experiences of domestic violence (Stanley & Humphreys, 2015), including the traumatic consequences of violence (Holt et al., 2008; Øverlien, 2014), and an understanding of children's circumstances and their needs, which are not mere secondary considerations to their mother's situation (Clarke & Wydall, 2015).

While such changes are positive, domestic violence has mostly been constructed and viewed as a private issue within families and a matter solely between domestic partners (Hilder & Bettinson, 2016). Law reform and changed definitions relating to the victims of domestic violence may now include children in many jurisdictions, including Australia (Australian Bureau of Statistics, 2013), but commentators point out that legislation and policy responses can still omit a definition of children as victims (Little & Garland, 2016). In Europe, the treaty which focuses on dealing with domestic violence (The Istanbul Convention) does not clearly define children as victims of this violence; the focus remains on women (Callaghan & Alexander, 2015).

Koverola and Heger (2003) discussed the backdrop complexities which have impacted children's profile and positioning in the service system. In addition to barriers in bridging research and practice, children have been "caught in the cross-fire of disciplines," where different professionals have their own discourses, professional views, and theoretical approaches in addressing concerns (Koverola & Heger, 2003, p. 331). Historically, responding to children's experiences of domestic violence has been at the junction of the children's rights advocacy agenda and the women's rights movement. The child protection system responds to child safety concerns, and the women's movement focuses on the rights and needs of women victims. Unfortunately, these separate systems have not always worked together, and a lack of trust has impacted collaborative efforts (Koverola & Heger, 2003).

Campo (2015) indicated that policy related to children with experiences of domestic violence has been fraught, because of the cross-over between different policy areas. Hester used the analogy of "The Three Planet Model" to represent the difficulties of bringing together and integrating separate systems (2011, p. 837). This includes the child protection system, the domestic violence system, and what Hester refers to as the "child contact planet," which relates to contact in the post-separation context through the family law system (Hester, 2011, p. 846). A participant in research conducted with practitioners from the family violence service system in Victoria, Australia, stated:

> The family violence service system has been designed with the needs of women in mind. The Child Protection system has been designed with the interests of children in mind, but [the] integrated family system tries to kind of bring all those in together and

> doesn’t do that very successfully either. So, we are working in silos, but the reality is we’ve got to stop. (Participant EI1, cited in Fitz-Gibbon et al., 2019, p. 33)

In the Australian context, wide-scale inquiries and reviews illustrate the often-inadequate integrated service response to meeting children’s needs and the vulnerability of children with experiences of domestic and family violence (Queensland Government, 2015; State of Victoria, 2014–16). Some reviews have brought to light the devastating consequences of systemic and service system failures (Australian Domestic Violence Death Review Network, 2018; Commission for Children and Young People Victoria, 2016; Domestic Violence Prevention Council, 2016; Glanfield, 2016). Coupled with this, the child protection service system has been flooded with a burgeoning number of child protection reports. From 2013–2014 through to the year ending 2018, available data indicates that there was a reported 30% increase (Australian Institute of Health and Welfare, 2019, p. 32).

In addition to focusing on domestic violence research (ANROWS, 2014; Auchter & Backes, 2013), numerous reviews, taskforces, inquiries, and Royal Commissions have highlighted children’s experiences of domestic violence, recommending that policy and service responses adequately address children’s circumstances (for example, State of Victoria, 2014–16; United States Office of the Attorney General, 2012). Children are now the focus of strategies and action plans to address domestic violence (Australian Government Department of Social Services, 2019; UN Women, 2012; World Health Organization, 2016b).

Of critical significance to the broader Australian research and policy context have been findings and recommendations made by the Royal Commission into Family Violence conducted in Victoria (State of Victoria, 2014–16) and the Royal Commission into Institutional Responses to Child Sexual Abuse (Commonwealth of Australia, 2017). These reports brought children’s rights, including participatory rights and the importance of children’s safety, to the attention of the Australian community. Moreover, their findings and recommendations have spearheaded the significance of children’s rights and their safety needs, which are to be upheld in service delivery and institutional settings. National Child Safe Standards are now in place. These prioritise children’s rights to information provision, their participatory rights, and the fundamental requirement of children’s wellbeing and safety to be integrated in service provision, organisational, and community practice (Australian Human Rights Commission, 2018).

In response to inquiries which demonstrate the increased risks to children from poorly coordinated services, current policy, service and the research agenda, focus on the development of evidenced-based, integrated and coordinated domestic and family violence service systems which also emphasise the needs of children (ANROWS, 2014; Australian Government, 2011; Australian Government Department of Social Services, 2019; Council of Australian Governments, 2011). However, some historical legacy remains; when it comes to children with experiences of domestic violence, commentators still argue for “interagency collaboration and a shared responsibility” (Fitz-Gibbon et al., 2019, p. 23).

Inquiries and research continue to highlight the overshadowing of children and their unique needs. Their views and experiences are not sufficiently at the forefront of practice. Children can be excluded from policy frameworks and service responses, becoming an addendum to current service arrangements, meaning that children may not receive targeted supports (Callaghan et al., 2018). Clarke and Wydall (2015) made the point that organisational demands or requirements can focus more attention on monitoring the situation for children, as opposed to providing services directly to them. Research findings in Australia also illustrate resourcing issues and the need for increased resourcing to adequately support children in the service system (Breckenridge et al., 2016; Wendt et al., 2017).

It is widely believed that understanding children's experiences of domestic violence is significant to the ongoing development of policy and services to support them (Aadnanes & Gulbrandsen, 2018; Cater & Øverlien, 2014). However, Australian evidence shows that we know very little, from children themselves, about their lived experiences of this violence (Australian Institute of Health and Welfare, 2018). Understanding the barriers and hurdles to children's participation in domestic violence research is pivotal if children are to be engaged in research. This gap in knowledge was the focus of this thesis.

2.7 The Significance of Listening to Children

Moves to facilitate children's participation in research and reform processes have been a focus of both the academic sector and children's rights agencies, who have campaigned for this to occur (McCartan et al., 2012). Apart from being enshrined in human rights instruments, the involvement of children in research, policy, and in service development processes is something children themselves advocate for, seeking to be given the opportunity to share their views and talk about their experiences of domestic violence (Noble-Carr et al., 2017).

Enabling children's inclusion in violence related research recognises and upholds their participatory rights (Aadnanes & Gulbrandsen, 2018). Øverlien (2010) argued that, to understand children's experiences of this violence, we must listen to them: "Not until we use children as informants and listen to their voices to form the basis of our understanding can we begin to understand what it is like to grow up with violence in everyday life" (p. 89).

Further efforts towards the treatment and support of children in the domestic violence service system are necessary because of the increased risk of child abuse and the subsequent effect on children's emotional and psychological wellbeing. These children need recognition and identification within the system (Jouriles et al., 2001; McDonald et al., 2009). Researchers acknowledge the challenges to achieving this outcome. Domestic violence services may not have the resources to assess risks and provide treatment services to children. The outcome of child assessments may also highlight additional vulnerabilities and risks, which could result in the possible involvement of child protection services with a family (McDonald et al., 2009).

Acknowledging these hurdles, Richards stated that interventions and programs that specifically cater for the needs of children in the domestic and family violence service system are “under-researched” (2011, p. 5). “Notable gaps” in knowledge exist in Australia: “there is limited national research exploring how children generally, and Indigenous children specifically, experience family and domestic violence, how they perceive violence, and what support they need” (Australian Institute of Health and Welfare, 2018, p. 110). Research into optimal approaches and interventions with children who have experienced this form of trauma, and the impact on children who have endured multiple traumatisation and victimisation (such as physical, emotional and sexual abuse), is also lacking (Campo, 2015).

A recent national audit report in Australia, on the coordination of funding and actions to reduce domestic and family violence against women and their children (as outlined in the National Plan), illustrates the importance of research evidence and more focused research to identify programs, interventions, and the strategies that are most effective (Australian National Audit Office, 2019).

Similar research priorities, also recommended on a global level, include primary prevention research, such as research on protective mechanisms, and research on the best programmatic responses for preventing and reducing the risks of this violence against women and children (World Health Organization/London School of Hygiene and Tropical Medicine, 2010). Specifically relating to children with experiences of domestic violence, Bowyer et al. (2015) argued for research which explores the situation for children residing in refuge environments, and in other types of crisis and short-term accommodation, comparing the assistance and supports provided to children in both service contexts.

Overall, consistent arguments highlight the need for research with children on their views and constructions about their lived experiences of domestic violence (Pernebo & Almqvist, 2017). Such research can inform the development of future programs and service delivery which address their needs (Chanmugam, 2015). Considering this backdrop, the research reported in this thesis is of critical importance and timing.

Scholars have emphasised the need to understand the participation barriers for children with experiences of vulnerability, such as poverty, and for children who have endured human rights violations (Ray, 2010). Ray asserted that “barriers to the participation of children in the most difficult situations need to be understood and actively addressed, so as to avoid unintentional discrimination” (2010, p. 71). The significance of dealing with obstacles to children’s participation in research which relate to discrimination is also supported by Graham et al. (2013) in the Ethical Research Involving Children (ERIC) guidance.

Further research is recommended which delves into, discusses, and debates the benefits and risks in conducting trauma research more generally (Seedat et al., 2004) and with children specifically, when the research is about their experiences of maltreatment (Runyan, 2000). In the domestic violence research context and in other areas of sensitive social research with children, such as in child mental health, research is important for children’s experiences to be heard, and appropriately shared, in research publications (Gabriel et al., 2017).

Domestic violence research is a challenging area of sensitive social research because it presents ethical conundrums (Cater & Øverlien, 2014). However, it is these challenges that offer researchers the chance to consider other solutions and methods for safely facilitating children’s involvement in research (Morris et al., 2012). Øverlien and Holt (2018) noted that the task ahead, in conducting domestic violence research with children, is getting the balance right: safeguarding the protection of children in research and, equally, finding ways to harness and obtain their views in a safe and empowering manner.

The pursuit of this knowledge was the rationale for, and aim of, this thesis. Noble-Carr et al. (2017, p. 42) recommended: “more exploratory research, intervention and evaluation studies that enable the full and meaningful participation of children are urgently required” in Australia. This thesis provides a further step towards achieving these research goals.

2.8 Conclusion

A thematic overview of key bodies of research and policy literature was undertaken in establishing the background literature context for this study. A rigorous and extensive search process identified pivotal literature, which has been applied to the research questions explored in this thesis. It examined literature about understanding domestic and family violence, children’s experiences of this violence, and the research, policy, and service context. Inevitably, it is the background context that influences research developments. Beliefs, constructions, the value-base, and ideologies held by all stakeholders involved inform the development and implementation of research (Graham et al., 2013).

This thesis, therefore, focuses on eliciting the constructions of gatekeepers and researchers in conducting domestic violence research with children. By considering the position of children in the domestic and family violence policy and service context, and the traumatic impacts of domestic violence, this chapter served as a prelude for the literature review chapter which follows. The next chapter presents key literature on the barriers and enablers to conducting domestic violence research with children.

Chapter 3—Barriers, Enablers and Ethics

> Therein lies a challenge for social research: to balance the protection of children from harm in a way that does not stifle their involvement, yet discover ways to safely and ethically elicit their opinions and experiences in a way that empowers children while contributing to knowledge. (Øverlien & Holt, 2018, p. 104)

3.1 Introduction

The previous chapter located the research within the broader context of bodies of relevant literature. This chapter focuses on research literature that relates directly to the research questions: on the barriers and enablers to conducting domestic violence research with children and the decision-making considerations of gatekeepers and researchers. Children's marginalisation in research cannot be overlooked. Barriers to their research participation and engagement in participatory or consultative processes persist (Percy-Smith & Thomas, 2010). Horwath et al. (2012) argued that children with experiences of violence are "marginalized from the participatory process" (p. 157). These scholars further highlighted that barriers to their participation benefit no one, including stakeholders in policy development, service provision, and, most importantly, children themselves.

In relation to the involvement of children with vulnerabilities in research, the literature highlights the role of researchers in providing opportunities for children's views to be understood and indicates that ongoing critical review is necessary, "to disentangle some of the ambiguities, ethical dilemmas and constraints" (Yorke & Swords, 2012, p. 98). Hence, the importance of the research questions explored in this study.

Firstly, this chapter considers the continuum of vulnerability for children. It then explores decision-making in domestic violence research related to children's research engagement. The chapter spotlights literature about the barriers and enablers to conducting domestic violence research with children.

3.2 Ethics and the Continuum of Vulnerability

Questions relating to ethics and what this means or involves in domestic violence research are foremost in the literature. This includes issues of seeking consent from guardians (and children), dealing with stakeholders and gatekeepers, ensuring the safety and confidentiality of children, managing possible distress, and responding appropriately to any disclosure of risk by a child (Berry, 2009; Cashmore, 2006; Cater & Øverlien, 2014; Goddard & Mudaly, 2009; Morris et al., 2012; Øverlien & Holt, 2018).

There is now more focus on children being actively involved in research generally, because of their participatory rights, put forward in the UNCRC (Holland et al., 2010, p. 361). The influence of paradigms such as childhood studies, which views children as being competent social actors whose lives are significant and warrant research, is also important to facilitating children's research inclusion (Barker & Weller, 2003).

Despite these developments, Woodhead (2010) makes the point that, in reality, upholding children's rights to participation is far from clear cut. Projects often fall short of realising these rights. Adverse conceptions held by adults about children, and what they think children are capable of, can limit participatory opportunities, presenting obstacles to children's engagement (Farrar et al., 2009). Young people with experiences of violence, who were instrumental in research about children's involvement in policy and service reforms, echo these views. They believed that adults may not be committed to children's participation, which means that they are less prepared to invest in, and support, this outcome (Horwath et al., 2012). Regardless of the research or consultative activity, barriers to participation are evident for all children, and children mostly do not have their participatory rights upheld (Lansdown, 2010).

By virtue of their age and status as a child or minor, children are a vulnerable cohort in research (Liamputtong, 2007). Pursuant to the National Statement for conducting human research in Australia, a child is considered “a minor who lacks the maturity to make a decision whether or not to participate in research” (National Health and Medical Research Council et al., 2018a, p. 100). The concept of vulnerability and recommendations for what researchers should do, or consider, when conducting research with children, is reflected throughout the National Statement (National Health and Medical Research Council et al., 2018a).

When children are involved in social research which elicits their views, thoughts, ideas, or experiences, questions relating to ethical practice arise throughout all stages of the research (Alderson & Morrow, 2011). Various research guidelines stipulate that conducting any research with children, even on non-sensitive topics, requires ethical decision-making and safeguarding requirements (Graham et al., 2013; Market Research Society, 2012; Schenk & Williamson, 2005; National Health and Medical Research Council et al., 2018a; Whyte, 2006).

Carter made the point that just identifying on the ethics application that the research will involve children flags the research as being “risky” from the outset, even when the risks may be minimal (2009, p. 858). While acknowledging that children have vulnerabilities in research, and recognising the need for ethical review, Carter indicated that positioning children in research as vulnerable and in need of adult protection can become the “default setting” (p.858). Consequently, in ethics committee review processes, research (and researchers) are considered “(potentially) dangerous,” and members of the committees become “overly cautious” (Carter, 2009, p. 858).

Parsons et al. (2015) similarly expressed the view that ethics review processes can reinforce children’s vulnerability to the point that children’s engagement in research can be “deemed so problematic,” necessitating “significant justification” (p. 723). With respect to violence-related research, Downes et al. (2014) argued intense oversight by ethics committees and challenges in obtaining approval can result in a perilous deficit in research evidence, and consequently, this can adversely impact victim survivors and service providers.

Funders of domestic violence services require evidence of service delivery outcomes and this necessitates engagement with victim survivors. If receiving ethics approval is difficult, victim survivors may not be given the opportunity to participate in research, and this could lead to further disadvantage and marginalisation. Moreover, without critical research knowledge on optimal service delivery, dangers could also present for women, their children, and for service providers (Downes et al., 2014).

Coupled with ethics approval challenges in conducting domestic violence research, obtaining funding to undertake this research can be problematic. Commentators indicate that because of the ethical hurdles, researchers may be reticent to embark on this type of research and apply for funding, regardless of the need for this research with children (Øverlien, 2010).

Ethical guidelines about conducting research with children, who may be at greater risk, do take the concept of vulnerability a step further along the continuum, defining the "vulnerable child" or the "especially vulnerable" child, as a "child whose survival, wellbeing, or development is threatened" (Schenk & Williamson, 2005, p. ii). Children who are "are especially vulnerable" include those who are at risk of "exploitation, abuse, and other harmful outcomes." "Additional safeguards" may be required in research to ensure their protection (Schenk & Williamson, 2005, p. iv).

Consequently, a research project that seeks to elicit children's views about their lives, particularly if it is about a sensitive issue, will face more heightened ethical scrutiny and review. Gabriel et al. (2017) posited that ethics committees tended to be risk-averse, making the challenge to gain approval a further barrier to conducting research with vulnerable cohorts.

Before we even consider experiences of domestic violence, we must recognise that children are already marginalised when it comes to their participation in research. Scholarship attests to their disadvantage, where adults have spoken on their behalf in research processes (Carter, 2009). This is the case in domestic violence research: adults, including mothers and other stakeholders, have predominantly been the key informants about children's experiences of the violence (Øverlien & Holt, 2018).

Paavilainen et al. stated: "Research ethics is always important. However, it is especially crucial with sensitive research topics such as family violence" (2014, p. 43). Questions of ethics and complex ethical challenges permeate the domestic violence research landscape, particularly those related to obtaining consent, dealing with possible risks, safety concerns and dangers in the research, and engaging children in a process where they are asked about their experiences (Berry, 2009). These questions are magnified in domestic violence research involving children (Cater & Øverlien, 2014).

Informed by research in Australia with nine children who had endured different types of maltreatment (see Mudaly & Goddard, 2006), Mudaly and Goddard (2009) asserted:

> Is it ethical for children to experience pain or sadness when talking about their experiences of abuse for purposes of research? Can they be re-traumatised by this experience? How can confidentiality be guaranteed if there are concerns about current abuse? (p. 261)

These researchers highlighted the need to weigh up and balance children's rights to protection from harm, while also giving them the opportunity to speak in matters where they have an interest. Due to experiences of violence, careful planning is required in domestic violence research because risk and safety issues can emerge (Morris et al., 2012). This was highlighted by Bernard (2013) in pilot research with 10 Black teenage mothers in England, who had experienced childhood harm. Research considered their experiences of maltreatment and how this influenced their own parenting. Some mothers required parental consent due to their age but seeking this consent could have placed them at risk, considering their past childhood abuse.

Domestic violence researchers themselves indicate that “research ethics … have been a primary concern,” from the beginning through to the conclusion of the research and in the publication of findings (Øverlien & Holt, 2018, p. 100). But what constitutes ethical research practice in domestic violence research with children?

Ethics generally means “application of a system of moral principles” (Sieber, 1993, p. 14). Translated to research, it means that the research will respect the dignity, wellbeing, safety, and welfare of participants and should do no harm (Sieber, 1993). Researchers describe domestic violence research as “sensitive and ethically complex” (Callaghan et al., 2017, p. 3374) and “extremely difficult” (Paavilainen et al., 1998, p. 200). Some scholars regard this form of research as one of the most challenging (Berry, 2009). Because of safety concerns, both for participants and researchers, this research is thought to “transcend” research on other topics (Ellsberg & Heise, 2002, p. 1599).

Carter (2009) raised the issue that children who are considered highly vulnerable are less likely to be included in research, because researchers decide to conduct studies with children who are less at risk. Children’s increased vulnerability, due to their experiences of domestic violence, becomes a further barrier to their participation. The literature does confirm that they “often have minimal opportunities to participate in research, talk about their experiences and to be heard within the context of their families’ crisis” (Fairchild & McFerran, 2018, p. 255).

For children living in extremely challenging situations, such as those with disabilities (Martin & Franklin, 2010), living on the streets, or facing dire poverty and multiple forms of exploitation and marginalisation because of breaches of fundamental human rights, their rights to participate are further compromised (Ray, 2010). Scholars call for research into violence against children to facilitate the inclusion of children with disabilities, and for researchers to modify research practices and methods to enable participation (Kyegombe et al., 2019). Consultation guidelines require that “more efforts are … needed to overcome the barriers that many children … with disabilities face,” so that their participatory rights are upheld (Plan International, 2016, p. 5).

It is beyond the scope of this literature review to specifically focus on children with special needs or disabilities and children from culturally and linguistically diverse (CALD) backgrounds. The needs of these cohorts each warrant a separate thesis, research which adequately considers their specific situation and how this may further increase their barriers to participation in domestic violence research. Different enablers may also be indicated.

It is, however, important to recognise the increased vulnerability of, and risks of violence for, children with disabilities (Barros et al., 2016; Jones et al., 2012; Kyegombe et al., 2019). Domestic and family violence also “disproportionately affects” children from Aboriginal and Torres Strait Islander backgrounds (Australian Human Rights Commission, 2015, p. 103). This thesis has already noted that experiences of trauma and subsequent neurological impacts can result in children having difficulties expressing their experiences in words (Steele & Kuban, 2013). When a communication disability, cultural disadvantage, or language barrier is added, additional obstacles, such as methodological hurdles, may be apparent. Commentators state that, when children with disability are excluded from participatory processes, this “says more about unsuitability of research and consultation methods and adults not knowing how to relate to them than about the limitations on the part of informants” (Rabiee et al., 2005, p. 387).

3.3 Safety, Risks and Protection from Harm

Safety and risk issues for children present significant barriers to children’s participation in domestic violence research. Downes et al. (2014) indicated that researchers can be confronted by safety concerns and inherent “complex ethical dilemmas and difficulties … which are rarely addressed in ethical guidelines” (p. 2). Øverlien stated:

> One question of major concern to both qualitative and quantitative researchers in this field is the safety of the child. A child whose safety is compromised by taking part in a research study on violence in the home cannot be used as an informant, however great our need for more knowledge may be. (2010, p. 90)

The first hurdle researchers face is assessing whether the research can be “ethically justified,” when the risks and benefits of the study are considered (Cater & Øverlien, 2014, p. 69). Possible safety risks in domestic violence research are not overstated. The unpredictability of domestic violence means that there may be risks that cannot be identified during the research approval process. Researchers may, therefore, have to deal with changes in risk while undertaking research (Downes et al., 2014).

Depending on the community or site for research, possibly being conducted in a conflict or post-conflict zone or in closed areas, access to participants may not even be possible, or the participation risks could be too great (Vearey et al., 2017). Vearey et al. offer research case study examples relating to refugees on the border of Thailand and Burma. The research was conducted over a decade ago but has only been published recently, because of confidentiality issues and the need to ensure anonymity. Political issues concerning national security and fears about discussing any abuse presented significant barriers to research engagement. These commentators recognised that it would be “ethically difficult, if not impossible” to undertake research about interpersonal violence in some of these situations (p. 275).

Ellsberg and Heise made a critical point: if domestic violence research is “poorly designed,” serious risks can present for participants (2002, p. 359). They discussed an example of research in Mexico, where women were subject to further abuse as a consequence of their research participation. Protecting the safety of children and their families in this research is paramount. It is a very real concern, particularly when severe violence can be lethal (Jaffe et al., 2012; Katz, 2014; Saunders, 2004; Websdale et al., 2019).

Ethical guidelines for conducting research with children more generally highlight the significance of beneficence or maximising the benefits of research and protecting the wellbeing or welfare of children in research decision-making (National Health and Medical Research Council et al., 2018a; Schenk & Williamson, 2005; Whyte, 2006). In domestic violence research with children, Cater & Øverlien (2014) considered that the foremost and initial consideration is weighing up the likely benefits or merits of the research, along with any potential risks to participants.

Other researchers note that risks and safety concerns can extend to potential aggression or violence within the family, from children and young people towards their mother, or to siblings, this being a concern in some families (Stanley et al., 2012). A mother involved in research on this issue stated that her son “kept all of the anger inside and took it out on me” (Mother participant, cited in Gabriel et al., 2018, p. 164).

Paavilainen et al. (2014) concluded that conducting domestic violence research in an ethical manner means “to guarantee the participants’ safety, anonymity and confidentiality and to ensure that their participation does not cause them extra risks” (p. 50). This means that children who remain at risk of domestic violence, even after leaving the situation, should not participate in research, because their safety might not be assured. Even if these children want to participate and to have a say, inherent barriers to their participation exist.

The number of children who could be involved in domestic violence research, unfortunately, seems limited; some children’s situations may not actually improve post-separation (Stanley & Humphreys, 2015). In fact, in the initial years after children leave violence, violence and its impact can continue, rather than decreasing (Holt, 2015; Katz, 2015). Fathers who perpetrate domestic violence may have greater involvement in their children’s lives post-separation (Humphreys et al., 2019), especially if family court orders require contact (Morris et al., 2015). Some children, therefore, continue to experience forms of domestic violence or its effects (Holt, 2017; Houghton, 2015; Morrison, 2015; Thiara & Humphreys, 2017).

A research participant providing legal mediation, involved in an Australian study which investigated interagency relationships in response to domestic and family violence, recounted:

> I’m really shocked at how many families … are referred to us where children have been injured, have head injuries that have happened by their fathers or by a caregiver and then they might do time in jail or whatever and then they get to have access with their children. (Heward-Belle et al., 2018, p. 142)

While research protocols can be strict and require that there be no current safety issues, it is impossible for researchers to give an iron-clad assurance or guarantee that children will not be negatively impacted in some way by the research, particularly considering the “unanticipated nature” of this form of violence (Downes et al., 2014, p. 2). Øverlien and Holt outlined the realities of conducting domestic violence research with children:

> When researchers meet children and adolescents who have experienced domestic violence, the worst thing has already happened. Many of these children may also be at risk again in the future. As researchers, we cannot eliminate this risk, and neither can

> we guarantee that the study we conduct will not in any way cause discomfort, upset or even harm. (2018, p. 109)

It is not known whether there have been catastrophic consequences because of children's participation in domestic violence research. Ethical questions, challenges, and issues confronted by researchers in conducting sensitive social research are not adequately depicted in the literature (Berry, 2009; Gabriel et al., 2017). Incidents or near misses may have occurred but remained unreported.

Survey research with children on their experiences of violence conducted in low-income countries without well-developed child protection systems highlights possible risks. One child who participated in research indicated that their abuse increased post-research, following a visit by the local child protection contact. With the child's consent, their situation was discussed with their family. This case raised questions of ethics and the scope of the researcher's "duty of care" (Devries et al., 2015, p. 10).

Becker-Blease and Freyd (2006) remarked that there is not a lot of research on the "costs and benefits" of child maltreatment research (p. 218). However, the hallmark signs of potential risk are there, in that domestic violence can result in tragic outcomes (Australian Domestic Violence Death Review Network, 2018; Australian Human Rights Commission, 2016; Jaffe et al., 2012; Pow et al., 2015). Devries et al. concluded, about domestic violence research with children:

> The need for reliable data on children's experiences of violence is clear, but this work comes with great responsibility—we must ensure we are doing no harm and be clear about our duty of care to the children who provide information. Research on violence against children is only worthwhile if the methods are rigorous and the highest ethical standards are met. (2016, p. 160)

3.4 The Power of Gatekeeping Systems

This literature review has highlighted the gatekeeping function of ethics committees and the challenges and barriers faced in receiving approval to conduct domestic violence research involving children. In a discussion of the power of gatekeeping systems, the domestic violence system (such as refuges, crisis support programs, and counselling services) is significant, because this is the main pathway for accessing and recruiting children to research (see, for example, Benavides, 2012; Callaghan et al., 2018; Cater, 2007; Chanmugam, 2015; DeBoard-Lucas & Grych, 2011; Holt, 2015; Katz, 2016; Øverlien, 2013). However, the system, and those working in it, can also present barriers to children's participation in domestic violence research.

Barriers to recruiting children prevail at different levels in the service system. Clarke and Wydall (2015) observed that policy developments in domestic violence have mostly been directed towards the needs of adults and have not adequately recognised children's situation. The philosophies and service orientation, therefore, may not sufficiently focus on children's needs. Baker (2005) confirmed that service provision has prioritised mothers, despite children also being clients. While younger children may have a play area in refuges, older children, such as adolescents, might not be adequately catered for. Young men may not be allowed in the service because of agency exclusion policies (Baker, 2005).

Already, the policies and program structures within a service can marginalise children. Researchers indicate that children are in a better position in the service system (Øverlien, 2011), but children themselves still express dissatisfaction with services, saying that those responsible for assisting them do not really hear what they have to say (Callaghan & Alexander, 2015).

To recruit children to research, researchers need to negotiate with different gatekeepers, such as domestic and family violence services (which may require approvals at multiple points). After receiving ethics and service approvals, researchers require the support of parents and must then also obtain consent from children (Hogan & O'Reilly, 2007). Researchers acknowledge the vulnerability of children and state that accessing children, “can and perhaps, should, be difficult” (Øverlien, 2010, p. 89).

Logistical barriers, tight research deadlines, fitting in with services, the transient and crisis nature of refuges, and the confidentiality of children’s addresses can present barriers to conducting research (Baker, 2005). Moreover, researchers discuss the extended timeframes often required to obtain approvals and authorisations from different ethics committees (Paavilainen et al., 2014). Balancing the rights of gatekeepers with those of children, particularly regarding consent, also presents ethical barriers to children’s participation (Bernard, 2013).

Gatekeepers and stakeholders are critical to facilitating access to children, but their support and assistance may also be needed at other stages of the research. This is highlighted by the previous example of research being conducted with children in low-income countries which may not have effective child protection services. The research team in that study, needed to shore up supports and employed their own counsellor to undertake follow up (Devries et al., 2015). Fortunately, the researchers had the flexibility and the access to resources necessary to support participants and address in situ the barriers which emerged. If critical safeguards and supports cannot be adequately established, or do not exist to begin with, the research could stall, be derailed, or, more seriously, put children at risk.

Obtaining gatekeeper and stakeholder commitment to undertake domestic violence research with children is essential although securing their support can be challenging (Baker, 2005). Gatekeepers can “interfere” with children’s research engagement by not passing on details about studies to caregivers (Øverlien & Holt, 2018, p. 101). Baker discussed the “difficulties” experienced through the “unwillingness” of gatekeepers to invite children to participate in research and their concerns that facilitating access “would compromise them professionally or negatively impact upon the progress … made with children” (2005, p. 285). If gatekeepers perceive children with challenging life situations as vulnerable or difficult to engage in service delivery, they may also believe or assume that these children are not ideal candidates for research. Evidence exists that gatekeepers are concerned about young people with experiences of domestic violence being involved in specialist group programs because of their perceived vulnerability (Fellin et al., 2019). It follows that increased barriers to research participation are likely. Robinson (2017) asserted:

> vulnerable young people may likewise be considered ‘too hard’ for research involvement. This is because they may be ‘too hard’ to reach, ‘too hard’ to engage, or ‘too hard’ to keep safe because of the potential risks they are perceived to pose to themselves or others. (p. 32)

This means that children and young people whom service providers label negatively, perceive less favourably, or view as “more vulnerable” might not be given opportunities to participate in domestic violence research. If gatekeepers believe that research is not in children’s interests, they may not enable participation (Øverlien & Holt, 2018). Further, gatekeepers may only facilitate the participation of children who are best able to articulate or communicate their experiences, and this may include children who view domestic violence services more positively (Lapierre et al., 2018).

McCarry (2012) discussed the challenges in establishing a youth advisory body within a school for a study about young people’s own experiences of intimate partner violence. A teacher did not support the involvement of one student because of his behavioural issues, and he was initially excluded. The researchers negotiated a solution, and this student proved to be an active contributor to the group.

Organisational and institutional obstacles can impede research. Luxardo et al. (2011) wrote about barriers encountered during domestic violence research with young, pregnant women in some hospital settings in Buenos Aires, Argentina. Perceptions held by professionals included that the research would present an obstacle to daily operations because of insufficient resources and space to undertake the research. Researchers also encountered hurdles to organising essential auxiliary supports for the teenagers. At some sites, there was minimal support because gatekeepers perceived that the research offered limited benefits to future service delivery.

Gatekeepers' assumptions about domestic violence and reluctance to recognise that violence may be occurring for people involved in their agency or service also appears as a barrier to children's participation. Paavilainen et al. (2014) discussed research involving schools where this was an issue. Researchers concluded that this reflected the situation in the community, in that domestic violence can be difficult to comprehend and acknowledge.

Domestic violence research undertaken in the United Kingdom, Italy, Spain, and Greece on children's "agency and resistance strategies" (see Callaghan & Alexander, 2015, p. i) is relevant to this discussion. Interviews were conducted with 110 children and young people and therapeutic interventions took place with 60 young participants. Despite the involvement of multiple stakeholders and the significance of this study for enabling the voice of children in domestic violence research and in service development, Callaghan et al. (2017) indicated that "gatekeeping practices" (p. 3373) prevented researchers from knowing the extent to which agencies approached their clients about the research. Researchers were only given approval to contact participants on the authority and advice of gatekeepers.

Hogan and O'Reilly (2007) also highlighted gatekeeping issues in their study conducted in Ireland. Several services showed initial interest in the research but then made the decision that "the context of living in a refuge was such that families were already too vulnerable and were there to secure immediate safety" (p. 18). Refuges were anxious about children's involvement in "this kind of research" and formed the view that making contact with mothers who had left the service was "unethical," for they may have resumed a relationship with the perpetrator, or because workers considered that mothers and their children needed "some 'closure' to their experience" (p. 14).

Children's vulnerability presents as a significant barrier to their participation in domestic violence research; but this negates other research findings, which show children's agency, resilience, and attempts to stop the violence—for example, by developing strategies for their safety and that of their siblings (Anderson, 2017). It also reinforces the assumption and belief, depicted in the literature, that children who have lived with domestic violence can be conceptualised as being "too vulnerable to tell stories of their own lives" (Callaghan et al., 2017, p. 3370). If gatekeepers operate from the construction that domestic violence research is not in children's best interests, the decision about children's potential participation is already made for them. Their choice and right to participate in research is effectively controlled and shut down by gatekeepers.

The Best Interests of Children

Ethical decision-making by researchers and gatekeepers about children's best interests is an important issue, because it will influence decisions about the methodology and design of a study, gatekeeper approvals, permission processes, and, finally, decisions about consent. The National Statement in Australia regarding the conduct of research states: "Before including a child or young person in research, researchers must establish that there is no reason to believe that such participation is contrary to that child's or young person's best interest" (National Health and Medical Research Council et al., 2018a, p. 52).

Without a doubt, protecting children and safeguarding their best interests are pivotal requirements in any research decision-making (Graham et al., 2013; Market Research

Society, 2012; National Health and Medical Research Council et al., 2018a; Schenk & Williamson, 2005; Shaw et al., 2011). Some research guidelines refer to the best interests concept as “promoting and protecting” children’s wellbeing (Schenk & Williamson, 2005, p. 2).

However, despite the significance of the best interest standard in research, further study of what this means to different gatekeepers in the context of domestic violence research with children is necessary. The research that has mostly occurred about this concept relates to its application in judicial decision-making concerning children (Banach, 1998; Hart, 2010; Hughes & Chau, 2012; Kusher, 2006; Levin, 2000), in health care decision-making (Elliston, 2007) and in medical research involving children (Biggs, 2011; Shah, 2013).

The best interests concept received greater prominence through the UNCRC (United Nations 1989). Article 3 of the Convention requires that in “all actions concerning children … the best interests of the child shall be a primary consideration.” This principle has broad application across government agencies, private welfare services and regulatory authorities and is considered “the yardstick” in decision-making relating to the rights of children (James & James 2012, p. 6).

Literature related to medical research shows that the application and interpretation of the best interests standard, particularly concerning paediatric medical research, can be confusing and inconsistent and may result in significant controversy (Shah, 2013). Research guidelines acknowledge the significant role of gatekeepers, such as parents, in protecting and safeguarding the best interests of children; but they also note that researchers cannot assume that the interests of the child will be privileged. Researchers have also voiced this view (Coyne, 2010). Rallis Legal (2016) indicated that, at times, children’s and parents’ interests, may conflict.

In domestic violence research, a parent's consideration of their child's best interests may be different from that expressed by the child (Berry 2009). Cater and Øverlien stated that "parents may be problem gatekeepers" in relation to consent, particularly if they prioritise their own position, interests, needs, or views over those of their child and the child's rights (2014, p. 72). Graham et al. say of children's research participation more generally:

> the child's parent may have reasons for not wanting the child to participate based on their own concerns or interests. Parents who are abusive, for example, may not consent to their child participating in particular research studies for fear of the child revealing the abuse and the researcher subsequently reporting it to authorities. (2013, p. 65)

Consent Barriers

Seeking consent for research participation can result in "legal and administrative hurdles" for researchers (Rallis Legal, 2016, p. 5). Researchers agree that obtaining consent for children's inclusion in domestic violence research is difficult and challenging (Cater, 2007; Hogan & O'Reilly, 2007).

In the light of the questions explored in this thesis, the law relating to research consent cannot be comprehensively discussed, except to indicate that consent provisions have been informed by those in the medical context. In Australia, a child or young person may be considered a "mature minor" or "Gillick competent" (a precedent from a 1986 English court case and subsequently adopted by the Australian High Court in 1992), if they have the maturity to understand medical advice and the possible implications of treatment (Rallis Legal, 2016).

The English court case *Gillick v West Norfolk & Wisbech Area Health Authority and Department of Health & Social Security [1986] AC 112 House of Lords*, related to whether a medical practitioner was able to provide contraception medical advice and treatment to a young person without first obtaining parental consent. The court decided that circumstances did exist where a young person could provide consent to medical treatment if they were assessed as having “sufficient understanding and intelligence to enable him or her to fully understand what is proposed” (Bird, 2011, p.159). These principles were adopted in Australia by the High Court in *Secretary, Department of Health and Community Services v JWB and SMB [1992] 175 CLR 218*, referred to as Marion’s case (Rallis Legal, 2016). Marion’s case concerned a young person with a disability whose parents were concerned about her managing menstruation and becoming pregnant (Kang & Sanders, 2014). Principles relating to a young person being Gillick competent (or a mature minor) now exist in Australian health and legal systems and denote circumstances where a young person (aged over 14 years) is assessed as having decision-making capacity, or “sufficient understanding” and “intelligence” about a medical procedure, and therefore, possibly able to provide their own consent (Kang & Sanders, 2014, p.110).

In research, however, the application of these principles is far from straight forward as additional complications are indicated (Rallis Legal, 2016). From a theoretical standpoint, medical precedents are relevant and seemingly could be translated to research; but research settings are often more complex, and other presenting sensitivities can emerge (Rallis Legal, 2016).

The situation in domestic violence research is that any concerns about the child’s safety and their protection are foremost considerations in decisions about who provides consent, being mindful that parenting orders may stipulate various requirements (Morris et al., 2012). Children may be invited to consent or assent to their own research participation, and this is considered desirable when the child is deemed to be competent (Morris et al., 2012). However, formal consent will generally also be obtained from their “non-abusing parent” (Beetham et al., 2019, p. 568), such as their mother (see, for example, Cater, 2007;

Chanmugam, 2011, 2015; Eriksson & Näsman, 2012; Georgsson et al., 2011; Hogan & O'Reilly, 2007; Pernebo & Almqvist, 2017; Thornton, 2014).

In circumstances where a young person is attending support services in their own right, or where it may be inappropriate or impossible to obtain parental consent—especially if the young person is homeless—they may themselves be able to provide independent consent (Aymer, 2008; Robinson, 2017). Legal and ethical requirements pertaining to consent differ between countries and jurisdictions (Morris et al., 2012; Øverlien & Holt, 2018). Studies show, however, that young people over 15 years (Howarth et al., 2015) or 16 years (Bernard, 2013; Lamb et al., 2018), have provided their own consent to participate in domestic violence research.

In upholding the rights of children to have a voice in decision-making processes that affect them, large-scale survey research about their views on violence has used passive consent processes (Carroll-Lind et al., 2011). Researchers argued that children's rights to have a say needed to be privileged over the rights of parents for privacy in the family (Carroll-Lind et al., 2011).

Øverlien & Holt (2018, p. 100) noted that adults have a "superior" position in consent processes, because parents have the power to veto their child's participation rights. In Hogan and O'Reilly's study, from a possible 42 children, 20 children (48%) did not participate in an interview. Apart from three children residing with the perpetrator of the violence, who were not interviewed, 17 children (40%) either withdrew consent, had not been willing to participate from the outset, or were prevented by mothers who did not want them involved in the research (Hogan & O'Reilly, 2007). Another study reported: "the mother declined participation … primarily due to the fact that the children had gone through many investigation processes and needed peace and quiet" (Eriksson, 2012, p. 210). Mothers have also indicated that their children wanted "to put the past behind them" (Katz, 2015, p. i158) or were “too busy” (DeBoard-Lucas & Grych, 2011, p. 345).

Roth et al. (2013) highlighted some of the ethical barriers experienced in obtaining consent for the participation of children in the Balkan Epidemiologic Study on Child Abuse and Neglect. The research team in Romania expressed concern about the high rate of parents refusing consent for their children’s involvement (close to 30% of children at the 5th grade level, and nearly 25% of children at the 7th grade level). They believed that seeking to protect their children, concerns about the impact of the research, or being found to be abusing or neglecting their children, were probable reasons for denial of consent (Roth et al., 2013). These barriers to children’s participation relate to avoiding the possible involvement of statutory agencies. They are also about confidentiality and how this is managed in the research.

The limits to confidentiality in domestic violence research are discussed in the literature. A particular issue is whether child protection concerns are identified, and researchers are required to report this to the authorities. Studies show that information provision and consent processes outline these reporting requirements (Katz, 2015; Øverlien, 2011; Thornton, 2014). Research also indicates that mothers can be fearful about the involvement of social workers in their lives (Stanley et al., 2012). Consequently, mothers may not want to consent to their children’s participation if there is any possibility that the authorities could be alerted.

Research conducted by Rizo et al. (2017) with mother victim survivors of domestic violence regarding the research participation of their children was important for this thesis. Although mothers articulated benefits for the child, the mother, and for future service delivery arising from the child’s involvement in research, mothers admitted being fearful and suspicious of the research. They were concerned that the perpetrator of the violence might find out about the research from the child. Another concern was the emotional impact on their child from participating in research. Feelings of shame or guilt were other obstacles to their child’s research participation. Mothers were further worried about confidentiality and the possibility that child protection authorities would become more involved in their lives.

Another potential barrier to children’s engagement in domestic violence research relates to confidentiality concerns about research documentation, such as interview transcripts, being made available to courts through subpoenas (Cashmore, 2006). In the United States, there is provision for researchers to seek a “certificate of confidentiality,” but similar provisions are not readily apparent in other jurisdictions. Cashmore discussed her research involving children and custody decisions, where a subpoena was sought, but the Family Court of Australia “struck down” the application, considering it to be a “fishing expedition” (2006, p. 974). While research material was not released, this example does raise a possible barrier to domestic violence research with children, especially if potential participants are fearful or concerned about confidential information being disclosed or made available to third parties.

Consent processes are not without risk. They can present safety issues for children’s participation in research, especially where there is a history of maltreatment or a lack of clarity about who is perpetrating the violence (Paavilainen et al., 2014). This is a valid concern; evidence confirms that severe domestic violence perpetrated by men rarely occurs in isolation from different types of violence within the home, including the possibility of “mother-child aggression” (McDonald et al., 2009, p. 99).

Bernard’s (2013) research with young teenage mothers in London illustrated that despite the young women in the study being parents themselves and able to provide consent for their young child to participate in research, they did not necessarily possess the “legal rights” as an adult; nor, if under 16 years, could they consent to their own research participation (Bowman, as cited in Bernard, 2013, p. 60). In relation to consent, most of the participants expressed concerns about parental involvement because of problems and difficulties in their relationships. While this study considered whether young women were Gillick competent, parental permission was required if a young woman was under 16 years. Because the best interests of the young mothers were prioritised, their participation was not enabled if there was any suggestion that it would result in increased risk (Bernard, 2013).

Distress and Retraumatisation

Davies and Krane stated that “passionate feelings are evoked when children are at risk of harm” (2006, p. 421). Berry (2009) discussed ethical issues in undertaking domestic violence research, where children were asked to talk about violence. Gatekeepers can perceive domestic violence research as harmful and potentially retraumatising (Morris et al., 2012; Øverlien, 2010) or likely to cause distress (Baker, 2005). Øverlien posited that children “are often guarded by gatekeepers” who hold fears about the possible harmful consequences of children’s research participation (2010, p. 90).

The possibility does exist that a research interview may lead to a participant recalling highly traumatic events, where they experience distress or feelings that are redolent of the past trauma. Domestic violence research does indicate that some children do not want to remember and speak about the violence (Georgsson et al., 2011). However, studies also show that undertaking sensitive maltreatment research with children “is not a risky research procedure,” nor necessarily going to result in children being retraumatised or significantly distressed, provided that the study is well-designed, privacy and confidentiality provisions are in place, and the researchers have received comprehensive training (Finkelhor et al., 2014, p. 222). Research planning, caring methodologies, and protocols for responding to any distress can assist researchers to deal with possible retraumatisation (Morris et al., 2012). Although retraumatisation concerns are presented in the literature, researchers have stated that “there is little support in research for the theory of re-traumatisation” (Øverlien & Holt, 2018, p. 104).

Commentators emphasise that a research setting is quite different and cannot be compared with real experiences of trauma and the lack of control experienced by individuals in those situations (Seedat et al., 2004). A systemic review examined 30 studies, four of which included adolescents, where participants answered questions about sensitive areas such as violence. The review found that, although some distress, difficult emotions, and uneasiness were reported, the participants also benefited, and the "risk-benefit ratio" was acceptable (McClinton Appollis et al., 2015, p. 44).

Ybarra et al. (2009) found that 23% of young people involved in survey research about violence reported being upset. These researchers recommended further research on understanding distress in the context of research. McClinton Appollis et al. (2015) similarly considered that research on "the potential harms and benefits" for children in violence research seems to be "in its infancy" (p. 42).

Children with significant trauma histories can experience more distress in maltreatment research, but they also benefit, and their participation is considered "justified" because research "enables an oft-hidden, marginalised population to have their voices heard" (Waechter et al., 2019, p. 8). However, there may be hidden safety risks for some children that cannot be overlooked. Mitchell (2017) discussed the greater risk faced by children with experiences of domestic and family violence, of engaging in self-injurious behaviour.

A police spokesperson at a jurisdictional roundtable meeting reported that, within a particular jurisdiction in Australia, "every child who suicided in the last 12 months came from a domestic violence family" (cited in Australian Human Rights Commission, 2015, p. 99). The Victorian Commission for Children and Young People conducted a recent inquiry into the suicide of 35 children between 2007 and 2019. These children presented with numerous risks; "the most prominent was family violence." Reports indicate that "94%" of these children had experiences of this violence (Commission for Children and Young People

Victoria, 2019, p. 14). Suicide is the main cause of death for children and young people in Australia “between five and 17 years of age” (ABS 2016, as cited in Australian Human Rights Commission, 2017, p. 30). Therefore, children’s emotional and psychological safety, along with their potential heightened vulnerability, need to be prominent considerations in research decision-making.

3.5 Barriers for Children and Young People

Researchers may successfully navigate through different gatekeepers (ethics committees, services, and parents), but children also gatekeep their participation; this can be before the research, during the consent process, or at any point where they decide to opt-out and withdraw their consent (Hogan & O'Reilly, 2007).

Young experts advising about domestic violence research in Scotland held similar views to gatekeepers, saying that safety issues relating to the perpetrator of the violence were their prime concern, particularly if anonymity and confidentiality were compromised (Houghton, 2015). Children report feeling “unsafe” even when residing in services that are focused on their protection (Bowyer et al., 2015, p. 310). This is illustrated by a young girl in McGee’s landmark study: “I am worried because he might find out where we are” (Kara, aged 10, as cited in McGee, 2000, p. 72). Reporting on research with children and young people aged from eight years to 20 years, Øverlien (2013) stated that participants presented as “intensely afraid of their fathers/stepfathers” (p. 283).

Young people expressed the view that participating in domestic violence research would cause them to feel “distress” and that researchers need to develop strategies to assist them with this (Houghton, 2015). Hogan and O’Reilly reported challenges interviewing children, noting that some children tended to “hold back” in the research (2007, p. 15). A young person’s position in their family or community may also shut down their voice in research (Bernard, 2013). Bernard highlighted how the cultural or family background of

Black teenage mothers, such as an inferior position or status in their family, coupled with feelings of shame and stigma, could have silenced them, impacting their research engagement.

Being involved in research requires that children (to some extent) revisit or potentially reopen their experiences. Young children, by virtue of their developmental skills and the dynamics of the violence, such as being fearful and bound by secrecy, may have difficulties talking about the violence (Thornton, 2014). Young people have also felt it unwise to recall their experiences (Hogan & O'Reilly, 2007). They can believe that adults do not really understand the challenges faced in speaking about what has happened, especially from an emotional point of view (Houghton, 2015). Other research shows that asking a child to consider the perpetrator can be a “trauma trigger,” seeing children becoming “dissociative, disorganized, driven or overwhelmed” (Pernebo & Almqvist, 2017, p. 174).

Georgsson et al. (2011) denoted the barriers for children talking about domestic violence towards their mothers. Accounts given were “often incoherent and difficult to understand” (p. 117). While children could more clearly discuss what they did during domestic violence incidents, in general, they did not want to recall or talk about their experiences:

> These memories were not defined as reflections upon the violence, but rather as a “reliving” of them again … Most children preferred not thinking about the memories; talking about them with others was therefore not an option … it was difficult [to] open up and dare reveal details … things that were too intimidating for others to hear. (Georgsson et al., 2011, p. 124)

Other studies have also highlighted that children are concerned about the consequences of their participation, they lack trust and are cautious or suspicious, perceiving that talking about daily things is hazardous (Callaghan & Alexander, 2015). Children participating in research had learned that disclosing experiences of domestic violence could result in services becoming involved with their family, so they knew when to keep quiet (Callaghan & Alexander, 2015; Callaghan et al., 2017).

Naughton et al. (2019) found that young people had difficulties talking to their mothers about the violence. Their feelings about their mother were also significant, because this influenced whether they wanted to share their experiences: “Our findings suggest that young people’s perceptions of their mothers’ guilt, emulating from her perceived fault in the situation, may act as a barrier to a discussion on this sensitive topic” (Naughton et al., 2019, p. 353). Katz (2015) reported similar findings, where some children were “too angry with their mothers to wish to participate” (p. 158).

Difficulties for children in juggling family loyalties and not wanting to betray their parents is reported in the domestic violence research literature (Øverlien, 2010). Practitioners and professionals expressed that children have different reasons for not wanting to talk about their experiences of domestic violence:

> Interviewees identified a number of motives for keeping the situation a secret; these included the child’s fear of being taken into care and a desire to protect themselves, their siblings, their mother or any family pets from further abuse following threats made by the perpetrator to prevent disclosure. (Clarke & Wydall, 2015, p. 184)

Fears of the perpetrator and internal barriers, such as not wanting to talk about the violence, may be hard for some children to overcome. Stanley et al. (2012) made the point that different barriers can prevent families from speaking about the violence; for example, stigma is a hurdle to disclosure. Other researchers also discussed the significance of shame and humiliation, which can influence a child’s participation in research (Bernard, 2013).

Young men in a group program in the United States (observed as part of ethnographic research) “resisted talking about their DV [domestic violence] experiences and even resisted labelling the abuses their mothers survived as DV" (Phillips & Phillips, 2010, p. 304). In this program, one young man stated: "Our situation! You always get DV in there. How'd you all expect us to move on if you're always talking about it?" (Phillips & Phillips, 2010, p. 304).

3.6 Other Methodological and Logistical Barriers

Research designs should be appropriate to children's needs and their level of development and to facilitate their engagement across age ranges. This necessitates flexibility in research design. Baker (2005) argues that having an appropriate methodology in conducting domestic violence research with children is critical, requiring that researchers use different methods and strategies to assist children, of varying ages and developmental abilities, to effectively participate. The importance of child-focused methods in this research is further highlighted (Mudaly & Goddard, 2006, 2009; Namy et al., 2017).

Children can also have diverse understandings about domestic violence, especially if they have not received follow up support. They may perceive violence as limited to physical abuse and so not recognise the controlling or manipulative aspects of the violence (Naughton et al., 2019). Moreover, young people may not use the term domestic violence, using "euphemisms" and "understatements" instead (Callaghan et al., 2017, p. 3375).

Calder et al. (2004) posited that children involved with domestic violence systems have a number of things going on for them, and domestic violence may be just one of the issues. They can face grief, loss, homelessness, and other types of trauma. In research, it may be difficult to separate out domestic violence and its impacts from the effects of other challenges and hardships (Bedi & Goddard, 2007; Holt et al., 2008).

Research conducted with children has predominantly involved those in the service system, such as children living in refuges (Swanston et al., 2014). While children in such settings potentially are easier to access, the refuge experience brings other issues to the forefront, such as children having to cope with the often-sudden change in their living arrangements and transitioning to an unfamiliar environment (Bowyer et al., 2015).

Conducting research with children in the community and with children who are outside the domestic violence system presents further barriers to their research participation. There are children in the community who are not involved with services and are invisible (Calder et al., 2004). Because most recruitment of children occurs via the domestic violence or related service systems, such as community or health services, children not engaged with these services may be excluded from research. Swanston et al. (2014) noted that children with experiences of this violence and residing with their family in the community are not adequately represented in research.

3.7 Enabling Researchers

Given the safety, ethical, and methodological barriers, it is not surprising that some researchers may be reluctant to develop research applications to conduct domestic violence research with children (Øverlien, 2010). Guidelines exist to enable sensitive social research with children (for example, Market Research Society, 2012; Schenk & Williamson, 2005; Shaw et al., 2011; Spriggs, 2010; National Health and Medical Research Council et al., 2018a; Whyte, 2006). Further, while the literature highlights the lack of agreed-upon global standards for undertaking domestic violence research with children (CP MERG, 2012; Øverlien & Holt, 2018), some guidance is available (Cater & Øverlien, 2014; Centers for Disease Control and Prevention, 2017; CP MERG, 2012; Goodman et al., 2018; Houghton, 2015; Morris et al., 2012; Peled, 2001). Children and young people have also been involved in co-design research processes (Houghton, 2015; Voice Against Violence, 2012).

Despite guidelines which potentially enable research initiatives, researchers point to the challenges that this research presents, from negotiating ethics review processes and managing multiple stakeholders, to effectively engaging children in the research process

(Baker, 2005). Domestic violence researchers considered that dealing with the disclosure of emotive stories and the realities of this, both in situ and when transcribing interviews, is also confronting for researchers: “not for the faint-hearted” (Gabriel et al., 2017, p. 162). Without effective supports for researchers, conducting this research could present risks of secondary or “vicarious trauma” (Centers for Disease Control and Prevention, 2017, p. 1).

Gabriel et al. (2017) discussed the importance of “reflexivity,” because researchers themselves may have personal experiences of this form of violence or have worked with victims: “The participants’ stories were brutal and impacted on the researchers … The brutalising yet compelling stories left their mark.” Researchers reported crying and feeling distressed. The following account reflects the impact of this research: “For some of us … the research work elicited disturbing memories, alongside contemporaneous psychological reactions to hearing participants’ traumatic accounts” (Gabriel et al., 2017, p. 162).

Halkovic disclosed that she was personally affected, hearing “the unspeakable experiences” recounted by women she interviewed: “Hearing women’s stories of sexual and other violent assault, I not only experienced secondary trauma, but I have been charged with a mission of developing research products that will change policy” (2018, p. 192).

It is critically important to this research that processes, including supervision, peer support, and having supportive research collaborators, be established (Gabriel et al., 2017). Robinson (2017) discussed the support received when conducting research with teenagers and being provided with “professional supervision” (p. 33) during the data collection phase. This facilitated reflexivity in the research, along with self-care, and assisted Robinson to bring a trauma-sensitive lens to the research.

Literature on conducting sensitive social research recommends self-care strategies, supervision, additional supports for new researchers, training opportunities, and the need for adequate policies and protocols about these strategies (Dickson-Swift et al., 2008). Despite these recommendations, Bahn and Weatherill (2013), discussing institutional duty of care requirements for researchers, argued that guidelines are lacking in this area and that institutions were not fulfilling their responsibilities. Further guidance on these safety considerations is required, along with the establishment of supportive processes and better safety guidelines for researchers.

3.8 Evidence and Learnings from Research

Existing scholarship (Callaghan & Alexander, 2015; Carmel, 2019; Fellin et al., 2019; Together for Girls, 2018), including research with young children (Evang & Øverlien, 2015; Thornton, 2014), demonstrated that domestic violence research can be conducted ethically and safely with pre-planning, such as completing risk assessments, developing safety plans, and ensuring that children are able to provide consent (Morris et al., 2012).

Child-centric researchers assert that “it is perfectly possible” for children to talk about their experiences, if the approach is sensitive and age appropriate (Mullender, 2006). If children are given the opportunity to express their views, they are willing to be, and are capable of being, active participants; are reliable in their accounts; and can provide unique insights and understandings about domestic violence (DeBoard-Lucas & Grych, 2011; Georgsson Staf & Almqvist, 2015; Mudaly & Goddard, 2006; Swanston et al., 2014).

Although participating in research may cause some distress, children and young people want the opportunity to contribute their perspectives. Evidence confirms that, when the chance is offered, most children perceive research favourably (Eriksson & Näsman, 2012).

Research analysed student’s views about violence in their lives more generally as portrayed in essays written as part of a national campaign in the United States to prevent violence (“Do the Right Thing”). It highlighted young people’s wish to be involved in finding solutions (Gummelt, 2018). This type of generalist, innovative, and positively framed initiative potentially opens the door to the research participation of a broader cohort of children with experiences of violence, especially those not involved in the service system. While several limitations were identified, the study provided “a unique and distinctive insight” into children’s ideas and perceptions (Gummelt, 2018, p. 70).

3.9 Safeguarding and Rights-Based Frameworks

Central to any discussion on enabling domestic violence research with children is the current global human rights agenda. One of the Sustainable Development Goals is for violence towards children to cease by 2030 (Office of the Special Representative of the Secretary-General on Violence Against Children, 2019). “More and better data and research” is raised as one of the requirements for success, along with “amplifying the voice of children” (Office of the Special Representative of the Secretary-General on Violence Against Children, 2019, p. 12). This campaign represents an enabling strategy for research. The proliferation of research, including in lower income countries and in marginalised communities, has led researchers to argue for consistent standards and safeguards, particularly in establishing referral options for child protection support (Devries et al., 2015).

While some commentators claim that, “at face value,” the UNCRC does not specifically refer to children’s participatory rights in research (Hammersley, 2015, p. 576), other scholars indicate that facilitating children’s involvement in research reflects a commitment to their rights to participation (Aadnanes & Gulbrandsen, 2018). The United Nations Committee on the Rights of the Child advises States who are party to the Convention to “introduce measures enabling children to contribute their views and experiences to the planning and programming of services for their health and development” (2009, p. 23). Children can contribute through different processes, such as “feedback systems for children using services or involved in research and consultative processes” (United Nations Committee on the Rights of the Child, 2009, pp. 23–24). These additional comments by the

Committee represent an overarching rights-based obligation provided by the UNCRC to enable children's research participation.

Powell and Smith consider that "children's participation rights are enshrined" in the UNCRC (2009, p. 125). Article 12 mandates that children be given the opportunity to voice their views and wishes. Pursuant to Article 13, children can choose the way in which they want to communicate. Article 19 is also pertinent to responding to domestic violence. It requires States who are party to the Convention to act to protect children from all types of violence, maltreatment and abuse and, in doing so, to design and develop suitable programs of support, treatment, and intervention.

This means supporting children to be involved and have a say regarding their participation in domestic violence research. Moreover, if a young person is mature enough to understand the research and the implications of providing consent (Gillick competence), they should be allowed to consent. According to Spriggs: "mature minors (adolescents who have decision making capacity), do not always require parental consent either in law or ethics" (2010, p. 4). Powell and Smith suggest that: "a legal responsibility to ensure that children are actively involved in decisions about participating in research arises out of both the CRC and Gillick" (2009, p. 125).

These legal enablers must be considered by domestic violence researchers and by gatekeepers such as ethical review bodies. If children are not appropriately afforded the opportunity to safely engage in domestic violence research, should they wish to be involved, this potentially becomes a human rights issue. Some jurisdictions are also rights-based. In Australia, this includes the Australian Capital Territory (ACT), Queensland and Victoria. Human rights legislation in these jurisdictions may provide a further legal impetus for children's research engagement (*Charter of Human Rights and Responsibilities Act 2006* [Vic]; *Human Rights Act 2004* [ACT]; *Human Rights Act 2019* [Qld]).

3.10 Supportive Gatekeepers, Networks and Resources

Although the domestic violence service system puts up barriers to children’s research participation, the system also serves as the main enabler in this research, facilitating access to an otherwise “hidden and hard-to-reach population” (Katz, 2015, p. i157). The large qualitative study conducted across different countries in Europe recruited children through professional gatekeepers (Callaghan & Alexander, 2015; Callaghan et al., 2018). Other studies in the United Kingdom have also relied on shelters and domestic violence networks or community supports to organise the participation of children (McGee, 2000; Mullender et al., 2002). Katz (2015) undertook research in England with 30 participants (15 mothers and 15 children) on how they support each other in their recovery, participants were approached by gatekeepers in domestic violence voluntary services. Gabriel et al. (2017) also completed a small reflexive study in the United Kingdom with three mothers (along with their children) which engaged them in conversations about their experiences. Local domestic violence services assisted in gatekeeping and in the provision of support.

Still within Europe, a study conducted in Norway with 25 participants (8–20 years of age) which researched their actions during incidents of domestic violence recruited participants through domestic violence services and interviewed them at refuges (Överlien, 2017). Similarly, in Sweden, research with 17 children (4–12 years of age) which explored their accounts about their abused parent, purposefully recruited the children through two organisations providing domestic violence support services (Pernebo & Almqvist, 2017). Holt (2015) reported on research in Ireland on “post-separation fathering and domestic abuse” (p. 210) and detailed that participants were recruited through a network of domestic violence agencies.

Likewise, in the United States, for research which explored the significance of spirituality as “a protective factor” (p. 165) in moderating the damaging effects of domestic violence, Benavides (2012) recruited 14 teenagers through a domestic violence service. Also, within the United States, McDonald et al. (2016) recruited 291 mothers (and their children) through domestic violence agencies for the purpose of survey research relating to the forms of domestic violence, patterns of violence, and the frequency of the violence. Finally, Chanmugam (2015) in a study about coping with domestic violence recruited mothers and their children (14 young people) through domestic violence refuges in Texas.

Children have also been recruited through other community, social services, or treatment programs, counselling services, non-government programs, services for the protection of children, and health programs (Aadnanes & Gulbrandsen, 2018; Aymer, 2008; Fairchild & McFerran, 2018; Georgsson et al., 2011; Lapierre et al., 2018; Luxardo et al., 2011).

Domestic violence research with children takes time: to work with and engage gatekeepers, such as ethics committees and other stakeholders, and to address any issues of concern (Paavilainen et al., 2014). The recruitment of children to this research seems best facilitated through the establishment of trust with staff, mothers, and with children in these services (Baker, 2005; DeBoard-Lucas & Grych, 2011). Rizo et al. (2017) confirmed these findings: mothers were more likely to enable the participation of their children in research when a relationship had been established, the mother felt comfortable and at ease with the researcher, and they fully understood the study and what it would entail.

The literature highlighted the importance of researchers being involved with a service and getting to know children before conducting interviews with children (Øverlien, 2012). Some have spent significant periods (sometimes years) volunteering at services, which readily facilitated the development of trust and rapport with agency staff, mothers, and with children (Callaghan et al., 2018; Phillips & Phillips, 2010). Because of ethical concerns and the need to safeguard children in research, the service system, and partnerships within the system, are pivotal to the safety and protection of participants (Øverlien, 2010; Paavilainen et al., 2014). For example, researchers only referred children who were considered to be in a place of safety (Beetham et al., 2019; Callaghan & Alexander, 2015) and with staff being available to support children if required (Callaghan et al., 2018; Överlien, 2017).

Online survey research in the United Kingdom about violence and maltreatment was conducted in 2009 involving 2,275 children between 11 and 17 years old (Case study 19 by Lorraine Radford, as cited in Graham et al., 2013). A collaborative approach with gatekeepers ensured the safety and protection of children in this research. Extensive consultation occurred with child protection agencies, researchers, and with parents about how to appropriately address safety issues. This process also involved young people with experiences of maltreatment. An alert system was developed which allowed for children to be referred to counsellors or to child protection services, if risk or safety issues were evident.

Global survey research currently being conducted through the "Together for Girls" project, which involves a partnership between multiple stakeholders (including the United States Centers for Disease Control and Prevention, UNICEF, WHO, UN Women and End Violence Against Children), is another example highlighting the significance of supportive gatekeepers and stakeholders. High-level leadership from governments and other organisations is proving significant to this research. Violence Against Children Surveys have now been conducted in multiple countries (Together for Girls, 2018).

Taking the support of gatekeepers and stakeholders a step further, collaborative partnerships with frontline workers or clinicians, where they are an active part of a research team, also enable research. Some studies have involved the assistance of clinicians in developing interview schedules (Georgsson et al., 2011). Research may have been a component of the program or service for children, so clinicians were part of the research team. The existence of trusting relationships meant that children could talk about sensitive matters (Georgsson Staf & Almqvist, 2015). Domestic violence workers have indicated some interest in assisting with research. A family violence worker, when asked about the barriers and enablers to incorporating research in their practice, stated:

> I think that researchers should utilize frontline practitioners more in their research when designing research studies and collecting data in order to produce research that is appropriate and applicable to those of us who are working directly with prevention education programs. (Research participant, as cited in Graf et al., 2013, p. 66)

Graham et al. (2014) addressed a valid point about the responsibilities of stakeholders involved in research with children, stating that all have a role in sharing responsibilities for ethical considerations. They affirmed: “The stewardship of ethical research is the responsibility of everybody involved, including those engaged in funding, approving and undertaking it, as well as policy-makers and practitioners using research findings in their work” (p. 23).

3.11 Child-Centred Research

This literature review has discussed the tensions and challenges children face when talking about their experiences of violence. To enable their participation, research must be optimally designed in a way that best creates a sense of safety and trust (Collins, 2003). Children are acutely aware of whom they can trust:

> Children and young people’s lack of faith in adult responses to their disclosures acted as an obstacle to disclosure, with many participants reporting that they did not speak to adults because they would not be believed or because they felt that to do so was to risk further harm to self and others. (Callaghan et al., 2017, p. 3382)

Fully communicating the safeguards that are in place to protect their privacy, confidentiality and safety in the research is important (Baker, 2005). Establishing a child-centred approach is also significant (Mudaly & Goddard, 2006). Merriman and Guerin stated:

"child-centred research shows respect for children and promotes their entitlement to be considered as persons of value and persons with rights" (2006, p. 48).

Research with children on their experiences of domestic violence demonstrates the importance of child-led and flexible processes, such as open-interview techniques which encourage the child's own narrative (Beetham et al., 2019; Øverlien, 2013, 2014). The literature also reports the use of creative processes, including drawings, video, and photography (Beetham et al., 2019; Callaghan & Alexander, 2015). Expressive and creative arts offer "a platform for conversation" which can enable children to talk about sensitive issues (Malka, 2018, p. 185). Thornton further considers "the presence of an attuned adult and age-appropriate means to communicate" very valuable in this research (2014, p. 90).

Enabling strategies highlighted in the literature include the use of play (Thornton, 2014), vignettes (Elliffe & Holt, 2019; Holt, 2017), activity books designed for domestic violence research (Hutchfield & Coren, 2011; Morris et al., 2015), collages (Lapierre et al., 2018), visual aids, such as cards and symbols (Murphy, 1998, as cited in Rabiee et al., 2005; Thornton, 2014), song writing (Fairchild & McFerran, 2018), and the use of an "phenomenological approach," where the child forms their own meanings from their drawings (Malka, 2018, p. 195). "Life story board" design, which facilitates narrative storytelling using different symbols, pictures, and cards to assist children to speak about experiences, has been successfully used in domestic violence prevention work, particularly with First Nations and Aboriginal Peoples (Chase et al., 2010). Participants create "a pictorial representation" of their story or situation (Stewart-Tufescu et al., 2019, p. 530).

While such approaches can facilitate children's expression, some methods may also present further ethical issues relating to the safety of children, particularly if their privacy and confidentiality is at risk because of material, such as photographs or digital stories, being released on social media. Balancing children's ability to have a say, ensuring their protection, and juggling the rights and interests of individuals with the combined interests of participating cohorts can present further ethical challenges (Lomax, 2015).

Expressive arts, such as drawing, may be suitable for engaging young children (Swanston et al., 2014) but might not be appropriate for young people (Hutchfield & Coren, 2011). Technological enablers potentially provide a way forward and are a better fit (Wall et al., 2018). Video games, digital animation, digital storytelling, iPads, tablets, and augmented reality offer fun ways to engage both children and young people in this research. A digital avatar called “Moe the Monkey” (developed in the United Kingdom by Evoke Education) is an example of augmented reality which can be used in educational settings and for police or social work investigative processes with children (Asghar et al., 2018; Evoke Education, 2020). This strategy is also suitable for use in sensitive social research with children.

An Australian study, Lamb et al. (2018) incorporated the use of digital storytelling as a component of their research, with stories being instrumental in programs for fathers who use violence. Another example was in the evaluation of a family violence clinical service; children had access to tablets where different animal avatars, depending on the age of the child, led the child through the evaluation (Wall et al., 2018). Researchers concluded that, although different ethical issues may emerge—for example, if young people used their own devices, which could impact privacy and confidentiality—the use of technology offered an effective option (Wall et al., 2018).

Focus groups can also support young people to share their experiences (Beetham et al., 2019; Holt, 2011, 2015; McCarry, 2005; Phillips & Phillips, 2010; Richardson-Foster et al., 2012; Willis et al., 2010). Some researchers choose this design in order to reduce the power imbalance between researcher and children and build rapport, particularly through enabling children to take the lead in recording their views (McCarry, 2005). However, ethical issues may arise from bringing children together, especially the consequences of sharing private and confidential information. Children can disclose experiences that may deeply affect other children. McCarry (2005, p. 101) indicated that researchers need to consider whether focus groups are appropriate; if they are used, “ground rules” should be established to ensure confidentiality and anonymity, for example, children being able to choose a pseudonym.

Mudaly and Goddard noted that being child-centred in research means that children and their needs are “central at all times” (2006, p. 36). Some researchers mention providing children with refreshments (Fellin et al., 2019; Morris et al., 2015). Supports of this nature are not widely reported in the literature, possibly because they are commonsense strategies. Child-focused research also encapsulates strength-based research and participatory action methods. These models can facilitate the participation of children, giving prominence to their direct experiences, which can be pivotal in research aimed at social reform (Clark, 2010).

Participatory Action Research

Alderson (2008) emphasised that children were an untapped resource, and their involvement could be increased at various phases of the research process and through a diversity of strategies. Informed by the rights-based framework, McCartan et al. (2012) discussed the increasing use of participatory research, where young people themselves have a key role in conducting the research.

The literature illustrates the importance of young people being enabled and empowered to undertake key roles in action and participatory action research (Houghton, 2015; Rodriguez et al., 2018). Children and young people have also been pivotal in service evaluations relating to domestic violence service provision (Fotheringham et al., 2013; Pernebo & Almqvist, 2016; Wall et al., 2018; Westwood & Larkins, 2015). Some research projects have developed youth reference or advisory groups, to inform and guide research (Houghton, 2015). Advisory groups of young people have also been used in survey research in schools, such as in a large study conducted across five European countries about young people’s experiences of interpersonal violence (Barter et al., 2017).

Houghton (2015) and colleagues undertook significant work in domestic violence research with children in Scotland, using young advisers referred to collectively as the “Voice Against Violence” (VAV). Through their engagement in research, VAV members have developed policies relating to domestic violence. Houghton builds on the ground-breaking research of Mullender et al. (2002), which prioritised the “three Cs – consent, confidentiality and child-protection and three Ds – danger, distress and disclosure” in research. Houghton adds “three Es” as key considerations in domestic violence research: “enjoyment, empowerment and emancipation” (2015, pp. 239–240). These inclusions better position children and young people as empowered change agents and emphasise the need for research to be fun and engaging. Young people developed a “VAV Standards Booklet” for research and consultation projects involving children. The Standards include a focus on safety, confidentiality, the need for anonymity, supportive adults, the capacity to opt out of research, and young people being able to talk for themselves (Voice Against Violence, 2012).

Young people co-led research conducted with Latino families who were involved with a domestic violence service in the state of Georgia (United States), researching domestic violence and the influence of policies relating to immigration (Rodriguez et al., 2018). With support from university research graduates, young people developed interview schedules and conducted interviews. They received training in ethics and interviewing techniques, and young people involved in previous research offered mentoring support. Rodriguez et al. noted: “youth were encouraged to view themselves as experts of their own lived experiences” (p. 595). They also developed understanding about their communities and were able to facilitate knowledge creation, which would have been challenging to achieve otherwise.

Reimbursements and Honorariums

An ethical issue in domestic violence research (and in other research with children) is whether children should receive something tangible in acknowledgement of their participation. Research guidelines suggest that children “should receive appropriate rewards and recognition” (Shaw et al., 2011, p. 42). Domestic violence research indicates that children and young people have been given vouchers, gift cards or small cash reimbursements after the conclusion of the research (Aymer, 2008; Benavides, 2012; Chanmugam, 2015; Katz, 2015, 2016; Lamb et al., 2018).

Graham et al. (2013, p. 89) noted that incentives “are designed to encourage the participation of children,” but there is debate in the research community as to whether, ethically, this should occur. Children and their families could feel that their participation is being coerced. The use of incentives does not meet standards for research, as specified in the Nuremberg Code for research, which stipulates that research participants should not be put in a situation where they feel coerced (Alderson & Morrow, 2011). Spriggs (2010), however, made the point that small incentives used in sensitive or risky research may be ethical, provided that parents and ethics review committees oversight and approve. While the use of incentives raises other ethical concerns which necessitate critical review and reflection, incentives may also serve as enablers in domestic violence research with children.

3.12 Conclusion

Literature relating to children and domestic violence highlights that less research has been conducted with children where they are key informants about their own experiences and perceptions of the violence (Malka, 2018). If barriers to this research with children are so great that, by default, research does not occur, not only are children’s rights not upheld, but the domestic violence sector effectively misses out on critical information. Commentators do acknowledge that if obstacles to children’s participation in violence related research exist, then children themselves, and those involved in policy development or service provision, all lose out (Horwath et al., 2012).

While privileging the rights of children to decide whether they want to be involved in this research, all areas, such as research, policy development, and service provision, need to be informed by children's own understandings, knowledge and experiences (Øverlien & Holt, 2018). Other possible outcomes of research for children themselves are very important, where they are enabled and empowered to take on active roles to address domestic violence in their own lives, within their families and in the community (Horwath et al., 2012).

This chapter has presented literature that is significant for this thesis, although the research cited is mostly from overseas. To develop knowledge on the barriers, enablers, and decision-making considerations of gatekeepers and researchers in the Australian context, key points from the literature review have shaped this thesis. This includes the topic areas and questions explored with participants, the research design and approach, such as the importance of establishing collaborations and partnerships with domestic violence agencies in the recruitment process, and the critical need to establish safety with participants. Chapter Five, on the research methods, details the strategies adopted by the researcher.

This study adds to research conducted in the United States with mothers involved with mandated services, discovering what they thought about their children's participation in domestic violence research (Rizo et al., 2017). While this thesis explores the barriers, enablers, and decision-making considerations with respect to children's engagement in domestic violence research with mothers, participants also include domestic violence service providers, clinicians, ethics committee members, and domestic violence researchers.

This thesis is interested in the constructions held about children's competency and capacity to be involved in domestic violence research. It specifically explores whether gatekeepers in Australia are equally concerned about domestic violence research possibly retraumatising children. Further, it examines ethical issues, safety considerations, and whether service system barriers impede children’s research participation. In addition to child-centred research, this study seeks to understand whether there are other ideas about how to safely facilitate children’s domestic violence research participation.

In order to open more doors to children’s participation in domestic violence research, particularly enabling those more marginalised and in challenging life situations to participate, Ray (2010) highlights the need to understand the “barriers” to their inclusion. This chapter has presented literature of significance to the questions explored in this thesis. The next chapter details the theoretical framework of the methodology and discusses the integrated theoretical approach which underpinned this study.

Chapter 4—Theoretical Framework Informing the Methodology

> The mandate coming from both grieving and traumatised children today is to spend time in their world … If we cannot see what they see, hear what they feel, and think what they think, how can we possibly know what matters most in their efforts to remain resilient and flourish despite the troubling and traumatic situations they experience? (Steele & Kuban, 2013, p. xv)

4.1 Introduction to Chapter

Previous chapters provided the justification for this study, key concepts in this research, and literature significant to the thesis questions, which explored the barriers, enablers, and decision-making considerations of researchers and gatekeepers in conducting domestic violence research with children who have experiences of this violence. This chapter describes the theoretical framework that has shaped the methodology. It discusses the rationale for undertaking qualitative research, along with the constructivist-interpretive paradigm of the study and the methodological approach. The researcher chose constructivist grounded theory (Charmaz, 2008) as the methodology, and the chapter offers a rationale for the appropriateness of this approach to the study and research questions.

This chapter also presents other theoretical influences for the study, such as interdisciplinary and Childhood Studies (with reference to childism). Integrated with these approaches is the child rights perspective. The researcher’s clinical experience and knowledge in occupational therapy, social science, and social work informed the decision to adopt an interdisciplinary approach to this qualitative exploratory study. Denzin and Lincoln note the significance of the “biography” of the researcher in decision making (2005, p. 21). Diagrammatic representation of the theoretical framework for the methodology assists to explain it and to provide context to this chapter. Each of the theoretical influences is then comprehensively discussed.

4.2 Qualitative Exploratory Research

This study was conceptualised as an exploratory qualitative study because of the lack of empirical research with the selected participant cohorts in this study. Denzin and Lincoln (2005) define this form of research as a “situated activity,” where the researcher locates themselves in the setting being researched and, through this process, various interpretive activities take place (Denzin & Lincoln, 2005, p. 3).

A qualitative study was appropriate to the aims of this thesis and to the research questions, particularly when more detailed knowledge and understanding was required on the specific topic (Carey, 2012). As an interpretive and inductive process (Denzin & Lincoln, 2003), qualitative research facilitated exploration on the researcher’s and gatekeepers’ understandings, allowing for multiple constructions and views in answering the research questions.

The research involved some “sensitivity or emotional depth” (Padgett, 2008, p. 15). The topic was sensitive because the research involved interviewing mothers with experiences of domestic violence and focused on children’s involvement in domestic violence research and the ethics of their research inclusion. The sensitivity of the topic had the potential to generate strongly held views, possibly even distress, for some participants.

Fontes, in the paper, “Ethics in violence against women research: The sensitive, the dangerous and the overlooked,” discussed strategies for undertaking domestic violence research in the best or “most ethical way possible” (2004, p. 143). The researcher critically reflected on this in the light of professional values and ethical principles (Australian Association of Social Workers, 2010; Occupational Therapy Australia, 2014; Occupational Therapy Board of Australia, 2014).

Other influential factors were research value principles from the National Statement on Ethical Conduct in Human Research. These include integrity, the merit of the research, respect for participants, ensuring beneficence (do no harm) and that research be fair and just (National Health and Medical Research Council et al., 2018a). Further considerations in determining the best ethical approach to conducting this research were the sensitivity of the domestic violence research area (including the complexities and dynamics of this violence) and the vulnerability of particular research participants. Pivotal to decision-making in this study were respect, establishing rapport and trust, empowering participants, and honouring their unique experiences and expertise.

With these ethical considerations in mind, and seeking to ensure that interpretation, construction of meaning, and the participants' voices were effectively honoured and represented, the researcher chose a qualitative methodology as the best form of research. A quantitative approach, which adopts more objective, structured, and controlled methods of statistical data collection and analysis (Alston & Bowles, 2013), would not have effectively captured the richness of different assumptions and perceptions about domestic violence research with children.

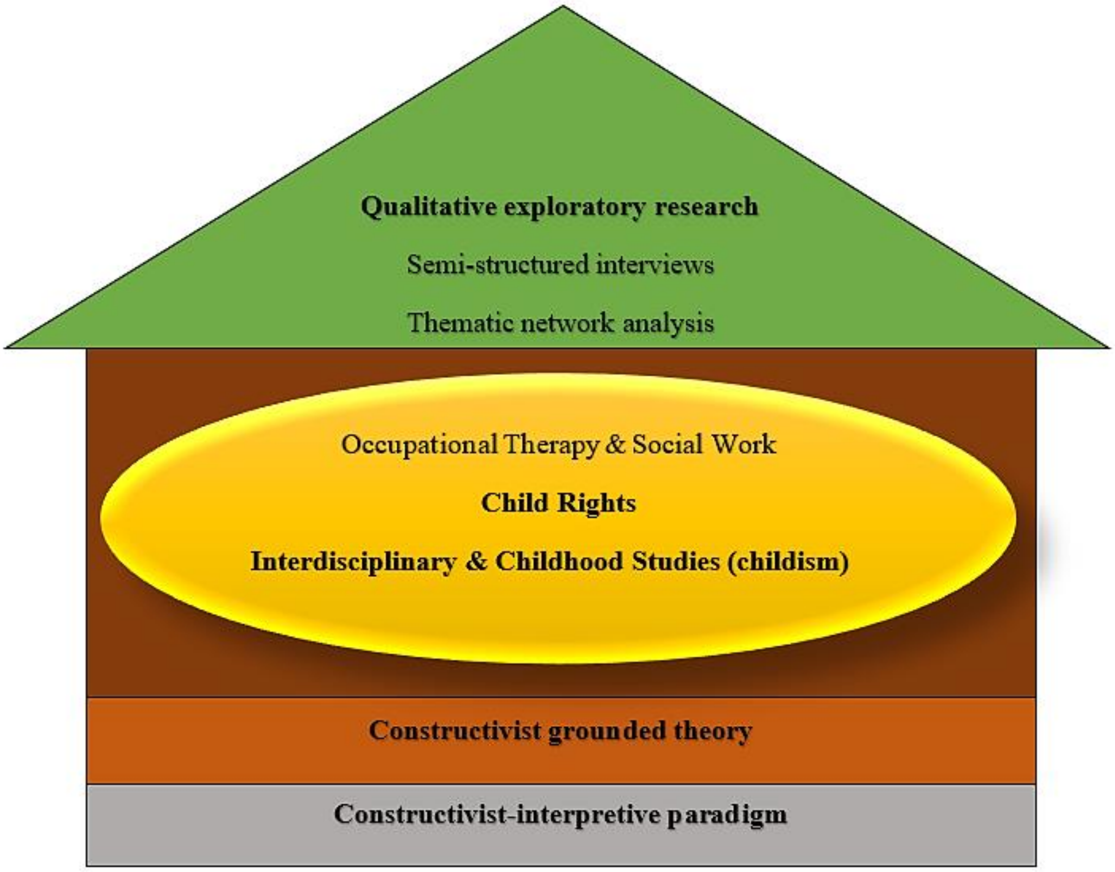
Padgett's description of getting "inside the 'black box' of practice" (2008, p. 15) expressed the intent of this study. Essentially, this research focused on developing knowledge of research practice and the decision-making considerations of gatekeepers and researchers about children's engagement in domestic violence research and the inherent barriers and enablers to children's participation.

4.3 Overview of Integrated Theoretical Framework

This section of the chapter introduces the theoretical framework for this qualitative exploratory study, the components of which are then discussed in more detail. The metaphor of a house as illustrated in Figure 1 has been used to represent the framework, because this best depicts its components, which are built upon a constructivist-interpretive paradigm. Charmaz's (2008) constructionist model of grounded theory, referred to as constructivist grounded theory in this thesis, served as the methodological approach. Together, these provided the conceptual footing or foundation for the other theoretical approaches, such as interdisciplinary studies, Childhood Studies (with childism), child rights and professional influences from occupational therapy and social work.

Figure 1

Integrated Theoretical Framework



Theoretical influences in this study were considered complementary. Constructivist grounded theory, underpinned by a constructivist-interpretive paradigm, was appropriate to the exploratory study and to understanding the different constructions held by research participants (mothers with experiences of domestic violence, domestic violence service providers, clinicians, domestic violence researchers, and ethics committee members). Interdisciplinary and Childhood Studies (with reference to childism) served to unify, and became the theoretical hub for, other approaches, such as child rights and professional theoretical influences. This interdisciplinary research approach mirrored the practice context in domestic and family violence. Because of the “multiplicity of problems” experienced by families, different agencies frequently need to work together (Cleaver et al., 2007, p. 169). Similar interdisciplinary thinking came to the forefront in this study.

Concerted endeavours to understand children’s experiences of domestic violence are necessary, because their experiences are pivotal to the development of prevention and intervention programs (Noble-Carr et al., 2017). This critical background context called for unique theoretical approaches to exploring the barriers to children’s involvement in domestic violence research and the enablers to facilitate their participation. The interdisciplinary approach and the integration of diverse perspectives offered a different lens through which to build knowledge and theories in answering the research questions.

Children possess the right to voice their opinions and have a say in domestic violence research. They are “rights-holders,” which Lundy and McEvoy acknowledge has “significant implications for research processes” (2012, p. 129). Under the child-rights agenda, there is a positive responsibility placed on researchers “to develop deliberate strategies to assist children in the formation of their views” (p. 131).

A focus of this thesis required that a critical stance be adopted in realising children’s rights in domestic violence research and in the domestic and family violence sector more generally; hence, childism was included in the theoretical approach. This means understanding how structural and power disadvantages may contribute to the barriers to children’s research participation. Children and their rights need to be prioritised in domestic and family violence reforms, and children themselves supported and enabled to take the lead and co-steer policy and service changes.

Because of possible developmental and health impacts of violence on children and potential issues with emotional functioning, cognitive and executive functions, behaviour, and social competency (Barnett et al., 2011; Samuelson et al., 2012), facilitating and enabling participation in research may necessitate the involvement of different disciplines and expertise. This supported the use of an interdisciplinary theoretical hub. The integrated theoretical framework for this study will now be discussed in detail.

4.4 A Constructivist-Interpretive Paradigm

Within qualitative research, there are key conceptual interpretive frameworks or perspectives which offer guidance and direction to the research process. These include constructivist-interpretive, post-modern, postpositivist, feminist and critical theory (Denzin & Lincoln, 2005; Ingham-Broomfield, 2015).

Researchers who adopt a constructivist-interpretive paradigm have a “goal of understanding the complex world of lived experience from the point of view of those who live it” (Schwandt, 1998, p. 221). They also assume a relativist ontological position which acknowledges that multiple realities exist. Levers (2013) stated the purpose “is to understand the subjective experience of reality and multiple truths” (p. 2). This paradigm, in addition to being appropriate to understanding the unique perspectives of participants, was suitable to the domestic violence research context, which is comprised of different academic disciplines, stakeholders, and diverse views (Barnett et al., 2011). To do justice to answering the research questions, the researcher undertook in-depth inquiry with participants, to explore their views and experiences, thereby co-constructing knowledge and understanding with them.

Crotty noted that the epistemology of a study provides the philosophical underpinning and is about “knowledge” and “how we know what we know” (1998, p. 8), that is, our views on what we believe is possible for how knowledge is acquired (Snape & Spencer, 2003). This thesis intended to honour the various experiences, ideas and perspectives of gatekeepers and researchers. Participants from the five cohorts in this study brought to it their subjective experiences, individual realities, and expertise in answering the research questions about the barriers, enablers, and decision-making considerations in conducting domestic violence research with children. It was this diversity of opinions, and the interpretation of these, which was the focus of this study.

Social constructivism, joined with interpretivism (Creswell, 2014), was the epistemological foundation for this study, accepting that individuals construct meaning, understanding, and knowledge through their connections, interactions, experiences, and engagement within their social, cultural, and political worlds. Positivist notions, where there is an objective truth or external reality out there waiting to be found, unearthed (Grinnell & Unrau, 2014), or discovered (Crotty, 1998), were considered problematic in this study and rejected. In this research, there was no one truth, no data or precise knowledge that existed, "already" in place (Alvesson & Sköldberg, 2009, p. 17) and holding true for all research participants.

To develop understanding and knowledge on how participants made sense of, and interpreted, their experiences, the researcher firstly needed to join with and engage with participants. Carey (2012) discussed the interpretive approach and posited that a "researcher tries to gauge, reach and comprehend the perspectives, opinions, emotional responses and attitudes held by participants" (p. 74). The research methods used in this study reflected these goals, seeking to explore and interpret the assumptions and perceptions held by participants across the different cohorts. The next chapter will discuss those methods.

Spivey (1996) provided an account of the meaning-creation process in the text, "The constructivist metaphor." This process occurs when people form an understanding, establish a plan, make a response, create a memory, have some intention, or make an interpretation. "We construct these meanings in relation to various aspects of our lives when seeking patterns, making connections and comparisons, and inferring sequence and cause" (p. 1). Both individuals and groups of individuals (cohorts) construct meanings, acting as "constructive agents" who bring to the meaning-making process their own individual values, prior knowledge and experiences (p. 2).

It was the unique constructions of domestic violence researchers, child clinical practitioners, domestic violence service providers, members of Human Research Ethics Committees, and mothers with experiences of domestic and family violence that were of interest in this study. Participants in the study were conceptualised as constructing meaning, understanding, and interpretations, in accordance with their unique frame of reference, lens, schema, perspective, or "ways of seeing, thinking, and knowing" (Spivey, 1996, p. 11).

The constructivist-interpretive approach recognises the significance of the research context to the construction and interpretation of meaning. Lincoln and Guba's "The Constructivist Credo" describes "sense-making efforts" as "literally the creation of the interaction between and among individuals and their surround" (2013, p. 51). Constructions can be shared, where knowledge and understanding are "co-created" (p. 88). Urek asserted: "Social reality is something that people construct together; they negotiate it and construct interpretation of it" (2005, p. 452).

It was understood in this study that knowledge and reality were co-created between participants and the researcher, with shared meaning-making and co-constructed understanding taking place (Costantino, 2008). Muehlenhard and Kimes, in their article, "The social construction of violence: The case of sexual and domestic violence," indicated that what is defined or considered as violence "is socially constructed, has varied over time, and reflects power relations" (1999, p. 234). A social constructionist approach is about how people understand or make meaning from their world, influenced by their social, cultural, and political contexts (Muehlenhard & Kimes, p. 1999).

There are different opinions and debates about domestic and family violence; for example, how it is defined, the causal factors for this violence, and the best research approaches to explore the issue (Barnett et al., 2011). Social constructionism assists in understanding domestic and family violence across diverse societies and cultures: “the social constructionist perspective helps to explain cross-cultural variations in definitions of family violence. That is, what is condemned as abuse in one culture is not always condemned in another” (Barnett et al., 2011, p. 10).

This was an important consideration in this study. Participants interviewed potentially had CALD backgrounds, and also brought their own family and cultural constructions about domestic and family violence to the research. Social constructionism (constructivism) offered a useful paradigm for understanding how cultural influences, family, personal, or professional beliefs and constructs shaped or influenced the perceptions of participants in the study. With data collected across five cohorts, social constructionism proved useful, because it facilitated knowledge development about the barriers and enablers to children’s inclusion in domestic violence research from a diversity of constructions.

4.5 Constructivist Grounded Theory

In order to explore the constructions of gatekeepers and researchers on the research questions, this thesis was underpinned by a constructivist-interpretive paradigm and utilised constructivist grounded theory as its methodological approach (Charmaz, 2000). Constructivist grounded theory emerged as a variant of Glaser and Strauss’ systemic grounded theory from the late 1960s, through the work of Charmaz (2005, 2006, 2008). It offered a systemic inductive process for collecting and analysing data from the cohorts, and it was suitable to the exploratory nature of the study. Theory development involved closely examining interview data, coding, and then completing further analysis of the codes to develop overarching themes. The outcome product, or result of the research, was grounded in the data (Charmaz, 2005). Thematic network analysis (Attride-Stirling, 2001), discussed in the research methods chapter which follows, was the tool or analytic technique used to code and make sense of the interview data.

With a long tradition in qualitative research, dating back to Glaser and Strauss' initial 1967 study on dying (as cited in Birks & Mills, 2011) and the subsequent publishing of their grounded theory model (Glaser & Strauss, 2017), there have been many generations and iterations of grounded theory (Birks & Mills, 2011). Charmaz's model, used in this study, moves away from the objectivist position of Glaser and Strauss, where there is an acceptance of objective truths and reality (Charmaz, 2005). Reflected in the social constructivist paradigm, Charmaz emphasises "diverse local worlds, multiple realities, and the complexities of particular worlds, views, and actions" (Creswell, 2013, p. 87).

Charmaz also views the researcher as bringing to the research their background experiences, interests, knowledge, and frame of reference. These are evident in the choice of research participants, when analysing or coding data, and in the development of theories, understandings, or innovations (Charmaz, 2005, 2008; Creswell, 2013). Charmaz stated: "grounded theory not only is a method for understanding research participants' social constructions but also is a method that researchers construct throughout inquiry" (2008, p. 397). This includes recognising the researcher in the study, specifically, their interpretive and reflexive position when constructing meaning and knowledge (Charmaz, 2005).

This study acknowledges the influence of occupational therapy and social work disciplines, inherent value and theoretical positions, the personal and professional context, motivations, interests, knowledge, and philosophical assumptions on the study and the chosen theoretical framework. In particular, constructivist grounded theory is appropriate to the social work and social justice aims of this study (Charmaz, 2005; Oktay, 2012). Constructivist grounded theory facilitated the researcher's close connection to the research data and the development of concepts, ideas, and theories. It also sought to enable more socially just outcomes for mothers and children in domestic violence research, such as fairness, equity, and equality (Charmaz, 2005; Oktay, 2012).

D’Cruz and Jones (2014) outlined the purposes of social work research, where research can extend from knowledge and theory creation, where participants themselves, become significant in change processes, and, consequently, the research becomes a “vehicle by which development, improvement and change occurs” (pp. 91–92). Although this study was not conceptualised as social action research (Alston & Bowles, 2013), the research design and selection of the different cohorts reflected the researcher’s focus on facilitating a paradigm shift concerning the priority and value of hearing children in domestic violence research and for including them in decisions about their safety and wellbeing.

This study wanted to re-position children as having agency, more autonomy, and the right to be safely supported in domestic violence research, in evaluations, consultations, or service delivery reforms, and in domestic and family violence decision-making (child protection, family law and police interventions). A social inclusion aim (McDonald, 2011) therefore existed, regarding the value of listening to children and being responsive to what they have to say. Children have clearly stated that they want adults to hear them. They have also expressed interest in being involved in service development processes (Allnock & Miller, 2013; Hogan & O'Reilly, 2007; Houghton, 2006; Mudaly & Goddard, 2006; Noble-Carr et al., 2017).

Participants in this study were selected because of their domestic violence research experience, their position, or the significant gatekeeping role held, such as in consent and approval processes for undertaking domestic violence research with children. Participants were conceptualised as potential change agents for children’s rights. This included prioritising the needs of children in the broader legal and domestic violence service system and, potentially, facilitating future research, consultative, and evaluation processes with children. The social justice aim of this study was to achieve change in how children are conceptualised and perceived in domestic violence research.

ESRC Seminar Series Participants (2004) made recommendations for the social inclusion of children in various service reform processes and for theory development:

> Theory is not something that should be seen as separate from social action around children and young people's participation. Theory is basically a set of ideas and knowledge, which helps us to explain how things work, why things are as they are and what might happen if we try to do things differently. (p. 98)

This study spotlighted children's rights and experiences of domestic and family violence by giving participants in this study the opportunity to think about, and reflect upon, the participation of children in this area of research. Social justice and participatory inclusion goals were linked to theory and knowledge development, in that the research process also served as a change strategy. In their respective fields or roles (research, clinical practice, service provision, ethics, and as mothers), participants could reflect on this form of violence and how this violence affects children.

Scholars highlight the way in which children's situation—their rights, views, and presenting needs—can be overlooked in decision-making and service delivery (Radford & Hester, 2015). Westwood and Larkins stated: "The needs and rights of children … to have a voice in the aftermath of domestic violence are marginalised at best and invisible at worst" (2015, p. 64). While this study focused on the barriers and enablers to conducting domestic violence research with children, the research process raised the profile of children as victim survivors of this violence (Callaghan et al., 2018; Humphreys et al., 2008; Humphreys & Stanley, 2006). The study also positioned children as possessing rights, with respect to their participation in domestic violence research.

4.6 Children's Rights

Children's rights and the human rights discourse have been pivotal in this study. The UNCRC conceptualises children as "rights-holders" (Lundy & McEvoy, 2012a, p. 78). Domestic violence is also recognised in the legal human rights discourse (McQuigg, 2016). The UNCRC has achieved significant status which is important for this study; it serves as a theoretical and conceptual framework to inform social policy and research processes (Arce, 2015). Woodhead noted that the UNCRC established the "foundational principles on which much child participation practice, research and theory is now built" (2009a, p. xx).

The UNCRC was a landmark development that established children not only as rights-holders, but as independent and autonomous persons. Parkes acknowledged that it "represented a new way of thinking about children – a way that is child-centred, child-friendly and child-appropriate" (2013, p. 1). This construction is in stark contrast to the historical conceptualisation of children as "the property of their parents" (Bagattini, 2014, p. 164). Children were not really listened to; they were "invisible," politically insignificant and "denied a meaningful voice" (Parkes, 2013, p. 13).

Children having participatory rights, being able to have a say about things that matter to them, has "significant implications" for conducting research (Lundy & McEvoy, 2012b, p. 129). Conceptualising children as having rights to participate imposes on adults an obligation and a duty to respect this entitlement and offer support to children in this process. Privileging children's participatory rights comes with a concomitant expectation: that children will be enabled or facilitated to "form a view on all matters affecting them" (Lundy & McEvoy, 2012b, p. 132).

Article 12 of the UNCRC requires that a child who is able to form their own views and wishes has "the right to express those views freely in all matters affecting the child" (United Nations, 1989). Children also have the "freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child's choice” (Article 13).

Children’s rights have become a growing trend in social science research with children (McCarry, 2012). Researchers are accepting that children should be involved in research on matters that affect them (Fernandez, 2011). Sometimes, this right may be reflected in the term “participation.” The United Nations (2009) reports that the right of a child to be heard has been re-conceptualised by the term “participation”; this term is “now widely used to describe ongoing processes, which include information-sharing and dialogue between children and adults” (United Nations Committee on the Rights of the Child, 2009, p. 5). Various frameworks guide children’s participation in policy and practice (for example, Hart, 1992; Lundy, 2007; Shier, 2001; UNICEF, 2006), together with literature specifically about participatory processes with children (Percy-Smith & Thomas, 2010).

The United Nations Committee on the Rights of the Child has taken the position that, when a child is to participate in decisions, this is to be “transparent and informative,” “voluntary,” “respectful,” “relevant,” “child-friendly,” “inclusive,” “supported by training,” “safe and sensitive to risk,” and, finally, “accountable” (United Nations Committee on the Rights of the Child, 2009, pp. 29–31).

In addition to having a right to protection from all forms of violence, children have the right to be consulted about different strategies for dealing with violence, for example, through legislation, service reforms, or education. The obligation to include “marginalised and disadvantaged children, such as exploited children” (United Nations Committee on the Rights of the Child, 2009, p. 26) is significant, ensuring that child-friendly and child-safe strategies exist as the “basic requirements” for upholding the child’s right to have a say and be heard (United Nations Committee on the Rights of the Child, 2009, p. 29).

This thesis posits that children can have an active role in defining, understanding, and making sense of their rights in domestic and family violence services and in research. Through engagement with the human rights discourse, and with support, children can form their own interpretations and constructions about their rights and what they mean to them.

Ife (2009) discussed the need for community development processes and human rights approaches to come together, becoming human rights "from below," where marginalised groups can operationalise or demonstrate their rights through participatory processes (pp.123–153). Applying this thinking to children's research, Larkins et al.'s (2015) work is particularly relevant, taking rights-based research with children a step further. Through research conducted with children who had disabilities, Larkins et al. developed a research methodology where children were co-leaders of research, being positively supported (through various methods) to achieve changes that were important to them. With this model, children can be supported to construct their own understandings about their rights in a given service or research context. Further, they are empowered to take research findings forward into possible social reform and advocacy endeavours.

Domestic violence research done with young people in Scotland by Houghton (2015, 2018) similarly illustrates how rights-based thinking in domestic violence research with children can transform the policy reform process. Young people were empowered to provide expert advice to government on policy developments (through the expert advisory group VAV, explained earlier). This set a benchmark for participatory action research and the critical role children have in decision-making about their own research participation and the ethics of this.

Building on the scholarship that exists in facilitating children's rights to voice and participation, this thesis relied on the UNCRC for its rationale and justification. The UNCRC influenced all stages of this research. Scholars indicate that the UNCRC can provide direction when they are undertaking rights-based research (Quennerstedt, 2013). It assisted this researcher to think broadly about suitable gatekeepers with key expertise about the research questions being explored and the rights of children in domestic violence research. The UNCRC also informed the development of research questions and served as the benchmark standard when analysing data, especially with respect to creating child-safe and child-friendly research.

The rights of children to participate are not consistently upheld in domestic violence research. In Australia, a significant gap in the research has been identified (Mitchell, 2016). Noble-Carr et al. reported: “We know little about children’s experiences of the service systems in Australia that are designed to meet their needs and their families, and whether they feel they are getting the support they require” (2017, p. 40).

The concept of Children’s Rights was integrated into the theoretical lens of this study because of inherent rights-based and social justice issues. The UNCRC requires that children be protected from all forms of violence. States party to the Convention have responsibilities to develop protective and protection strategies, along with treatment programs for children impacted by violence (Article 19). Research is integral to achieving these outcomes, further supporting the inclusion of Children’s Rights in the theoretical framework.

Houghton (2006) reported that children have asked adults some critical questions about their involvement in policy and service reforms in domestic violence. While these questions arose out of policy reform processes in Scotland, some were applicable to this study. The researcher reflected on these throughout the course of the study, particularly children’s wish for adults to work with them to enable their voices, including the silent ones, to be heard.

> Will the participation of young people endure and become embedded in future service delivery …? Will we continue to work with children and young people to find ways

> of enabling those who are still silent to speak, and those who speak to reveal more if they choose, in their own time, in their own way? Will we work with their technological expertise to open new avenues of communication? (Houghton, 2006, pp. 92–93)

4.7 Childhood Studies and Childism

In a reflection of how children are conceptualised in research, the developmental model, or child development theoretical perspective, emerges as historically significant in childhood research discourses (Woodhead, 2009a). Children are conceptualised and understood as increasing in maturity and competency as they move through different biological, cognitive, and psychological periods of development (Freeman & Mathison, 2009).

While this study acknowledges that children go through various developmental stages, just viewing children in this way can limit or curtail their inclusion in decision-making processes and the priority given to their opinions. Children can be perceived as “still in the making” in terms of their capacity and competency to express their ideas. Qvortrup in 1985 noted that children can be perceived as “human becomings” (Qvortrup, 2009, p. 639). Effectively, this means that children are still to reach the stage when they have the maturity and capacity to participate in various decisions.

This thesis positions children as autonomous, having agency as social actors to create their own worlds and cultures (Corsaro, 2005). Childhood Studies was selected because it conceptualises children as having the competency, agency, and capacity to be involved in consultation and research processes important to their lives. It also acknowledges that their own worlds and relationships with others are of value in research (Barker & Weller, 2003; Christensen & James, 2008; Esser et al., 2016; James & James, 2012; Qvortrup et al., 2009).

Although it is increasing, the voice of children requires further representation in domestic violence research, policy, and service developments (Callaghan et al., 2018). Hogan and O'Reilly concluded that the domestic violence system "does not hear children—what they have experienced and what they now need" (2007, p. 81). A meta-synthesis reviewed qualitative research with children on their experiences of this violence over a 20-year period from 1996; of the 40 studies included in the review, 32 of which involved children, only four studies from Australia matched the inclusion criteria (Noble-Carr et al., 2017). The National Children's Commissioner in Australia reported that, in domestic and family violence policy and service development, the country lacks a "clear policy framework that prioritises the needs of children across the prevention, intervention and response continuum" (Mitchell, 2016, p. 19).

Against this backdrop, new knowledge on how to approach domestic violence research with gatekeepers, and with children themselves, was required. Childhood Studies facilitated this and provided an interdisciplinary framework for this study. This translated into a perception of children as capable of independent action, self-determination and able to express their experiences of domestic violence. Although children were not interviewed in this study, Childhood Studies provided a theoretical framework for the way children and childhood were conceptualised.

Childhood Studies acknowledges the forerunner work of Prout and James on the Sociology of Childhood, where "children are and must be seen as active in the construction and determination of their own social lives, the lives of those around them and of the societies in which they live" (1997, p. 8). Viewing children this way was significant to this study, because it facilitated building knowledge on a complex issue facing them (James & James, 2012).

Morrow asserted: "Childhood Studies provides an interdisciplinary approach to the study of children and childhood, meaning that it crosses traditional boundaries between disciplines, drawing together diverse theories and ideas to better understand the experience of childhood" (2011, p. 19). This theoretical position was pivotal in offering the potential for new strategies and knowledge concerning research with children and young people (Kehily, 2009). Childhood Studies also supported the integration of key social work and occupational therapy values, along with theories of practice, which are discussed later in this chapter.

There are several challenges facing researchers and practitioners using Childhood Studies in respecting children's rights to express their thoughts, ideas, and experiences in shaping social policies and service systems (Morrow, 2011). These challenges were significant to this thesis and have been outlined in full below. They were instrumental in the development of the research questions and selection of the research cohorts, and they underpinned the integration of different theoretical approaches, such as children's rights, occupational therapy, and social work theories of practice.

> How can we better respect children and their rights in our thinking, communication, research and practice – and ultimately in our social policies?
>
> How can we elevate the status of children and young people?
>
> How can we understand the complexities of children's everyday lives while respecting their different circumstances? and finally ...
>
> How can we draw on the diverse disciplinary perspectives and latest thinking about children and childhood to best progress their interests and wellbeing? (Morrow, 2011, p. 19)

With these research challenges in mind, research designs must facilitate and respect children's rights to participate in domestic violence research in order to understand the experiences of children with respect to this violence. Research practices need to inhabit children's worlds of understanding and knowing. The headline citation (or children's mandate) by Steele and Kuban (2013, p. xv), quoted at the beginning of this chapter, encourages practitioners and clinicians to "spend time" with children who have lived with trauma, to join with them and enter their world, so as to fully understand the impact of trauma and their thoughts or feelings about the trauma experienced. The researcher considered this mandate to be equally pertinent to conducting domestic violence research with children.

To develop service provision, supports, and child-focused approaches for children in the domestic and family violence sector, researchers also must be able to safely engage with, and enter, the diverse and complex worlds of children who have lived with such violence. This view and value position influenced this study's theoretical frame of reference, which, in addition to Childhood Studies, prioritised the participatory rights of children. The association between Childhood Studies and Children's Rights is well established, with the children's rights agenda being a significant influence in the development of Childhood Studies (Barker & Weller, 2003).

Childism

To extend Childhood Studies and bring a critical focus to this study, childism (Wall, 2010, 2019) has been incorporated into the theoretical approach. Sharing similar radical, empowering, and emancipatory features with feminism, childism provided another lens through which to analyse data and to make sense of the assumptions and constructions held by gatekeepers about children and their participation in domestic violence research.

Like Childhood Studies, childism focuses on childhood and recognises the diversity of children's experiences and their uniqueness. But more than this, childism challenges ethical thinking and practices (including research) which further marginalise children because they do not adequately consider children's lives and their experiences. This is pertinent in the domestic violence context, because literature highlights the importance of further research with children as key informants on domestic violence and its impact in their lives (Campo, 2015; Noble-Carr et al., 2017; Rizo et al., 2017; Swanston et al., 2014).

Wall (2010) stated that childism is transformative. In deconstructing and critiquing prevailing adult-centric values and conceptions about children, Wall referred to these as “expressions of adultism” (Wall, 2019, p. 4). Childism facilitated deeper analysis and reflection, to understand what possibly lay beneath the decision-making considerations of participants and the barriers to children’s research engagement: for example, systems and structural constraints, issues relating to power in the research process, and the impact of prevailing ideologies, constructions, assumptions, and value underpinnings about children and their involvement in domestic violence research. Moreover, childism opened up opportunities to develop knowledge on enabling strategies. Re-positioning children and their participatory rights, in this area of sensitive social research, is also significant.

4.8 An Interdisciplinary Approach

Childhood Studies is a “broad interdisciplinary framework” (Woodhead, 2009b, p. 24) which facilitates the integration of varied disciplines to create further understanding about childhood and the life experiences of children. Consequently, this thesis brought together key theoretical perspectives and ethical values from the disciplines of social work and occupational therapy. This offered the opportunity for new knowledge and insights into children’s safe engagement in future domestic violence research.

Calder et al. (2004) made the point that domestic violence is a complex field of study, particularly when different disciplines are involved in both service delivery and in academia (Jordan, 2011). Scholars conducting research on complex issues often adopt an interdisciplinary focus. This can facilitate a more comprehensive, integrated, and synthesised outcome in answering difficult questions, dealing with intractable problems, and developing ideas and innovations, particularly when the answer seems to require the collaborative research efforts of different disciplines (Aboelela et al., 2007; Klein, 1990; Lyall et al., 2011; Salter & Hearn, 1997).

The literature highlights some dissention between different disciplines and professionals in domestic violence research (Saunders, 2003). Saunders stated: “Perhaps, the most important challenge facing the field of child violence is how to ‘de-Balkanize’ the professionals involved.” Saunders goes on to advocate for the development of strategies to ensure “that those involved in the various fields … more readily share their knowledge, expertise, theories, and methods with each other” (2003, p. 372). Barnett et al. (2011) asserted that due to the interest of various groups in domestic violence research, challenges present in allowing for different perceptions:

> Contentious debates have arisen between experts schooled within different academic disciplines and among researchers … fractious debate … by opposing academic and political groups is detrimental to progress in stopping the violence … conflict has exceeded customary levels and has occasionally created an atmosphere of distrust and acrimony. (Barnett et al., 2011, p. 41)

Commentators seek integration and interdisciplinary collaboration in research efforts (Prinz & Feerick, 2003). Prinz and Feerick highlighted the “critical need for interdisciplinary research and for people within disciplines to collaborate across boundaries, terminologies, and approaches (2003, p. 216).

Sociological and social work research are evident in the body of knowledge relating to domestic and family violence (Barnett et al., 2011). Interdisciplinary domestic violence research which involves the disciplines of occupational therapy and social work in research collaborations, however, seems uncharted. The approach in this study was considered innovative, offering different ways of thinking about conducting domestic violence research with children.

Interdisciplinary models of collaborative practice in domestic and family violence have evolved since the 1970s and 1980s. Research contributions exist from various disciplines, including criminology, sociology, and psychology (Robinson & Payton, 2016). Advocacy related to social policy and service provision reforms in domestic and family violence continues to focus on the need for “more effective interdisciplinary, multi-agency working and coordinated community responses” (Hilder & Bettinson, 2016, p. 1). This has resulted in partnerships and collaborative networks between professionals in the prevention of domestic violence and in the development of interventions, although Hilder and Bettinson noted that legal systems are still “often notably disengaged from wider interdisciplinary discourses” (2016, p. 2). These authors also indicated that contractual funding stipulations linked to outcomes and competition for resources have led to fragmented service delivery.

Domestic and family violence researchers and experts argue that “greater collaborative efforts” are needed in research (Barnett et al., 2011, p. 45). This can facilitate the development of understanding from diverse perspectives (National Institute of Child Health and Human Development, 2001, as cited in Øverlien, 2010). The field is complex and sensitive (Calder et al., 2004). Unique interdisciplinary research collaborations are warranted, considering the need for insights and additional understanding to facilitate children’s involvement in research.

Salter and Hearn discuss the capacity of researchers to “draw upon the corpus of more than one discipline or to conduct research within a field of study characterised as interdisciplinary” (1997, p. 7). The definition of interdisciplinary research adopted in this study was that put forward by Aboelela et al. (2007):

> Interdisciplinary research is any study or group of studies undertaken by scholars from two or more distinct scientific disciplines. The research is based upon a conceptual model that links or integrates theoretical frameworks from those disciplines, uses study design and methodology that is not limited to any one field,

> and requires the use of perspectives and skills of the involved disciplines throughout multiple phases of the research process. (p. 341)

Aboelela et al. (2007, p. 342) indicate that, for a study to be truly interdisciplinary, the philosophical framework, study design, data analysis, and conclusions reached need to reflect interdisciplinarity. The underpinning constructivist-interpretive paradigm, constructivist grounded theory, and theoretical influences in this study facilitated interdisciplinarity. Childhood Studies is an interdisciplinary approach (Morrow, 2011). Child-rights theory was suitable and easily integrated within the interdisciplinary framework and had coherence to both social work and occupational therapy practice theories and value underpinnings. The research design for this study also reflected interdisciplinarity.

Social Work and Occupational Therapy Theoretical Influences

The introductory chapter of this study discussed the researcher's professional and clinical biography and how this influenced the theoretical perspectives chosen, the knowledge brought to this study, and its ethical value underpinnings (Australian Association of Social Workers, 2010; Occupational Therapy Board of Australia, 2014).

As a social worker, the researcher upholds human rights and social justice principles (Australian Association of Social Workers, 2010). Significant to social work practice are theories relating to social systems and human behaviour (Australian Association of Social Workers, 2010). Historically, the social work discipline has focused on assisting vulnerable individuals and communities to enhance their wellbeing and has a solid theoretical and practice foundation in understanding the needs of children (Kamerman & Gatenio-Gabel, 2014).

An understanding of ecosystems theory (Mattaini & Huffman-Gottschling, 2012), where people are understood within their environments, such as their cultural, social, and family networks was important in this study and compatible with the constructivist-interpretive paradigm. Social workers do not view an individual in isolation from the broader systems and environments that surround them. Mattaini and Huffman-Gottschling (2012, p. 297) outline these different environments, which include “institutions and their policies.”

In conducting this study, the researcher was cognisant of the fact that participants had different connections with the systems and environments around them. For example, mothers interviewed were currently, or had been, involved with the domestic and family violence service system, with legal systems (family court matters, civil and criminal proceedings), and, potentially, other systems, such as child protective services or mental health services. Domestic violence service providers (shelters, crisis services, accommodation, and community services) needed to adhere to agency policies and procedures, government funding requirements, child protection mandatory reporting processes, and legislative expectations. Clinicians were bound by the ethical, professional, and legal requirements of their professions; and ethics committee members and researchers were influenced and guided by their academic and research contexts.

The design of the study and the methods selected acknowledged the complexity of the systems surrounding participants, which, as the study proceeded, needed to be navigated and often negotiated. In relation to interviewing mothers, ecosystems theory assisted the researcher to understand their background context and the influence of broader family, community, and cultural influences; mothers can also be involved with multiple services and systems. Ecosystems theory was important in identifying potential risks and in the development of risk management protocols. Understanding the different service systems that mothers potentially interacted with was crucial to the recruitment strategy adopted in this research. Systems navigation, such as dealing with services and gatekeepers in the recruitment of mothers to this study, was a significant challenge.

Ecosystems theory was instrumental in data analysis and interpretation, aiding understanding of how the views, perceptions, and constructions held by participants about children's inclusion in domestic violence research were influenced or informed by surrounding systems, prevailing ideologies, and discourses within those systems. By way of example, interviews for this study were conducted during Royal Commissions in Australia relating to family violence and the institutional responses to child sexual abuse. Some participants spoke about these Commissions, the impacts of findings, and the legislative or policy changes that were occurring in response. Developments taking place in the broader policy reform space were influencing the views and constructions of participants. Some participants discussed how individual stories about childhood trauma, recounted in public hearings, and the longer-term impacts of trauma into adulthood had resonated with them.

In addition to key social work practice theories, as an occupational therapist, the researcher understands the fundamental value of human occupation and a person's engagement in their occupational roles and activities (Javaherian-Dysinger & Underwood, 2017). Occupational therapists have key functions in working with children who have experienced trauma and child maltreatment, such as facilitating their occupational performance and occupational participation in various settings (American OT Association, as cited in Javaherian et al., 2007; Petrenchik et al., 2015).

For these children, occupational therapy knowledge of sensory modulation, task analysis, and environmental modification, along with an understanding of children's functional and developmental capacities and competencies, is fundamental to practice (Case-Smith & O'Brien, 2010; Petrenchik et al., 2015; Whiting Cameron, 2018). Facilitating a person's maximum participation in their activities of life, ensuring that the environment adequately supports and facilitates this participation, and adopting a person-centred approach, are the focus of occupational therapy (Kielhofner, 2009).

A model of participation utilised in occupational therapy to facilitate the inclusion of children with additional vulnerabilities or support needs in research processes or in therapeutic practice is important to this discussion. Imms et al. (2017) presented the “Family of Participation-Related Constructs” model, which views participation as both “a process” and also an “endpoint” (p. 16). Participation is comprised of concepts which include “attendance” and “involvement” (p. 18). For example, children can be present at research but not necessarily effectively or fully involved in the research activity. To best enable their participation, factors intrinsic to the child, such as their interests, choices, sense of autonomy, self-determination, and competency in undertaking an activity are fundamental elements to facilitating participation. The role of the research context, or the environment being matched to an individual child’s needs, is also critical. This model shaped the way the researcher understood children’s optimal participation in the context of domestic violence research: notably, the complexities entailed in participation, the back and forth dynamic between the child and the research environment (inclusive of the researcher), and other diverse contextual factors that researchers need to consider in conducting domestic violence research with children (safety of research environment, support people for the child, etc.).

The literature review chapters of this thesis discussed the fact that children with experiences of domestic violence can present with additional vulnerabilities and developmental needs, because of the traumatic impacts of domestic violence. To effectively design domestic violence research that facilitates their participation, children’s needs, competencies, preferences, and support requirements must be assessed. This is significant to the design of both research activities and the research environment, which might require modification or adjustment to adequately match and meet the child’s participatory needs.

Another occupational therapy practice framework important to conducting this research is the Model of Human Occupation (MOHO), which comprises four concepts related to human occupation: performance capacity, the environment, habituation, and volition (Kielhofner, 2009). This model assisted with managing safety, potential risks, the needs and requirements of mothers, and the selection of the research setting or environment for interviews conducted with mothers.

The MOHO has been used by occupational therapists to understand the prevailing influences and effects of domestic violence on mothers, in assessing their occupational performance, and in the development of therapeutic interventions to assist in their recovery (Helfrich & Aviles, 2001; Humbert et al., 2013). Informed by the work of Helfrich and Aviles (2001), who applied the MOHO to domestic violence practice, this study used the model to ensure that the research environment facilitated and supported the safe and ethical participation of mothers. This study regarded the occupational role of "mothers," as critical gatekeepers in providing consent for children's research engagement, as pivotally significant; hence, the importance of including them in this study. Reflecting this focus, Chapter Six of this thesis addresses fears, safety, and protection, presenting data on the decision-making considerations and barriers in research as put forward by mothers.

Occupational therapists working with people who have lived with domestic violence need to understand the possible consequences of the violence for people's lives, for example, the impacts on "specific and global mental functions, such as functional cognition, attention, memory, confidence, self-esteem, emotional regulation, and social awareness" (Javaherian-Dysinger & Underwood, 2017, p. 1). They must also be aware that physical abuse can cause "neuromusculoskeletal and movement-related functional deficits" (Javaherian-Dysinger & Underwood, 2017, p. 1). Noteworthy for this study was recognising that domestic violence often has damaging impacts on a mother's capacity to parent and mother her children (Buchanan et al., 2015; Holt, 2017; Lapierre, 2009; Radford & Hester, 2006; Thiara & Humphreys, 2017; Wendt et al., 2017). Domestic violence undermines the occupational role of mothers (Nguyen et al., 2018). This was a key consideration in this research, influencing how the researcher engaged with mothers and conducted the study.

Foremost in both occupational therapy and social work is trauma-informed practice, or trauma-informed care (Javaherian-Dysinger & Underwood, 2017; Knight, 2015; Levenson, 2017). Trauma-informed practice in domestic violence settings and in other community service areas has become prominent across service delivery over the recent decades (Furnivall, 2014; Ko et al., 2008; Wall et al., 2016; Wilson et al., 2015).

However, literature about trauma-informed research is only beginning to emerge (Day, 2018). The researcher adopted key trauma-informed principles from domestic violence and child welfare practice (Anyikwa, 2016; Wall et al., 2016; Wilson et al., 2015). Principles included: facilitating emotional, physical, and cultural safety; maximising a mother's choice and control; focusing on her empowerment; establishing an atmosphere of respect; unconditional acceptance; and ensuring that the research sought to limit any possibility of mothers being retraumatised (Elliott et al., 2005; Wilson et al., 2015). For a mother to successfully participate in the research, it was critical that the environment be safe for her, and also sensitive and responsive to her unique needs. Consequently, this drove flexibility regarding the setting used for interviews and for how the interviews were conducted.

Occupational therapy, with its focus on occupational role performance, assisted the researcher to understand how domestic violence could affect a mother's role performance (Helfrich & Aviles, 2001). Occupational therapy clinical knowledge about childhood trauma (Petrenchik et al., 2015), the neurobiological effects of trauma (Van der Kolk, 2015), and sensory-based trauma interventions were also significant to data interpretation. For example, the researcher understood clinical concepts or terms and models of practice, as discussed and put forward by clinicians in this study.

Occupational therapy and social work are separate disciplines, and practitioners or clinicians from these disciplines do things differently. However, in this study, there were synergies between both disciplines because of common theoretical perspectives and value principles, for example, around trauma-informed practice. These principles influenced both the design and methods of the research, particularly with mothers, and were integral to data analysis, in identifying themes, and to the findings of the study.

4.9 Conclusion

This chapter discussed the integrated theoretical framework for this thesis, built upon a constructivist-interpretive paradigm, with constructivist-grounded theory as the chosen methodological approach. This study was conceptualised as an exploratory qualitative study because of the lack of empirical research on the barriers and enablers to conducting domestic violence research with children and the decision-making considerations of gatekeepers (mothers with experiences of domestic and family violence, ethics committee members, service providers, and clinicians) and domestic and family violence researchers.

Children in this study were positioned as having agency, competency, the ability (with support and assistance), and the capacity to participate in research related to domestic violence, pursuant to their rights as outlined in the UNCRC. The UNCRC was foremost in this thesis, because it clearly articulates the right of children to voice their opinions in decisions, where they can express their views through different ways of their choosing.

Understanding the barriers that impact on children’s participatory rights in domestic violence research is critical to opening the doors to conducting safe, child-friendly research with them. The following chapter outlines the methods employed in this research. It explains the ethical review process and details the ethical concerns that were managed throughout the research. Further, it also presents the thematic network analysis process.

Chapter 5—Research Methods

> Although significant gains have been made in our knowledge of how violence affects families, there is still a great deal of work to be done to understand how to implement effective interventions to reduce domestic violence and improve outcomes for children and families. (Stover, 2005, p. 452)

5.1 Introduction

The previous chapter presented the theoretical framework informing the methodology. Informed by this framework, this chapter outlines the research methods used in the study, which included the use of purposive and convenience sampling to recruit participants across the five cohorts (service providers, clinicians, ethics committee members, researchers, and mothers) and the use of in-depth, semi-structured interviews.

It outlines the sampling and recruitment process for all cohorts, then gives a detailed account of the challenges and barriers experienced in recruiting mothers through the domestic and family violence service system. Because of their experiences of violence, mothers were considered a vulnerable cohort. This chapter discusses how the researcher addressed these sensitivities in the design of the study, which included adopting a trauma-informed approach and using a protocol to manage possible discomfort or distress.

The final section of the chapter details the use of thematic network analysis (Attride-Stirling, 2001), which was employed for understanding and constructing meaning from the interview data.

5.2 Research Questions

This study explored the barriers, enablers, and decision-making considerations of domestic violence service providers, clinicians, ethics committee members, domestic violence researchers, and mothers regarding domestic violence research with children. The research questions were:

- What are the barriers and enablers to conducting domestic violence research with children who have experiences of this violence?
- What are the decision-making considerations of gatekeepers and researchers regarding domestic violence research with these children?

5.3 Consultation Phase for Research

To further understand the domestic and family violence research context, the researcher organised consultation sessions with professionals and an academic. These sessions occurred instead of having a reference group, although they served a similar purpose.

In domestic violence research, Langford makes the point that "theoretical sensitivity" and its attributes, such as "insight, ability to identify pertinent concepts, and the capacity to understand are important for anticipating threats to safety while conducting a study" (2000, p. 134). These consultations assisted the researcher to identify critical areas and considerations in this research.

Nine people participated in these consultations. Eight of these individuals were in clinical or service provision roles, such as trauma services, counselling, child and family welfare, child protection, and the children's court. One participant was an international domestic violence researcher. Four discussions were held in Australia, and three took place in the United States.

The research study, design, and research questions were still being developed, so these consultations remained informal. They assisted the researcher by providing advice about areas for exploration, such as complex trauma, the best interests of children, impacts of the family law system, child development, child abuse research, joint models of interviewing in child protection, and creative therapeutic interventions with children. While none of these people ended up being recruited to the study following the ethics approval process, their advice enabled the researcher to consider other possibilities in the development of the research questions. They also recommended areas for further literature review and potential future contacts.

5.4 Participants

This study used purposive and non-random sampling to recruit participants (Denzin & Lincoln, 2000). The researcher selected participants for inclusion because they had key knowledge and expertise of importance to the research questions and to the aims of the study (Hibberts et al., 2012; Palys, 2008).

Participants were from five cohorts significant to children’s participation in research on domestic violence. Table 1 summarises these cohorts and the recruitment strategy utilised.

Table 1

Study Cohorts and Recruitment Strategy

Cohort	Recruitment strategy summary
Cohort 1: Domestic & family violence service providers (refuges, shelters, crisis services, accommodation services)	• Purposive and convenience sampling of domestic and family violence services in eastern Australia. Researcher developed list of potential services or interagency forums and emailed invitation to participate, also offering to attend meetings. • Further liaison occurred with interested staff members to organise interviews, which took place either face to face or by telephone.
Cohort 2: Mothers with experiences of domestic and family violence (currently or previously involved with the domestic and family violence service system)	• Recruitment through contacted domestic violence services who acted as gatekeepers. Gatekeepers made the decision about which mothers should be approached, considering safety/risk issues. Only mothers who were considered to be in a safe situation, where there was minimal risk from participating, were contacted. • The researcher offered to attend informal meetings with mothers to provide information on the research. • A revised recruitment strategy expanded recruitment into other service systems, such as into housing and community services. • Gatekeepers contacted the researcher with names and contact details of potential participants. Email or telephone contact was made with potential participants to discuss the research and schedule a meeting time to conduct face-to-face interview.
Cohort 3: Clinicians working with children and young people (children/ young people with experiences of domestic and family violence)	• Purposive and convenience sampling of clinicians through known professional networks of researcher in eastern Australia, because these were geographically more accessible to the researcher. • Some clinicians were referred to the researcher by other study participants. Invitation to participate emailed to potential participants. If interested, additional email and telephone contact occurred to organise interview which took place either face to face or by telephone.
Cohort 4: Domestic and family violence researchers (Australian and international researchers)	• Purposive sampling both in Australia and internationally via research networks or identification through the literature. • Some researchers were also suggested or referred. Invitation to participate emailed. If interest shown, an interview was organised, either occurring face to face or via telephone, depending on the location of the researcher.
Cohort 5: Members of Human Research Ethics Committees (Australian)	• Purposive sampling used to recruit from email listing of ethics committees used by MESSI study which involved the Institute of Child Protection Studies. • Some ethics members were also referred to the researcher. • Invitation to participate emailed and further email or telephone contact to organise face-to-face or telephone interview.

5.5 Recruitment

While recruitment was purposive, convenience sampling was also used for some cohorts, such as domestic violence services, and for mothers. The researcher targeted certain accessible geographical regions, where personal and family contacts made accommodation available, or where travel was economically and logistically feasible. Focusing on recruitment in specific locations in eastern Australia enabled face-to-face interviews where possible, particularly with mothers. Clinical practitioners, domestic violence services, and ethics committee members were recruited from different states and territories of Australia, but domestic and family violence researchers were recruited from Australia and internationally. This decision broadened and increased the pool of potential participants.

During the literature review process, possible participants from across three cohorts (domestic violence services, clinicians, and researchers) were identified from the literature, via research networks and through the researcher’s professional networks. Extensive internet searches identified, where possible, contact details for domestic and family violence services in eastern Australia that were more accessible to the researcher. Potential participants were recorded on excel spreadsheets. The study intended to recruit mothers through the domestic and family violence service system, so mothers were not recruited or identified during this phase.

The introductory chapter explained that this study was nested within, and aligned with, the broader aims of the MESSI study. Consequently, the researcher was able to utilise the ethics committee excel listing used by the MESSI study, sending out invitations to participate in the study to 242 Human Research Ethics Committees (HRECs).

Recruitment was a staged process, beginning with Cohort 1—Domestic and family violence service providers and Cohort 2—Mothers recruited through domestic/family violence services or other community services. Recruitment then focused on Cohort 3—

Clinicians, Cohort 4—Researchers and Cohort 5—Ethics committee members. There were significant difficulties in recruiting mothers to the study. This is discussed in some detail in this chapter, because of the importance of this experience to the research questions. The process used for recruiting clinicians, researchers, and ethics committee members will be discussed first, because the same strategies were utilised for these cohorts.

Clinicians, Researchers and Ethics Committee Members

Potential participants listed on the excel spreadsheets were sent an invitation to participate in the study (see Appendix C). Initial contact sought to ascertain interest in participation and to answer any questions. To facilitate communication and to build interest in the study, the researcher also sent out introductory emails about the study to stakeholders in their professional networks, if they were involved with the domestic and family violence service system, or in associated areas such as community services, health services, clinical practice, or peak organisations.

A formal letter, information leaflet and consent form were sent via email to those who showed interest. The researcher also answered any questions by telephone with potential participants. The study leaflet included details about ethics approval, supervision arrangements, voluntary consent processes, confidentiality, privacy requirements, and how the research findings were to be reported. The researcher made further contact via email to organise interview dates and times. This process was used for clinicians, researchers, and for members of HRECs.

Domestic and Family Violence Services

In addition to receiving an invitation for staff members of the service to participate in the study, services also received an invitation, information leaflet, and brochure specifically for mothers (see Appendix B). Some managers of domestic violence services and one researcher suggested other services, interagency forums for domestic violence services, and clinicians that could be approached. One contact sent out an email with information on the study to their close colleagues, encouraging them to participate. This email resulted in a service provider and two clinicians consenting to be involved.

The researcher was reliant on domestic violence services to act as gatekeepers in approaching mothers, so seeking their support was significant, requiring persistence and committed follow up by the researcher. Where possible, and within resource constraints, the researcher offered to attend team and staff meetings at domestic violence services. These meetings facilitated discussion on the aims and purpose of the study, timeframes, the reporting of findings, and ethical considerations.

This personal approach was designed to assist in engagement with potential participants, establish more trust and rapport, and give services the opportunity to meet the researcher face to face and talk through any concerns or pragmatic issues. The researcher was cognisant of not wanting to coerce, or exert any pressure in, recruiting staff to the study. These meetings were about providing general information on the research and what brought the researcher to this study. Services were also gatekeepers for the recruitment of mothers, so it was appropriate to offer these meetings to promote the study.

To provide context to this process and to establish credibility and legitimacy with services, the researcher spoke about the impetus for the research and the clinical and practitioner journey that had highlighted the gap in knowledge and the paucity of domestic violence research with children in Australia. The researcher discussed some anonymous case studies and showed examples of children’s drawings from her clinical experience; this reinforced the importance of this research for children’s participation in future domestic violence research. Discussion also occurred on the recruitment of mothers to this study and their significant gatekeeping role in consenting to children’s involvement in research. The researcher took the brochures for mothers and a poster on the study to meetings and emailed copies of this material to some services. The brochure and poster provided details on the study, the researcher, confidentiality provisions, voluntary consent, rights and choices of participants, and the $30 token of appreciation gift card.

Staff attending the meetings were encouraged to think about mothers in their service who might be willing to participate, who were not in crisis, and could safely participate. The researcher offered to attend group sessions of mothers to discuss the research; this could have been an existing group, or a special meeting of mothers convened by the service. Strategies put forward by the researcher included hosting a morning tea, being willing to attend services at different times, and just being around so that mothers could ask questions and obtain information about the study.

Despite significant effort by the researcher—such as emails, telephone contact, earlier meetings with staff, flexibility regarding dates and times, and offering to fit in with services—only one morning tea occurred, attended by one mother and a staff member. Initially, this service was reluctant indicating: “We couldn’t possibly do that,” but the researcher assured them that it was just an informal morning tea to provide information about the study. This mother was not recruited to the study. She was still learning English and was having significant difficulties understanding what the researcher was saying about the study, despite being assisted by the worker. The participation of this mother would have required access to interpreter services, and the researcher did not have the resources for an interpreter.

Some services advised the researcher that they did not have groups and that privacy or confidentiality issues existed which precluded meetings with mothers. Before one visit, where the researcher was to meet with several services, a manager advised via telephone that “no mother” from the service wanted to participate and asked whether the researcher still intended to visit the area. This staff member attended a future combined services meeting. Unfortunately, her actions seemed at times to discourage staff from being involved. For example, she did not speak, sat with arms crossed, and shook her head at other staff members, when the researcher was speaking about the study and attempting to encourage participation.

At another agency, a worker who was silent throughout the staff meeting quietly mentioned to the researcher afterwards that they would be in contact, but they did not want to say anything in the meeting. During a team meeting at a refuge, a staff member looked at the brochure for mothers and stated that the researcher would have difficulties recruiting mothers because the researcher was from the Australian Catholic University and the Institute of Child Protection Studies. This staff member said that some mothers would have negative perceptions about the study because of the “Catholic connection.” Further, mothers might believe that the researcher was involved with “Child Protection Services”; in that case, they would not want to participate because of fears about possible child protection intervention.

It was a challenging prospect, engaging and inspiring workers about the research. The researcher drew on clinical and practitioner experience, which included anonymous case examples and drawings done by children showing their experiences of domestic and family violence. Rights-based perspectives were also discussed during these sessions.

The researcher reinforced the importance of domestic violence services speaking with mothers about the study, stating that the topic would be important to mothers, who might want to be heard and have a say on the research questions. At later meetings with services, the researcher said that mothers had the right to know about the study and that it would be unfair if mothers who wanted to express their views were not given the opportunity to do so.

Across eastern Australia, the researcher attended 13 meetings. These included domestic violence shelters, refuges, crisis services, a counselling support service, an interagency meeting of service providers, and a meeting with a research officer of an agency that also provided family violence services, clinical and research services. These meetings were highly successful in recruiting service providers to the study. From the 13 meetings held, eight interviews were conducted, involving 14 staff members. Another service provider was referred to the researcher by an existing study participant. This took the total number of interviews held with service providers to nine, with 15 staff members participating. While this strategy was effective in recruiting service providers, this did not translate into the successful recruitment of mothers.

Recruitment of Mothers

The researcher had no way of knowing how active and committed the services were in speaking with mothers about the study. The lack of take up through the domestic and family violence service system seemed to indicate that this recruitment strategy was not effective, despite the researcher attending meetings with services and making further contact, by email and telephone.

Only two mothers were recruited from service meetings organised by the researcher. Three additional mothers were referred by domestic violence services, but one mother cancelled two scheduled interview times, the researcher was unable to contact another, and the third mother, from a CALD background, ended up not consenting because of concerns about confidentiality, lacking trust in the research process. She stated: “You say this is confidential, but what if in five years someone approaches me?” (Researcher’s journal). Despite the researcher further discussing the study’s confidentiality provisions and reassuring the mother, her response to being asked what she thought about participating was, “I don’t know.” The researcher made the ethical decision to wrap up the initial meet and greet, thanking the mother for her time. It was clear that the mother was reticent about the ramifications of being involved in the study when she had a young child. The researcher provided contact details, but the mother did not make any approach.

Another service visit resulted in four mothers being interviewed. A personal contact of the researcher facilitated access to this service. This contact had previously worked for the service and could vouch for the researcher as a trustworthy person. The researcher then organised a day visit to this service and met with two staff, who consented to participate. Four mothers recruited by one of the staff members were then interviewed individually. The participation of these mothers only occurred because they trusted the staff member. This staff member went out of their way to recruit these mothers, succeeding, because someone they valued and respected asked them to assist the researcher. The researcher previously had expressed concerns to this trusted contact about the difficulties being experienced in recruiting mothers from domestic and family violence services and had sought their advice, assistance, and support.

While understanding the system was being protective of mothers, the researcher did not anticipate these difficulties and assumed that professional and clinical experience in social work and domestic violence, along with engagement and meetings with staff, would assist to facilitate the recruitment of mothers. The researcher critically reflected on the recruitment process and discussed additional recruitment options and strategies during supervision.

Drawing on ecological systems theory (Mattaini & Huffman-Gottschling, 2012) and knowledge of the multiple systems accessed by mothers with experiences of domestic and family violence, the researcher made the decision to broaden recruitment into associated service systems. These included community services and health services, because they also provide services to mothers with experiences of domestic violence. The researcher also further utilised their professional and personal networks. Strategies utilised under this extended recruitment strategy were already included in the HREC approval.

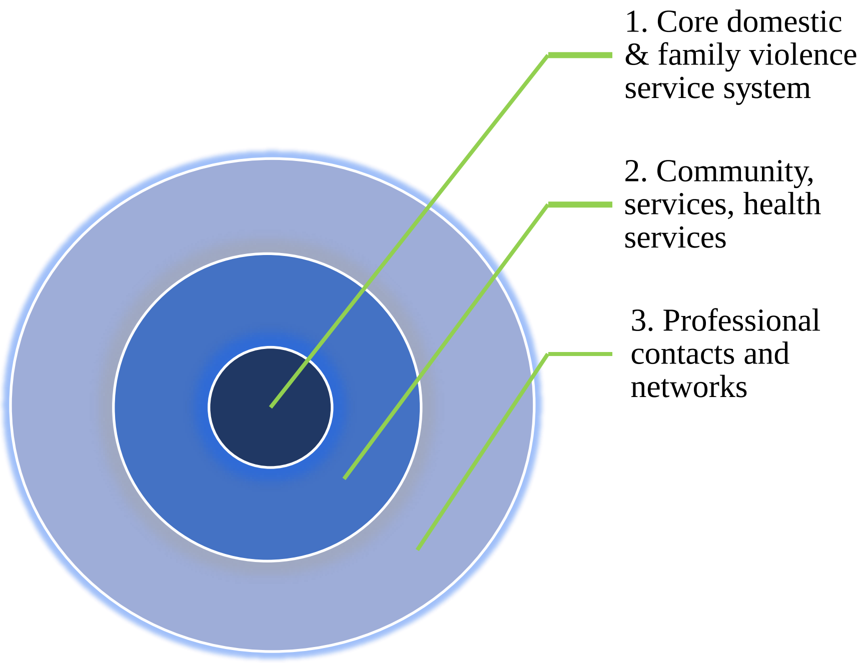
The revised recruitment strategy for Mothers is depicted in Figure 2; recruitment moves out from:

1. core domestic and family violence service system, to

2. other service systems, and
3. professional and personal contacts.

Figure 2

Revised Recruitment Strategy



The revised recruitment strategy proved effective. The first breakthrough occurred via a contact, who referred a mother. A further nine mothers joined the study, including mothers recruited via the trusted contact, who facilitated access to a domestic violence service, leading to the recruitment of four mothers. Eleven mothers participated in the study. While there were other mothers coming forward who could have been approached, the researcher had already exceeded the desired sample for mothers and wound down recruitment.

5.6 Participant Sample Size

Surpassing anticipated participant numbers of between 20 and 30 across the five cohorts, 49 individuals provided voluntary informed consent to participate, and 43 interviews were conducted. The researcher discussed the consent process with participants at the commencement of the interview. They were advised that they could opt out and withdraw their consent at any stage of the interview (see Appendix F for consent form). One additional staff member briefly entered an interview with a service provider and made some comments which would have taken the sample to 50 participants, but this staff member did not complete a consent form, excluding their comments from the study.

Participants from the five cohorts were recruited from the Australian Capital Territory (ACT), Queensland, New South Wales (NSW), Tasmania and Victoria. Three international researchers joined the study. The 11 mothers who participated were from the ACT, NSW, Victoria, and Queensland. Fifteen staff members from domestic and family violence services participated, and there were six clinicians, eight researchers and nine human research ethics committee members. Table 2 summarises the cohorts and the sample size for each, also noting whether the interview was conducted face to face or by telephone.

Table 2

Study Cohorts and Interview Type

Cohort	Number of interviews	Number of participants	Face-to-face interviews	Telephone interviews
Domestic/family violence service providers	9	15 *	5	4
Clinicians	6	6	1	5
Researchers	8	8	2	6
Ethics committee members	9	9	3	6
Mothers	11	11	11	-
TOTAL	**43**	**49**	**22**	**21**

Note. Some interviews with domestic violence service providers were group/shared interviews; three interviews involved two participants, and one interview had four participants.

5.7 In-Depth, Semi-Structured Interviews

In-depth, semi-structured interviews explored the research questions with participants. Table 2 showed that 22 interviews were conducted face to face, and 21 by telephone. Some clinicians, ethics committee members, domestic violence services, and researchers participated in telephone interviews because of their geographical location. All participants provided consent for their interview to be audio-recorded. The researcher conducted face-to-face interviews in NSW, Victoria, ACT, Queensland and Tasmania. All 11 interviews with mothers occurred face to face. Because mothers were identified as a vulnerable cohort, face-to-face interviews were prioritised; this was reflected in the ethics application and interview protocol.

Interview questions with both domestic violence researchers and clinicians initially obtained information about their professional, clinical, and/or research background with children who have experienced this violence. Researchers were asked about their past experiences undertaking sensitive social research with children. Questions of ethics committee members focused on the ethical decision-making of committees, key areas of consideration, and how the committee approaches sensitive social research proposals (such as domestic violence research) involving children. Interviews with mothers asked them to think about any worries or concerns they had regarding this form of research and ideas on the enablers that would facilitate children’s participation. A conversational style was used for interviews.

Informed by the literature review, an interview schedule was developed for each of the cohorts: domestic violence services, domestic violence researchers, clinicians, ethics committee members, and mothers (see Appendix E for sample schedule). There were some minor differences in schedules, relevant to the unique role or position of the participant; but, in general, exploration and reflection focused on the themes outlined below, with allowances for emergent questions.

Questions were grouped under broad topic areas which, depending on the cohort, included:

- introduction and background, consent, and audiotaping
- service delivery experience in domestic and family violence with children, experiences on ethical review committees, clinical experiences, research background in domestic violence research
- exploring qualitative research with children on their experiences of domestic violence
- presenting ethical issues, barriers, enablers to children's participation
- children's rights to participate in research on their experiences of domestic violence
- suggestions for research designs and ethical research practice
- research framework to offer guidance for children's participation in domestic violence research

5.8 Ethical Considerations

Ethics Approval

Approval for the study was sought from the Human Research Ethics Committee with the Australian Catholic University. The researcher was cognisant of the ethical values for conducting research and adhered to ethical requirements outlined in The National Statement on Ethical Conduct in Human Research and the Australian Code for the Responsible Conduct of Research (National Health and Medical Research Council et al., 2018a, 2018b). Ethical principles for research contained in the Australian Association of Social Workers' Code of Ethics and the Occupational Therapy Code of Conduct also underpinned research practice;

for example, value principles such as empowerment of participants, self-determination, social justice, and respect for rights (Australian Association of Social Workers, 2010; Occupational Therapy Board of Australia, 2014).

The ethics approval process required submission of the Human Research Ethics Application. This presented the aims, information on the research design, methods of the study, details on any vulnerable groups, levels of risk, and the management of any safety issues and possible distress.

Mothers were identified as a vulnerable group because of their experiences of domestic and family violence. They were recruited through different service providers involved in the provision of refuge or shelter care, emergency and crisis services, other community support services, or clinical services for women with experiences of domestic violence. The revised recruitment strategy for mothers was a strategy in keeping with the ethics approval. Research protocols were developed: one for obtaining voluntary informed consent, and one for conducting interviews with mothers, to deal with potential distress, safety, or risk issues (See Appendix G—Protocols).

Separate participant information letters went to mothers and researchers; other participants (ethics committee members, clinicians, and service providers), received a generic letter. Information was basically the same in the letters, although mothers were asked to participate in a face-to-face interview, whereas other cohorts had the option of either a face-to-face or telephone interview, depending on the location and capacity of the researcher to travel. The letter and participant information leaflet to researchers acknowledged them as a separate cohort: “domestic violence researchers,” as opposed to “key gatekeepers” involved in decision-making about children’s research participation.

The researcher submitted the Human Ethics Application on 21 November 2016 to the Australian Catholic University’s Human Research Ethics Committee. Ethics approval to conduct interviews was granted for a 12-month period through to 31 December 2017 (see Appendix A for ethics approvals). The Committee advised that the ethics application was well considered. The researcher needed to submit some brief information on the relationship between this study and the ARC-funded MESSI study. A response addressing this query clarified that this study was a separate project, although aligned with the aims of the MESSI study.

Informed Consent, Privacy and Confidentiality

Participants provided voluntary informed consent. The provisions for this were outlined in the consent forms and in the participant information leaflet, which covered details about the study, aims, research questions, consent, confidentiality, and privacy safeguards. Participants were advised in writing that they could opt out, withdrawing their consent at any time. They were informed about complaint processes and how the findings of the study were to be reported.

The consent process clarified that individuals and organisations would not be identified in the study. Participants were advised in writing, however, about the limits of confidentiality—for example, in circumstances where the researcher was told something that concerned them about the safety of the participant or another person's safety. Seeking further protection of their privacy and confidentiality, some mothers recruited through gatekeepers at refuges wanted to use aliases (pseudonyms) or just their first name on the consent form.

The information brochure for mothers (see Appendix B) provided details on the project, the researcher, confidentiality provisions, and limits to confidentiality. It also outlined the mother's rights, which included being informed on details about the study, the choice of whether to be involved or not, being shown respect, not experiencing discrimination, being able to pause or stop the research, and having the right to complain, if dissatisfied with how the research was conducted. The researcher spoke to mothers on the telephone or face to face before the interview, to talk further about the study and allow them to ask questions and to clarify any details, before seeking consent.

The researcher transcribed all interviews with mothers and most interviews with domestic violence service providers and clinicians. Modification to the ethics approval was obtained to enable the use of transcription services regularly engaged by the Institute of Child Protection Studies. Records from the research, such as consent forms, were stored in accordance with policies and procedures of the Institute of Child Protection Studies and ACU policies. The researcher maintained a research journal and research notes; these were only accessed by the researcher.

Because of the limited number of domestic violence researchers who have undertaken qualitative research with children in Australia, it was possible that researchers might have been identifiable, or been assumed to have participated. However, this study also recruited internationally, making this potentially less of an issue.

The study had initially hoped to acknowledge the expert status of researcher participants by ascribing key comments to them, with consent. This was to involve a secondary consent process. However, not all researchers were interested in this, and, given the volume of data from 49 participants across five cohorts, time and resource restrictions precluded this initiative.

To ensure confidentiality in relation to transcripts, mostly there was no identifying information mentioned on the audiotape. If any identifying information, such as the name of a service, inadvertently ended up on a transcript, the researcher removed it.

Reimbursements

Mothers who participated received a Woolworths gift card valued at $30 as a token of thanks for their time. This was positively received by mothers. Ethics approval was granted for the use of these gift cards. The messaging around the use of gift cards was about respect and acknowledgement of mothers and their contribution to this study and to the future safe engagement of children in domestic violence research. If interviews with mothers took place in a quiet lunch or coffee spot, the researcher met the costs of this, which was also appreciated by mothers.

For clinical teams or domestic violence service providers, a box of chocolates was offered as a token of thanks. In some instances, the researcher previously organised collecting the staff's coffee order and arrived for the interview with cappuccinos in hand. This small gesture served as an ice breaker and facilitated rapport building with staff.

Safeguarding and Risk Management

Ethical guidelines stipulate requirements for managing risk and protecting research participants from harm (National Health and Medical Research Council et al., 2018a). Apart from mothers, participants were not considered vulnerable groups in this research. Because mothers were recruited via gatekeepers in the service systems, the researcher liaised with gatekeepers, asking them only to approach mothers considered best placed to participate.

The study did not ask mothers to discuss any personal experiences of domestic and family violence. Although the research was considered low risk, safeguards were still put in place. For example, the safety protocol and ethics approval stipulated that the researcher could not conduct interviews with mothers at their private residences.

Conducting interviews face to face with mothers was important to showing respect and being rights-based in research practice. The researcher was cognisant of the possibility that mothers might find being asked their views on domestic violence research with children, uncomfortable and challenging. A key consideration was being responsive and sensitive to the nuances in expression and in body language.

Face-to-face interviews enabled the researcher to more accurately monitor how the mother was responding to the questions and whether they were showing any signs of distress.

Clinical occupational therapy and social work skills were of great assistance in this regard; the researcher felt confident that they could effectively manage any potential distress. Further discussion on safeguarding occurs at section 5.10 of this chapter, on sensitive, trauma-informed research. Appendix G—Protocols also provides specific detail on strategies.

5.9 Ethics of Care

Close attention was given to ethical and safety considerations at all stages of the research. These included ensuring respect for the rights and self-determination of participants, research integrity, justice, merit, and confidentiality. Special focus was put on protecting participants' dignity and privacy (Australian Association of Social Workers, 2010; Occupational Therapy Australia, 2014). The researcher was guided by these ethical principles in decision-making and was aware of the need to conduct the data collection process or interviews with due regard to the needs and circumstances of participants from each of the five cohorts.

Building on professional ethical values guiding research practice, principles and features from the moral theory known as the Ethics of Care, which has emerged from feminist writings (Held, 2006), was significant for the research. The Ethics of Care requires "attending to and meeting the needs of particular others for whom we take responsibility" (Held, 2006, p. 10). The researcher approached interviews with all participants recognising the duty of care to them during the interview and afterwards—for example, if a participant experienced distress. It was also important to honour their views and perceptions in the write up of this study, so direct quotes from participants were used where possible.

Establishing rapport, trust, and an environment of respectful care for the participant were foremost in how interviews were conducted. The researcher spent the initial part of interviews establishing this connection and, most importantly, acknowledging the participants' time and interest in the study, along with the expertise and experience they brought to the study. The researcher was mindful of the concept of power in interviews, seeking to empower participants to share their thoughts and pacing interviews to allow for more time in response to questions, if required. The Ethics of Care is also about establishing effective relationships (Slote, 2007). Good relationships were vital to obtaining data from participants on the research questions and collecting data in the most respectful and ethical way possible.

Strategies during the interview included checking in with the participant and advising on our progress through the interview schedule. Although the interviews were mostly between 60 and 90 minutes in duration, the researcher went on a journey with participants. The research interview and relationship may have been brief, but the content and discussion sometimes led to the sharing of frustrations about legal and service systems for children and young people.

Some participants spoke about the impact of the Royal Commissions taking place in Australia, recognising the lasting impacts of childhood trauma and abuse. Researchers voiced their annoyance about obstacles experienced by children in research and in accessing therapeutic support services. This researcher (interviewer) was sensitive and respectful, acknowledging that individual participants were being heard. It was important to wrap up and close the interview in a respectful manner, showing gratitude and genuine appreciation of participants coming on board with this research and valuing their unique contribution.

5.10 Sensitive, Trauma-Informed Research

Liamputtong (2007) highlighted the importance of sensitive social science researchers finding different strategies that enable people with vulnerabilities to fully participate in research. In relation to research with women about domestic violence, Fontes (2004) discussed the possible dangerous and overlooked aspects of this research, such as critical safety and risk issues, which can change quickly and without warning: “interviewing a victim of severe marital violence in her home one night might be perfectly safe … whereas the next night it could be potentially fatal to the interviewer and the interviewed" (p. 145).

Mothers referred by gatekeepers and recruited to this study were in safe environments. However, their trauma experiences and the unpredictable nature of domestic and family violence that can continue after separation (Holt, 2017; Thiara & Humphreys, 2017) prompted the researcher to prioritise the safe participation of mothers (physical, emotional, and psychological), and to be mindful of the researcher's own safety.

The researcher drew upon key literature and guidance for safely conducting domestic violence research (Fontes, 2004; Langford, 2000; Morris et al., 2012; World Health Organization, 2016a). Langford's personal account, from his research diary, details his reaction to hearing the news of the killing of a woman by her ex-partner:

> My heart started pounding and I got sweaty. The first thing that came to my mind was the woman from my first interview group who was running away from her stalking husband. It ends up to be someone else, but I was frightened by the possibility. (Langford, 2000, p. 133)

To avoid this prevailing stress and anxiety, safety first considerations permeated this research, from the point of initial contact with mothers through to the reporting of research findings; for example, undertaking planning before interviews, ongoing voluntary consent, ensuring that there was no coercion of participants, and protecting confidentiality and privacy (allowing for aliases for mothers). The researcher did not leave identifying information about the research on any text or phone message sent to mothers, instead just leaving their first name and mobile number, allowing for the mother to contact when possible.

To facilitate physical safety, interviews with mothers occurred at domestic violence services or in another negotiated, safe environment. Women who have left domestic violence or who are in the process of leaving are often more vulnerable to actual violence or at greater risk of violence (Australian Government Department of Social Services, 2019; Baker et al., 2003; European Union Agency for Fundamental Rights, 2014; Thiara & Humphreys, 2017). To the researcher's knowledge, there were low-level or minimal risks indicated for those mothers approached to be part of the study, but risk levels could have changed suddenly without warning: for example, a perpetrator turning up unexpectedly at a mother's residence during a research interview. The researcher was not prepared to take this risk.

Ethical and safety guidelines in conducting domestic violence research recommend that the safety of participants (and researchers) be a foremost consideration (World Health Organization, 2016a). The researcher's child protection knowledge and social work practitioner experience also influenced the decision not to interview mothers at their homes. Respecting the private space of mothers and not intruding on this was equally important. Through negotiation with mothers, other locations were suggested which worked for them and where they felt safe, such as domestic violence services, parks, quiet lunch or coffee spots and the researcher's office at the Australian Catholic University.

The researcher relied upon resources relating to trauma-informed service delivery, adapting these to the research context. Trauma-informed principles and practices are significant in domestic and family violence services (and in child welfare services); hence, the appropriateness and importance of using a trauma lens in this study. Wall et al. (2016) discuss trauma-informed practice as being on " a continuum," from being "trauma-aware," "trauma-sensitive," "trauma responsive" to the top end of the continuum, "trauma-informed care" (Quadara adaptation from Mieseler & Myers 2013, as cited in Wall et al., 2016, p. 5). Different terminology is used when referring to trauma-informed approaches (Hegarty et al., 2017). However, principles generally include safety, trust, recognising and acknowledging the pervasiveness of trauma, facilitating choice and control, showing compassion, being responsive to the cultural and background context of people, and also strengthening their connections with supports (Klinic Community Health Centre, 2013; Wilson et al., 2015).

Engaging with mothers, showing respect, and developing trust were fundamental building blocks to establishing a shared research collaboration. The researcher was aware of power imbalance issues that can present during qualitative research with vulnerable cohorts (Liamputtong, 2007). In domestic violence research, such power differences are to be minimised (World Health Organization, 2016a). Strategies used to lessen the power imbalance included voluntary consent, the ability of mothers to opt out and withdraw consent at any time, and seeking to empower mothers throughout the interview. This researcher's own behaviour and dress were important; for example, being friendly, engaging, and welcoming, and choosing smart casual clothing, instead of business attire.

The researcher spent the initial part of the interview talking about the study, building rapport and checking in with mothers, ensuring that they were happy to be involved. To support the emotional safety of mothers, they were not asked questions about their personal experiences of domestic and family violence that could potentially trigger distress or discomfort. Some mothers did share aspects of their journey, for example, protracted family court battles, fleeing interstate to escape violence, or being sexually assaulted. The researcher's clinical skills were helpful in responding appropriately to the terrifying, horrendous, life-threatening experiences recounted, including incidents involving firearms, family pets, their children, or childhood abuse.

In the event of over-disclosure, or in situations where a response was moving beyond what was emotionally safe, the researcher utilised protective interrupting to sensitively bring focus back to the interview question. In response to any high-level distress, presenting safety or risk factors in situ, the researcher planned to use an adapted version of the Research Interview Distress Protocol developed for research relating to adolescent dating violence

(Draucker et al., 2009). This protocol necessitates awareness by the researcher of how a participant is responding during an interview, being cognisant of indicators, such as heightened stress or emotional distress (unable to control crying), trauma responses, or where behaviour or statements suggest significant safety or risk concerns, such as threats of self-harm or harm to others. Danger may also present for a participant as a result of their participation in a study. In response to these indicators, an interview may need to stop, or a break be called, or, if serious concerns present, a safety assessment could be warranted to ascertain whether imminent danger or risk is evident (see Table A1 in Appendix G for a copy of the adapted protocol).

Fortunately, no mother experienced heightened distress to the level where the researcher needed to suspend an interview. One mother showed some signs of distress when talking about her children, possibly recalling domestic violence incidents that she had tried to bury. This mother was given time to express her concerns, and her distress lessened. Another mother started to cry at the end of an interview. The researcher spent extra time with her after the interview, ensuring that she was feeling settled before going home and getting her to talk about self-care strategies that she was going to use at home.

Another mother’s stress became heightened by talking about the consequences of children being involved in domestic violence research. This mother focused in on the researcher and started to intensively question the researcher about the implications, if something were to be disclosed, and what the reporting obligations of researchers were to child protection and mental health services. This interview occurred in a park. The interview continued, with the mother using the swings and the researcher kneeling next to her. The mother remained settled and calm for the remainder of the interview.

The flexibility afforded by the environment and the use of a swing assisted this mother to fully participate and regulate her emotions. Occupational therapy knowledge and expertise about trauma-based interventions, emotional regulation, and sensory modulation (Brown et al., 2019) were pivotal in this situation. They enabled the researcher to understand the mother's presentation and effectively support her to manage the situation.

5.11 Data Analysis

Interviews from across the five cohorts were transcribed and analysed, comparing emerging and key themes. The researcher completed impression sheets for several interviews. The study employed grounded theory processes and thematic network analysis to analyse the data (Attride-Stirling, 2001). These processes were appropriate to the research questions and theoretical underpinnings of the study, ensuring that data was grounded in the constructions of participants.

A manual coding process was initially undertaken for all interviews. This assisted the in-depth data coding and analysis process on NVivo, although themes are referred to as nodes when coded on NVivo. Manual coding involved the researcher reviewing all transcripts, highlighting and identifying broad brush meanings (Richards, 2005) and salient concepts, which potentially could be constructed into themes to answer the research questions.

Following this process, Word documents were also created for each of the five cohorts, detailing all key concepts and basic themes. Quotes supporting these concepts were copied across from the transcripts. This process assisted the researcher to engage more fully with the data and facilitated close review, analysis, and interpretation. The accessibility of these Word documents made them useful throughout the data analysis process; the researcher often referred to them, to gain further insight and understanding about a theme.

During the write up of findings, the researcher double-checked transcripts and, at times, listened again to the audio recordings. This ensured that the context for quotes was correct and that the researcher fully understood meanings and constructions put forward.

In the reporting of findings, different cohorts and participants were identified by the initial for the cohort and then their participant number, for example: Researcher One (R1), Mother One (M1), Ethics Committee Member One (E1) and Clinician One (C1). For service providers, if the interview was a group interview, a service provider number and participant number were presented, for example: SP1-1 for Service Provider One, Participant One and SP1-2 for Participant Two.

Because service providers' and mothers' interviews were the first interviews transcribed, manual coding of these interviews ensured that the interview questions were adequately capturing data that answered the research questions. For each of the cohorts, themes were coded around focus areas or categories relating to the research questions: barriers, enablers, and decision-making considerations.

Thematic network analysis (Attride-Stirling, 2001) presents themes using a weblike configuration or weblike network to understand, explore, structure, and illustrate emerging themes from data sources. Themes from the data are coded on three levels: Basic Themes, Organising Themes, and, finally, the Global Theme.

Basic Themes represent lower order or subordinate themes. By themselves, and in isolation, they do not convey a great deal of meaning. However, when Basic Themes are clustered around certain ideas, further analysis and interpretation facilitates the development of broader concepts, known as Organising Themes. The next stage in the development of a thematic network is the interpretation of different Organising Themes together, to construct the Global Theme for the data. The Global Theme encapsulates the Basic Themes and the Organising Themes (Attride-Stirling, 2001).

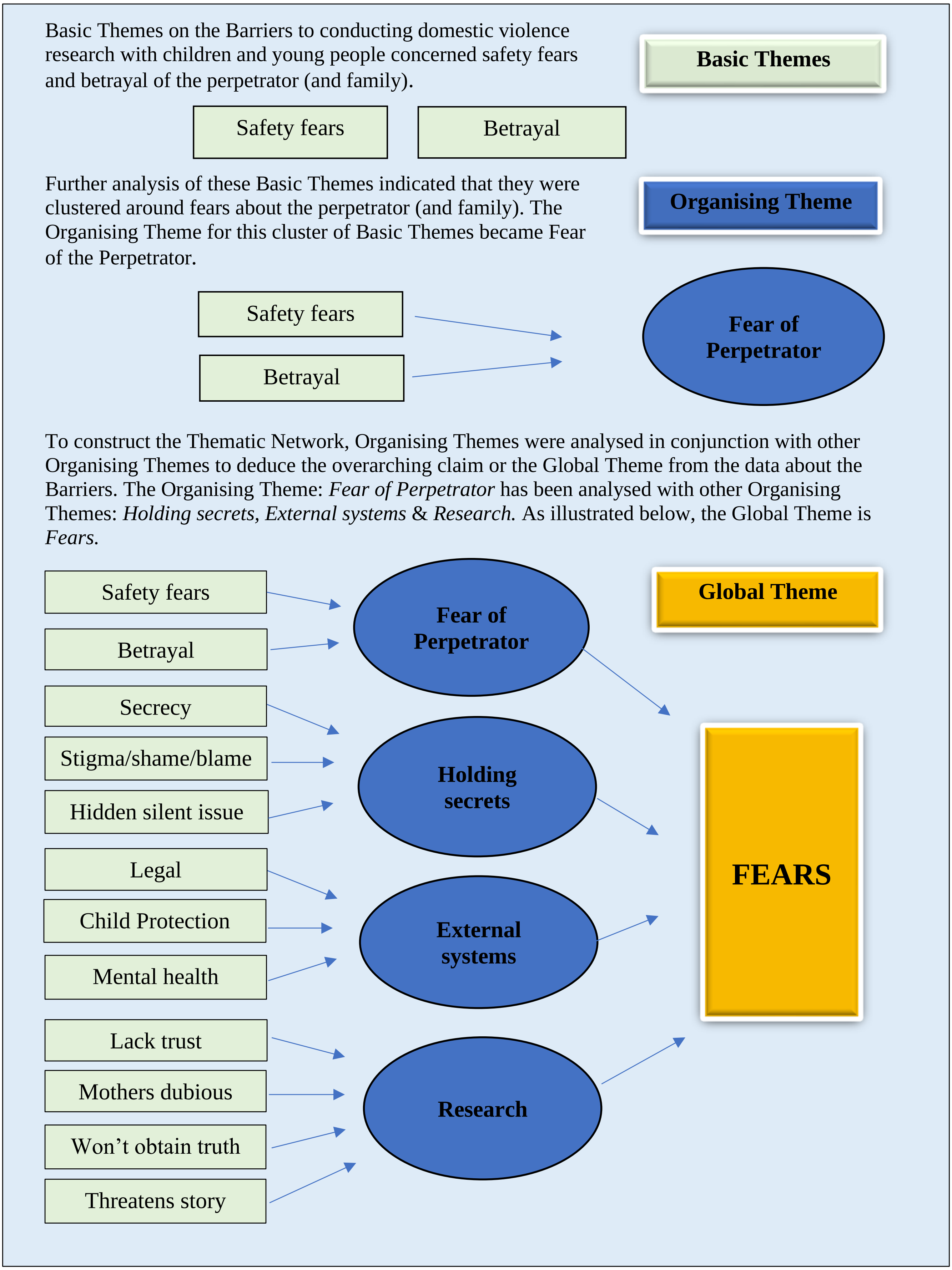
After the manual coding process and uploading of interview data into NVivo, the thematic network analysis commenced with the identification of Basic Themes (or Nodes) relevant to the research questions and selected categories.

For the Barriers category, for example, Basic Themes such as Safety fears and Betrayal were identified. To enable the construction of meaning and understanding from these Basic Themes, they were interpreted as a cluster. Collectively, they concerned Fear of the Perpetrator, which became an Organising Theme for this cluster of Basic Themes. This process continued for other Basic Themes, which were clustered around key concepts related to the barriers, enablers, or decision-making considerations in conducting domestic violence research with children.

The final step in the data analysis process involved constructing the statement, claim, or position that represented the Global Theme for the data set. In addition to the Organising Theme, Fear of Perpetrator, other Organising Themes, such as Holding secrets, External systems, and Research emerged. Figure Three provides an example of this process and the development of the Thematic Network which is centred around the Global Theme: Fears.

Figure 3

Thematic Network Example



Basic Themes on the Barriers to conducting domestic violence research with children and young people concerned safety fears and betrayal of the perpetrator (and family).

Further analysis of these Basic Themes indicated that they were clustered around fears about the perpetrator (and family). The Organising Theme for this cluster of Basic Themes became Fear of the Perpetrator.

To construct the Thematic Network, Organising Themes were analysed in conjunction with other Organising Themes to deduce the overarching claim or the Global Theme from the data about the Barriers. The Organising Theme: *Fear of Perpetrator* has been analysed with other Organising Themes: *Holding secrets, External systems* & *Research.* As illustrated below, the Global Theme is *Fears.*

Significant to the thematic network analysis process is the interpretation of patterns in the network, which are described and explored in answering the research questions. To ensure that data remained grounded in the perceptions of the participants, this thesis used key quotes of importance from the interviews to support the identified themes. The next four chapters present the results and findings from the data analysis. The following Global Themes and the Thematic Network Map for each Global Theme are discussed in the findings chapters that follow:

1. Fears
2. Safeguarding Imperatives
3. Heightened risks present barriers to domestic violence research
4. Children overshadowed in a closed, adult-centric system
5. Child-rights focus and trauma-safe methodology enable research
6. Leadership, supportive gatekeepers and resources enable research

5.12 Post-Data Analysis Workshop

A workshop, serving a similar function to an expert reference group, was convened with three practitioners and clinicians with extensive experience in domestic and family violence, child welfare, and the provision of clinical services. Two social workers and one psychologist participated in the workshop; none was a participant in the study.

The workshop process provided a sounding board enabling the researcher to discuss the study and the findings. This proved very useful to crystallise the theoretical outcomes and implications of this study, to identify the strengths and limitations of the study, and to consider areas for future research.

Moreover, this workshop was an opportunity for the researcher to present the STARR enabling model for conducting domestic violence research with children and discuss its applicability to other areas of sensitive social research, to consultation and participatory projects involving children, and to investigative interview processes. The researcher received positive and encouraging feedback about the model and Attuned Trauma-Safe Research. Participants envisaged how researchers could present this enabling model to ethics committee members and other gatekeepers. One participant stated: “We need a way to present this research to the community, so they can cope.” STARR was perceived as a means of achieving this outcome.

5.13 The Reflexivity of the Researcher

Acknowledging the co-construction of knowledge, as an occupational therapist clinician and social work practitioner, the researcher understood how their background influenced the research and analytical process. To best manage their knowledge and experiences, the researcher was mindful to be self-aware, reflexive, and attuned to their own conceptions and professional or personal judgements throughout the research process (Finlay, 2002). Hence, the researcher attempted to partition their own constructions, values, and assumptions from those of the research participants.

Ahern refers to the process of “reflexive bracketing” as involving “an iterative, reflexive journey that entails preparation, action, evaluation, and systematic feedback about the effectiveness of the process” (1999, pp. 407–408). In tandem with the data analysis process and throughout the research, reflexive bracketing techniques were used to ensure that the researcher’s constructions were bracketed from those expressed by participants. The reflexive practice of the researcher also drew on the work of Moore (2012), who presents a useful model of reflexive practice.

Moore’s model requires the researcher to consider reflexive prompts and questions throughout the stages of the research: before the research, during planning, when reporting on the research, and post-research. In undertaking this study, the researcher initially considered their capacity to be reflexive, their understanding of reflexive research practice, and the impetus for this study.

The researcher kept a personal research journal during the study. Reflective journals offer benefits to researchers, enabling critical reflection on values, opinions, feelings, belief systems, and assumptions. They also assist in the management of any potential bias (Ortlipp, 2008). Journaling and reflexive practice facilitated the emotional protection and safety of the researcher. Malacrida (2007) stated: "In many ways, qualitative research with vulnerable and marginalized people is akin to witnessing." The potential secondary impacts of this research (vicarious trauma) on the researcher, especially from interviews with mothers, were not minimised.

The researcher transcribed most interviews, listening intently and engaging with interview content at a deep, analytical level. Journaling allowed the researcher to reflect on interviews, challenges, and frustrations experienced. It facilitated growth and learning as an emerging, sensitive social science researcher.

Continuing professional development and supervision were critical during the research. The researcher undertook workshops or attended conferences on childhood trauma, domestic violence, recognising traumatic stress, and managing vicarious trauma. This ensured that the researcher remained up to date on current research developments and also enabled them to reflect on their learnings. Supervision assisted the researcher to recognise their own values, assumptions and constructions. Early journal entries indicate that giving children a voice in domestic violence research underpinned the selection of the topic, the research questions, and the chosen participants:

> I want to give children and young people a voice in research about domestic violence, but respecting their dignity, rights, best interests, and their experiences (especially if traumatised). I want research designs to get it right with children … I want to safely

> give voice to children. I don’t want them silenced and further marginalised. I want children to be front and centre of the research process. Wise research. What is wise research? (Researcher’s Journal, 14 December 2015).

5.14 Conclusion

This chapter has presented the research methods used in this thesis, highlighting the significance of comprehensive planning and flexibility, particularly if recruitment strategies appear to be unsuccessful. It provided a detailed account of the challenges in conducting this study, because of the significance of this experience to the research questions being explored. Dealing with gatekeepers, accessing participants with vulnerabilities, and then recruiting them to sensitive social research requires time, patience, and perseverance. This chapter discussed the critical importance of considering potential safety and risk issues when undertaking domestic violence research and the value of employing Ethics of Care and trauma-informed principles. The following chapters present findings on the barriers and enablers to conducting domestic violence research with children and discuss the decision-making considerations of gatekeepers and researchers.

Chapter 6—Findings: Fears, Safety, and Protection (Mothers)

> So, there's the protection of the child. There's the protection of us as a family unit. There's the protection of the real DV, that we haven't talked about and we don't talk about, but the kids have witnessed, and they will talk about. There's protection of our vulnerabilities as a parent. (M5)

6.1 Introduction

The findings generated from this study indicate that mothers' protective gatekeeping posed significant barriers for engaging children in this research. Because of the importance of mothers as gatekeepers in domestic violence research, this chapter focuses specifically on their constructions.

Two Global Themes emerged from interviews with the 11 mothers. These were Fears and Safeguarding. The Fears experienced by mothers related to the Organising Themes of Perpetrator, Holding secrets, External systems (legal, child protection, and mental health) and Research. The primary focus of mothers was safeguarding their children.

The Safeguarding Global Theme included Organising Themes of protection, vulnerabilities and retraumatisation. Mothers indicated that they would be reluctant to consent to the participation of children, particularly younger children. They expressed fear about the perpetrator finding out about the research. Children were also conceptualised as damaged. Research could, therefore, retraumatise them and potentially threaten their emotional and psychological safety.

Mothers' fears were overwhelming and presented substantial barriers to children's research participation. This thesis cannot begin to do justice to the emotional pain and grief experienced by these women, nor can their stories be adequately told here, considering the questions and scope of this thesis.

6.2 Global Theme: Fears

Data illustrated that prevailing and overwhelming fears, the greatest of which relates to the perpetrator of violence, significantly influenced mothers' decision-making regarding children's research participation. Mothers were fearful about the consequences of children's research participation. Mothers' secrets could also be revealed, and children's participation might have implications for the family and their interactions with other external systems.

The Fears Global Theme consisted of four Organising Themes: Perpetrator, Holding secrets, External systems and Research. The Thematic Network for the Global Theme: Fear, is represented in Figure 4.

Figure 4

Fears

Fear of the Perpetrator—"the Big Black Cloud"

When asked whether they would have any concerns or worries regarding domestic violence research with children, mothers spoke about their fears relating to the perpetrator of the violence. Despite mothers now being in a safe place, some living in a different location and having no contact with the perpetrator, their fears were still very real and would resurface if they were approached to consent for their children to be involved in domestic violence research. Mothers were fearful that the perpetrator of the violence would hear about the research. Pervasive fears created a formidable barrier to children's research participation, particularly for younger children. Some mothers indicated that they would feel overwhelmed if approached about research.

Safety Fears. Drawing on a clinical term relating to a hierarchy of fears (Hope et al., 2019; Taylor, 1998), the fear felt by mothers was at the highest level; for some mothers, it was extreme and off the scale. Mothers used language like being "terrified" and "scared." This level of fear was paralysing—and life-threatening, if there was any risk that the perpetrator would find out about the research. Mother Three stated: "its fear, fear." Despite living in the refuge, mothers said that they felt like they were still in danger from the perpetrator. Mother Two said:

> Even in the refuge and everything and the fear, basically everything was fear-based … even though I was in the refuge, I felt I was in so much danger … I know I am safe from him, but I didn't feel safe from him.

One mother described her experience of domestic violence as like being in a prison, where you are isolated. She said you are "instilled" from it, which meant that everything came back to the perpetrator and the consequences of children's research participation. This mother said that "fear" is "definitely the biggest thing that's affecting people doing anything … 'cause, you are like so scared to do anything" (M4). If asked to consent to the participation of her children in domestic violence research, she would be overwhelmed, as the following comment illustrates: “It’s like a steam train going through your head basically or maybe even a couple. Like there’s this steam train of thoughts and emotions just kind of colliding.”

Mother One expressed a similar view: “The greatest fear is the perpetrator in all of this. So, where the research takes place. What time of day the research takes place? Would he have access to it.” Highlighting prevailing safety fears, this mother momentarily experienced anxiety when discussing her concerns about the perpetrator. She became hypervigilant, on high alert, and started to look around, as though expecting to see the perpetrator:

> And even as I am sitting here talking to you today that’s in my, I’ve gone into, he could be around here and I’m talking about this. Not that he is. But that is the greatest fear … and it is more than just safety. It is the anxiety. It is all of the emotions that come with the perpetrator’s role in controlling how we think about this and that experience.

This mother summarised it as like a “big black cloud that sits over the top of things”; the perpetrator of the violence remains ever present. There were no other people in the vicinity during this interview, but just by talking about children’s participation in domestic violence research made this mother anxious and stressed. She believed that the perpetrator would know where they were living and where the children went to school, which was a further concern for her:

> I am sure he knows … I know he knows. He will know that we are here. He will know what school my kids go to. He will know … pretty much where we are living … that’s power to him. That is power for him to know all of that stuff. (M1)

Mothers also identified the unpredictability of domestic violence and the actions of perpetrators as barriers to this research. One mother indicated that, although the perpetrator does not know where she lives now, he could previously “just turn up” at her house unexpectedly (M4). She said research should not “be in the house because … there would be so much tension, like oh my God, he is going to show up … just bad energy around in general.”

The fear of the perpetrator finding out about the domestic violence research was a critical issue for mothers. Mother Five said:

> Kids talk, my kids do … talk about things and then that becomes a safety issue for the whole family and for the child because then are they getting bloody interrogated by the parent, “what did you say and who is this person.”

Mother 10 spoke about children being frightened: “I think they are scared … kids that have been beaten, bashed and cigarette burns for years, but they will still say mum loves me or dad loves me.” Mother 10 was also concerned about the safety of children in research if they were having ongoing contact with the perpetrator. They will participate in research and then go back to the perpetrator. This mother considered research with children in that situation “too dangerous.” Mother 11 also indicated that research should not occur if children were with the perpetrator; because of the fear they experience, they “won’t necessarily be honest.”

Betrayal. Signifying the enduring impacts of domestic violence, mothers said that consenting to research would be constructed as a form of betrayal of the perpetrator. This influenced their decision-making and posed a barrier to children’s research participation. If they were asked to consent to research, feelings of betrayal and disloyalty to the perpetrator surfaced. Mothers were fearful about the consequences of this betrayal, both from the perpetrator and the perpetrator’s family:

> And then you’ve got that betrayal. Oh my God, I’m betraying the abuser … What consequences are you going to get … if you go take, get your children through that [research] and they find out or the abuser’s family finds out, that could enter a whole

> new ball game. I'm not just talking about the abuser, but if you've got a family that believes in this abuse, you can imagine. (M4)

Holding Secrets

Holding secrets as an Organising Theme comprised Basic Themes relating to secrecy about the domestic violence. Stigma, shame, being blamed, and the hidden, silent issue of domestic violence were basic themes related to holding secrets. Children's participation in domestic violence research presented a risk. Mothers were fearful about the consequences of children's participation in research and what might be exposed or revealed through the research.

Secrecy. The data show that barriers to conducting research with children related to mothers and children holding onto secrets about the domestic violence they had experienced. Mother Five said: "Mums hold a lot of secrets." If consent was provided for children to participate in research, would this mean that a mother is potentially "putting her own secrets at risk."

Mother Five also indicated that a "lot of parents think their kids are not seeing it, so I don't want to start talking about it. They haven't mentioned it, I won't mention it, sort of thing." Providing consent for a child to be involved in research could shatter this belief or assumption, possibly revealing the extent of the child's experiences. Parents may not be prepared to take this risk. Feelings of stigma, shame, and blame emerged as possible reasons for this.

Secrecy about Research. Highlighting ethical barriers related to secrecy, mothers did not want children being bound by any further secrecy. Secrecy had prevailed and dominated their lives when they were living with domestic violence. If there was an expectation that children keep quiet about the research, this would present a situation that was no different to the secrecy they maintained when they were living with the violence:

> I wouldn’t want to put that sort of secrecy on a child. Secrecy to say, “Don’t tell dad that we did this interview” … it’s the same with the DV. There’s probably been that many years of you telling them, not to go to school and tell them how mummy got the black eye. (M5)

Stigma, Shame and Blame. Mothers can put on a brave face with their children and act as though nothing is wrong. Research could crack open this veneer:

> Some people don’t want their children to know that there is a problem with the family, they want to pretend that everything is fine. “Thing’s alright sweetie.” “But you look like you’re crying.” “No darling it’s my make-up.” There are some people like that. I’ve had to do that a few times. (M3)

Mother Nine initially said that she had no problem with her children participating in research. She held the view that research was fine: “Well if it helps other people understand what the hell is going on, then, yeah.” However, at a further point in the interview, she acknowledged the difficulties she would experience in providing consent for her children to participate. She started to cry and said: “It’s more hearing your kid recall shit that you have been trying to bury for ages.”

Mother Four spoke about the shame that is experienced by mothers: “Shame is a big thing, affected all across, because you’ve got this shame. If you do talk about it and the kids have been around and they’ve been affected by it.” These feelings may make it difficult for mothers to enable children’s participation, because the research could reveal how the violence has affected children.

Hidden Silent Issue. Associated with holding secrets, the hidden nature of domestic violence is considered a significant barrier by mothers. Children are terrified and have learnt to keep quiet. “You've got to be so damn careful. ‘Cause some of them don't want to bring it up … It’s such a silent issue within the family and kids pick up on that really quickly” (M10).

Other mothers agreed that children do not want to talk about their experiences. They have been threatened to never speak about it. Mother Nine had this advice for domestic violence researchers:

> Good luck, ‘cause, you’ve virtually got to try and get a kid to open up about it and most kids do not like talking about DV … Most kids won’t. Because they’ve had it drummed into their head that what goes on at home, stays at home.

Another reason put forward for silencing domestic violence and children’s experiences of this violence concerns those mothers who are in a new relationship, which may also be abusive. Mother One said: “There is no way they are going to allow their children to be exposed to talk about those issues, because they have re-engaged in another relationship.”

Cultural Barriers. Mother Two reported that, in her country of origin, domestic violence was normalised, not recognised, and considered the fault of women. She said: “Children brought up in domestic violence … it is not an issue. It is not a thing where I come from, it’s part of the living … it’s basically in our fault or we are making it as a big deal.” This mother said that, although she could talk about the abuse now, “cultural bounds” and “shame” prevented her from talking before, because this was the way she was brought up. She would have required an interpreter, and this also worried her, because she feared that the interpreter could breach her confidentiality. Cultural and language barriers of this nature would result in challenges and obstacles for engaging children in domestic violence research.

Four mothers spoke about belief systems or cultural influences, which can further silence the issue of domestic violence, presenting a barrier to children’s research engagement. One mother said that you might have to get approval from the Elders in a community before you can speak to the children, and they may not be supportive of the research topic.

External Systems

Findings from this study illustrate the fact that barriers to conducting domestic violence research with children also relate to mothers' fears about other external systems, such as the legal system, child protection services, and mental health services. Some mothers spoke of being let down by other systems; for some, this had been a distressing or stressful experience. Mothers now lacked trust in these systems.

Mothers were concerned that children's participation in research might trigger the involvement of these external systems in their lives. Moreover, they were concerned that children might subsequently be drawn into these systems, following their research participation. Some mothers expressed fear about the precedent children's research participation could establish. If children could participate in research about their experiences of domestic and family violence, they might also be expected to be involved in other processes, such as legal proceedings.

Legal Systems. Mother Five stated: "I don't want them to go to court … I'd be worried then about what other implications they would be open to." These misgivings about the flow-on effects of children's research participation are best captured by the following comment:

> All of a sudden, we will be putting all of this pressure on kids, in all sorts of spaces, to be able to have the answers that they maybe should not have, particularly in family law courts, in criminal courts. Are we then going to start expecting children to become witnesses against their parents … that would be my concern … one wall comes down, all of a sudden lots of walls come down.

Four mothers discussed family court proceedings, some of which were protracted, up to nine and 12 years in duration, where custody arrangements were being challenged. Mothers spoke about the impact of this on their children, who were yelled at by their fathers and accused of lying for the things they said, which had been detailed in court reports. They did not want children's research participation to result in further violence.

During the family court process, Mother One said that she did not want to be accused of alienating the children from their father, because something said to the children could be disclosed during interviews with the family consultant. This mother was fearful that things said in research would end up being used against her in the Family Court. She indicated that providing consent for the participation of her children in research would never occur until custody arrangements had been finalised, and court orders were in place.

Custody can also change unexpectedly, depending on court orders granted, and this may result in additional obstacles to conducting domestic violence research. Some mothers spoke about changed parenting arrangements for their children, either temporarily or permanently.

A mother indicated that, despite being a safe, caring mother and acting protectively to safeguard and protect her children from domestic violence, she lost custody of the children temporarily until a court report provided evidence of the extreme risk of harm the children faced living with the perpetrator. While children may be in a safe environment which enables research, sudden changes in their circumstances can further compound the complexities of undertaking this research.

Some mothers talked about the emotional and financial costs of the court process, as well as the long-term effects of this on their wellbeing. They also considered the impact on children to be horrendous and very tumultuous. Unequivocally, fears about legal proceedings present a significant barrier to conducting domestic violence research with children. Findings of this thesis indicate that, if any legal proceedings are taking place, research is contraindicated.

Mother 10 made it clear that research should never happen when court proceedings are occurring. She held the strong view that research should not occur at those times, because of the likely emotional and psychological ramifications for the child:

> And while there is a court case still going on, don’t go near that … don’t touch it. The kids are too upset already, and they are probably trying to hide it, ‘cause they don’t’ want to upset mum and then for someone to approach them and ask them.

Other mothers agreed (M1, M11). Mother 11 said that children were fearful of sharing anything that may “come back to have repercussions for them”; they are “petrified of that.”

Child Protection Services. Mothers expressed fears about reports being made to child protection services and the potential involvement of these services in their lives following the research participation of their children. Five mothers mentioned some involvement with child protection services (M1, M2, M3, M9, M11). Some mothers spoke about their dissatisfaction with these services, when they had sought help, and the lack of a timely response. Other mothers expressed their complete lack of confidence and trust in those services.

Two mothers recounted experiences about their ex-partners making a notification to child protection services or through lawyers, claiming that they were unfit mothers (emotionally and psychologically unstable). Both mothers had to challenge and fight these reports. For some mothers, their negative, stressful, and distressing experiences with child protection services still resonated. They were now fearful of any process that might result in these services being involved with their lives. To illustrate this, after the digital recorder had been turned off and the interview finalised, one mother said to the researcher that she would not have participated in the research if her child was still young. Fears regarding child protection services meant that mothers were very cautious about consenting to children’s participation and involvement in domestic violence research.

Mother Three said that any reporting requirements to child protection services would shut down research participation: “Because if you have the obligation … to ring care and protection and you are going to ring all these people … where things are actively not going right, you are not going to have no one [anyone] participating.” This mother further stated: “The most important thing is they don’t want the kids removed. They don’t want to be supervised … they don’t want a social worker on their back for one-year okay, ‘cause that’s what they do … I’ve been threatened with that.”

Mother Two similarly spoke about social workers telling her that, after she gave birth, child protection services “might interfere and take the children from you, because you are putting your children under risk going back to him.” She said this was the reason she escaped the domestic violence, because she thought that she was going to lose the children.

Another mother, who recounted adverse experiences with child protection services, was concerned that, if children exaggerated something in the research interview, this could result in an alert or report being made to child protection authorities. This mother said that the researcher could not even mention child protection services (the words) to her son. It was like a trigger for him, because of his traumatic experiences with these services (M9).

Mental Health Services. Mothers also expressed fears and concerns about mental health services becoming involved as a consequence of children’s research participation. Two mothers spoke about mental health services (M2, M9). If a mother seemed to have mental health or wellbeing concerns, would this mean that the researcher would contact the mental health crisis service? This could result in the mother going into hospital, and her children ending up in foster care.

Research

Mothers’ lack of trust in these external systems and their fears were generalised into the research context. Challenging, distressing, and traumatic experiences with these other systems meant that mothers subsequently had limited trust in both the research and in the researcher.

Lack Trust. Mother Six said to the researcher: “I’ve learnt you cannot really trust many people.” This lack of trust was reflected by all mothers. Mother Eight admitted that she only agreed to be interviewed for this study on the word of the refuge worker: “I’ve come here today because on your word [refuge worker] … I know they would not just allow anyone in … So, it’s a major trust thing.”

To illustrate this lack of trust, Mother Three questioned the researcher about her obligations in this study:

> What are you going to do with that information? What happens if it comes back that apparently, mummy does this, mummy does that. What are you going to do? What are the consequences? ... Because we want to know! Well. What’s your obligation? What are you going to do …?

This mother spoke about the realities of this lack of trust and said that researchers would have a very hard time recruiting children. If there was any risk of something being misinterpreted, or the mother being judged, they are not going to allow their children to participate:

> And especially if the mothers are non-white. I can tell you that right now, because of the racism and everything else that goes on, you are not going to get people, many people, offering to help in a system where they are being persecuted. Their kids are left out, things are not quite right. The fear is going to be so much more … I mean realistically, you are going to have a hard time. (M3)

While information about research and its aims and purpose are foremost in any consent processes, mothers’ comments demonstrate their limited trust in domestic violence research (and in the researcher). In addition to wanting information about the research and its potential outcome, most mothers needed to see the questions that would be asked and wanted to approve them: “I would want to know the research. I’d want to know the questions … I would make that decision based on those questions and my knowledge of how my child would understand those questions” (M5).

Mother Seven said: “I am his mother. I need to know first. I need to know exactly what they’re going to talk about. I need to know what stories, what my son talking about.” This mother went on to say that she wanted to know about the researcher and where they were from. If she was not comfortable, she would not let her children talk to them. Other mothers expressed similar thoughts:

> I’d want to know exactly where it was going. What its potential outcome would be. I mean what is it going to aid? What is it going to help? And definitely, I think the privacy of the children’s name, and of where they are and where their next step is, would have to be of the ultimate necessity. (M6)

Mothers Dubious. Mothers had doubts and lacked confidence regarding the research process and methods used in conducting the research with children, and whether children would engage with the process. Mother Five stated: “So I think it would be great, if you could get it.” Mothers had lots of questions on what the research was about, what angle it was taking, what questions would be asked, and whom the researcher was representing.

Mother 10 also expressed some doubt as to how the researchers would undertake the research and approach it, particularly with young children:

> You need to get a kid that is feeling completely safe in their environment. Then I think you have still got that barrier. I don’t know. I don’t know how you would approach it, like the questions would have to be really well formatted … you know kind of thing or you need to wait until they're older … but … with little kids, I think it’s really tricky, it’s a really hard area.

Representation, genuineness, skill level, sensitivity, knowledge, and understanding of domestic violence were all key considerations for mothers in weighing up their decision-making. Some mothers indicated that they were less likely to consent to the involvement of their children if this was about a researcher wanting to get a research grant, “to look popular in the news” (M9). This mother was more inclined to consent if the research was being undertaken by a child protection agency, because they wanted a better understanding of children who have experienced abuse. Mother Eight held the same view. She would feel more comfortable if the researcher was from government or from a high-level domestic violence organisation, rather than someone from a university.

Obtaining Truth. Related to mothers being dubious about the research was the construction that researchers would not get the truth from their children. Researchers would get what children wanted them to know. Mothers were not convinced that the research would support getting the truth. Telling the truth and obtaining the truth was important for some mothers.

Mother Seven wanted her child to tell the truth: “I want to make sure that information my son give to them, that is not lies, that my son tell them the truth, not just say blah blah blah, but next day a different story.”

Mothers with experiences of racism, marginalisation, cultural disadvantages, and persecution said that researchers would not get the truth. Children might be influenced by the fears they held and told not to talk about various things. Mother Three said: “You reckon you’re going to get the truth. You are going to get people telling you what they want you to [know], that’s what you’ll get, and it is not going to help you.”

Threatens Story. A critical barrier to children’s participation in domestic violence research is the threat that research presents to the story given to a child by their mother, to assist the child in understanding their situation. Providing consent to participate in research could change or undermine the scripted story. The child would have an opportunity to voice and share their own experiences and develop their own narrative, which may differ from the story given to them. Mothers were fearful that any change in the story could have serious consequences for both the mother and the child.

Research may reshape and change the child's life narrative relating to the domestic violence. If mothers were involved in any legal process, they feared that the story could change and be used against them. Mother One spoke about giving her children a story to explain why they left the family home and their father. She carefully constructed the story for her children. This mother did not even feel that she could talk to her children about the domestic violence: "I was very aware of not talking to my children about domestic violence, that there was domestic violence." This mother said that she was "very careful not to say things." Mother One further stated:

> I had to give them a story. We left daddy because it wasn't safe for us to live there. You are seeing daddy in a supervised situation, because right now, I don't think it is safe for you to see him and we are going through a legal process … as they got older the story had to change.

This mother said that, as her child became older, they "became very aware that there was more to it and listened to every little thing … eventually worked out … that her daddy had hit me" (M1).

Mother Six expressed similar concerns about whether the research might influence or change children's way of thinking about domestic violence. The research could "manufacture a false reality … then that's how [the child] is led to believe." She further said:

> If there're certain questions it can lead their mind into thinking, except for going down the shop and getting a bag of red lollies, if they are told something, or if it's

> influenced in a direction, they can be convinced that they actually went and got blue lollipops … I don't want them to be influenced in a direction of things.

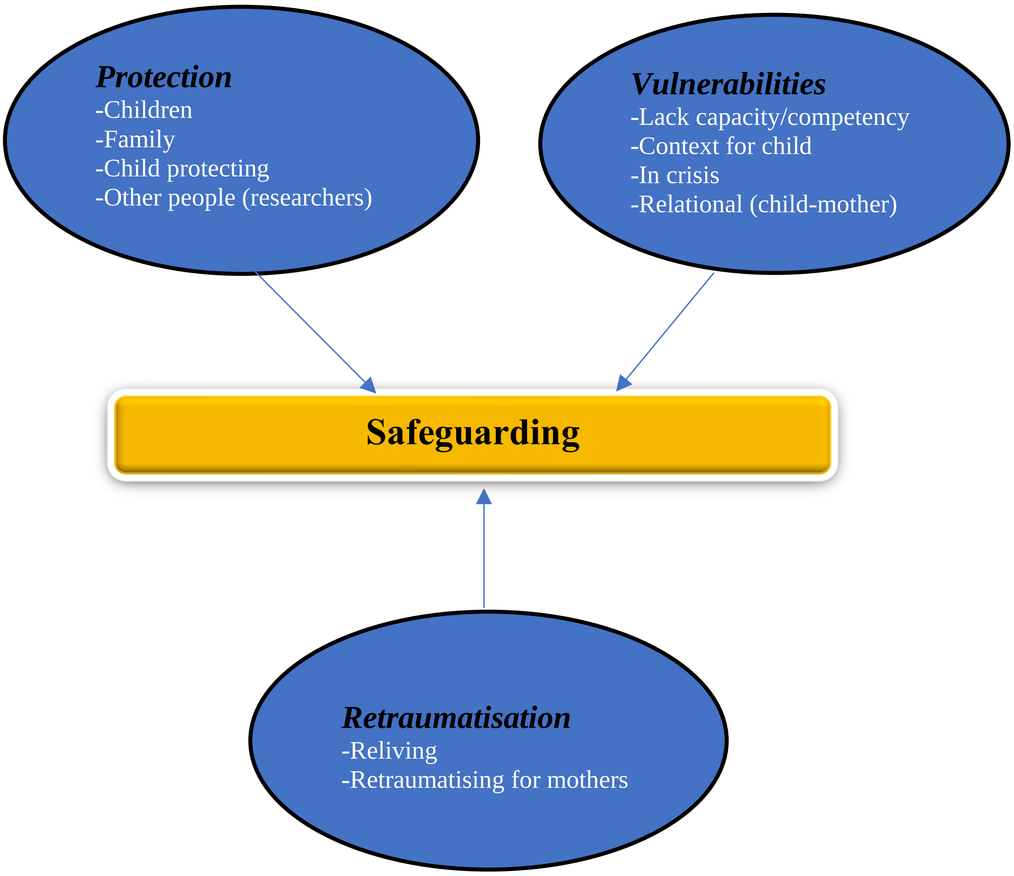
6.3 Global Theme: Safeguarding

The Safeguarding Global Theme was closely associated with the Fears Global Theme. Fears experienced by mothers led them to protect their children closely. This presented a barrier to research, because the child's participation in research might increase safety risks for the child and their family. Mothers also constructed children as damaged and vulnerable. They were concerned that the research would trigger children and retraumatise them.

The Safeguarding Global Theme was comprised of three Organising Themes: Protection, Vulnerabilities, and Retraumatisation. The Global Network for this theme is represented by Figure 5.

Figure 5

Safeguarding



Protection

Interrogation of the data indicated that the construction and meaning of protection, in the context of this research, was multifaceted. Illustrated by the headline quote for this chapter from Mother Five, at its most basic level, protection was focused on ensuring that children were safe.

Children. Mother Two said: “I had this fear of men and how to protect my child.” Mother One stated:

> It was the protection thing, ‘cause that’s the front of mind for most women going through this. Eventually it comes to protection … you escape, you go back, you escape, you go back. But at the end of the day, it is all about protection.

Foremost in the protection of children was safeguarding them from further trauma. Domestic violence research with children was generally understood and constructed by mothers as being unsafe, both emotionally and psychologically: “They have got to go back into that unprotected zone, of we’re not safe, we’re not good” (M6). Another mother said: “I guess that’s around the trauma. You don’t want to expose your kids to that, you’ve got to protect your kids” (M5).

Family. Protecting the family unit was also important. Any risk to this broader notion of protection could potentially present a barrier to children’s engagement in domestic violence research.

Mother Six concluded that protection was her prime focus: “To me it’s about protecting your children. I mean, you be a mum, you want to protect your kids.” Another mother, however, recognised the protective stance of mothers as a barrier to children being involved in research:

> We get so protective of them, but that’s kind of hindering them from getting any kind of support, because no one wants their kids to get further damaged or hurt from it [research], but yet, they are already damaged. (M4)

Child Protecting. Mothers raised another aspect of protection which presents a barrier to research. Children may not want to participate because they are also protecting their mothers, particularly the eldest child, who becomes “a protector and a little mother or a little father for the household … they are not going to talk about it because they want to protect the mother” (M1).

Mother One described her daughter as “still protective” of the experiences and not wanting to talk about them. Her daughter did not want to get her father into trouble. Even though she understood that he had done something wrong, she was “protecting him as well.” Mother 11 also spoke about children saying one thing to their father and saying something else to their mother, because “they want to please everybody.” Mother Six supported this, saying that mothers seek to protect their children, but children, equally, want to protect their mother:

> They take on so much from a parent, as much as we want to protect our kids … they want that so bad for their parent … they take on a lot more stress … a lot more feeling of, what can I do, so mum doesn’t have to be like this anymore.

Other People (such as researchers). In response to overwhelming fears, mothers sought to safeguard their children from contact with others, including researchers. The construction of protection was extensive and extended beyond ensuring that children were physically safe from the perpetrator. Mothers tended to over-protect their children. They were on full alert: “You’ve got this mother, kind of like trying to guard her children, at the same time with trying to survive and get through another day” (M4). Mother Eight said that, if a researcher contacted her directly, they would not have access to her child:

> I'll be honest with you. If you were to just ring me up, or over the internet, there'd be no way you would have access to my child, under any circumstances. I wouldn't even care if you were the police. You would not have access to my child.

A mother made it clear that she alone would make the decision as to who could speak with her children:

> The first thing that happens for me is about protecting my kids. I am in an unknown place. I've gone to a refuge … The primary focus of the woman is to keep their kids safe. That is why they have left and then to expose them to [research] … Nobody is going to get near my kids. I am protecting them. I am the mother. I'm the gatekeeper, to use that word. Nobody is coming near my kids and no matter what happens, you are hypersensitive to anybody talking to your children at all. (M1)

For this mother, consenting for her children to participate in domestic violence research is the antithesis of protecting them. She was fearful that the perpetrator might find out about the research and then use the research material against her. Mother One further stated:

> My job is to protect my kids. That's my job and if anyone wants to challenge me on that, well go for it. You are not going to win … But if my job is to protect them, there is no way I will allow them, I would allow them to talk to anybody, without knowing there was no way the perpetrator was going to have any idea that this was happening.

She was fearful that what the child said in the research could be subpoenaed. This mother indicated that things said to school counsellors were subpoenaed during legal proceedings, and the perpetrator drew on them as evidence to say that his child did not fear him and that it was all "make believe" (M1).

Vulnerabilities

Mothers constructed children with experiences of domestic violence as being damaged and traumatised, which impacted their capacity and competency to participate in research. Contributing to the barriers in domestic violence research with children, mothers also discussed how the domestic violence had affected them personally.

Lack Capacity and Competency. Mothers were asked to reflect on children's capacity and competency to participate in domestic violence research. They mentioned the significance of developmental levels and the age of the child. One mother believed that a 3-year-old was "way too young to participate in anything" and that "probably under 5, just wouldn't be worthwhile" (M11). While this mother thought that it was "still worth" asking the "middle-age group," the researcher should not ask them about decisions, just what they experienced, because they might "feel like they had to say what is expected of them." She was also concerned that they "may not have the cognisance to be able to understand … the complexity of the situation" (M11).

Mother Six said that children from around seven or eight years could potentially participate in research. A couple of mothers, however, said that they would not give consent for their children to participate if they were under 12 years of age, because they are "still understanding" and they are "still too impacted by what the adults in their world are telling them" (M5). Mother Two held the same view, stating that teenagers know more about "what they want and how they want to present themselves and say things."

Regarding the participation of younger children, Mother Five said that it would have to be "incredibly special research" and "hold a huge amount of worth" for her to consent to participation. The questions must be "really basic and simple." This mother was not "dead against" people talking to children. She was more concerned about the purpose of the research, what the research would be asking, and the expectations of the child. This mother also talked about the “toughness” and “attitude” of some teenagers, which might lead them to put a “wash over their answers.”

Mother Eight expressed the view that her child would not be able to make a decision about whether the researcher was genuine or not. “As an adult I can make my own decisions if you are really genuine … but my kid does not have that capacity to say, is this person genuine or not.”

Context for Child. Mothers spoke about the situation for individual children; other possible barriers were the level of abuse they had experienced, their capacity to understand, and just where they were at in their life. Children’s personality, their confidence, and whether they felt comfortable talking to a researcher about their experiences of domestic violence, were other factors that mothers thought could pose barriers to children’s research participation.

Mother Four said that with “all abuse you are vulnerable.” Mother Five was concerned about the vulnerability of all children, whether they were aged 10 years or 14 years of age, because of the questions they might be asked and the impact of these on the child. Her views also underscored a lack of trust about the research:

> What if during the research, the researcher starts mentioning things … the child was not aware of, or starts putting ideas into their head … a place they hadn’t gone to yet … it might be suggestive or opening-up a concept, unsimplifying something … all of those questions start to unpack it … all of a sudden you have got a child who is starting to think about those things in a different way.

This mother felt that young adults (over 18 years) would be better placed to participate in this research. They would have the “communication skills” and an “independent mind.” She also thought that young adults would “probably feel more comfortable … to talk honestly about their experiences and about how they felt” and were better able to answer “those why questions” (M5). Mother Six expressed similar views, reflecting a deep-seated concern about children’s capacity and competency to engage in this type of research.

Divided Loyalty and Guilt. Mothers spoke about how the domestic violence had left children feeling conflicted. They wanted to please and be loyal to both parents but were caught in the middle, “Oh but I love both of my parents” (M5). Mothers thought that this would present a barrier to children’s research participation, because children would be unsure what they should say or do. Mother 10 said: “the guilt … they are going to feel about that, because of that loyalty idea.” Mother Five did not know how the research would deal with this situation for a child:

> Well, how do you do that without having the pressure of two parties, either parent. I don’t know. They do have the right to participate but then that child, when they feel like they’re guilty if they do one thing and they are guilty if they do another, that’s causing them more harm.

In Crisis. The interview questions did not require mothers to talk about their circumstances; however, several did disclose aspects of their experiences and spoke about how the domestic violence had affected them.

Emotional and Psychological Barriers. Mothers spoke about being in shock, emotionally and psychologically shattered, and bereft. In this state, mothers were hard to reach with respect to enabling children’s research participation:

> It is so very hard to reach them in that eye of the cyclone because they are so consumed by all of this. It’s deafening. It’s nightmare. It’s total and utter nightmare living in that. Well, that is how I felt. (M4)

Inappropriate Timing. In addition to psychological and emotional impacts potentially creating barriers in this research, mothers thought that being in crisis was not a suitable time for research. Mother Six said that research “can help” but there were “definite no-go zones, especially on a psychological basis for a child.” Crisis periods and times of heightened stress, such as during legal proceedings, were also not appropriate or ideal for engaging children in research. “Maybe just let the family and child go through what they have got to go through, until life settles again” (M5). Mother One confirmed this and said that she probably would not have known what to say, if asked to provide consent, because of the crisis she was in. This mother felt that being in crisis possibly impacted her judgement, with respect to fully understanding the consent process. The following comment from Mother One illustrates this:

> If when we had got to the refuge someone had said to me, “Oh we need to talk to your daughter…” I probably wouldn’t have known to say no at that point … we are like these zombies basically, that have just been living on this adrenaline to get us through.

This mother raised general concerns about the decision-making of mothers during this crisis period. Mothers may not be aware of the implications of research. She said: “Some women would just go, ‘yeah that’s fine … I want to help other people … my kids will talk to you …’ Kids believe their mum … that is what they will do.”

Living in a Bubble. Associated with being in crisis was the reality for mothers and their children of being involved in the system and the difficulties of accessing them as research participants. Mothers discussed moving about to other services in different locations, further increasing recruitment barriers. Mother Two said that they couldn’t stay more than around three or five weeks in the refuge, before moving to another crisis service. Mother One described being at a refuge as like “living in a bubble.” This mother said that they moved around a lot, “five different houses in nine months, so five different locations.” Another mother discussed having to travel interstate with her children.

Relational Barriers. Some mothers spoke about how the domestic violence had fractured and undermined their relationships with their children. They expressed concern about the implications of the research for the child–mother relationship. Mothers were particularly worried about being blamed by their children.

Blame. If children participated in research, they might blame or hate their mother for not protecting them. Mothers were fearful about this; they did not want to be blamed or experience guilt because of children's research participation. They expressed concern about the relationship between a child and their mother, which might be adversely affected because of the research.

Mother Nine said that, if her children were ever involved in research about their experiences of domestic violence, they would blame her for not doing more. She expressed concern that her children would become physically violent towards her, because she "didn't stand up for them more."

Mother Five also discussed the impact of the research on the child–mother relationship and said that children might start to think differently about their mothers after the research. Worries about how the research may impact the child–mother relationship may present a barrier to obtaining a mother's consent:

> Maybe if you're asking a kid how does that make you feel and if he's feeling, well I am really upset because the police came and took my dad away … and then, how do you, is someone then going to explore that with that child, or does that child then get sent back off with its mother, to hate its mother for the rest of the day. (M5)

Retraumatisation

Concerns about retraumatisation flowed on from mothers perceiving their children as damaged and so more vulnerable to being retraumatised in this research. This theme was significant for all mothers and a barrier to engaging children in domestic violence research: "Retraumatising, that's just a big one that my brain keeps going back to" (M5). Mother Five was also “really worried” about how the trauma would be managed by the researcher in the research setting and afterwards.

Most mothers spoke about trauma and were familiar with the term. Some were well versed, discussing how domestic violence and the trauma of this had affected their children. This understanding of the “discourse of trauma” possibly comes about through the influence of the domestic violence service system and other related services. Mother One explained this: “As you go through the journey, you realise. You learn more about the domestic violence and the impact on the children. You become aware of their behaviours that are triggered by trauma.”

Reliving. Mothers collectively believed that domestic violence research would result in children having to relive the memories of the violence. Mother Two said: “I want to make sure whether my children …. want to relive that situation or not.” Mother Eight held a similar view: “You are opening a can of worms … that child has had some sort of trauma.”

In thinking about experiences of domestic violence and the “whole reliving” of it, Mother Six said: “I’m trying to, we’re trying to, diminish these thoughts.” The prospect that children would relive the violence and open up discussion about it was a critical barrier to consent:

> My hope and plan is that after a situation is to occur that the children don’t have to relive it … and sometimes I think, especially with children, having them involved in certain things is having them relive the situation. (M6)

In other words, research could potentially undo what this mother was trying to achieve in helping her children move forward after the violence. Mother Eight spoke to her son about the topic of children being involved in domestic violence research. She said: “his main concern is, he has to speak about the past and it makes him sad.” Another mother expressed concerns that children could break down as a result of the research:

> Sometimes it brings back feelings and you then live that feeling again. Do you want your child talking about something that's going to make them live that feeling again? ... If I had to tell you what happened to me and I broke down, would I want my son to do it, because I'd be thinking he might break down. (M3)

Another mother thought that the impact of domestic violence research could suddenly affect the child afterwards, drawing parallels with people who drink too much alcohol, stand up, and are suddenly impacted by the alcohol:

> You know how people are just drinking … throwing them back … they go to stand up to walk out and it hits them. To me that's how I imagine, if the researchers are just going in, question, question … it looks like it's not affecting them … then the child goes to walk out and they're just like whoa. (M5)

Mother 11 viewed domestic violence research with children as possibly resulting in a post-traumatic response. She stated: "with family violence it can, things that are said, can trigger going back and taking them back in, to that point in time, kind of like a post-traumatic stress response." This mother spoke about the need for awareness of the trauma response and support for children around this in research, because, most likely, there would have been "repeated exposure."

The depth of concern and potential distress about this research was highlighted in comments made by Mother Six:

> Our minds can play tricks on us in a way of keeping us in a place, of staying in this horrible place … I think the biggest fear, is like I said, just with the kids reliving everything. I think it's a way of preventing them from just carrying on … like I said, just having a normal sort of a life.

She further signalled her worries about this research and the repercussions of her children's participation: "I'd hate for them to think that, 'Oh' they told these people one day what happened and how they feel and it's going to come back and be something that ruins them and haunts them basically" (M6).

Retraumatising for Mothers. Comments made by Mother Six may speak to her own traumatic experiences and desire for starting a new life. There was a sense of regret, and also possibly guilt, suggested. Her children did not have a normal life, living with the domestic violence. Now, they have left the violence and were going to have this opportunity. Research was viewed as potentially presenting a risk to these plans.

Mother Five thought that domestic violence research with children might also be retraumatising for mothers: "the mum's mental health. Is she able to, is she going to be retraumatised? Is there stuff going to come out that hasn't come out yet and she's afraid." Some mothers did disclose experiences of childhood abuse, serious self-harming incidents, and comorbidities. In conducting domestic violence research with children, the needs, wellbeing and safety of mothers are equally of critical importance and cannot be overlooked.

6.4 Conclusion

As pivotal gatekeepers in domestic violence research with children, mothers interviewed were not readily going to consent to children's participation. Mothers' experiences of domestic violence and the trauma of this meant that they lacked trust. Subsequently, they were fearful of doing anything that could jeopardise the safety and protection of their children. Domestic violence research was constructed as possibly undermining the safety of the child and the safety of the whole family.

All mothers were concerned about the research triggering and retraumatising their children. Mothers did not necessarily perceive research as negative. They recognised research could assist and help children. However, there were clear times and periods not conducive to children's involvement when considering the emotional and psychological situation for the child. Barriers to participation existed when the family was in crisis, during legal proceedings, when children lived with the perpetrator, or in circumstances where they are being exposed to ongoing abuse. This potentially excludes children if they are having regular and ongoing contact with the perpetrator.

The gateway to research, however, was not completely shut down. Mothers were full of ideas to enable research in a safe way. Chapter Nine presents these, along with ideas from the other cohorts. The next chapter details findings about the barriers and decision-making considerations, as put forward by other cohorts: service providers, clinicians, researchers, and ethics committee members.

Chapter 7—Findings: Heightened Risks Present Barriers (Other Cohorts)

> The issue of the safety of participants in research is maybe almost unique to domestic violence … Possibly, it might come into some research in the areas of criminal justice. But I think the safety of research participants is something that does distinguish domestic violence research. (R7)

7.1 Introduction

This chapter presents data from service providers, clinicians, HREC members, and researchers related to the Global Theme: Heightened risks present barriers. Consistently with the views expressed by mothers, all other cohorts (service providers, ethics committee members, clinicians, and researchers) discussed risk and inherent safety concerns as the most significant barriers to conducting domestic violence research with children.

Ethics committee members and researchers acknowledged the importance of gatekeepers and a “few hurdles” (R8). “We set up ethics committees for the very reason that you should have gatekeepers … who are very broadly representative in the system, to ensure that we are doing research that's ethical and safe” (R2). Researchers, however, also considered that barriers became an issue when gatekeepers “hold that gate so closely, that it becomes difficult to open” (R4). When it comes to children’s participation rights in this research, they “actually don't have the rights that they should have” (R4).

For service providers, clinicians, and ethics committee members, children with experiences of domestic violence were perceived as being damaged, traumatised, and highly vulnerable. This meant that, in addition to possible physical risks of harm following their research participation, children potentially faced psychological and emotional risks. This construction of children, and disquiet about the research triggering or retraumatising them, underpinned the decision-making of participants. Researchers held a different construction, highlighting the lack of scientific evidence that sensitive social research, conducted well, results in the retraumatisation of children. Findings indicate that risks were constructed more broadly and extended to safety and psychological risks (vicarious trauma) for researchers and risks for HRECs.

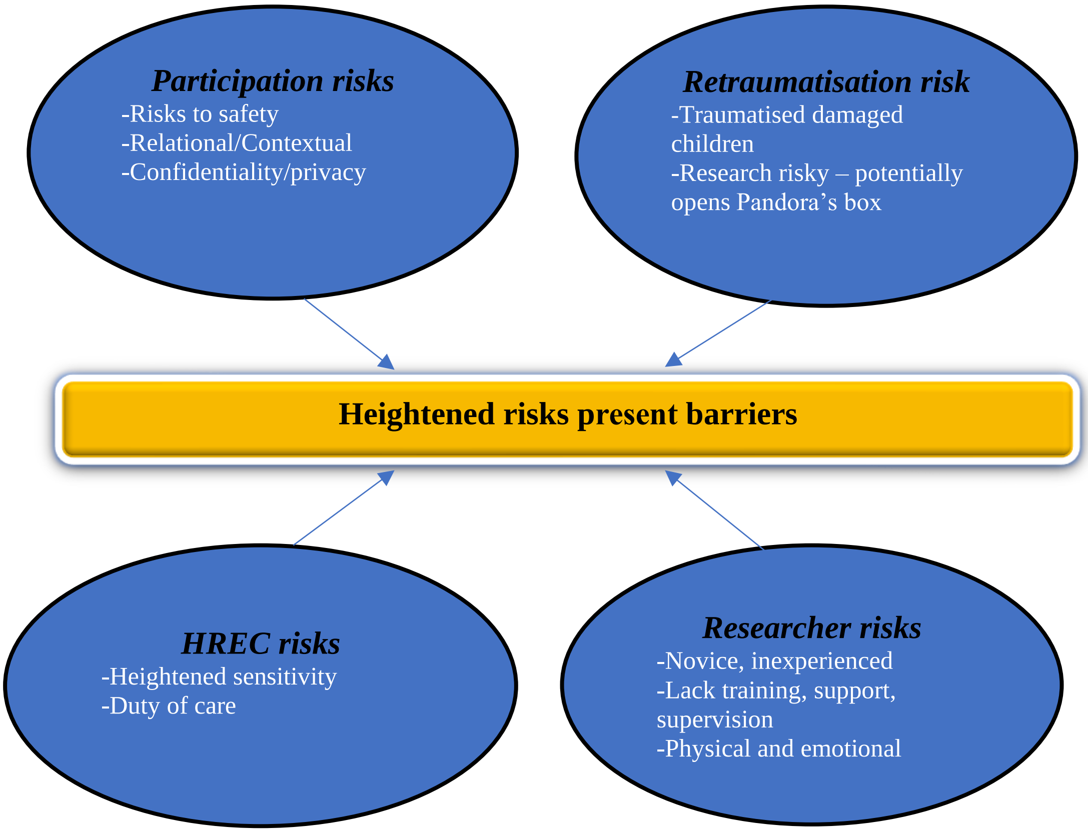
The word "children" has been used to report findings in this chapter. Perceptions and content however could be influenced and vary across participants, and from the same participant, depending on the age and developmental stage of the children they were thinking about when they gave their responses.

7.2 Global Theme: Heightened Risks Present Barriers

The Global Theme: Heightened risks present barriers comprised four Organising Themes: Participation risks, Retraumatisation risk, HREC risks and Researcher risks. The Thematic Network for this Global Theme is represented in Figure 6. Organising Themes and the subordinate Basic Themes will now be discussed.

Figure 6

Heightened Risks Present Barriers



Participation Risks

This Organising Theme represented not only risks to physical safety, but relational risks and those relating to privacy and confidentiality.

Risks to Safety. Participants collectively considered that domestic violence research, as a form of sensitive social research, was distinct from other research on sensitive issues because of the prevailing risk and safety concerns. Some participants drew parallels with child maltreatment and criminal justice research. Like mothers, all other cohorts discussed safety risks for children and their families as being the most significant barrier to conducting this research.

Scrutiny of Risks. Ethics committee members discussed their decision-making process with respect to an ethics application about domestic violence research with children. While they follow a standardised process and "everything that's contained within the National Statement" (Australian) is considered "for any kind of research participant" (E6), their decision-making was principally about the research showing "due care" and "respect" for participants (E1, E2, E9). Most ethics committee members said that they weigh up the benefits and merits of the research against any potential risks or costs for participants:

> Always the first one is the level of risk to the child … If it involves anything to do with, for example, psychological trauma … then we immediately put that into high risk. If there's any emotional or physical risk to the child, that's the first thing we look at. (E2)

Ethics committee members indicated that domestic violence research applications involving children would be considered high risk, and getting them "past an ethics committee would be a difficult thing" (E9). Domestic violence was considered a "touchy issue" (E4) and consequently, considering everyone's "personal feelings about the topic," given "more attention" in decision-making (E4). Ethics Committee Member Eight confirmed that, for any research related to domestic violence or violent offences, the committee will “look at that very closely.” Similar views were held by other Ethics Committee Members: that the committee would require that risks had been identified and addressed and that processes for reporting of offences were in place (E2, E4, E6).

Researcher Two discussed additional ethical barriers that can present if researchers require approval from multiple ethics committees. Committees might need “to grapple with content that’s not their area of expertise … and probably there’s a natural defence mechanism, if you are unsure … you are more likely to say no, than yes.” Ethics Committee Member Two said that their committee would ask themselves: “What are the consequences of an adverse event? In this case, the consequences might be horrific.” This participant explained that the measure of risk changes, according to the consequences of having an adverse event:

> It could be suicide … and it would never be directly attributable to the research … but if the research, led a person to be either depressed or emotionally heightened, because of memory of events and there was a suicide shortly after, then one could argue that the research contributed to that. That’s a long bow to draw … but that’s the kind of thing we would be concerned about happening. (E2)

Researcher Two discussed having to go through a staged ethics approval process, which included presenting to the committee and then submitting a summary review of initial interviews. This experience confirms that ethics committees have these concerns. The committee went “straight to that fear, what could be the worst-case scenario.” This researcher was asked how they would manage a child who disclosed that they were suicidal. The ethics approval process was about the committee needing to “build a level of comfort and trust with the execution of the project.” Researcher Two indicated that the approval given by the committee did not allow them to directly question children about their experiences of domestic violence. This suggests that the committee was concerned about the implications of children being interviewed about this sensitive topic.

Researcher Four talked about receiving an ethics approval which specified that "under no condition" were they allowed to contact fathers, because of the risk. This researcher raised the point that it was "absolutely crucial when it comes to this kind of research, that you cannot contact the father" (perpetrator). When interviewing a child, "there can't be any kind of risk involved" (R4). According to Researcher Four, risk is always individually assessed. Whether a child participates is a joint decision by refuge staff, mothers, and the researcher. Children who participate "have to be safe at the moment." This researcher stated that it would have to be an "extremely dangerous situation" for a child not to have contact with their father, because most "are in contact … whether they like it or not."

Safety Considerations. Researcher Six indicated that the issue of safety was a "significant difference" in this research. This was based on their research experience, where some children and young people were still living with, or having contact with, their fathers, so safety considerations "permeated all aspects of the planning of the study and … the way it was carried out." Policies and procedures were also required in relation to the mandatory reporting of child abuse (R6). Researcher Two spoke about the "element of danger in the research," both in relation to the topic and in conducting the research, explaining:

> You would have to say in sensitive research there is often an element of secrecy and taboo about the actual issue … I think what came through very, very strongly … was the element of danger … you know that concept of danger in the research, as in the topic, but danger in the research process, as in pursuing that topic.

Researcher Seven had this to say about safety issues and barriers in this research:

> What you're always concerned about is the possibility of exposing, and this is true of adults as well, exposing victims … to further recriminations or further violence as a

> consequence of research participation. That's very real in domestic violence research and something that has to be taken into account.

Service Provider Three confirmed that, for agencies providing domestic and family services, barriers to children's engagement in this research and the decision-making of workers is all about the safety of the child and their family. For children, "it's personal safety, it's the safety of mum, it's being flogged, it's having food taken away" (SP3-2). Children "know in the back of their head, there's going to be consequences for what they do or say … or what they don't do" (SP3-2). This participant thought that the "safety element" in this research "exceeds all" (SP3-2). Researcher Eight expressed a similar view but also noted that safety risks extended to emotional safety:

> Safety issues have to be front and centre … that's more important than in other sensitive areas of research with young people … the issues of physical and emotional safety, aren't just situated within the child and issues of retraumatisation. They are situated within very real issues, in relation to safety and wellbeing.

Clinician Two made it clear that "safety has to be a guiding factor." This means "safety of the location, where you're working, making sure that children and their parent are safe when they leave and when they come." Clinician Two spoke about "identifying that population …. in a safe and appropriate way" and how this "would be a challenge."

Service Provider Four also thought that creating safety "should be guiding everything." The purpose and reason for the research need to be "about supporting safety for children" and children "need to feel safe" in the research process. Clinician Three said that the best interests of the child in this research concerned reducing any risks to their safety, "thinking about their physical safety … their emotional safety and wherever possible, reducing the risk of any further physical or emotional harm." Service Provider Four indicated that domestic violence was a sensitive research topic “to be explored with anybody” and that researchers “need to be really on top of understanding the complexities.”

According to Ethics Committee Member Seven, “perpetrators can be even more violent when confronted with what they've done, or [if] challenged about it.” A participant might find themselves having to report violence, particularly if they had not perceived the extent of the violence or even acknowledged it to themselves previously. Research participation “could well precipitate something even worse” (E7). Clinician One discussed barriers to research which related to the family’s experiences of the violence:

> There would be the risk factors of what's the whole context of the family’s ongoing experience of family violence … What sort of stuff does the researcher need to cross off …? That the child feels, that the information … they share is safe, it’s confidential; that they don't fear the retribution and comeback from the parent who’s violent.

Reflecting the concern of mothers, the possibility of the child telling the perpetrator about the research was raised by service providers, clinicians, and ethics committee members. Ethics Committee Member Three “would be very hesitant to give approval for this kind of research because of the possibility.” Service Provider Six suggested that decision-making by gatekeepers would be more “fear-based”:

> People get fearful … professionals and others, apart from the victims. Other people might think it’s too unsafe, because there’s always the threat of the perpetrator … when is a good time to do that? [research]. And if you open that up … what will that mean for the child? Will they then go and talk about it with mum or tell dad? … There would be professionals worried about what that might open up, what can of worms.

Ethics Committee Member Four discussed fears held and indicated that having a researcher speak to the committee “allays fears that are potentially unfounded.” Clinician

Four said that, in conducting this research, there was “a real need for us to protect children in this process,” but went on to suggest that “maybe part of that’s really just fear.” This participant acknowledged that they were not sure whether this fear of children being involved was “actually based in reality.” Children were considered “more resilient” and “more able to communicate to us, what has happened for them, as long as it's done … in the context of a safe trusting relationship” (C4).

Shifting Risk Levels. Sudden and unexpected changes in risk were recognised as a barrier in this research. Service Provider Eight noted that these can “switch really quickly.” Clinician Three highlighted the fact that you can be working with a family who have had no contact with the perpetrator for 12 months, and three weeks into the program, “you hear through the child that dad’s moved back … or mum’s re-partnered and she’s with a partner who’s also violent.” Service Provider Eight had this to say about risk:

> Just because one bit of information’s been given at one point, doesn’t necessarily mean it’s going to be the same throughout. It’s regular and ongoing safety planning while the research is occurring. So, whether it’s checking in with the families, separate to, at distinct times, within the research … it’s the safety planning with children as well, for them to feel safe in the research.

Illustrating “near-miss” situations, Researcher Two recounted that, in one research project, “two of the perpetrators turned up” unexpectedly when children and their mothers were being interviewed at home. In this research, only families who were separated and living apart from the perpetrator could participate. With respect to decision-making, this researcher stated: “But it made me think. Thank God I’ve got a very thorough safety protocol and that I’ve taken the time to do a risk assessment prior to the actual interview, to understand what the risks might be” (R2).

A service provider said that domestic violence research was different because "domestic violence is a crime and children know that potentially dad could be arrested" (SP7-1). Another worker said that the reason why there is a lack of research with children on the issue is "because of the fear and pretty much even the consequences … it is a delicate matter … it is a criminal matter" (SP7-4). Putting forward children's need to have a voice, this participant expressed concern that we must "make sure that they are not vulnerable" in the research (SP7-4). Ethics Committee Member Three also spoke about issues of criminality and domestic violence that cannot be overlooked by researchers in their decision-making: "this is the dangerous thing, most of this activity is criminal."

Children at High-Risk Excluded. A critical safety barrier to conducting research with children concerned high-risk situations. Service Provider Four discussed the importance of safety, crucial when deciding about children's engagement in this research: "a need for safety may get in the way of them being able to participate" and, for some children and families in high-risk situations, "it may not be safe to include them" (SP4).

Service Provider Eight also raised concerns about research with the "more high-risk families." Because of "threats and really serious DV," the realities of leaving the violence for some mothers and their children means "escaping death," which may require mothers to change their names and move interstate.

Researcher Three discussed a research project they reviewed about children's experiences of domestic violence, but the organisation undertaking the research had been unable to involve children as participants in the research. Limitations in terms of time, staff, gaps in resources, and reduced capacity to get the project through ethics approval were cited as probable reasons for children being absent. This participant added:

> I don't see how a society can justify not providing counselling or not engaging people in research because they’re currently experiencing harm … If you want to know about domestic violence, support kids to talk about it, it might even … help them.” (R3)

Researcher Eight acknowledged that “not all children are safe to interview.” This researcher spoke about ensuring you have “the correct permissions.” Researchers interviewed for this study sought consent from mothers, guardians, or the young person, if they could provide independent consent, arguing that it is “not appropriate to seek parental consent from a parent who is identified as a perpetrator” (R7).

Publication of Findings. Safety barriers in this research also extended to the publication of findings and the likelihood that someone known to the perpetrator could recognise the story shared by a child. Safety concerns exist more broadly and include people external to the family, who may tell the perpetrator about the child’s participation. Clinician Six stated: “given that perpetrators of family violence are from all walks of life, it maybe that someone else who knows the family” informs or discloses information to the perpetrator. This could “pose safety risks to those people.”

Relational and Contextual Risks. Associated with safety barriers, relational and contextual risks also presented as possible barriers to children’s research participation. When conducting this research, Ethics Committee Member One considered it a “balancing act” between the paramount needs of the child and their safety, further adding: “the safety of the child includes how they live their life … it includes their place within family and their place within culture.” Barriers to conducting this research can present within this broader context, so any consideration of the obstacles in domestic violence research becomes a “contextual discussion” (E1).

Conflicted Loyalty and Betrayal. Data indicate that barriers to children’s participation can relate to children’s own feelings and thoughts about their situation. Service Providers

One and Two said that domestic violence research was different because it “encompasses the whole family, the parents” (SP2). It is a “relationship issue,” because the child is “often quite loving of the perpetrator” (SP2), “wants to love the person, who’s abusing” (SP1-2).

Participants spoke about the confusion for children caught in the middle of domestic violence and separating parents: “parents separating is bad and wrong and that confusion for kids … is sometimes really overwhelming” (SP8). Service Provider Four said that children:

> Aren't black and white … they generally love both of their parents and are incredibly torn in choosing sides … that … creates a really tricky situation for children … if they're being asked a whole lot of questions, that for them feels like it's an interrogation about their dad… that could be very difficult … because they feel as though they are betraying him.

If children “think they’re going to get a parent into trouble … it’s unlikely … they would be overly wanting to participate” (SP4). A case example of an 11-year-old boy from a diverse cultural background was mentioned by Service Provider Three. This boy was adamant that his mother was doing the wrong thing in leaving his father. The child was desperately trying to contact his father to pick him up from the shelter, saying, “I’ve got to be back with my dad”:

> There is still that certain amount of love … even though they know … he has done the wrong thing … he’s hurt the kids, he’s hurt the mum … they might feel like if they are telling what’s happened and how that’s made them feel, they are disloyal to that father. (SP3-1)

Service Provider One agreed:

> Well, it’s conflict really, isn’t it, in the child. And that would mean the child would be less likely to say too much because they don’t want to admit to themselves, let alone to somebody else, that this person that they love, is not a very nice person. (SP1-1)

Another service provider explained: "They don't want to be disloyal to mum … it's like don't tell anyone what is going on" (SP3-2). Service Provider Three spoke about a young teenage boy who had no idea what to say when being interviewed by police and kept looking to the worker: "He understood what the questions were, but he didn't know what he was meant to be saying and I had to reinforce … just tell the truth" (SP3-1). This participant said that children are "so protective of their family and their mum … they're scared of saying the wrong thing" (SP3-1).

If domestic violence is ongoing, Service Provider Seven considered that children could be concerned about mandatory reporting: "They don't want to get dad in trouble or mum … don't want to be taken away from mum" (SP7-3). Service Provider One agreed that children maybe fearful of getting their mother into trouble. They know to "keep quiet" out of family loyalty, particularly if they "understand the ramifications of child protection" (SP1-2). This participant said that children would "play it down, because they don't want the parents to split up" (SP1-2). Relational barriers in this research are summarised by Service Provider Eight:

> DV takes into consideration the family unit … your connection to it, but also your responsibility and your duty to your family, because every child has that … their duty to make sure they keep the family together … if I say this, I could be responsible for the disintegration of my family or I could be responsible for us having a roof over our head or not having a roof over our head tomorrow.

Service Provider Two concurred that domestic violence is relational and involves the family unit, which is why they considered domestic violence research as different from other areas of sensitive research. In research, children will consider "the family unit in their responses or in their feelings," which can present barriers to their engagement in the process

(SP2). The unique situation for the child, with respect to their journey and experiences of domestic violence, may present further contextual barriers in this research (C1; SP7-3).

Service Provider One discussed the way some children become like parental figures. This means that they may not want to talk about their experiences:

> There is often a child in the family that the mum will depend on to look after the younger ones, sometimes even to the extent of being like a substitute partner in doing parenting of younger siblings ... probably that child … would feel sort of responsible to the mother too, in not wanting to divulge too much, give away anything. (SP1-2)

Damage Existing Relationships. Clinician Two spoke about the impact of the domestic violence on the parent–child relationship and how children can feel that their parent is unable to protect them. Consequently, children may not feel safe participating in research: "Often those parent–child relationships have been severely attacked and undermined … children often lose confidence in their non-offending parent's capacity to care for them or keep them safe. They can have doubts about whether they're loved or not" (C2).

Disclosures by a child could result in "further distress or fractures" in their relationship with their mother (E7). Service Provider Two considered it important to get a sense of the relationship between a child and their mother and "whether it is a safe relationship," before involving the child in research. An example was given of a teenage girl in the service, who does not say a word and shuts down when the mother is around, but talks non-stop at other times.

Joint-Custody Barriers. Researcher Eight raised another factor emerging as a possible barrier in research, drawing parallels with children receiving counselling supports; if a father has "joint-parenting responsibility," some counselling services also require his permission for the child to attend.

Clinician Six confirmed that, where possible and safe to do so, they attempted to get consent from both parents. Some participants in this study highlighted concerns about joint-custody arrangements and the legal rights of perpetrators with respect to consenting to children's research participation (SP1-1, SP6; C4; E4). This was considered "problematic," because fathers who use violence are "probably not going to consent to the research, there's a barrier" (C4).

Layers of Vulnerabilities. Ethics Committee Member One discussed the layers of vulnerabilities that can present as barriers in this research. Researchers can potentially increase risks because of unseen hazards for the child, their family, or their community. Beyond family, children have different relationships. These include their peers, cultural connections, their school, community, church, and with other institutions. Children may want some relationships to be more protected, and the research might inadvertently expose children in the context of those relationships (E1). This participant said:

> Once you start asking about what happens inside the family, you run the risk of tripping over those sorts of vulnerabilities and there needs to be a consideration of that … how that's going to be managed and an understanding by the researchers that this is a risk. (E1)

Service Provider Three discussed cultural or religious barriers and different beliefs about domestic violence (SP3-1&2). Service Provider Seven also mentioned these barriers: "Culture is always a barrier" along with a lack of "trust," which influences how clients and children interact with workers, particularly regarding any "disclosure" about domestic violence (SP7-4). This participant said that refuge workers "tend not to get … the whole story" when they first meet people; this only occurs with the "effect of trust" and after you "develop a relationship" (SP7-4).

Highlighting the need for researchers to understand cultural and contextual issues that can present barriers in research, Researcher Two spoke about “intersectionality” and the complexities that exist in researching domestic violence. This participant said: “people have this bland notion of what family violence is, but once you hear one story … it becomes a complex issue.” Issues relating to disability, mental illness, substance abuse, and displaced persons may potentially arise.

> The difference isn't in saying it's more complex than anything else. It's saying it has its own peculiarities … you need to look at an area and recognise the intersectionalities within that particular issue, population … you need to understand the things that are inherent to that … family violence is all encompassing. (R2)

Confidentiality and Privacy. Participants across each of the cohorts (six service providers, three ethics committee members, four clinicians, and three researchers) specifically discussed participation risks and barriers in this research related to concerns about the confidentiality and the privacy of participants (anonymity).

Clinician Two said: “respecting a child’s privacy is really important … that they have that—their information and identifying information really carefully protected, and that they have a really strong sense of assurance of that.” Ethics Committee Member One discussed confidentiality when disseminating findings and gave this account:

> One of the big risks with research, is once you collect that data set and start to disseminate that, there is a risk of identification of people in a way that they don’t want to be identified. It breaks down that level of privacy in a way that they didn’t want.

Clinician Three said that, when undertaking group interventions related to domestic violence, they had a “blanket rule” not to undertake programs in schools, because “schools are not particularly very good at confidentiality.” This participant recounted an experience of being given a room where other children “could peer in the windows.” For some children, “school is the safest place for them … even though … they’re easily accessible … it can actually impact the emotional safety that school conjures up for them, by then asking them to talk about that experience in that space” (C3).

Researcher Seven said that confidentiality must extend beyond the children’s family and from agencies involved in recruiting children to the research:

> When you're thinking about confidentiality … you also have to recognise that for them confidentiality in the peer context is enormously important, and anything that singles them out, or makes them feel different, or exposed to the scrutiny of their peers, is very difficult for them … and that you shouldn’t be sort of pulling the child out of the classroom to go to talk to a researcher.

Service Provider One noted that some children want to keep quiet about the violence and do not want school friends to know, “so they might not talk, because they just don’t want it advertised, they could see that [research] as broadcasting” (SP1-2).

Ethics Committee Members (E1, E3, E8) and Service Provider Eight indicated that undertaking research in Aboriginal and Torres Strait Islander communities, in small communities or towns, could present further barriers because of difficulties maintaining the privacy and confidentiality of participants. People who may be assisting with the research, such as translators, might become aware of the details about domestic violence in certain communities, who has been charged with offences, and the identity of victims (E8).

Ethics Committee Member One acknowledged that it can be challenging “to properly de-identify people” because of the small number of participants, and everyone may end up knowing. In smaller districts, according to Service Provider Eight, “there’s a handful of families that are in certain positions and other services may recognise that information.”

Ethics Committee Member Three agreed and said in small towns “where everybody, who knows anybody, knows everybody, the revelation of something could be different.”

Service Provider Three said that mothers are “always worried” about confidentiality (SP3-1) and gave examples of mothers who were reluctant to sign consent forms and other documents. Some mothers also were concerned about their information being stored on computer systems (SP3-1&2). Mothers would be anxious about “who’s going to find out about it, will my information get back to the perpetrator” (SP3-1).

Retraumatisation Risk

While physical safety issues were considered a significant barrier to undertaking domestic violence research with children, participants held a broad understanding and construction of safety. Emotional and psychological risks were also considered barriers to conducting research with children. Participants discussed the potential for research to trigger a trauma response in children. Service Provider Five said: “I think that people would be very protective—protective's not quite the right word—concerned that any kind of research might be retraumatising” (SP5).

Traumatised Damaged Children. Although some participants discussed the incredible resilience, strength (SP7-1; R3), and coping skills of children with experiences of domestic violence and how we can underestimate children (C4), a consistent finding across service providers, ethics committee members, and clinicians was the construction and understanding that children with experiences of this violence are typically traumatised (SP5). Children can be “really significantly impacted … from a very young age” (C2). Service Provider Nine said that these children were “nearly all damaged” (SP9-1); they are “traumatised kids” (SP9-2).

Participants highlighted children who present with developmental delays (SP3-2). A service provider said of teenagers that “everybody in the refuge” had been referred to mental health support services or their doctor for mental health concerns, such as anxiety and depression (SP7-2). Researcher Two “saw significant mental health issues in the older children.” Children with more extensive experiences of domestic violence could present as “highly fractured beings” where the impacts of the trauma “runs through so many different systems of their body” (C1):

> Their physiological responses are highly disrupted. Their capacity to be emotionally attuned to themselves internally, to have that sense of emotional regulation, to understand emotions and express themselves with a degree of emotional literacy, is highly impacted in a negative way. (C1)

Clinical Range for Trauma Symptoms. Clinicians said that children can fall within the clinical range for trauma symptoms. Although the violence might cease, some children are unlikely to recover without therapeutic assistance. Clinician Two stated:

> All the children who come here, generally, are in the clinical range for a whole range of trauma symptoms. Whether that’s aggressiveness, sexual concerns, dissociative presentation … With our population … the kids … are probably not just going to recover by themselves, where safety and stability, is probably not going to get them across the line.

This clinician indicated that “the trauma sort of just keeps on ruling through their lives” (C2). Another clinician said: “So those kids that are all over the shop and you’re not really sure how to contain them at times ... behavioural outbursts, emotional outbursts, very rigid in their thinking” (C3). Clinician Three spoke about children being “quite suspicious initially” of a hidden agenda. Service providers and clinicians both identified “a lot of emotional dysregulation” (SP1).

> I would say mostly it’s the emotional dysregulation … that can present itself as either acting out behaviour or internalising features … depends on the child, but most of the

> time it's the emotional disruption; and also, their relational disruption, so their capacity to trust and to feel safe, you know, [is] significantly impeded. (C4)

Individual Impacts of Domestic Violence. Service providers and clinicians were given the opportunity to discuss the impact of domestic violence on children. They all spoke about children being affected by the violence in different ways and that you “see really different sides” (SP8). Presentations were “very varied” (C5) and “very broad” (SP1-1). Some children were described as anxious and clingy, with separation issues from their mother (SP3-2), while others are hypervigilant, hyper-aroused or they may have behavioural issues. “I think we find it’s either one way or the other, really angry or they’re really shut down” (SP3-1).

Domestic violence research with children was considered different from other types of sensitive social research because of the impact of the trauma on children. Clinician Five stated:

> I think it would need to be because of the complexities of the trauma. There's no single incident trauma typically. Kids experience violence in different ways, even if they're in the same home. They may still be having ongoing contact with the perpetrator of the violence, which means they're not entirely safe to talk about their experiences or their current feelings. (C5)

Research is Risky—Potentially Opens Pandora’s Box. Children who had experienced trauma were considered to be at risk of being retraumatised in the research. The potential for research to retraumatise children was raised as a key barrier to conducting this research, particularly by service providers, clinicians, and ethics committee members. Most participants from across these three cohorts raised concerns about this research and how it may impact and affect children. Clinician Five found the lack of emotional and psychological safety (as well as physical safety) critical concerns in this research:

> I guess the biggest one is obviously if a child isn't safe emotionally, psychologically, as well as physically, within that research environment. It's about revisiting traumatic events and whether that would actually retraumatise them, rather than provide a therapeutic outcome.

Service Provider Seven said: “I think with domestic violence, it’s very delicate, ‘cause you might be retraumatising. By just asking a simple question, can do a whole lot of damage to this person” (SP7-4). Service Provider Three spoke about children having witnessed serious violence which had been “very traumatising” (SP3-2); would research “revisit past traumas” (SP3-2) for both the child and their mother? Service Provider Two said that “domestic violence … can be quite traumatising for children.” Consequently, in research:

> you don’t want any further traumatising [of] the child from any questions that you might ask or getting them to discuss things they are not ready for … that is definitely a massive consideration … and where that could lead too for the child. (SP2)

Another service provider stated: “You don’t want the children to walk away and feel guilty or traumatised” (SP8). Service Provider Five spoke about “the potential for the child to be retraumatised, or for information to be unpacked, and not then contained and held for the child.” Clinician Five also said that research “could be quite triggering” for children, especially if they had not received any counselling support.

Clinician One said that research was “potentially unravelling things with the child,” and “how do we ensure … the researcher can bring all that back in and tie it up neatly.” Further: “that would be probably one of the biggest risks … by opening Pandora's box for a child, and then leaving it open” (C1). Clinician Four agreed; if a researcher is asking the child to tell their story or reveal memories, “it might actually retraumatise them, and that’s not good.” This participant said that research needed to be a positive experience for children, and not one “that’s going to set them back.” In addition to the recall of memories, the child’s "general behavioural profile" was also conceptualised as being a hurdle in this research, particularly by clinicians and service providers. The potential for harm was perceived as possible:

> I think those become quite significant barriers. Because obviously, the researcher, ethically, doesn't want to do any harm to the child, and there is potential for harm, I suppose, with a child who hasn't had any support in dealing with those memories, to be asking them questions about those memories. (C2)

Unease About Research Design and Methodology. Questions were asked about the research design and methodology and "How do you go about that, if you're wanting to unpack issues of domestic violence?" (E9). Service Provider Nine raised similar concerns about how the research could be done, especially if children have not "got the words, what would you do?" Service Provider Two indicated that, if a child was "quite highly traumatised," you would have to question whether they could even participate, even if the mother provided consent.

Ethics Committee Member Nine held similar concerns about how research could be conducted "without opening those wounds." This "would be one of the barriers, because an ethics committee, would have to make sure that the benefit of the research, outweighed that chance." This participant said that, if you are interviewing children who were known victims of domestic violence, they "could presumably be at the severe end." Recovery from domestic violence "takes a lifetime," according to this participant, and the "psychological damage, that will go on for the rest of their lives" (E9).

Conducting domestic violence research with children was viewed as "a very difficult space" (C2). Ethics Committee Member Eight said that the "capacity for violence to traumatise kids is the turning point. That is the crux of the matter." This participant discussed the fact that "a lot of the methodology requires people to revisit the violence," or requires participants “to revisit relationships” which might have been traumatic for them. This can be “a sad experience.” Participants in research may not “have an understanding … that revisiting, may impact them even more greatly” (E8).

Gatekeeper Reluctance. Bureaucratic barriers, such as those from child protection agencies, related to concerns about the impact of the research on children. Agencies may be “reluctant to let kids be involved” (E8):

> If they are reluctant, is it because the kids they're concerned about have been greatly traumatised or perhaps, have the potential to be retraumatised? Do the kids have the capacity to … how well are they adjusted. Like some kids will still be acting out, even though the trauma is gone … they're not adjusting. (E8)

Ethics Committee Member Nine also highlighted gatekeeping barriers in conducting domestic violence research with children:

> Getting access to participants, I’d be thinking would be difficult. Then to participate, … it's the ethical issue of getting somebody to permit them to engage in research … and ensuring, from an ethics perspective … that they're not too damaged, right here and now, to be able to engage with those sorts of questions.

Ethics Committee Member Two similarly believed that “people’s sensitivities to the ethical issues would be highlighted … There are a lot of risks. Do we want to put these people through more trauma?” Researcher Eight confirmed that stakeholders and gatekeepers involved in domestic violence research consider it potentially harmful and, generally, “the service system isn’t up for it.” Researcher Eight said:

> Ethics committees, and also our gatekeepers in the sector, really see research as retraumatising. Rather than seeing it as potentially an enhancement to a young person's life and involving them in ways that are very validating of their experiences and their knowledge, they see it always, as too risky and too harmful.

Researcher Seven held a similar view: “gatekeepers aren’t always ready to let young people or children make their own decisions about research participation. Sometimes their anxiety about a child's wellbeing is so great that children are inadvertently excluded.” This researcher called this an “ongoing challenge” in domestic violence research. Researcher Four discussed the lack of “scientific proof” that research, done well, causes “retraumatisation.” This participant was “frustrated with that term,” because it “compromises participation” and does “silence children.”

Another researcher, however, considered that research can have “a massive impact” and be “traumatic” for some children (R3). When asked to explain further, this researcher said:

> It’s traumatic in the sense that they’re having to re-engage with a whole lot of memories that they’ve spent a lot of time trying not to engage with, and you are directly asking them to do that … Maybe trauma is the wrong word, because often we associate that as this process of wounding or injury … the kids who I spoke to, were visibly affected. (R3)

This participant indicated that children were “shaking, trying not to cry, stopping and just trying to get themselves under control, a lot of fidgeting, squirming.” Although the research was “really hard” for them, they also “weren’t going anywhere, they wanted to sit there … and see it through and tell me, what they wanted to tell me” (R3).

Human Research Ethics Committee Risks

Some ethics committee participants spoke about the risks that present for committees and the duty of care they hold with respect to this research.

Heightened Sensitivity. As previously discussed, committees closely scrutinise any research that presents a higher level of risk. Obtaining approval for domestic violence research with children was perceived to be “difficult” (E9). Ethics Committee Member Two recognised that, as soon as this type of research with children was raised, the committee "would be more sensitive to that, than almost any other area I can think of."

Ethics Committee Member Three said that there are "particular issues" in this research which would "ring alarm bells." This participant discussed whether a 15 year old would feel responsible for what might happen to their siblings or mother as a result of their research participation (when those family members are not part of the study), or, if a mother provides consent, is she also put at risk? The ethics process is "a legal process" where the committee demonstrate that its members have taken these steps to mitigate risk (E3). While acknowledging the possibility that maybe some research "just needs to be risky," this participant indicated that there is a problem, because "it's not you as a researcher taking the risk, and that's a challenge."

Highlighting the risks borne by HRECs, one researcher spoke about a project they were involved in; it "triggered a massive panic" by the committee based on the age of participants (over 10 years) and the legalities concerning consent. The researcher was only able to include older teenagers, because of "various legal track records around that older teen group ... being more able to make an independent assessment and provide consent" (R3).

Duty of Care. Ethics Committee Member Nine said that they feel scared about the responsibility they hold:

> We have to do due diligence and give great care and the more sensitive the information, the more care we need to apply to the applications … I take the responsibility seriously … all of my committee members do …. It's kind of scary really.

Domestic violence research would therefore require "more justification" (E4), and committee members would want to have "more confidence in the researchers and more clarity that they know what they are doing" (E4). A high bar was set concerning the capacity and competency of researchers. Some committee members said that they have needed to counsel researchers at times, about the need for domestic violence training, before they will approve research. Ethics committee members indicated that domestic violence research with children is highly complex:

> But children, you know, it's another layer. It's complex enough with adults, and that complexity just gets added to with children, and their ability to express themselves is sometimes more difficult. Sometimes less difficult with some kids, but it is another layer of complexity. (E8)

Researcher Risks

Findings from the data demonstrate that barriers and risks relating to the researcher were multifaceted. These included: lack of experience, skills, qualifications, training, and support; and a researcher not having credibility and the trust of the system, for example, being unknown and having no prior engagement with the system. Physical risks of harm to the researcher and personal costs, such as the emotional and psychological impact of the research, also presented as barriers for researchers in conducting domestic violence research with children.

Novice Unsupported Researcher. Ethics committees and other gatekeepers would be less likely to facilitate children’s participation if the researcher was inexperienced and not adequately aware of the sensitivities in domestic and family violence. Ethics Committee Member Nine highlighted the need for ethics committees to ensure that participants are adequately protected “from further abuse through a novice researcher not being sensitive to the issues, and in some way, aggravating an already sensitive situation” (E9).

Lack Knowledge. Some participants in this study spoke about researchers not really knowing how domestic violence affects the child; this was considered a key barrier to conducting this research. Ethics Committee Member Eight noted the importance of considering each individual child participant, their unique situation, and what it means for them to participate. Service Provider Two said that inherent barriers exist because researchers could not understand the child to the level required:

> You don’t know what their triggers are. You don’t know what particular question might send them into trauma responses … each child is unique … one child might be totally un-phased by the most intense questioning and be passionate about giving their responses and another could be quite upset and bewildered by it.

Ethics Committee Member Eight held a similar view. Conducting interviews with children “is a vastly different matter,” because it “comes down to the very personal level.” This participant thought that this is particularly difficult when the researcher is not familiar with the individual person, “with the trauma that's been experienced. How do they then handle that? … do they have the skills to handle working with someone, who may just simply fold up and collapse by revisiting all that stuff again?” (E8).

The sensitivity of researchers to issues within the context of different communities was also regarded as critical and as a potential barrier, especially if researchers have not established trust and agreement from community leaders (Elders). Ethics Committee Member Eight said that researchers should not go “in blind to an interview.” They need to have “in advance, an understanding about what a particular case involved.” This participant said that there would be resource implications in terms of cost and time.

Researcher Lacks Credibility. Participants from across each of the cohorts raised concerns about the capacity and skills of the researcher to understand trauma and the impacts of domestic violence on children. Researcher Two said that you can be “a bit of an unknown.” Researcher Eight expressed the view that, if a researcher cannot access participants through the service system, then the barrier is: “you’re not a trusted person in that system”:

> A barrier is not being known and not having access. An enabler is the opposite. If they trust you, they've seen your research, they've experienced it, they know that young people or their families will gain something, and the service system will too. (R8)

Ethics Committee Member One also spoke about needing to have credibility in the sector to conduct this research. Without this, you are potentially “putting people at risk”:

> If I was to make a decision … that I wanted to research in domestic violence … I have no credibility … I can talk to people in the street … at shelters … and they would tell me nothing … and I wouldn’t blame them. There has to be some evidence of engagement and the more sensitive the area, the more researchers need to have that credibility. (E1)

Lack of Support, Training and Supervision. Researcher Three discussed concerns about having the level of skill required to conduct this research. An experienced researcher, they nonetheless acknowledged that they had not been specifically trained in childhood research: “I had some doubts about my own capacity … it’s a very specific thing talking to children … I’m a researcher and I didn't know how to research with children” (R3).

This researcher stressed the need for “specialist researchers” in this area and worried that some researchers might believe that, because they are “researchers,” they can talk to anyone. “And the answer is, no you can’t and some training around trauma-informed care approaches to research are really needed.” Researchers who may “come into this area cold, or for the first time … simply wouldn’t have that skill set” (R3). Another “potential barrier” recognised was: “how well skilled are people to actually understand the issues that children face before they … go in and do research” (R3). This participant spoke about the lack of resources and said that training was needed to facilitate this research.

The data also indicated a lack of support and “professional supervision” available to researchers, making these further barriers in this research. Researcher Three stated that, throughout their research career, they had “really struggled to get support.” They expressed concerns about people doing this research with “highly vulnerable” children, without the level of skill required, adding that children “deserve” quality research. Adequate supports “would drive much better-quality research in this area but also make researchers feel more confident that they have the skills to actually undertake it,” instead of thinking that there is “no way” they could.

Physical and Emotional Risks. Other potential barriers emerging from the data related to physical risks to the researcher. Ethics committee members, researchers, and also some clinicians mentioned this. Researcher Three discussed one young person who was drug affected and who became “very aggressive” during the interview. Some researchers “may not be well positioned to deal with that” in a way that is safe for the young person and the researcher.

In addition to possible risks of physical harm occurring in situ (for example, a child acting out and hurting the researcher or destroying the room, as reported by Clinician Two), data illustrate that participants were also concerned about the impact of the sensitive nature of the research topic on the researcher’s mental health and wellbeing. Researchers were considered to be at risk of burnout and vicarious trauma, “because dealing with these sorts of people is a risk to the researcher. It’s a risk to the researcher that needs to be really taken seriously” (E1). Clinician Two said that “some of the stories are horrific,” adding:

> It’s very important that anyone doing that sort of research, especially face to face with children … they have a very good mechanism for debriefing and support … almost like a clinical supervision … the risk of vicarious trauma is huge. The fact that you’re sort of in—as a researcher, more in a passive role, of just receiving that information, I think, even makes you more at risk, plus the cumulative effects of those stories.

Ethics Committee Member Three spoke about vulnerability in this research and how “vulnerability is always mutual,” particularly when you have established a meaningful research relationship and are exploring a sensitive issue. Researcher Two discussed the importance of support for the researcher, in debriefing and in “looking after your own wellbeing, so self-care.” Considering the personal circumstances of researchers who may have complexities and victimisation in their own lives, Researcher Two said: “we can’t underestimate the overlaps then.” Exploring sensitive issues with families may be challenging, if researchers are also dealing with their own vulnerabilities.

Researcher Four acknowledged the impact on “emotional wellbeing,” which contributes to this type of research being “definitely” different. This researcher talks to their students about this and what it means to do this research. Highlighting the shared vulnerability in this research, Researcher One said that researchers need to “go into the world of having to emotionally engage” with their participant’s subjectivity and hold some of the “emotional complexity.” This means being “sensitive or attuned as a researcher,” where you “allow yourself to be vulnerable to that and be present to that” (R1). Qualitative research in domestic violence was thought to be “akin to offering therapy to a degree,” although “you are not therapists”:

> Which makes all this … really messy, not that clean gold standard … you can’t do that with this work. But I think it’s gold standard, because it actually takes you to the places that we don’t as a sector really like to go … but if we don’t go there, and if we don’t think about it, we are never going to get on top of this. (R1)

Some researchers spoke about the emotional impact of this research, recalling experiences that still resonated for them. Researchers can face internal barriers doing this type of research, through the sensitivity of the research topic and exploring this with children.

“I think there is barriers within us … that has to do with ourselves. I mean there are times, I feel incredibly pushy and insensitive” (R4). This researcher went on to discuss the energy it takes to do an interview with a child and said that it can be hard. Even though they can feel “very positive” after an interview, this researcher also acknowledged the personal effects, where the research “does something to you” which “can also sometimes, be a barrier I guess” (R4).

Ethics Committee Member Three said: “there does need to be a sensitivity about the researcher and … at the other end of that spectrum, is the researcher stable enough to not have a breakdown as a result of the research.” The possibility exists that a researcher “who is really serious about this, is actually somebody who has had this experience as a child.” While acknowledging that this may make a good researcher, there could be “other alarm bells” which go off (E3). A further point was raised about the “secrecy and defensiveness” around this topic; researchers may end up recruiting participants who are somehow connected to them, especially if they recruit via known networks or in smaller districts. This participant thought that this “may well add other connotations” and barriers (E3).

7.3 Conclusion

This chapter has presented findings related to the Global Theme: Heightened risks present barriers to domestic violence research from the viewpoints of service providers, clinicians, HREC members and researchers. The decision-making of all cohorts, whether they were gatekeepers or researchers, related to concerns about the inherent risk and safety issues in this research. Gatekeepers conceptualised domestic violence research as possibly triggering or retraumatising children who had already experienced significant trauma in their lives. Therefore, researchers need to be highly skilled, experienced, and supported to undertake this research.

Barriers also related to obtaining approval to access children and involve them in the research. Gatekeepers would need to be confident that children were not too damaged, and they could safely engage with the research questions and express their thoughts and feelings. To counter this, while acknowledging barriers to conducting this research and the potential risks that exist, researchers indicated that domestic violence research with children needs to occur, and that it cannot be perceived as so dangerous, that it becomes impossible to conduct.

Building on the findings discussed in this chapter, Chapter 8 considers the Global Theme: Children overshadowed in a closed, adult-centric system. Findings detailed in Chapter 7 highlight the significance of adult decision-making in safeguarding and gatekeeping children’s participation in domestic violence research. But this protectionist stance also creates barriers to children’s research engagement. Themes emerging in this research suggest that the service system, in addressing the immediate crisis support needs of mothers, along with the decision-making of gatekeepers, is more adult-centric. This potentially leads to additional barriers in domestic violence research with children; hence, requires further exploration.

Chapter 8—Findings: Children Overshadowed in a Closed, Adult-Centric System

> I think they are a voice that we don't listen to. I think there is not enough thought, or focus put on the impacts of DV on children or long-term on children. It is all around the mum. Let's look after the mum. (M5)

8.1 Introduction

This chapter discusses findings relating to the Global Theme: Children overshadowed in a closed, adult-centric system. While service providers understood that children had their own needs, separate from their mothers', resources and the workers' time were directed towards meeting the crisis support needs of mothers. In this prevailing domestic and family violence service context, children were overshadowed and marginalised. This overshadowing clearly presents a barrier to children's engagement in domestic violence research. Children's participation in research was not considered a priority in the context of the immediate requirements of families seeking refuge and assistance.

Participants discussed how security provisions and safeguards create a domestic violence service system that is closed in nature. This consequently made it difficult to access child participants for research. In addition, services are not normally approached for information by people who are outside this service system.

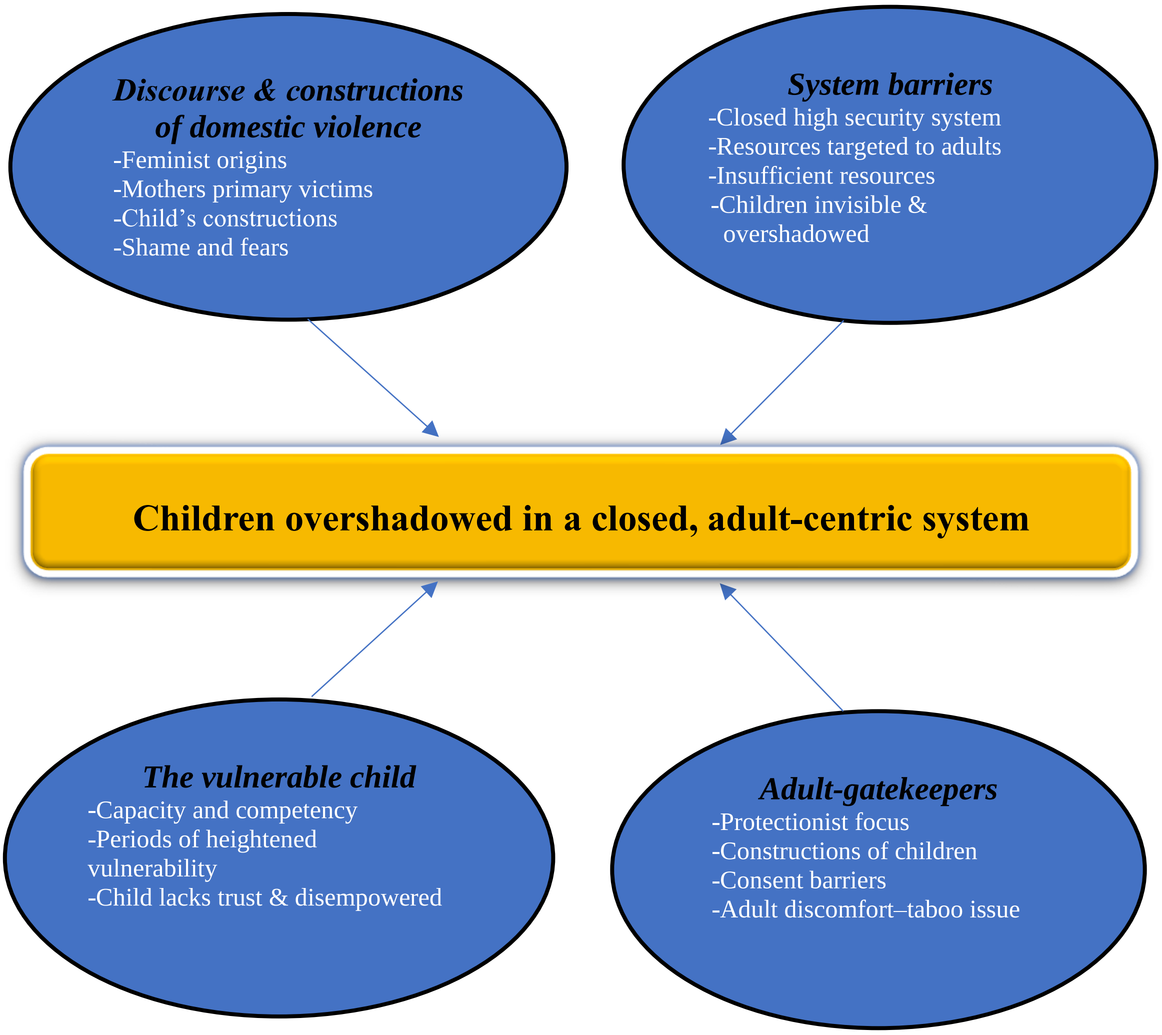
Data also indicates that adult-gatekeepers have their own discomfort and anxiety about domestic and family violence, making them less likely to enable children's research participation. After presenting the Global Theme, this chapter discusses the Organising Theme: Discourse and constructions of domestic violence. This is followed by data relating to other Organising Themes: System barriers, The vulnerable child, and Adult-gatekeepers.

8.2 Children Overshadowed in a Closed, Adult-Centric System

The Global Theme: Children overshadowed in a closed, adult-centric system consisted of four Organising Themes: Discourse and constructions of domestic violence, System barriers, The vulnerable child, and Adult-gatekeepers. Figure 7 depicts the thematic network for the Global Theme, along with the Organising Themes and their clustered Basic Themes (or subordinate themes).

Figure 7

Children Overshadowed in a Closed, Adult-Centric System



Discourse and Constructions of Domestic Violence

Findings of this thesis indicate that domestic and family violence discourse and inherent philosophical underpinnings potentially contribute to barriers in conducting domestic violence research with children. Researchers in particular spoke about the philosophical and theoretical lens that prevails in the sector.

Feminist Origins. Researcher Five noted that, historically, the domestic violence service system has developed and emerged through the feminist movement. Consequently, domestic violence is "all about understanding violence as structured male control" (R5). Researcher Five pointed out the contrast with the area of child abuse and protecting children, where there tends to be a focus on the Convention on the Rights of the Child, which prioritises children's rights and their needs.

Mothers Primary Victims. Researcher Five stated: "The feminist framework immediately focuses attention on mothers and focuses attention on the immediate victim, it doesn't focus on an age differential and the power that comes through age, it focuses on gender" (R5). Researcher Five went on to say:

> When we think about protecting children, children who have experienced DV and children who have experienced child abuse, you can come at it from all of these different philosophical and theoretical lenses … Historically, when we just look at child abuse, there tends to be a focus on child rights … When you approach child abuse through domestic violence interventions, you are approaching that through a service system that has emerged through the feminist movement.

Child's Constructions. The theoretical underpinnings of feminism may inadvertently overshadow the priority given to conducting research with children. Researcher Five said that understanding violence as "structured male control" is "not necessarily how children experience that violence." Researcher One held a similar view:

> A whole world … exists away from the sector that decides how we talk about this … that have complex attachments … relationships … that don't see it so black and white … kids certainly don't process it as black and white. They see mums who sometimes stab their dads … you will hear the debate … she was pushed to do it … Now that one may be true, but from the perspective of the child, it's a lot more complicated.

This participant pointed out that, as adults, we "keep simplifying it … it is so much more complex than that and we don't have those discussions." Concerns were also expressed about the "gendered debate," because it may not always reflect children's experiences of the violence: "I think this gendered debate is also problematic because from where I see it, from what the kids tell me, they don't quite describe their lives in the way the adult gendered debate does" (R1).

The ideological underpinnings of the domestic violence sector and how domestic violence is understood may not equally encompass the situation for children as victims of domestic and family violence or capture their unique experiences. As Researcher Five explained, there is the possibility that both the feminist and the child-rights agenda, as individual frameworks in isolation, "shut down" understanding about children and their victimisation. The prevailing ideologies might not adequately consider children's situation as victims and survivors.

Researcher Three considered that the key to involving children in domestic violence research is "to push their direct experience of it. It is not them reporting on some vague thing that they've seen or heard … their involvement … is horrendously direct." Researcher One said that we need to think differently, in both the service and research contexts:

> So if we are really really serious about wanting to tackle some of these issues which are alarming issues for us as a society, we are going to have to start thinking outside

> the square … we are going to have to go to places that we just don't simply go to and we are going to have to listen to kid's attachments to the perpetrator.

Shame and Fears. Like mothers, other cohorts mentioned feelings of shame as a barrier in this research. Domestic and family violence is constructed as shameful by families and children:

> I think that there's a certain amount of shame and fear, there's a lot of fear. Children are told to keep the secret … both of those things affect the core of who a person is, … you need to be really sensitive to that, and that the pain goes on. It just goes on. (SP9-1)

Clinician Six stated: "sometimes there can be that … shame within families … So that might be a bit of a barrier as well. Service Provider Three spoke about the issue being perceived as "shameful" and said that older children know it does not happen in all families, which, for them, can mean that "their family isn't normal." Ethics Committee Member One discussed the significance of shame as a barrier in research:

> I think one of the main barriers in domestic violence research is the social perception of shame. I think people would be reluctant to talk about this sort of thing because of the shame that they feel … People go to a lot of trouble to hide their domestic violence suffering. I can't imagine that they would be happy to just simply sit down and talk about these sorts of issues.

Linked with shame were community perceptions held about victims. "Oh, that poor woman, why didn't she leave" or "she's brought it on herself … she's brought it on the kids" (SP3-2). Service Provider Three indicated that they still hear these victim blaming perceptions. These attitudes potentially influence the willingness of adults to facilitate children's research participation.

System Barriers

The domestic and family violence service system is critical to conducting research with children, because it serves as the primary conduit through which to recruit children. The positioning of children in the service system emerged as presenting a barrier to their participation in research, with data indicating that children and their specific needs can be overlooked; consequently, agencies and workers may not facilitate their research participation. As the quote at the beginning of this chapter highlights, the service system is all about the mothers, and resources are focused on mothers. Service providers stated that insufficient resources also contribute to their inability to enable children’s engagement in research.

Closed High Security System. Findings of this study illustrate that resources and service provision, particularly in refuges and shelters, focus on the delivery of crisis support services which are difficult for researchers to access because of security requirements. Safety concerns for women and their children mean that services are generally invisible and hidden in the community.

Service Provider Five said that researchers would have difficulties accessing the client group for research, because the refuge system is “a very closed system,” and services are “not very often approached by people from outside that system for information or assistance.” It was considered unusual for services to be contacted. Questions would be asked, “Oh really … Who are you?” (SP5).

This participant stated that workers might not respond if approached, because of safety concerns and heightened suspicions. High security family violence refuges have undisclosed addresses and have “more rules around security” (SP5). “You can't disclose the address to anyone. You can't have anyone come over. You can't get a pizza delivered. You can't order a taxi—nothing” (SP5).

Service Provider Four also thought that “the barriers are going to be the systems” and spoke about how the researcher could interface and participate within those systems:

> You know, so where you get your people that you are wanting to research and how you're able to participate in those systems and are those systems wanting and prepared to support the research … all of those sorts of things (SP4).

In response to discussion about restricted budgets for services and difficulties experienced by this researcher in accessing and recruiting mothers to this study, Researcher Five spoke about the service system and said that there is “baseline defensiveness that comes from being under siege.” Consequently, gatekeepers may present with some defensiveness about the research and may not be willing to engage or to facilitate children’s participation.

Resources Targeted to Adults. Researcher One discussed the issue of resources being targeted to the needs of parents. Mother Five confirmed this and expressed the view that service delivery “is all around the mum, let’s look after the mum.” Researcher One said that funding is put into the parents, and refuge staff view their job as taking care of the mother, who then is responsible for her children:

> We always think, put the money into the parents and with the refuge … our job is to take care of mum. Mum’s job is to take care of baby and if we fix mum up, she will be able to fix baby up. (R1)

Service Provider Four spoke about the existing pressures in the domestic and family violence service system to find affordable housing; this was at “such a crisis point.” Services are “working so hard at trying to find housing for families” and “so much of their time is taken up in that” (SP4). This participant said that, because of service pressures, barriers would be experienced in getting agencies on board to support domestic violence research with children, “because it feels already like people are over-stretched and so to consider something else, or to bring in new ways of doing things, that potentially adds to their workload" (SP4).

This service provider further spoke about children's worker positions in some refuges being "defunded," and this position was "the person for kids" (SP4). It was "sort of assumed that, well everybody needed to take responsibility" for meeting children's needs (SP4). However, this participant said that what this meant was that "nobody did" (SP4). Service Provider Four concluded that, while the "rhetoric" says that "children needed to be much more present and working with children needed to be paramount," the workers' time is "taken up … managing adult issues that are presenting." If there is no staff member specifically available to champion children and their needs, the pathway or connection for children's inclusion in domestic violence research is unlikely to exist.

Insufficient Resources. Data from this study indicates that budgetary constraints already impact on the capacity of agencies to focus on children's needs. Service providers described themselves as time poor and as having limited budgets. In the scheme of their daily operational demands and requirements, research with children would not be perceived as high priority. Confirming and recognising the difficulties of services, Researcher Two highlighted the fact that we are expecting a lot, "asking case managers to look for suitable families" when this is "not their core business."

Service Provider One, from a service with a child support worker, expressed frustration because, even though they have a designated position for children, they still may not have time to sit with a child and unpack what is happening for them; this would impact on children's involvement in research. The nature of the refuge system means that the child may also have moved to another living arrangement. This participant described their work as "time limited," because the average stay is "probably six weeks" (SP1-2). Other service providers also voiced concerns about the lack of time and resources to support children's domestic violence research participation. Service Provider Two said:

> The only thing that would impact would be time. We are part-time workers, the family support workers … so if it was a large amount of time, if the research was too lengthy or took a lot of time, we may not be able to do that ourselves, but that is not to say the child couldn't participate through another organisation, time would definitely be a factor.

Service Provider Six expressed a similar view:

> When there are … stretched resources, where practitioners might not have the time. They know it's important, as in the visibility, but would that extend to research? There might be the attitude, well, that's not our area. That's someone else's down the track.

Resource limitations mean that workers "just don't have the capacity to focus on kids as much" (SP4). Further, this participant felt that "participation from clients," while being a focus in the service system, was "only ever thought about in the context of adults." Presenting as a barrier to enabling children's engagement in domestic violence research, this participant recognised that services "really struggle to include children" in participatory processes (SP4).

Children Invisible and Overshadowed. Associated with the lack of funding specifically directed towards children's needs and their participation in research, another barrier that emerged from the data related to the service delivery model in place. Because of the significance of the domestic violence service system to children's inclusion in research, if the prevailing service response already renders children invisible, significant barriers exist in facilitating children's research participation.

Service Provider Six spoke about intensive crisis responses which may be conducted on the telephone and not face to face. This participant recognised that, from the outset, this model of service “removes the child, because mum is doing all the talking,” and workers have to “work twice as hard to remember” about the children. Workers “drill down” to asking: “Is your child with you? How safe are they? and that might be the extent of it.” Considering the service system, Service Provider Six recognised that children’s needs are neglected; because of this, children’s engagement in research would not be considered. Workers also would not understand that domestic violence research with children is possible:

> From my perspective children in crisis with their mums, they don’t get enough of a voice. Their needs get dropped off a little bit … But if you can communicate somehow … we’re able to do research with kids in this situation … then that breaks down that barrier for the worker … Because that’s a really important piece of work, children in crisis, that I think is completely neglected, in terms of their experience and what they need. (SP6)

Another service provider believed that the domestic and family violence sector had gone “backward rather than forwards, in relation to children” (SP4). This participant said: “I think that’s been quite shocking.” Service Provider Four spoke about their work with children in the refuge system and acknowledged the lack of focus on children’s experiences; the priority was on gathering information from parents. This service provider admitted that they “didn’t get a whole lot of feedback” from children.

Highlighting the ways children’s views can be overshadowed in the system, Clinician Four said that organisational priorities and demands mean that agencies may not spotlight the child’s voice, because their voices may not align with current priorities. Agencies “end up falling into a thing of needing to satisfy organisational needs … to the cost of the child.” This marginalises the voice of children in participatory processes. Clinician Four said that agencies are "often … very quick to kind of cherry pick … what is useful for them" and are unable to "hold the child in mind."

The Vulnerable Child

Further barriers affecting children's participation in domestic violence research and underpinning gatekeeper decision-making concern the concepts of capacity, competency, and the perceived vulnerability of children (and their families).

Capacity and Competency. Regarding the child's capacity to participate, Service Provider One said: "I think it depends on the child, but a lot of them, they are not given the words … we have to start at basic in talking about feelings … they don't even recognise the differences between different sorts of feelings" (SP1-2). This participant said that children may only identify happy, sad, and maybe angry (SP1-1). Because of this, "often things come out in their art rather than actually saying stuff … sometimes you can tell that they know … mum does not want them to say anything" (SP1-2).

Associated with the child's capacity and competency to participate in research was the view expressed that insight and understanding about experiences of domestic violence may not necessarily occur during childhood. Service Provider One reflected that it is often not until later in life that people understand the traumatic impacts of the violence (SP1-1). Ethics Committee Member Nine also thought that "a lot of children of domestic violence don't realise for the longest time that not every family is like theirs. That the abuse … they take is not perpetrated in other homes."

Other participants also discussed concerns about the capacity of children to participate. Ethics Committee Member Two said: "There's the safety of the child, the vulnerability of the child, the capacity of the child to give meaningful comments, that could lead to some kind of meaningful analysis" (E2). Clinician Two was of the view that research needs to be more than just wanting to hear what the child thinks; a higher standard should be applied for involving children in this research:

> I just think that the child's interests need to be paramount. It is not about adults wanting to hear the child's voice. It's about having a sense, that the child's voice is definitely needed in relation to an issue or a subject that can then benefit children … Just out of interest is not good enough.

Ethics Committee Member Eight spoke about the ideological and philosophical barriers that present and raised the question of whether, in the light of the risks and the need to safeguard children, children should be involved in domestic violence research. Reflecting the difficulties juggling children's right to participate and their protection, Ethics Committee Member Eight said:

> I guess just the whole philosophical thing is, should children be involved? Like, I mean, they must be involved sort of thing, you know. It's their right to be involved. But that will always be overridden by their care and protection and their agreement.

Clinician Two discussed the issue that, while "raising the voice of children" was "really great … children aren't the same as adults." This participant surmised that giving children a voice in this research "is fraught with challenges," when you consider how they live their life, the realities for them, and then, how we go about the process of eliciting their views: "very rarely do you get the child's voice, really, because children communicate differently, their brains work differently, their cognitive capacity is different depending on what their age is. They see the world really differently." This clinician was of the view that, if research does not have a direct and a clear benefit for other children, it would be "unethical." This participant raised concerns about the exploitation of children:

> Absolutely children have a right to be heard … but they also have the right … to not be pushed into situations where they may speak out about things or be asked about

> things and make comments, that are then either taken out of context or reinterpreted or re-explained … To me, that becomes a form of exploitation and I think children are so exploited in so many ways, both sort of fairly benign ways but also very harmful ways. (C2)

Prioritising the "paramount" interests of the child, this clinician dispelled the absolute necessity of having to talk directly to children to get good information about their experiences: "you can get really good information about children from people who work with children … you can get really good information about children from the people who live with them. And then you can add children's information to that" (C2).

Child's Capacity to Give Consent. Illustrating another barrier in domestic violence research with children, some participants suggested that it can be assumed that children want to participate. If children lack understanding about the research, this would be "an ethical barrier" to their participation (SP1-2).

This service provider questioned whether it is possible to get informed consent from a child, if the child does not really understand their situation. The problem with research, according to this participant, related to the parent, the child's behaviour, and any assumptions made about the child. Barriers can exist for children because they do not have the insight, memory, or understanding about their situation (SP1-1&2).

Periods of Heightened Vulnerability. Service Provider Four said that, when children arrive in the refuge, it is as though they are "in shock." Service Provider Two further indicated that children in the refuge need to feel safe in the environment first; early in their stay, there is "definitely a level of vulnerability" (SP2).

This participant went on to say that it would be an "ethical point" conducting research at this time, because the focus with the child should be on building rapport and trust, so the child starts to feel safe and more familiar with the workers and how things are run—just "letting them get into their routine out of a domestic violence situation" (SP2). Asking for too much information and questioning the child within the initial week or so "would interfere with that building of trust and rapport" (SP2). Ethically, this participant would not want the child's vulnerability to be used to any advantage, in their work or in research (SP2).

Researcher Four said that children are only in refuges for short periods of time, and "it's so chaotic in their lives." This means that follow up interviews are "very hard to do." Researcher Two spoke about "lifestyle barriers." As researchers, we "expect a lot" of children and their families:

> I mean young people's lives are difficult as it is. They're either engaged up to their eyeballs in activity … there's a lot of pressures in terms of school … study and work … or they've actually had a very difficult upbringing … you come to understand that you're asking a lot of people whose lives are messy. (R2)

In Crisis, Wrong Timing. Service Provider Eight stated that children being "in crisis accommodation, that's a huge barrier." Expressing similar views to those of mothers, Service Provider Three talked about families moving around and not being in a stable situation: "it would be very hard to get a family while they are transitional." This participant said: "there is just too much going on for the family, even when they get to the refuge, they are still quite in turmoil for the first three months" (SP3-2). Another participant concurred. To escape violence, families move to different locations, so children may not have a permanent home for up to three years and could be in 10 different locations (SP3-1).

With respect to the timing of research, the initial weeks, including the first month or two, "could be a no-go zone" (SP8). "Those transitory times, where there's been a lot of change, I think that's not a good time … They're already overwhelmed" (SP8). Other service providers voiced the same concerns (SP4, SP9-1&2). Mothers and their children were perceived as being emotionally inaccessible at this time, as evidenced by the following:

> I think that if they’re being researched when it’s raw, when they’ve just escaped and they’re in refuge, I really think it’s beyond their capacity. I think you need to be able to put some distance between what happened and have some stability before they can go there. (SP9-1)

Most service providers spoke about this concern and indicated that research would be better when the child is more settled. It can take up to three or four weeks until they see the child’s behaviour change. While it is important to hear the voice of children, and “we need to find ways to include them in conversations around their experience,” Service Provider Four went on to say that there are times when it “will be less appropriate to do that,” such as “when they’re in a time of crisis.”

***Lack of Trust and Engagement*.** Barriers to research can also occur through the lack of trust and engagement by some families with domestic violence services:

> Sometimes families just don’t engage. They may need a roof over their head, but you will find some mothers will keep their children hidden and try and keep them away from workers … We’ll often have mums that try hard to sneak under the radar. They will be out, gone all day. (SP2)

This participant went on to say that accessing children in these circumstances would be very challenging, because children “can’t put their hand up … it’s really dependent upon the parent saying my child needs help or I am going to give you access to my child” (SP2). After the initial admission paperwork is completed, a family may not return until early evening, when the workers have already left. When the workers arrive for their shift the next day, the family has already left, or they do not answer their phones. This participant considered this a “massive” factor impinging on children’s participation (SP2). Service Provider Three agreed: “Sometimes they are very hesitant to engage with anyone” (SP3-2).

> They don’t trust a lot of people, these families … They trust no one. Sometimes we’ll have families come in and out in a very short time and they’ll be gone. You don’t get the whole story … they are that closed. They will only tell you what they need to tell you, and kids are included in that, just enough to get them by and get what they need at that time. (SP3-2)

Further, this participant said: “We have kids that have been taken and then mum’s had days to get them back and got them back. Mum won’t leave that child alone, because they might be taken” (SP3-2).

Researcher Four confirmed having experienced barriers when mothers were from a different cultural and ethnic background and held suspicions about research: “I have to really explain to them that I’m not from the State … from the Child Protection Services … that I have nothing to do with that” (R4).

Child Lacks Trust and Disempowered. Participants also specifically identified children’s lack of trust as a barrier to their participation. Service Provider One indicated that, initially, children can display challenging behaviour, “’cause they haven’t got anyone they can trust, so … they’ll be exceptionally badly behaved for us just to see what the response is” (SP1-2).

Service Provider Three discussed the impact of domestic violence trauma on children. Children can perceive they have had “no outcomes, or positive outcomes … they feel quite worthless, like they don’t have a voice, they don’t matter” (SP3-2). Children who have been let down by agencies may also believe that it is not worth participating in research, because they have learnt that nothing changes. If young people see that “they don’t have an outcome … they couldn’t be bothered doing it” (SP3-2).

> I guess for kids … a little bit older are probably going to be thinking, well, where is this going to get me? What am I going to get out of it? Because a lot of the time …

> with the kids we see, the police get called, the police get called, the police get called, like nothing ever changes for them. (SP3-1)

Children's lack of trust emerged as a major barrier in conducting domestic violence research. Most service providers and clinicians, including some ethics committee members, highlighted its significance. There is a "trust issue" and trust "takes a long time to build up … I am not meaning 30 minutes or 60 minutes; I am meaning weeks to build up" (SP9-2). This participant said: "that would be missing in research." There are not many children in this situation where "a stranger can walk in and say … I am going to ask you a few questions" (SP9-2).

Ethical barriers for involving children in this research were identified by Service Provider Seven. Children can want to please, particularly if they perceive supports in the refuge as being conditional to their research participation (SP7-1). Children may show "disguised compliance," seemingly being compliant, but possibly telling you what they want you to hear (SP3-2, SP7-1). Service Provider Seven spoke about the "severe power imbalance" between children and adults. Children might be concerned that, if they do not agree to something, such as participating in the research, program support might be withdrawn (SP7-1). Service Provider Eight expressed a similar view:

> Children know that they're living here and they're reliant on us for support … I could see that ethically; you'd have to be considering that they may do things and say things and want things … because it will get them ahead … or it would help something … If I don't do this maybe the support workers might not come and visit mum as much, or we won't get that thing that they said, we were going to do next week. (SP8).

Researchers, however, highlighted the fact that 4-year-old children had been involved in domestic violence research and that even children of this age can be "understood as competent … and are not so easily exploited as you may think,” provided that researchers are “sensitive to their signals, to their behaviour, their needs” (R4).

Adult-Gatekeepers

Protectionist Focus. Service Provider Seven and Ethics Committee Member Eight raised the need for services to protect children because of their vulnerability, and this was their priority. Although Service Provider Seven wanted to be able to give children a voice in research, they also expressed personal conflict about this, especially about how research could best achieve this and be undertaken. This participant also said that, when mothers have the final say, children may not be given the opportunity:

> I think children are vulnerable … you do have to protect them … everything we do here is from a child protection perspective. But I don’t believe in stifling a child’s voice. I think a child needs to be heard, it’s just how do we do that best? And if mum is not consenting to that, then the child won’t be heard. (SP7-1)

Reflecting this protection focus, Service Provider Seven talked about the influence of social norms and Disney stories:

> I feel desperate for our children. I really do, it is heartbreaking stuff … I would hate to think how one of our children feels when they sit down and put on a Disney movie and everybody lives happily ever after … This is the social norm perpetuated. (SP7-1)

Because children are “super-saturated” by these influences, this service provider expressed concerns about their participation in domestic violence research. They acknowledged being frightened about the impact of the research on children, who may feel singled out as being different:

> I just think for a child, they wouldn’t want to be viewed as guinea pigs or as different or abnormal, where we want to ask you some questions ‘cause you are not fitting the

> Disney picture, or you are like a character in a Disney movie that's different, or like you are a refuge kid … that's frightening to me. (SP7-1)

Other participants articulated the view that children's vulnerability in domestic violence research relates to their current circumstances. Service Provider Six said that children can be "still in the thick of something, which is pretty horrible." This participant raised the concern about whether researchers could ever safely access children who were in the custody of the perpetrator.

Service Provider Three said that children's competency in this research relates to "how much trauma they have come from." Service Provider Four highlighted the fact that, while women and children can move away from violent environments, the crisis nature of their situation means that there is still "a lot of stuff going on" that is considered domestic violence; for example, "a lot of that coercive, controlling manipulation … on some level" (SP4). This is an "unsettled time" and "is very tricky for the kids to manage" (SP4).

***Over-Interviewed Cohort*.** Service Provider Seven expressed the ethical position that it is important for children to be "protected" in this research (SP7-4). Highlighting the complexity of the research context, this service provider spoke about family law proceedings and children "being dragged through court and … being interviewed" (SP7-1). Clinicians Five and Two also spoke about children having "been interviewed in a whole range of ways already."

Clinician Two thought that records held by clinicians would provide "rich information without having to go through the process of interviewing children." Clinician Five said that children have undergone "numerous testings and questionings from police, from … school counsellors, family court counsellors and assessments, lawyers, as well as attending therapy." Further, children have often been unexpectedly interviewed where their parents were not allowed to be present. Hence, "it would be really important for those children that the research design really didn't do the same thing," otherwise children may believe that "this is the police, coming to get dad again" (C4).

Service Provider Four discussed situations where there has been child abuse, and the child has been interviewed, or they were participating in various interview and assessment processes. The appropriateness of research at these times was questioned, because the child would be exposed to several adults, all seeking information from the child about their experiences. This participant said that you would need to be "really careful." You would not want children being "exposed to too much adult curiosity into what's happening for them" (SP4).

Participants posited that children with experiences of domestic violence may not want to be involved in any decision-making processes, including research. Service Provider Eight said that, despite children being told that domestic violence is wrong and they are living in a refuge because they are not safe at home, they may still be required to have contact with their father. Service Provider Eight stated:

> the courts will say, you have to see your dad … even if these kids are being told … that domestic violence is not okay … But then to have another professional … authority figure … say you have to go and see this man … can be really confusing … A lot of the time it's overwhelming … sometimes they don't want to have a voice … because it's just too much of a responsibility. They just want to be kids.

Compliance with Policies. Compliance with agency policy and procedures may not easily facilitate undertaking domestic violence research with children (SP5, SP7). Service Provider Five said that research needed to be "really transparent," to ensure that there was no conflict of interest between the research and the client groups. This participant raised the point that decision-making about research needed to be "compliant with our own policies … procedures."

Service Provider Nine said that agency child protection policies would be barriers in getting this research approved through their management. Agency policies state that refuge workers cannot question children, particularly if the child discloses sexual abuse. This participant expressed the view that refuge workers "will not question the children," and this expectation "runs through all of our interactions with children." Researchers would, therefore, "have to have lead time" with the service and precisely outline "what it is that you want to do and what you want to achieve" (SP9-1).

Constructions of Children. Ethics Committee Member Nine expressed concerns about prevailing notions in society, specifying the perception that children "need to be protected from the truth and that we can't tell them things because it'll hurt them or damage them." The construction can exist in society that "we have to protect children from issues to do with death … dying or violence and we have to tell them a fairy story, rather than a soft turn at reality." This participant said that they "challenge" the perception that children do not have the capacity, because they "deserve the respect." However, while arguing that it is important to respect children in this way, this participant also recognised that children with experiences of domestic violence are still vulnerable:

> For some adults, the conception of childhood is one of protection and innocence … for me it's about the conception of what we do, how we deal with children and particularly, if you're dealing with vulnerable children and talking about domestic violence … then obviously the children are vulnerable, they may not appear as vulnerable at first look, if you know what I mean. (E9)

Adult-Centric Mindset. Adults were considered "one of the real barriers" to conducting domestic violence research with children (R7). Researcher One explained that having an adult-centric mindset meant: "we are blinded to other possibilities" with respect to children's ability to engage in research. According to this participant, there still existed a premise that “children are the property of their parents,” which marginalises the child’s agency and independence.

Children can be conceptualised as being less capable of participating in research. These attitudes, perceptions, and assumptions about children create barriers to their engagement in research. However, if research is approached in the right way with children, where they lead the process, they are more likely to be willing participants (R1). Researcher One thought that barriers to children’s research participation stem from the attitudes and perceptions of adults:

> Adults that’s what I reckon impinges on it. Our adult-centric preferences … Otherwise … kids are mainly up for things and they are interested and if we approach them with respect … just take it gently and we are curious about them, I think most kids are going to be curious about us back … it’s about … being open to following their lead.

Clinician Three agreed that adults “can make decisions or make judgements about what they think a particular child … will cope with, without actually checking with that child.” This participant said: “even though a child may want to be involved, if they’re under I imagine 16, they won’t have the capacity to be able to necessarily give that authority themselves” (C3). This clinician went on to question who was responsible for making the determination about what was best for the child: “Is it the parent, is it the clinician, is it the researcher?”—questioning whether the child’s interests are really prioritised over the adults’. They concluded: “I think research … I think clinical practice … I think funding, prioritises the experience of the adult over the child” (C3).

Some participants started to question their own thinking and assumptions about children’s participation in domestic violence research and the status or position of children in domestic violence services.

Service Provider Six said, at the beginning of the interview: “And I must admit, I’ve never really thought about research with children. I have to admit that. And I don’t know why … But certainly, on them, but not with them.” This participant then thought about the value of research to program development in domestic and family violence services: “Because when you do the men’s programs and when you’re working with women, you would present the children’s voices.” Service Provider Six had not initially considered research as being possible with children, who were constructed more as passive objects of research. It was then acknowledged that, in the refuge environment, there is not enough attention given to children’s position or their views.

Consent Barriers. Service Provider Three spoke about parents being the barriers. If researchers could “win the parents over,” they would get access to the child. Researchers would need to work with “parents first, before you even get to the children” (SP3-2). Service Provider Nine said that mothers, and their attitude to the research, was pivotal. A mother “might be suspicious of research” (SP9-2). “Her understanding might be limited. You could have language barriers … and suspicion around the whole thing … like government intervention” (SP9-1).

Participants across each of the cohorts raised obtaining consent for children’s engagement as a critical hurdle in this research. Service Provider Two called it a “tricky situation, because you need to involve the children and give them information, but you need to have that parent permission first.” The child should be viewed as a client in their own right, but having to go to a parent for consent can “interfere” with this and be “disempowering for the child”:

> It might be something they are very willing and wanting to get engaged with, but then I think it’s got to be solely their thing, particularly teenagers, rather than having to go

> to parents … I know that legally or ethically that informed consent is so important, but I think it could impact on the child’s participation as well. (SP2)

Researchers highlighted the issue that different legal requirements exist internationally regarding the provision of consent for children’s research participation. In some countries, the age for research consent might be specified, such as 15 or 16 years (R4). However, depending on the ethics approval policy guidelines, structures, and processes, you might be granted approval to undertake a study by one institution in a particular jurisdiction, but not in another (R4).

Moreover, as discussed by Researcher Four, while young teenagers, such as those aged 14 or 15 years, can consent to counselling and contraception, they cannot necessarily consent to their own research participation, even when research is about their personal experiences of violence within their own relationships. This participant discussed a research study where young people aged 15 years or younger (13 or 14 years old) required parental permission. The complexities of obtaining consent led to a decision just to involve young people over 15 years of age, “because the younger ones were just too complicated, unfortunately” (R4).

Other researchers recounted similar experiences, where consent issues prevented them from including younger teens and children in research. Researcher Three spoke about the conflicts of interests that can exist between children and their parents with respect to the provision of consent. This participant discussed a study where it was contrary to children’s safety to contact their parents; and, in that study, parents would not “really want their kid to take part, because their kid’s going to tell me that they’ve been abused. So, there’s all sorts of conflicts of interest.”

Clinician One discussed the initial work that “has to sit behind to get the buy-in of the parent or the guardian prior to that contact with the child,” particularly, how the parent would story the research to the child. This clinician also spoke about the perceptions of the guardian, "whether expressed or not expressed but just felt by the child," particularly the parent's reticence, and "the coaching that might sit behind the scenes prior to the research … that taints … or shapes the child's views … I would see that could be a potential barrier that could really mess with your research."

Clinicians, service providers, and some ethics committee members specifically mentioned the possible involvement of child protection agencies as presenting a barrier to the provision of consent. Service Provider Nine said of mothers: "A lot of them would be suspicious. Is this just a way to get ammunition to take my kids off me?" (SP9-2). Clinician Four believed: "Mums are more frightened, or wary of how that information will be used and actually trusting us as professionals," fearing that information might end up being relied upon in court proceedings:

> Often the mums we work with have been linked into a lot of different professionals, particularly [mums] who might have drug and alcohol issues, or some kind of criminal history … I think they can be a bit wary or suspicious … I think there's … really fear around. (C4)

Service Provider One spoke of "different scenarios … you don't really know what they have experienced" (SP1-1). Service providers may not necessarily get the truth, because the mother may be "in denial" or potentially "hiding things" (SP1-1). Mothers may hold the view that domestic violence is not affecting the child, either because the child is young, or they have not witnessed the violence. All these factors can result in consent barriers (SP1-2).

Clinician Five said that "in some families, the impact of the violence isn't really accepted," and the violence would need to be recognised and acknowledged first. Service Provider One agreed: "That's another barrier … they haven't been physically hurt … they haven't seen me hit, so they don't understand that" (SP1-1).

Adult-Discomfort—Taboo Issue. Another theme related to adult-gatekeepers concerned domestic violence being a taboo issue. Some participants acknowledged that domestic and family violence, often, “is unreported,” which is a barrier to conducting this research with children (C2). The children who participate in research are “not going to be representative of all children impacted by family violence” (C1).

Researcher Four highlighted one result of adult gatekeeping: “you end up talking to the kids who are happy and safe and in a good place and getting good services they need, because no one is scared about you interviewing them.” Clinician Two said: “you’re not going to be talking to the really reactive kids, but they might have something really important to say.” Another clinician thought: “there's going to be a whole bunch of children’s voices that will be left out of the conversation” (C4).

When asked whether domestic violence research was different, Service Provider Nine perceived that people do not think about domestic violence: “There’s a lot of blank spaces in people’s knowledge about domestic violence … I don't think anybody really thinks about it. People don’t want to know about it, so why would they think about it?” (SP9-1).

Some participants related barriers to children’s participation to adults not being comfortable with the topic. Clinician Six said: “I think sometimes, it’s actually more taboo for us to talk about it than what it is for the kids, because once they feel comfortable, that’s actually been their experience.”

Adult Distress. Researcher One said: “it’s more about the adult than the kid and their anxiety rather than the child’s anxiety that stops us from including children” in domestic violence research. Children “will talk and do want to talk, or at least be given the invitation to talk … most of them are desperate for somebody to be a witness, to what’s going on for them” (R1). Barriers to children’s participation occur because it’s “really frightening. It’s very distressing for workers … agencies and even researchers, to sit with how vulnerable …

how powerless … how distressed … children feel, so we don’t go there.” This participant concluded:

> And to say, that we don’t bring up issues that could upset or else … they live it, breathe it, smell it, talk it, hear it—everything. Yet there is this veneer of let’s not go there … I just think that’s a terrible thing to do to a child … That’s the bit that I would say borders on being a bit unethical. (R1)

A similar view was held by Researcher Three, who felt that there was “almost like a refusal or an unwillingness … to believe … children are participants, directly in … domestic violence.” This participant suspected that “people don’t really believe that domestic violence … is actually something that kids experience directly … it’s always talked about as witnessing”:

> I believe that the discomfort around talking to children about domestic violence is that I think people feel like there’s some kind of voyeurism via the child into the parent’s lives, that the parents are not giving permission for. That only makes sense if you assume the child is not actively engaged in that domestic violence (R3).

Researcher Four discussed barriers getting into schools to explore violence as a research topic. This participant said that it was “easier” for researchers doing other kinds of social research to conduct research in schools. Providing an example of the barriers faced, this researcher reported school principals just saying, “no … without a reason, or they say they don’t have enough time.” Some principals, however, have said: “We are afraid to let you in”:

> They are afraid of what it will start … they are afraid that they don’t have enough support from school nurses and school counsellors to take care of what’s going to happen. I can hear what they see in front of them, a sort of a complete chaos, after we

> leave … they have these visions of what's going to happen when we leave … that scares them off, I think. (R4)

This researcher talks to principals and discusses their research experience and the supports that can be put in place for the "one or two" students who may need it afterwards. "I don't know what they think happens … that really serious horrible things are going to happen, and that they don't have enough support for that" (R4).

Fear of Disclosures and Impact on Reputation. Researcher Five said that adults in gatekeeping roles can be concerned about their own responsibilities and "what might come out, if children had a voice in the process." While the language used by gatekeepers focuses on wanting to avoid the possible retraumatisation of the child, fears and concerns exist as to what the child may say, or disclose in the research, about the gatekeeper: "What are they going to reveal about me? What are they going to reveal about my performance as a statutory officer, as a foster carer?" (R5).

This participant discussed the "twin discourses" around "protection and voice" in the UNCRC and said: "in this research space, voice and protection for the gatekeepers are seen as in conflict." The focus is on protecting children, and this conflicts with the child being able to participate in research. Gatekeepers do not necessarily perceive that giving children a "voice" in domestic violence research can be "an incredibly healing thing … empowering and strengthening" for the child (R5).

Clinician Six said that organisations would consider their "reputation" in this research and any possible implications and risks. Service Provider Three also spoke about the potential for negative feedback and backlash from the community, if an agency opens the door to research. "There could be community flak" directed at workers or organisations for "letting those vulnerable families be a focus of something" (SP3-2). Service Provider Three went on to say:

> Like why would you do that to the family? So, that could be quite ethical as well in terms of how could those insensitive refuge workers allow that to happen. That poor family, they've gone through enough. They don't need to relive it. So, there could be that feedback as well. (SP3-2)

8.3 Conclusion

This chapter has presented findings on the barriers to conducting domestic violence research with children which related to the positioning of children in the domestic and family violence service system. It explored concerns held by cohorts about children's vulnerability as participants in research. Domestic violence research with children was viewed as an interesting balancing act. Children required safeguarding, but they also needed to be enabled to have their say and safely participate.

The way forward for conducting domestic violence research related to adults shifting their thoughts and expanding the discussion and ideas about this research area. This should also consider good ethical practice and the principles which need to underpin research. Conducting domestic violence research with children was viewed as being very important to obtaining better service delivery outcomes. Safer ways to undertake this research were therefore needed, so research could inform programs and therapeutic responses for children. Participants reported theoretical and system barriers along with child factors and beliefs about their vulnerability that explained why children were not involved in research. However, there was a repeated view that barriers were not solely about the child. Adult gatekeepers may also protect themselves and their reputation. Given the adult-centric focus in determining whether children have the capacity to be involved in research, and ethically, whether research was desirable, how best to enable children's participation required further exploration. The next chapter presents findings related to the enablers in domestic violence research and how to ensure children's safe engagement in this research.

Chapter 9—Findings: Enablers (All Cohorts)

> It needs to happen. It needs to go ahead. We need to find out how kids are feeling, what they are experiencing. We need better services out there for children … so, we need this research … They need to have their voice … Their stories are important to us and they can make a difference. (SP2)

9.1 Introduction

The previous findings chapters have presented Global Themes and data relating to the barriers to conducting domestic violence research with children and discussed the factors considered by gatekeepers in their decision-making. Moving on from the barriers identified, this chapter presents data and findings on the enablers in research. Significant to enabling research was adopting a methodology that is rights-based, safe, trauma-informed and child-friendly. Such conceptual features and principles are akin to the safety and child-centred focus established in therapeutic and clinical environments.

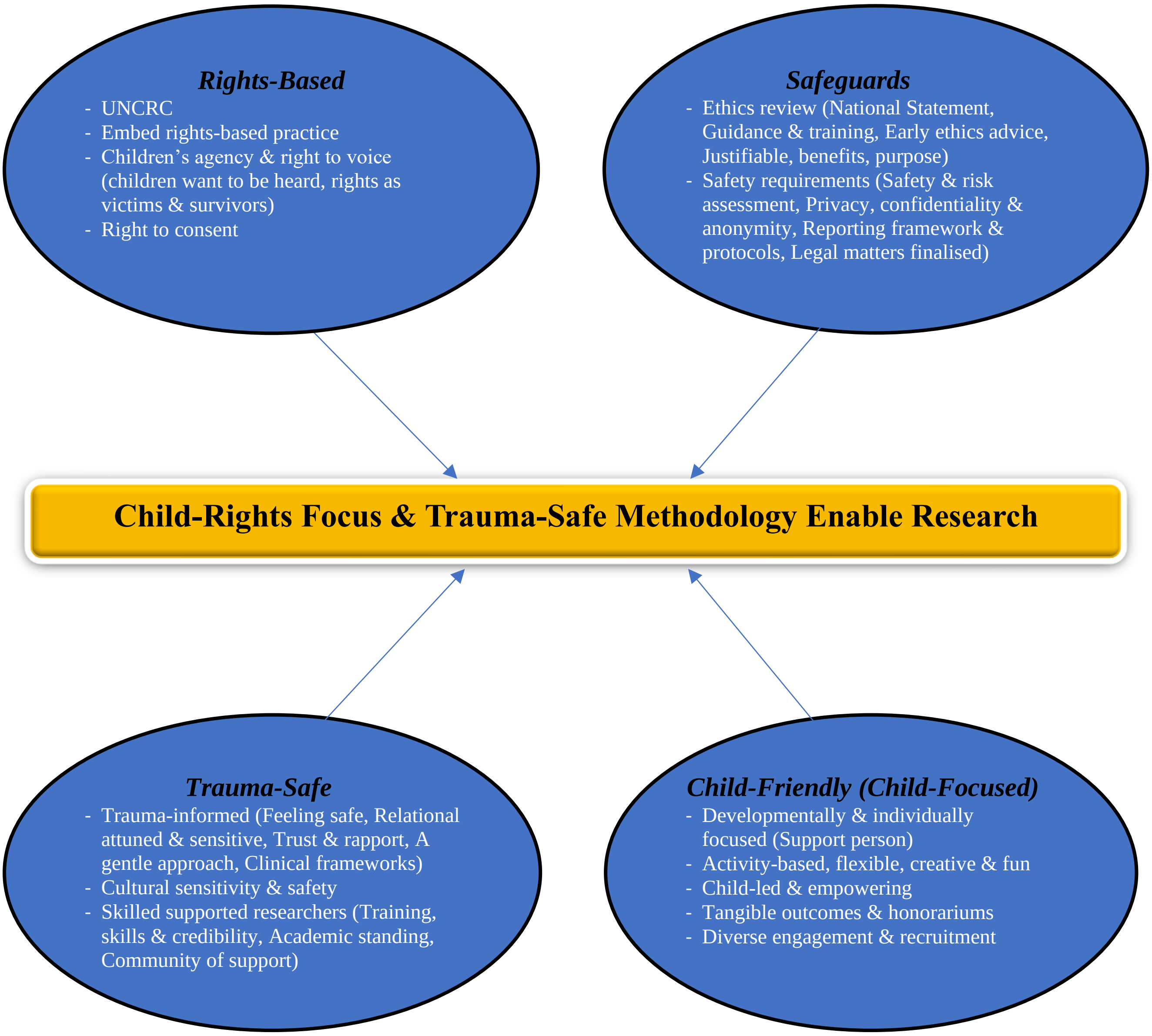
These findings are represented by the Global Theme: Child-rights focus and trauma-safe methodology enable research. The first part of this chapter discusses data pertaining to this Global Theme. Following this is an analysis of the other Global Theme relating to the enablers, concerning the significance of leadership, gatekeepers, resources, and the service sector in facilitating children's domestic violence research participation. These enablers are depicted by the Global Theme: Building supports and collaborations.

9.2 Global Theme: Child-rights Focus and Trauma-Safe Methodology Enable Research

The Global Theme: Child-rights focus and trauma-safe methodology enable research consisted of four Organising Themes: Rights-based, Safeguards, Trauma-safe, and Child-friendly. The Thematic Network for this Global Theme is represented by Figure 8. The optimal research framework for enabling domestic violence research with children incorporated all these features.

Figure 8

Child-Rights Focus and Trauma-Safe Methodology Enable Research



Rights-Based

UNCRC. Children having the right to be involved in research was identified by participants from each of the cohorts, especially by researchers, who talked about the significance of the human rights framework. Researcher Four said: "Children do have a right to participate. It's very clear in the UN Convention" and further recommended "using it for all it's worth. It's a very effective tool to use, to get the gates to open." Researcher One similarly discussed the importance of adopting a rights framework:

> This is about rights. The child's got as much right to not be involved as they have to be involved. They have the right to make that decision or choice for themselves, or to be invited to have that considered for them.

Service Provider Four asserted that ethical best practice in domestic violence research with children "would fit in a rights framework. It would be inclusive of children in the design … it would have them at the centre." The rights-perspective was considered "paramount" to underpin and guide research. This included the child "feeling safe" and the research working for the child "developmentally and in relation to their experience" (SP4).

Ethics Committee Member Six highlighted the significance of children's rights and said that their committee does "err on the side of children having a right to their say … they have a voice … they have the right to participate," although the committee relies heavily on service providers to advise about participation: "we trust that they know the potential participants and can advise … appropriately." Ethics Committee Member Four agreed that their "committee definitely feels that if the research is going to directly benefit children, then children should be involved," provided that the risks "are not too great versus … the potential benefit of the project."

Embed Rights-Based Practice. The importance of the domestic and family violence service system understanding and applying rights-based practice in their everyday work was considered pivotal to enabling research. Part of facilitating children's participation related to services understanding children's rights in that service context. Service Provider Four said that, if a child-rights approach was in place and services "were asked to participate and support research … you're not having to start from scratch with them." This participant thought that research "shouldn't actually be too difficult to do, on one level" if children were already “at the centre” of service delivery. Service Provider Eight considered that children have some understanding of what rights mean for them:

> Rights, I feel regardless of a child’s capacity each child has some sort of unique understanding of what rights are and what it means for them … you know when your rights are being impinged upon or ignored, and it’s around the adults around those children recognising what that is for the child.

Children’s Agency and Right to Voice. Clinician One spoke about the significance of the child’s voice in leading reforms. Ethics Committee Member Three also talked about understanding children’s experiences, recognising that “the voices of children” would sway community responses to domestic violence “enormously.” Researcher Two reinforced the point that, to enable research, it is important to explain to gatekeepers how you are approaching the research: “that makes it very clear … children are being given a voice in how the research is designed, enacted, disseminated.”

Researcher Four agreed: “I really strongly believe that we need these kids’ knowledge to be able to develop our interventions and for many, many reasons, we need their knowledge to be able to help them.” Service Provider Five said that the “right for children's voices to be heard ... is really important.” This participant expressed the view that children should be “treated as whole clients, not just an appendage of their parent.” Although they recognised the conflict and pressures that the child can experience, some mothers also spoke about children’s rights to voice, to give consent and make the choice about research (M2, M5, M9, M10). Mother Two summarised:

> People say children should be seen and not heard, but I think children should be heard and seen … because they have a voice … I think if you give them the opportunity to speak up, they will tell. So, their voice needs to be heard too.

Ethics committee members talked about the right to respect (E1, E2, E4, E5, E9). Clinician Four affirmed that we need to "respect … treat them as little people who have agency and subjectivity." Enabling this research, therefore, was about "challenging some of the mythology around children and actually understanding their rights" and ways to "help adults feel comfortable in that" (C4). While adults can worry about research, and some of this was focused on "acting protectively," Clinician Four viewed this as an "old fashioned way of thinking about children." Service Provider Two also discussed children's agency, where research participation is "solely their thing, particularly teenagers":

> I think kids have such a right to their story. They have a right to be able to come out and say and tell the world what they have experienced … it's a hard one 'cause you are relying on informed consent … but I just think giving the child the option to be able to participate and know that they can participate and tell their story.

Children Want to be Heard. Clinician One said that, in reviews and inquiries conducted relating to child protection or domestic violence, the "resounding message" which "comes through, over and over again, is children will say, I wasn't heard … nobody listened to me." Researcher Six, similarly, named the "overwhelming thing" that children have said about their participation in domestic violence research as: "It's so great to be heard. It's so great to have my story told." As this participant recounted, children did not construct research as "imposing on them, in terms of traumatising them to get information ... They were very much wanting to tell their stories." Researcher Six further said:

> As soon as they saw that their stories were …. going to be put into programs and … many people were going to hear their stories, that was the absolute driver for their participation. They were super keen for their stories to be told. They certainly were not reluctant.

Other researchers agreed that children are very willing to participate in research (R1, R3, R4). Researcher Two said: “we need to help … we need to actually give them the platform.” Clinician Four emphasised that children “do have a voice,” but it is “up to us as adults to find a way to hear that voice and then tune into it ... that’s the challenge.” Clinician Four thought that children have the right to indicate how they want their voice used from the research:

> Asking children what they want done with their voice… who do they want to hear what they have to say? Is there some part of the system that they think needs to have that voice injected into it, like the Family Court?

Rights as Victims and Survivors. Recognising children as direct victims of domestic and family violence was perceived as an enabler to research, especially by researchers. Researcher Three said that, to justify involving children in research, you need to “push their direct experience of it”:

> In terms of working towards a culture more receptive to engaging with children’s perspectives on domestic violence, doing that groundwork to really position them at the scene of domestic violence, and not simply as witnesses of. To me that’s the first step, because then that’s the immediate justification for needing to talk to them.

Researcher Seven highlighted the diversity of children’s experiences and the importance of listening to them:

> Children themselves are a very diverse group with very diverse experiences … To recognise that their perspective and experiences may be very different on the issue of domestic violence. It may be very different from their parents’. And that’s why it’s important to talk to them directly.

Right to Consent. Some participants expressed the importance of children equally being able to consent, and how this would facilitate their research engagement. Researcher

Four would like to see legislative change, where “children down to age 12 … maybe even 10” could “consent independently.” Researcher Three spoke about the significance of the National Statement in Australia (Ethical Conduct in Human Research), “where it makes it very clear … there isn't a specific age, as in biological age, at which consent is considered … it’s about just that awareness and understanding of the child.”

Mother 10 said that children “need to make the choice.” Ethics Committee Member Four discussed legal rights regarding consent, particularly when a child could be considered a mature minor, and the researcher intends to “talk to the parent (and not the child) about the child.” A teenager “could be the participant, rather than the parent.” The ethics committee would require “quite a strong, a very good reason … to not get a consent off the child” (E4). They added:

> If it’s … domestic violence research … is it right to not [obtain] consent [from] the child, if they are actually a centre of the research … even if the parents are the ones answering the questions? That’s often a legal area … the lawyers … look at.

Researcher One discussed the ethical judgement required to honour the children’s wishes but acknowledged that, with domestic violence, you can have “a situation where the parent can be at odds with the child.” This researcher spoke about doing “no harm,” because parents are the “ones who are given the power to make decisions, about what kids do and don’t do.”

Ethics Committee Member Seven suggested the use of a “third party” to facilitate a child’s consent, to ensure that there was no coercion and their rights were protected. Ethics Committee Member Six discussed tools that assess whether a child has the maturity to understand consent. In support of facilitating children’s consent, Researcher Three said that some children have literacy problems; hence, it may be more suitable to digitally record their verbal consent.

Although you may legally need parental consent, Mother Five spoke about the layers of consent: “I think the child has to give their consent … particularly in DV, they have so little power … So anywhere where you can give a child a little bit of power back, is a good thing.” Clinician Two said that children often feel “they don’t have a voice.” Children having a voice in domestic violence research was important, although this means having “the authority to actually say whether they wanted to be involved or not, as opposed to their primary carer making those decisions on their behalf.” Clinician One also stressed the importance of getting “consent and buy-in” from the child.

Safeguards

Ethics Review. The significance of ethics review and approval, to ensure that research was safe and of a high quality, was an enabler put forward mostly by ethics committee members. Ethics Committee Member Nine discussed the value of having “multiple sets of eyes across documents” as well as “having a committee who have broad sets of skills.” Ethics Committee Member One viewed the committee as “one of the big strengths in the Australian system,” because it is the committee that makes the decision.

Mother Eight specifically wanted to ensure that the research was “governed by somebody,” underpinned by a “code of ethics.” Clinician Four spoke about “expanding the discussion” on ethics and what ethics looks like in the context of this research. Finally, Researcher Eight thought a few ethical hurdles, such as the ethics review process, were “right,” to ensure that those doing the research and interviewing children were skilled and experienced.

National Statement. Ethics Committee Member One said: “the National Statement is an enabler and the fact that it’s based on principles and not on rules.” This participant discussed the flexibility in the statement, enabling ethics committees to “find the expertise” they need. Ethics Committee Member Nine, however, thought that further use could be made of “expert advisers.” Other participants reinforced the view that researchers should “read the statement” and understand it, because “we can’t say no to something, if it’s in line with the National Statement” (E4).

Guidance and Training. Ethics committee members unanimously agreed that additional guidance was needed to enable domestic violence research with children. Ethics Committee Member Eight said that this “would be very helpful,” because “we’re at a deficit in terms of fully understanding the impact of violence.” Ethics Committee Member Four acknowledged that, “apart from the National Statement” and “the experience of the committee,” there is no specific guidance. Ethics Committee Member Six said:

> To be honest, at times I think the National Statement can be really vague … It would be very, very beneficial for research with children on sensitive topics just to have some extra guidelines … even if it is a checklist saying …these are the ten, or whatever things, that you need to be considering … that would be beneficial to focus discussions and considerations.

Ethics Committee Member Two suggested that ethics application forms used by different universities be reviewed and then tailored specifically for domestic violence research. This participant also supported the value of extra guidance in addition to the National Statement:

> You could always develop guidelines … here are the kind of questions you could expect to have to answer or the issues … Or there can be an expansion of all the guidelines for working with children. We do have the guidelines in the National Statement, but they could be teased out for suspected domestic violence or teased out with respect to just very sensitive research more broadly. (E2)

Researcher Eight and Ethics Committee Member One highlighted the importance of having principles that guided and enabled the research. Ethics Committee Member One wanted “vulnerability” to be added as an ethical principle. Researcher Eight cautioned against having “detailed guidance,” because this could create “further barriers,” and “every research project is different.” This participant, however, also supported the development of enabling “principles.”

The provision of training about domestic violence for ethics committees was a further enabler. Ethics Committee Member Six acknowledged that “training is really underdone … it’s not very good” and “there does need to be something specific.” Ethics Committee Member Four said: “We recently had to find out more about this kind of research … knowing how common … how prevalent … how unspoken and how people react to these types of questions … it did help us in letting projects happen.”

Ethics Committee Member Nine said that it would assist if ethics committees could be advised by “research institutions and people at the coalface of domestic violence”; for example, “a set of guidelines, recommendations that could be put out for ethics committees, things that need to be checked and enabled.”

Early Ethics Advice. Ethics Committee Member Two said that obtaining early ethics advice was important to facilitate this research: “there should be an early kind of ethics approval before the methodology’s been worked out.” Ethics Committee Members Four and Five agreed that researchers can enable the process by coming to talk to the committee, the chair, or the research office to obtain advice and clarification, or for referral to other contacts or researchers who have done similar work.

Justification, Benefits, Purpose. Most ethics committee members expected the benefits and purpose of the research to be clearly apparent. Moreover, eight mothers agreed with this and wanted comprehensive information about the research (M3; M5, M6 through to M11). Ethics Committee Member Six also needed to be assured that “alternative data sources” had been considered and that it was “necessary to talk to children.” In relation to the benefits and merits of research, Researcher Eight said:

> That’s a good question from ethics committees … because you have to really think about, is there anything in this for the child? It does make you quite galvanised about what are the benefits. Are they direct or only indirect? I think that’s an important issue that has to be addressed.

Clinician One thought it important for the research to “directly link to benefiting other children” and this needs to be “really clear.” In addition, there should be “something inherently valuable” within the research for the individual child, and this can be a “motivating factor.” Clinician Two said that, “ethically,” you need to have a research project that is “foreseen by children to have very practical outcomes for other children”:

> The child’s best interests would be served by the research being able to have some meaningful contribution in terms of the response to children … informing people’s practice … recognition of the impacts of family violence on children … I don’t think we should be asking children to talk about their experiences … unless you can honestly say that this is going to make a difference for other children.

Clinician Six said that enabling research was about communicating the benefits of the research to families, connecting with them on an emotional level, and having “empathy.” “Well maybe the more we can understand this, the more we can help other families … I think focusing on that … might connect with them on an emotional level … they might be able to help someone else.”

Other participants recognised that domestic violence “is often isolating” and research “could be valuable … for kids feeling part of something” (C5). Children having the opportunity to give back was considered important by Clinician Two, who saw this as a “really fundamental step for a lot of children … that final piece of the jigsaw for themselves.”

Safety Requirements. Participants from each cohort said that critical safety considerations and requirements must be guaranteed in order to enable research.

Safety and Risk Assessment. Ethics Committee Member Seven said that "reassurance about safety" was essential. Ethics Committee Member Eight spoke about safety assessments needing to be "more intense," including how research "is going to affect that child" and "their family." Discussing how to enable research, Mother One said: "There is this matrix of underlying principles … you've got protection, you've got legal and the protection then has the child and parent … in that, is the safety."

Ethics Committee Member Three recognised the necessity of "risk management" and "risk mitigation," although Ethics Committee Member Four thought that risks could be mitigated in research "by having lots of other efforts in place to make sure that any instigator [of the violence] doesn't know about the research, or various other methods." Clinician Five recommended "pretty stringent screening," which would "ensure … you have a safety network around the child" and "the child is psychologically in a space, where they can discuss the violence." This participant proposed that there be a "particular time since the violence" and "requirements" around the child's "current situation," including their "legal situation."

Clinician Six supported the need for assessment: "having a solid assessment at the start. I know we can't always know everything, but … where the child's psychological state is currently at … if they've had counselling … how they're going with processing those kinds of things." To facilitate research, Clinician Two wanted to know about the safeguards:

> It's the safety factors, both external to the child as in an assessment of whether it's safe enough for this child to actually participate, but also that whole internal world of the child … their sense of being able to talk about that … whether that's something they can do after recovery, or whether that's something that can happen at any point.

Privacy, Confidentiality, and Anonymity. A dominant theme emerging from the data across all cohorts and raised by most participants was the crucial requirement for domestic violence research with children to safeguard "privacy and confidentiality." These assurances were essential to enable the research and protect the safety of children. This included being "very, very rigorous around de-identifying children's stories" (C2), particularly if research is undertaken in specific locations or in smaller communities (C2; E1, E3; SP8). Clinician Two warned that "stories are known … I don't think the risk is warranted to have those sort of individual examples … any research would have to have that capacity to talk through themes … to weave children's stories together." Mother 11 wanted to know that participation was "anonymous." Mother Six observed: "Making a mum feel for starters the privacy of her and her children is going to be of the utmost importance … I think it will help."

Reporting Framework and Protocols. Clinician Two voiced the need for a "whole framework" around the research in relation to disclosures of serious abuse and "mandatory reporting." Clinician Two also stated: "You may get disclosures … that would reflect an ongoing concern for the child's safety … they may tell you things they haven't told their mum … just having a whole framework around how that's going to be handled."

Ethics Committee Member Four agreed that a "clear pathway" for reporting is required, which must be "spelled out" in consent forms. Clinician Five also spoke about "ongoing child protection considerations" and reinforced that children should "know the boundaries within that … before the research starts. They know … your job is in fact their safety, [which] is the paramount consideration, not the research." However, Mother One referenced tensions for the child, who needed the "confidence to be able to speak and trust that you will not go and tell my dad, what I have said."

Ethics Committee Member Three said that they would want protocols in place to manage "what might come up … what could be the first time they've ever articulated to an adult what has happened." This participant said that there was "no way" in which they would enable research without these processes in place. Ethics Committee Member Nine expressed a similar view, highlighting the need for managing the "sensitive nature of disclosures."

Legal Matters Finalised. As part of safeguarding, Clinician Five said: "in an ideal world, you'd want the family court issues finalised. And, the criminal court stuff." Several mothers (M1, M2, M5, M10, M11) spoke about family or criminal court proceedings and the importance of these being finalised.

Trauma-Safe

Trauma-Informed. A key enabler to facilitating domestic violence research with children and to securing the support of gatekeepers was that the research be underpinned by both a trauma and a family violence framework. This meant that researchers comprehensively understood the traumatic impacts of domestic and family violence on children and their families. Most service providers and clinicians highlighted the significance of these approaches.

Service Provider Eight added that a "strength-based, trauma-informed approach" was required. The importance of the researcher being sensitive and having a deep understanding of the research context and the implications of questions asked was reinforced by several ethics committee members (E1, E3, E4, E8, E9).

Clinician Six said that research needed to have both a "trauma and attachment informed, kind of understanding of how children may present." This participant also wanted to know how researchers would handle any "trauma response." Clinician Two supported this: the research should be "conducted by people who know children and are sensitive to the needs of children," which included researchers having a "really good understanding of trauma and responding to trauma."

Other clinicians emphasised the importance of having a “good understanding of the stress response” and being “attuned to those sorts of things,” such as a “child being pushed along and around that arousal continuum … to being hypo-aroused or hyper-aroused” (C1). Mother 10 discussed the need for awareness and understanding about different trauma and abuse experiences for children, for example, children might be over-sensitive to different smells or scents which could result in them becoming stressed and anxious.

Service Provider Two said that researchers “would have to be trauma-informed … have some skills around supporting the child around difficult emotions.” Highlighting the depth of understanding sought, Mother Eight wanted researchers “to understand it [domestic violence] … they have to feel it … they have to know … when they are talking to my kid, this trauma’s real.” Service Provider Four stated:

> Just being aware of the possible triggers, being aware of how they may or may not respond to questions or depending on how you're doing that research, checking in with them about how they are travelling, if you’re concerned about how they are managing… So, the researcher needing to be very skilled.

Feeling Safe. Researcher Four said that, if a child feels safe, “it’s very easy to get them to talk.” This researcher highlighted the significance of refuges, because “it’s an arena where you can actually talk. Maybe for the first time in your life, you can talk freely. And they do.” Mother 11 agreed that doing the research in refuges made sense: “shelters … are really a great place, because the kids are unpacking what they’ve experienced, they are regaining a sense of safety.”

Seven mothers discussed the need for children to feel completely safe and to have a safe environment (including psychologically safe). Mother One said that researchers need to make it clear to children that “you can be safe here. I understand what’s happened in your life.”

There were different perceptions about whether conducting research at the child's home would enable participation. Service Provider Two thought that research should occur away from the family home, such as in a playroom. With respect to the home setting, Mother Five said children "get a comfort … it's their territory" and "maybe they feel more comfortable to walk out, when they needed to." But this could be "invading that safe space … there'd be pros and cons … perhaps unpredictable … neighbours coming over."

Mother Eight said that children need to "feel comfortable … I don't think it [research] should be done in a formal environment." According to Mother Six, children should have the "choice," whether they feel "more comfortable" in their home, an office, or a "kid-friendly environment." However, this mother "personally" was not supportive of having research conducted at the child's home, "because the idea is to rebuild … that is past now."

Mothers universally stressed that the family and the child need to be safe well before the research, "not in the middle of the crisis … when they are safe" (M5). Mother Seven indicated that the research should occur, "when everything [has] settled down." Service Provider One reinforced the need for children to be in a "safe, secure home environment" first (SP1-2).

Relational, Attuned, and Sensitive. To facilitate research, there needs to be "a very strong recognition and acceptance of the need for there to be a strong relational framework to how … information is gathered" (C1). If the research occurs "in a really safe and attuned way … that really is getting the very heart of the child" (C1). This means the researcher being "sensitive" (M11; E3, E6, E9; C2, C4) to what is happening for the child. Mother 11 said: "I would want to know the researcher was experienced and sensitive." Ethics Committee Member Three agreed: "And if they are, the research will be much much richer."

Researchers "setting up that relationship" with participants was considered pivotal (E5). Ethics Committee Member Eight discussed the need to "understand kids." Ethics

Committee Member Three said that there needed to be a “sensitivity about the researcher,” where they are “able to talk to people in a meaningful sense.” Clinician Two expressed a similar view: “in terms of getting children’s voices, often you only get those voices in relationship to the child,” where the child feels “safe enough to disclose very difficult information.” The importance of being a sensitive researcher was also highlighted by Researcher One:

> Just someone who is sensitive … respectful …You don’t have to be a therapist to be a researcher. It’s about being someone who’s … a lovely, kind, thoughtful, caring person, whatever your discipline or background … you are just sensitive to what’s happening in front of you.

To enable research, Clinician Three said that you have got to be “mindful … you’ve got to be attuned to a child’s responses, spoken and unspoken … body language, postures, facial expressions, what they’re not saying.” Clinician Two discussed the need to “know how to respond to a child if … becoming dysregulated.”

Denoting the importance of a relational approach, Ethics Committee Member Eight said that it is important to “normalise” experiences and the research process:

> I don't think it's overly helpful to [say], “Oh, my God … how can you ever survive?” To me the approach is about, this is what it is to be human and we all understand and have some degree of experience in these emotions … these feelings ... It's about finding out the human experience.

Reflecting a sensitive approach, Researcher Eight spoke about the research being positively framed, for example, “What can you tell us about prevention?” This means, “You’re not framing in terms of, ‘Tell me about your experiences of trauma.’ You’re framing in terms of something different.”

Trust and Rapport. Being trauma-safe, relational, and attuned as a researcher means firstly establishing trust. Service Provider Two discussed children having that “one on one attention with someone they trust.” Four mothers spoke about the importance of a trusted gatekeeper or intermediary, such as a refuge worker (M2, M3, M7, M8).

Service Provider Seven said that interviews “would have to be tailored very much for each individual child so … there is rapport and trust … trusting communication.” Mother Three stated that you need the trust of the parent and the child, you “cannot be a stranger.” Service Provider Three thought it unlikely a child would provide honest answers to a stranger (SP3-1). Mother Nine agreed: “you’ve got to build a trust … to get them to open up.” Mother Seven indicated that, if her children were to be involved in research, she would want them to “feel comfortable … and trust” the researcher. The researcher must “have that connection with the children” (M2), because, without that, “they won’t get the answers to questions” (E1). Service Provider One stated:

> There has got to be some kind of small relationship first because they don’t trust you easily of course … I don’t know how you would go with research unless you have some kind of relationship in the first place, in some small way. (SP1-2)

A Gentle Approach. Some participants used the words “gentle” (R1; M4, M5, M10; SP2), “careful” (M9, M10) and “slowly” (M3) when considering the best way to enable children’s participation. Mother 10 said that children all react differently, so researchers must be careful. Children need to be “informed in a gentle way.” Mother Nine said, if her children were involved, you would have to approach them “very carefully.” Researcher One talked about being “curious” and to “just take it gently.” Service Provider Two advised:

> A very gentle approach … I guess not rushing into it. Spending that time building relationships, building rapport, building trust … Treating them autonomous …

> Empowering the child but also being sensitive to how they are … Ensuring they are the ultimate consideration.

Service Provider One thought that it would need to be done "over time" with "more than one interaction" (SP1-1). Mother Three agreed, saying: "If it was being done in that way, I would put my hands up to that." Clinician Two said: "I think it's about allowing that time and space for children to suss you out." Clinician One expressed that, if "the research is conducted in a way that ensures the child is in a calm way of engaging … then we're actually getting balanced data."

***Clinical Frameworks**.* In addition to "neurobiology and attachment frameworks," Clinician One discussed other key clinical models, "principles," and "really fundamental concepts that can be woven into the way in which research is created and delivered for children." This clinician spoke about "Bruce Perry's Neurosequential Model of therapeutics," which recognises how lower levels in the brain "respond really well when we have structure … predictability … routine … that we feel safe." Clinician One also spoke about another framework:

> To gather information from children for the purposes of research … there's just one framework, which is Dan Hughes'. If we're able to employ aspects of that … When you're doing this [research], it can also be Playful, Accepting, and Curious, and Empathic … Just the core tenets of relationship … PACE and love, which is … PLACE.

Cultural Sensitivity and Safety. Enabling trauma-safe domestic violence research with children also meant being aware of and attuned to any cultural sensitivities or cultural considerations. Ethics Committee Member Five discussed that it was important for researchers to understand "Indigenous domestic violence" and the impacts of "trauma, family breakdowns, alcohol [and] anger management. All those issues." Researchers were advised to: "do your homework first … to realise and learn what problems are in that community, before you even go in there … It's being culturally sensitive to times. If funerals have happened, sorry business, so, around those cultural things."

Other participants spoke about the importance of researchers knowing the cultural background of children before conducting the research (SP3-2). Service Provider Seven discussed the value of developing "very strong culture scripts" about how to engage with children from different cultures because you do not want to cause "upset or distress." This participant said:

> In the research is their culture … gender being acknowledged? … If it's a younger person going into older adolescence, are we acknowledging their beliefs, their traditions, their values, their culture … It's never the same how DV impacts all these different people (SP7-4).

Ethics Committee Member Six discussed that researchers should be culturally appropriate or specific in how they engage with children from different cultures and in the research strategies and methods used. For example, an Aboriginal worker may be more suitable to conduct an interview with an Aboriginal child. Some service providers expressed similar views (SP2, SP3-2, SP4, SP7-1). Mothers also spoke about the importance of cultural sensitivities and considerations (M2, M3, M4, M9).

Skilled Supported Researchers. Researchers with the capacity to relate well to children, with an understanding of childhood, child development, and the impact of domestic/ family violence and childhood trauma, were considered significant enablers by participants from each of the cohorts. Researcher Four said that researchers need to "learn the skills, not as a clinician, but as a researcher, because it's different." Researchers need to have experience "working directly with children … a really good understanding of trauma and responding to trauma" (C2).

Training, Skills and Credibility. Training for researchers was considered essential (E4, E5, E9). Ethics Committee Member One spoke about the need for the researcher to have "credibility." Ethics Committee Member Four said: "people want more confidence in the researchers … more clarity that they know what they're doing, they know how to deal with adverse situations." Most ethics committee members reiterated the need for highly qualified, trained and experienced researchers, as Ethics Committee Member Eight explained:

> Very skilful interviewers, having a very good understanding of children and how they behave, how they think, how they respond … some of these kids may be 7 years old … maybe 15, 16 years old … being skilful at all of that.

Researcher Eight said: "You also have to have researchers that are skilled with working with children … how to communicate with children." Ethics Committee Member Six said that, to enable research, the committee must consider whether the researcher is the best person to engage with young people, or "whether it should be somebody else who does an interview, for example, a child psychologist [or] … Aboriginal workers." This includes consideration of the "background of the researcher [and] the gender of the researcher depending on what kind of situations the young person has experienced" (E6).

Academic Standing. Researchers spoke about the significance of their own academic standing in this area and how this can enable domestic violence research, especially if they are well known (R4). Researcher Four said: "I think that's absolutely vital to get doors to open is using myself. And honestly also, to try to use my academic standing." They explained using themselves "in a smart way" or "wisely," because "sometimes that can also make people close the doors" if they do not want to be told how to run things and they have "the power to say no" to research.

Researcher Seven discussed how ethics committees can become familiar with the way a research institute works. Consequently, decisions can become easier through this experience.

Community of Support. Researcher Four pointed out that, to enable this research, it is important for the researcher to be supported by a "research community." This researcher said that, if they were a service provider, they would want to know that the researcher was "part of a larger research community or centre … that has experience of doing this kind of research." They further stated: "It's important that you are not alone … you need good colleagues."

Child-Friendly (Child-Focused)

There was agreement across all cohorts that research design, research activities, the environment or setting, and strategies used needed to be child-friendly and child-focused. Researcher Eight stated:

> Making the interviews child-centred … not expecting them to … just talk away to a stranger. Some of them want a friend or they want their mothers with them. The younger ones definitely want their mothers with them. Thinking about how to create a child-friendly context, so that everyone walks away feeling that they've participated in something positive.

Clinician Five added that research needed to be "family friendly." Mother Eight said, in relation to facilitating children's participation, "You've to convince them." Mother Five agreed, children have "got to have some buy in." In achieving this, Mother One thought that it was all about "the message that goes to children" regarding the research. Mother Eight said that the researcher would need to "come down" to the children's level, to "mingle in," where "they weren't an authority figure." Researcher Seven noted that "giving children a voice in research is also about trying to … see the world from their perspective … trying to understand how they experience domestic abuse … their feelings.” Clinician Five explained the meaning of being child-focused in this research:

> Child-focused … would be the biggest thing … That means … the child's needs: physical, psychological, emotional are all the focus of the research, not the outcome of the research. Their comfort, the support to them, the valuing of them, their consent, all … should be child-focused.

A child-friendly environment would be “light and airy” with a “connection to the natural world,” where entry and exit points were clear for children (C1). Appropriate refreshments (protein rich foods, not high sugar foods) would be provided (C1). Clinician Five talked about meeting children where they are “comfortable rather than in offices, given … they've probably been in a number of offices.” Other ideas included a park-like setting with “nobody else around [or] … in a classroom” (M8) and a place like “Lollypop land … kid-friendly environment … even for mums to go” (M6). Mother Seven, however, wanted a counselling setting, “relaxed and comfortable.”

Developmentally and Individually Focused. Participants from each cohort wanted the research to be flexibly designed around the developmental levels and unique circumstances for children; this was foremost. Researcher Four suggested using “methods” that are “age-appropriate.” Mother Three cautioned against having a “blanket approach … there has to be three different set ups” (one each for pre-schoolers, primary schoolers and secondary schoolers). “There’s a big range of maturity … there’s cultural differences, there’s religious differences, there’s so many different things … you have to take into account” (M3).

Researcher Seven highlighted the importance of having a “developmental” approach. Similarly, Service Provider Three said that research needs to be designed with the child in mind (SP3-1). Researchers should have “advance understanding” about the individual context for children, so they do not go “in blind” (E8). Age-appropriate methods include suitable language (C3) and “scaffolding around … interviews, because children … don’t necessarily have a language from which they can describe or identify their experiences, or an easy language about it” (R8). Clinician Two noted:

> An enabler would be … really well-designed research that would enable—would have the flexibility to encompass what children might need from the researcher … there may be a whole range of different ways of getting information … you might then be very clever in your design of that.

Researcher Three discussed child-friendly strategies to obtain consent. Ethics Committee Member Nine spoke about adaptions and adjustments which might be required to facilitate consent from a child. Participant and consent forms should be child-friendly, including being appropriate to literacy levels.

The “Gunning Fog Index” online tool to assess readability was mentioned by Ethics Committee Member Nine. Researcher Two similarly noted the value of readability tools and referred to the “Flesch-Kincaid” tool. Both the Gunning Fog Index (Gunning, 1969) and Flesch-Kincaid (Kincaid et al., 1975) assess English writing for reading difficulty and the grade level of a document. These tools can assess the readability level required to understand information sheets and consent forms associated with a research project. Microsoft has these tools built into Microsoft Word to improve the accessibility of documents (Microsoft, 2021).

Support Person. Mother Four thought it preferable for younger children to have their mother involved. Ensuring a support person for the child was very important to mothers, “even if it’s not mum” (M6) but an adult the child “could choose” (M5), who was able to “offer a little bit of security to the child … someone the child knows they can trust,” such as a refuge worker (M6). Four mothers spoke about needing to be comfortable with the research process and the researcher (M5, M6, M7, M8).

Activity-Based, Flexible, Creative, and Fun. Most participants generally agreed that, for domestic violence research to successfully engage children, it must be creative, flexible, activity-based and fun. Participants offered extensive ideas about making this research child-friendly, although it is only possible to provide an overview here. Research should be “accessible” and run at no cost to participants. Conducting it as part of school holiday activities is an option (SP4). Ethics Committee Members Six, Seven, Eight and Nine discussed child-friendly research, mentioning that it should be “totally non-threatening” (E7) and “fun” (E7).

Creative Methods. According to Service Provider One, “enabling means you have got to have a medium, a creative medium … and different mediums work with different kids” (SP1-1). Most mothers described children as being able to express themselves in diverse ways. Mother Five suggested using “basic toys,” a “puzzle,” “take a dog for a walk” or do “some clay.” Service Provider One noted the need to be careful with clay; some children have problems with this medium related to sexual abuse (SP1-2).

“Sand-play, Pokémon” (M11), “special toys,” such as “replicas of different types of families and pets” (M3), face pictures expressing feelings (M7), “photo” research, “stories” (M10), “moral dilemmas,” and “scenarios” which are “tangential” (E2) to domestic violence were other suggestions.

Clinicians and ethics committee members had similar ideas, such as using different forms of narratives and creative activities, targeted appropriately. Researchers discussed the significance of “activities” in conducting this research. They offer “the hook in” with children (R1). Researcher Eight said:

> You’ve got to make these interviews child-centred, which means you’ve got to allow children to speak in the language that makes sense to them. Often that’s through drawings or play, sand-play or clay. Sometimes focus groups … particularly if

> they've been meeting in a group already and sometimes, they prefer to be individual … You do things where the activity creates the experience and then the language.

Service Provider Four said that, in enabling children's participation, research needed to be "more activity-based for younger children." Service Provider Two suggested that research could be structured around play activities. Service Provider One said: "you seem to have better conversations if you are actually doing something with the child" (SP1-2). Clinician Six spoke about using "different methods," particularly if children have "developmental delays."

Researcher Two highlighted the significance of "creative methods for engaging with children of all ages, and all abilities as well" and that we also needed to "ask" children themselves how best to design research. This means "tailoring any information or resources that you might give out … to what the child or young person needs." Researcher Four said that you require "more flexibility, more knowledge" about children from different ages and developmental stages. Researcher Six discussed phrasing questions in the third person. Clinician Five suggested that "direct questioning, less grey, more black and white" might be preferred, giving children the option of whether they want to "go through the narrative or a questioning process."

Mother Five thought that the research could be conducted "over different sessions." Mother One said that the research might take years to conduct, although Mother Eight expressed that her child would not engage if it was "ongoing." Service Provider Eight noted that "a level of flexibility around time and environment" was important:

> It might be more reasonable to grab a chunk of time, once for a young child and that's it, rather than lots of separate ones, or it might be the other way around for different kids. Knowing their routines … being able to work around their routines. If they see

> that the research is going to fit … respects their activities … things that they've already got in their life … they're … more open to working with a researcher.

Animals. Researcher One and Mother 10 discussed the value of bringing animals into the research to enable children's research participation. Researcher One raised the idea of how we can "include animals, just different ways of engaging with kids." Mother 10 spoke about the significance of pets and how in domestic violence, or when escaping the violence, children might have lost their pet: "I think that's something that kids can be really sensitive about … they have lost their pet guinea pig or their dog … maybe that's something that can be approached with them." This mother suggested that researchers could "bring a rabbit, bring a kitten and then they will start talking about their dog, or their cat."

Technology and Apps. Service Provider Eight discussed the use of technology and children being able to "design themselves on an app" and doing research in a "digital format where they pick an avatar." This would be "really fun … get kids to design it." Highlighting the need to appeal to children in this research, Mother One said: "If you wanted children to provide information, you need to seek it in a way that appeals to them … like computer games … iPads and apps." Researcher Seven agreed, saying: "new technology offers opportunities for communicating directly with children … in ways that have yet to be fully explored." Digital storytelling was also suggested (R6).

Another enabler concerned the use of mobile phones (texting). Researcher Seven said: "texting offers a way of maintaining your relationships … interest … engagement for relatively limited … resource, doesn't it?"

Group Research Design. There were mixed views about whether conducting domestic violence research with children in a group setting was the best enabler. Clinician Four said that children "are often a bit wary of things" where they might be the only one doing something. Service Provider Four thought that research needed to be done "in a way that works"; activities should be more "peer-based," such as "having opportunities to talk in a group." Mother Eight expressed the same view, that groups were the best setting: "They don't feel ashamed … they can talk in front of these other kids because they know what they are going through … if you talk to an adult, you think, they don't know nothing."

Mother Nine, however, was concerned about a group setting. Some children would "bolt" from that setting because they do not like talking in front of people. Mother Six thought that, while it "might not work for everybody," there should be an option of siblings being allowed to participate as a group. Clinician Five however expressed concerns about conducting domestic violence research in groups, because "there's the danger of the dynamics, particularly given domestic violence complexities"; you might have "a child that is also offending and how that would impact another child that is modelling behaviours of a victim." Clinician Five said:

> I think groups can work with siblings, in the initial sense, to really identify the dynamics, but I think each child needs their own individualised response … Each of their experiences are very different, even though they are experiencing sometimes the same event. Their understanding … their role … their interpretation … can be quite different.

Confirming the need for flexibility, Researcher Six said that, while research suggests that children "would prefer focus groups," they found that children wanted individual interviews. This participant said that you need "to shape and change the study according to what the particular children feel comfortable with."

Child-Led and Empowering. Participants across each of the cohorts suggested that research needs to allow children to take the lead. The research should be more "semi-structured," so children "can drive the focus" (SP6). Service providers thought that it was about “letting the children lead” (SP3), giving the “child choice” regarding the activity and how they wanted to share their story (SP1-2).

Service Providers Three and Five expressed similar views; Service Provider Five said: “Foremost, [it] needs to be child-led, which is a weird thing for research, isn't it? But there needs to be enough flexibility … that … children can then take that to where it benefits them.” Mother Six thought that the child should be able to “volunteer information rather than it being pinpointed in questioning.” Mother Two agreed that researchers could ask the child “what they are comfortable and not comfortable to talk about.”

Researcher Two confirmed that you need to be more “iterative in your approach,” which means “you’re really just going with” the child. Researcher Six agreed that it is important “to not be so directive.” In this research, children need to have “ownership of their own lives,” which means letting children “construct and offer what information they felt comfortable offering” (R7). Researcher One said: “you follow where they take you.”

To enable participation, Service Provider Eight thought that children should be allowed to choose a pseudonym and select the research environment: “It could be a good incentive … a level of empowerment. They really love to run with things … come up with ideas and have their own input … if they have some buy-in and some ownership.”

Several researchers confirmed the empowering and validating nature of this research. Service Provider Five said that research “could be a really positive experience for children,” and that researchers needed to find “a way to communicate that” to gatekeepers:

> A lot of kids don’t have anyone in their life—especially when their life has been in such crisis … having someone who is … dedicating a couple of hours to them … to whatever experience that is, is really quite beneficial … quite empowering for the child.

Co-Design, Advisory Groups, Participatory Action Research. Some researchers discussed their preference for having "aspects of co-design" (R2). Ethics Committee Member One and Ethics Committee Member Three also spoke about this. Researcher Two stated: "this could be the added bonus, not just the enabler to the research, but what capacity building … for a young person."

Most researchers discussed the value of using youth reference or advisory groups in research development (R2, R5, R6, R7, R8). "That's usually quite effective because the ways adult researchers think they're going to communicate with children … aren't necessarily always the most appropriate ways" (R7). Researcher Two discussed the need for researchers to explain to gatekeepers how they are approaching research, which "makes it very clear to people that children are being given a voice in how the research is designed, enacted and disseminated":

> In the world we live in, you can't say, well, children will just run their own research project and that will tell us everything we need to know. We need to help any group in society that has equity issues. We need to actually give them the platform. (R2)

Tangible Outcomes and Honorariums. Service Provider Two recommended that "offering incentives would be great" but raised concerns that "you don't want to be seen as trying to entice" participation. Several researchers highlighted the enabling strategy of offering tangible outcomes, such as putting on creative workshops or events that were of interest to participants (and possibly mothers); this can encourage gatekeepers to come on board.

Researcher Two said that, to be "fair and equitable," they have provided vouchers for "both women and children." Researcher Seven did not have concerns about compensating children appropriately for participating. However, Researcher Four said that incentives, such as vouchers, cannot be given in some countries because of ethical requirements, so creating diplomas and certificates might be better.

Researcher Five stated that, “if you … want to engage … the most distressed … the most disengaged, there needs to be something that has currency for them.” Researcher Eight stated that funding limitations might make it impossible, “but … some form of honorarium can be important … reciprocity makes a big difference to how children feel about being involved in the research.”

Mother One spoke in depth about having a “tangible benefit.” She said that her children were given miniature teddy bears once, “just a tangible thing they can hold on to.” She also mentioned that “one of the greatest incentives,” at the refuge, was offers of assistance so children could attend recreational activities. Mother 11 agreed that “any kind of financial incentives, particularly if you are out in a refuge” would be welcomed. She spoke about the children getting backpacks with soft toys or books, and mothers getting little essentials.

Diverse Engagement and Recruitment. Some participants spoke about child-friendly, creative, and diverse ways to enable recruitment. Researcher Four said: “the best way to find informants is actually being able to approach kids themselves.” This participant had been involved in youth camps.

Mother Five mentioned Kids Helpline and other suitable web-based interfaces as good enablers, where “kids are encouraged to just get on, you don’t have to tell mum or dad, you are getting on to have a chat with us … a confidential chat with a counsellor.”

Mother Three suggested that research could be publicised at appropriate community events. Because some mothers are isolated, Mother Four said, “you have to get creative” and use strategies such as “Facebook.” This mother also thought that “social groups” (craft groups, mother and baby groups) offered other ways to connect: “Give them a beautiful morning tea … pampering session … build up that trust.”

For those still living with violence, “if their partner thinks it’s just a mother and kids’ group, they won’t be so concerned” (M4). Mother Four talked about “awareness and education” and recommended contacting mothers in “places like hospitals, police stations, and courts.” Mother Three also mentioned doctors, hospitals, victims’ services, and women’s centres.

Schools. There were diverse views about the appropriateness of research being conducted in schools. Mother Two spoke about childcare centres, family day care, kindergarten or school settings, where children “feel safe.” Mother One said that it would be good if “the schools can help to facilitate.” However, this mother also raised safety concerns and the need for privacy at school, saying: “You don’t want to put teachers in a position where the father comes … and says, ‘I want to know what my daughter did at 3 o’clock.’”

Researcher Seven talked about the need to ensure confidentiality for children in relation to their peer group. Ethics Committee Member One and Clinician Three also raised concerns about confidentiality in the school setting. Clinician Five said that taking children out of school for the research could make it “more difficult” for children who potentially have missed a lot of school.

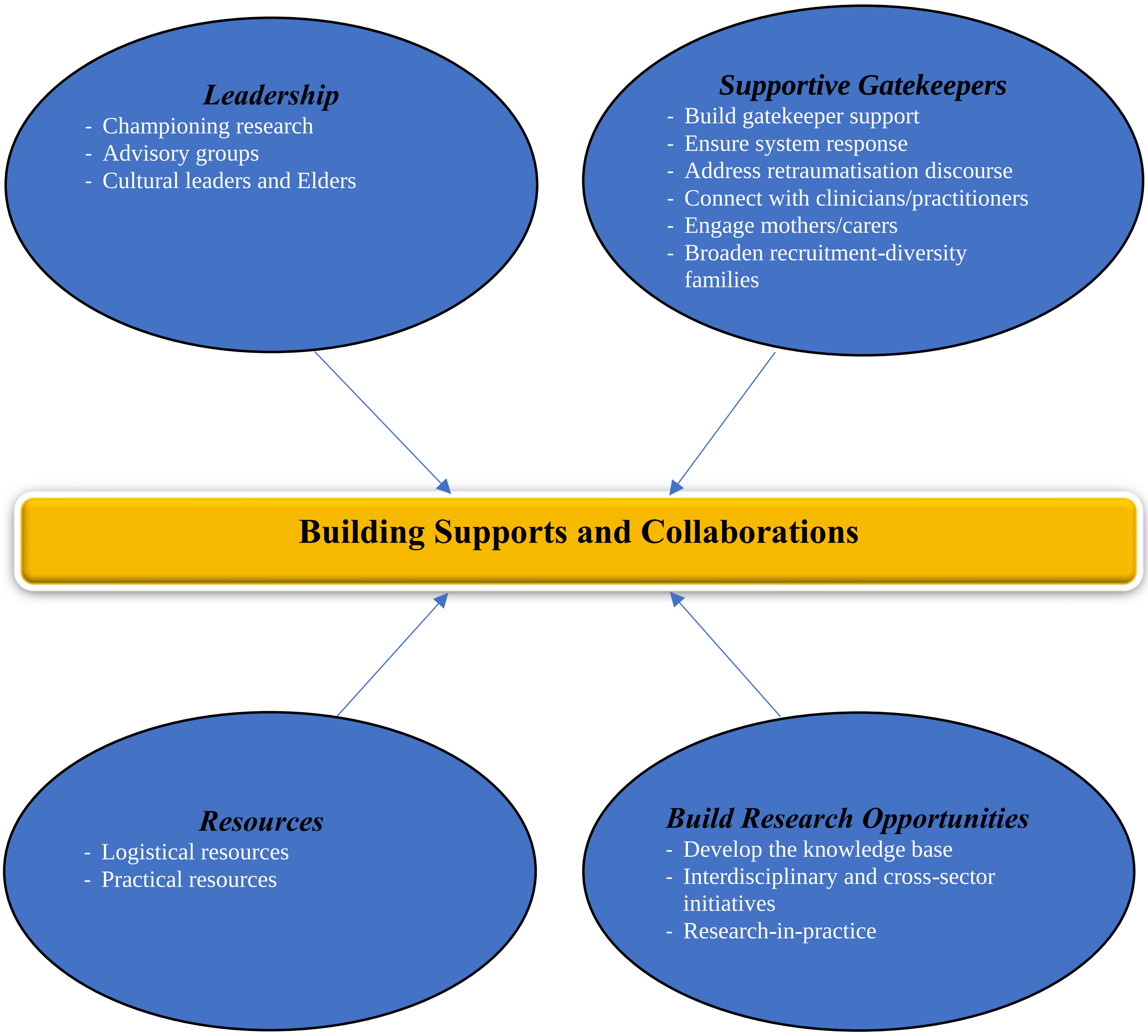
Mother Three was not in favour of conducting research at schools: “The problem with involving the school is embarrassment.” However, this mother thought that you could leave information leaflets about the research at schools.

9.3 Building Supports and Collaborations

The other Global Theme to enable this research which emerged from the data was Building supports and collaborations. This comprised four Organising Themes: Leadership, Supportive gatekeepers, Resources, and Build research opportunities. The Global Network for the theme is depicted in Figure 9.

Figure 9

Building Supports and Collaborations



Leadership

Participants from each of the cohorts (R1, R2, R6, R8; C4; E8; M8; SP4, SP9-2) discussed the significance of sector and research leadership in supporting and enabling domestic violence research with children.

Championing Research. Researcher One said: “the family violence area could be championing qualitative research, if we are really wanting to get into the nitty-gritty of it.” Moreover, this participant believed: “we’ve got to think differently about what we consider to be research and what we don’t and how we do that.” Examples were given of small agencies out there and practitioners who, with support, would undertake research: “little clusters of people … who do some brilliant work … could be sharing that knowledge … who’d be happy to get some support.”

With respect to enabling research, Researcher Two discussed the current research and service context: “family violence research in Australia has probably never had such a push. It's probably the best … it's a moment in time.” Service Provider Five thought that “some sort of ethical accreditation from the peak bodies” would enable research. A process like this “would carry some weight” and give the “researcher a lot of credibility” (SP5). Service Provider Nine, similarly, talked about receiving the support of peak organisations (SP9-2).

Obtaining “the backing from … bureaucracies,” who could facilitate access to data, was considered important (E8). Enabling research was “simple project management … you try and get sponsorship … at the highest level” (E8). Clinician Four also discussed the importance of leadership: “I think leadership by various organisations who are in a position to offer that … supporting the inclusion of children's voices … there needs to be some community education and change around that.”

Advisory Groups. Researcher Eight highlighted the significance of sector reference or advisory groups in facilitating research with children (particularly if they also involve young people):

> The advisory group is part of the enabling … You've got to have participation from key people in the organisation that you're accessing on your advisory group, so … there's a feedback loop to them … they're involved in what sort of research is happening, how it's happening.

Researcher Six also discussed having advisory groups and their importance to getting "buy-in." Ethics Committee Member Six commented on the value of developing a "working group or an advisory group … experts, area-people who are in situ, so they understand the location … the dynamics of the community." This expertise can "guide some of those sensitivities" and "advise … on the best way to go about conducting research" (E6).

Cultural Leaders and Elders. Some participants discussed enabling research with children within certain cultural groups and communities, and the value of going to that community. With respect to Aboriginal communities: "First of all … you would have to consult with the Elders … they will tell you how to go about the second step" (E5). This participant said: "You've got to build up the trust … And if you don't, it's over." It was about "working together" with the Elders and being "culturally sensitive," including learning about the community and region beforehand (E5). Other participants, similarly, discussed the support of Elders or cultural leaders in enabling research (M9; C4; E6; SP3-1, SP4, SP7-1).

Clinician Four said: "if you're working with children from different communities or cultures, really having the community leaders on board with the research, because if they're not on board, then that's going to be a whole headache for you." Ethics Committee Member Five advised that establishing relationships was important and said: "start working with the right people and setting up that relationship. They'll also have input about how they want you to handle their children."

Supportive Gatekeepers

Research that is considered to be of high value, with beneficial outcomes, was an enabler. Such research is more likely to garner the support of gatekeepers.

Build Gatekeeper Support. Mothers highlighted the significance of refuge staff as trusted people. Mothers were more likely to enable the participation of their children if approached by a "very trusted" person (M8). Ethics Committee Member Six said: "there's often going to be some kind of service provider that's involved with the family," and they will have ideas about whether the child can participate.

According to Service Provider Five, enabling was achieved by "having good networks." In particular: "being able to access people who have high-level credibility, who can … vouch for the researcher." Researcher Two confirmed that early conversations with service providers pay dividends, facilitating children's research engagement. Researcher Six discussed the time it takes to work with the service system. Researchers Four and Eight concurred; it can take many years to develop cooperative relationships. The value of giving presentations at conferences or workshops and calling for organisations to be involved in the research was recognised as enabling children's participation (R6, R7).

Ultimate Gatekeepers. Discussing another level of enabling, Researcher Five spoke about "ultimate gatekeepers" such as Commissioners for Children, who may have "authority," particularly for children involved with care systems, "to go to children … ask questions" and "conduct research." This statutory authority is well placed to address and, at times, "override" organisational barriers about children participating in research (R5).

Reciprocity. Researcher Eight discussed the importance of reciprocity and tangible benefits for the sector: "You've got to provide something that's positive for the service sometimes … as part of the enabling.” Researcher Four also said that domestic violence research can offer “something positive, both for the family, but actually for the shelter itself” and this was a key enabler. “Once they see that they can gain something themselves, then it’s easier” (R4). Researcher Six indicated that staff were less likely to facilitate children’s participation if they perceived no real “tangible benefit” for children. Researcher Eight said:

> Research with children … is expensive because really, you have to pay honorariums. It takes a lot of time. You’ve got to have time to massage the organisations and you’ve got to have time to hang about and find the times to interview young people.

Researcher Seven said that organisations can convene groups for researchers and make suggestions about potential participants:

> You could do work at the local level. You could spend time meeting with local practitioners and explaining your research and telling them why it’s interesting and important and you could produce outputs … potentially designed to be relevant and useful for them.

Ensure System Response. Some researchers and ethics committee members said that, to enable this research, it was necessary for the research to be conducted through the service system. Domestic and family violence services were essential in recruiting children to the research. A system response also needed to be guaranteed for children and families who might need support or assistance following the research, for example, if a mandated report is made to child protection services or counselling was required post-research.

Counselling Supports. Participants from each cohort highlighted the need for counselling supports to be available for children and their mothers. The research may result in distress and participants wanted to ensure counselling follow up was available. Clinical support being on hand during the research was also recommended.

***Assessment and Follow Up Support*.** Ethics Committee Member Six noted that committees “rely on service providers a lot” to assess whether a child can participate and stated that this “kind of research … is always through a gatekeeper.” Ethics Committee Member Six further stated that “some kind of communication from service providers, acknowledging that they will be able to provide that support to young people” can assist the ethical review process. Researcher Eight confirmed this:

> It's easier and part of the safeguarding for children and also the enabling in relation to the ethics committee … you really can’t get it [the research] through ethics committees unless you can guarantee some sort of service system response, if children are unsafe or traumatised. It means you always have to go through the service system.

Researcher Seven said that accessing children through the system was an enabler, because they are already engaged with supports: “if you access children … in that way, the risk of retraumatisation is limited, because they are already receiving professional support.” Researcher Four reinforced the significance of refuges in enabling research: “That’s where it all happens … They don't just shelter, but they do a lot of outreach, a lot of lobbying … they have been crucial.”

Address Retraumatisation Discourse. Addressing the retraumatisation discourse is significant to building gatekeeper supports. Researchers in particular discussed the work that was required to deal with this barrier to children’s research participation.

***Challenge Misguidance*.** Researcher Four articulated the need to challenge the “misguidance” that exists: “We definitely have a job to do there.” This participant reported “very few” children as saying that research was upsetting, so “I think we need to really contest that understanding of the retraumatisation.”

***Information Provision*.** Researcher Two discussed possible concerns, held by gatekeepers (such as mothers), that research might retraumatise children. This researcher ensures that “enough information” is provided to gatekeepers to reassure them that the research is not about “traumatising” children. Researcher Four discussed the significance of research outcomes showing that children are not retraumatised:

> What they [services] saw was … these kids were not traumatised … In fact, they were quite empowered … And once they saw that, they started sort of spreading the word … it’s a very close community, the shelter movement … once I got … a good reputation for … empowering children … the doors started to open.

Connect with Clinicians and Practitioners. Linking the researcher with a clinician or practitioner whom “the family has a connection to” was considered important to enabling children’s research participation (SP5). Ethics Committee Member Nine highlighted the value of “having access” to “expert advisers,” such as educational psychologists, who may be involved in conducting the research. Clinician Five also said: “It might be that you link in with the counsellor that they’re seeing.”

Service Provider Two drew parallels with children participating in investigative interviews, such as police interviews. To assist the child with difficult content, it was important to bring “in someone with some qualifications, a psychologist”:

> That would be ensuring the child had a professional working side by side with them to help them explore and deal with any feelings or emotions or fears or worries that come up …. ensuring that child was really strongly supported … not just by a parent.

Service Provider Four indicated that they could assist in the research and work as part of the research team:

> I’m not a researcher. I have no real interest in researching on one level, so I don’t feel like I have the skills. But I have the skills to work with kids … If I teamed up with somebody who had all the researching skills, together you could perform this sort of team, that would really support … research.

Engage Mothers and Carers. Cohorts discussed the significance of mothers (or carers) in enabling domestic violence research with children.

Supportive Parent/Carer. Service Provider Three said: "You have got to win mum over first" (SP3-2). Service Provider One also recognised the importance of "engaging with the primary carer beforehand and them being part of the research … to support the child in participating" (SP1-1). Enabling this research was about having the "respect of the carers," ensuring that carers are "feeling confident" about the research (SP1-1).

Empowering Mother/Parent. Researchers identified the value of mothers in facilitating research and the importance of not undermining their role as parents, as has often happened in the context of domestic and family violence (R2). Collaborating with mothers and seeing them as "the experts in making decisions about their children" was considered essential and could possibly assist in getting research applications through the ethics approval process (R2). Researcher Two said:

> I don't know what exposures their children have had and what it might mean for them to participate … So, I'm going to very much rely on the mothers to be the natural gatekeepers … at the same time, give them enough information about how I was going to conduct the research to reassure them.

Researcher Eight discussed the mother being "a pathway to the child." This is "also about potentially being supportive of the relationship," which, according to Researcher Eight, is "part of the safeguarding, that needs to happen." Mothers similarly expressed the significance of mothers in enabling domestic violence research with children. Mother 11 said:

> You are going to struggle to get knowledge without talking to people that have walked it with their kids … the mother would be able to tell you whether they were in a settled period … or not and whether they were not too vulnerable to speak.

"Mum's would be the way … get them to ask the child … if you create … an atmosphere for a mum that it's okay" (M6). Mother Three said that "you have got to reassure" mothers, "you have to … gain their trust." Mother Five agreed. To facilitate children's participation, mothers must "feel confident"; they need to perceive the research as "useful," that it provides a "safe space" for children (M5).

Most mothers indicated that they would want to see the questions to be asked of children before giving their support: "I'd be asking what sort of process would they be using … what kind of questions" (M10). Mother Six said that researchers need to "open up a comfort zone with mothers."

Broaden Recruitment—Diversity of Families. Expressing the need for researchers to think more broadly about the diversity of families, Mother Three said that, if the research only recruits mothers, the research will "miss out." There need to be "some leaflets that are aimed at men with their kids" and that we "can't be too stereotyped." This mother discussed "same-sex couples that also have children … have the same domestic violence." Mother Three summarised this:

> If you limit everything to just the mothers … [you're] going to limit things for the children, because families are very varied nowadays … You need to think with a more open mind … you've got to acknowledge all types of families.

Ethics Committee Member Five said that it was important to also "talk to the dads," to "hear both sides" during research.

Resources

Logistical and Practical Resources. Service Provider Seven indicated that this research required "a lot of funding … resources" (SP7-4). Clinician Five said that, to enable research, the focus should be on "just making it easier on the families" who are already under "considerable stress." This may mean offering "financial support" to facilitate their participation (C5). Ethics Committee Member One also illustrated the need for “funding for this sort of research.”

Service Provider Five recognised that families may face “logistical concerns,” such as transport issues, and they may need assistance. Mother Five discussed “the logistics” of this research, such as “time, venue … transport, childcare,” which would have to be addressed. Other practical enablers included having food and refreshments available for the children (and for mothers), providing telephone credit, and transport cards.

Service Provider Three noted the importance of considering the needs of mothers in this research (SP3-1&2): “a good coffee machine for mum and little nibbles for her” (SP3-2). Mother 10 spoke about the need to recognise children’s contribution to the research and said: “later on, after the research is done say, ‘hey you guys did a really great job,’ chuck them a little party or something … and tell them how valued they are.”

Build Research Opportunities

Develop the Knowledge Base. Ethics Committee Member Eight described knowledge creation in this area as “very slow,” because of its complexities and challenges, but further stated:

> I think that's okay, it's incremental. And I see our knowledge, in terms of research on violence against children or where they're exposed to it, as being incremental. It's a difficult area. It needs to be done carefully. And over time the jigsaw puzzle gets put together.

Ethics Committee Member One mentioned child researchers more broadly, who are already doing “great work with children” in facilitating their voice in research. In supporting this, Researcher Two said that we need to build on the existing research. The influence of past research and key scholars in the area was identified by Researcher Seven, who observed that their research had been influenced by landmark researchers in the domestic violence field. Researcher Four also acknowledged learning from expert researchers in conducting this research: “really, really good supervisors who had lots of knowledge about how to interview children.”

Past domestic violence research approved by an ethics committee can build that committee’s knowledge and understanding, making it potentially easier for subsequent applications to move through the process. Researcher Two phrased it this way:

> So sometimes paving the way, you’re like the eldest child. You get it through. You create a level of comfort within the committee that you’re not in the business of harming children, retraumatising children, and then they’re familiar with some of the content matter.

Interdisciplinary and Cross-Sector Initiatives. The broader context of research with children more generally, and moving into the interdisciplinary space, were put forward as potentially facilitating domestic violence research with children. To enable domestic violence research, Researcher Two discussed the value of linking with interdisciplinary research networks and hubs that are undertaking research with children in other areas:

> Other enablers—I mean it's obvious, but just building on the evidence base that’s already there. So, moving outside of research with children experiencing family violence and into the broader researching with children …But, that exposes you to: “Who are these other people who are thinking similarly about the direction of research with children.”

Researcher Seven discussed the need to focus on broader service systems and engender support to enable research at the “macro-level … trying to engage practitioners in social care, education and health more widely in the research agenda and making it clear that the research can generate messages that are valuable and useful for them.” Researcher Five also talked about general population level research as being “another way of getting into this space, because so many kids who experience DV never come to the attention of the services."

Research-In-Practice. With respect to children's engagement in this research, Mother One thought that this research "should be part of their counselling and their recovering." Ethics Committee Member Seven spoke about the research being undertaken by someone who had developed a relationship with children; this would make it "safer for them to be asking questions and less distressing" for children. Ethics Committee Member Two considered that best practice would be a clinician or practitioner who is treating or working with children, either in groups or individually "to do research, just like any clinician does research." This form of research was considered "the model that could work and address all the ethical issues that people have" (E2). Ethics Committee Member Two further said:

> But now it's documented for the purposes of publication and research. I think that could be in the best interests of the child because the child is then receiving the normal therapeutic engagement … it's written up with all the normal consent processes … That itself would have difficulties … but you could do it that way.

Service Provider Four also thought that one of the ways to enable domestic violence research with children is by "incorporating it into the work that already is being done"; this might involve a "researcher and a clinician" working together. Researcher One supported these ideas highlighting the value of supporting domestic and family violence agencies to conduct research on their programs and services.

9.4 Conclusion

This chapter has presented findings about the enablers to conducting domestic violence research with children. It was written from a perspective that an adult-centric approach was contributing to the barriers in conducting domestic violence research with children; hence, there was a need to consider the factors that would enable children to be included in research. The enablers in domestic violence research with children related to two areas. The first concerned the broader philosophies and principles which need to underpin the research. The other enabler focused on the system and research context and how these are pivotal to children’s participation.

This Chapter concluded that facilitating children’s participation could be achieved by using a child-rights and trauma-safe focus as this would assist in mitigating the adult-centric approach. Findings highlight the significance of ensuring that research is underpinned and guided by a methodology which incorporates rights-based principles and trauma-safe strategies. Establishing safeguards is critical. This signifies the importance of ethical review processes, rigorous and ongoing safety assessments, assurances of confidentiality and privacy, along with the development of reporting frameworks and protocols. In addition to research being child-friendly, enabling children’s participation in domestic violence research must consider the individual circumstances and needs of each child. Participants viewed research with children as the crucial key to changing the system. By capturing the richness of children’s voices, and then putting these front and centre, this is when change occurs.

But to enable children’s participation there needs to be a framework that assures the parents, service providers, clinicians, HRECs and researchers, that children can safely be included in domestic violence research, and this might shift the adult-centric approach. This leads into the STARR enabling model presented in Chapter 10. Chapter 10 discusses the findings of this study and the Global Themes with respect to pivotal literature. Attuned Trauma-Safe Research or the STARR enabling model for conducting domestic violence research is discussed. This model incorporates the enabling strategies that were recommended by research participants. STARR offers a way forward to facilitate gatekeeper support and most importantly, children’s domestic violence research participation.

Chapter 10—Discussion and Conclusion

> If it's done in an attuned and relationally based way, I don't see how it can be unsafe. I see how we can build in all of the principles and the approaches that will ensure that this is safe for children. (C1)

10.1 Introduction

To address the research gaps that prevail in Australia concerning children's experiences of domestic violence (Mitchell, 2016; Noble-Carr et al., 2017), this thesis explored the barriers and enablers to conducting this research and the decision-making considerations of gatekeepers. This thesis concludes that gatekeepers, who can enable children's domestic violence research participation, need the highest level of reassurance and confidence, that children (and their families) will be safe, that research is justified and of merit, and that approval along with endorsement have been received from the research and domestic violence sector.

This study showed that gatekeepers were not confident that domestic violence research with children ensures adequate protections and safeguards with respect to their physical, emotional, and psychological safety. While safeguarding is critical and essential, the protectionist mandate of gatekeepers also serves to hinder children's research participation. To address gatekeeper concerns and enable research, this study posits that clinical and therapeutic safeguards need to be embedded in domestic violence research with children. Rights-based thinking and trauma-safe approaches must underpin and guide the research.

The findings of this research have been used to develop the STARR enabling model for conducting domestic violence research with children. This model brings together enablers put forward by participants in this research. The literature highlights the lack of specific guidance about undertaking research with children related to violence and the need for a “strong framework for ethical research practice” (CP MERG, 2012, p. 63). The STARR model, therefore, is constructed as an enabling model or framework, to facilitate gatekeeper and stakeholder support. Most importantly, it is a model that can be used creatively, to engage children in a co-led research process.

A consideration is that STARR is a model based on the voices of mothers with experiences of domestic violence, domestic violence service providers, clinicians, HREC members, and researchers. As an outcome of using the model, it is hoped that children would participate in research and the model itself, would be adapted and modified as needed, based on the future knowledge gained from children being safely engaged in the research process.

10.2 Summary of Thesis

This exploratory study engaged 49 participants from across five diverse cohorts (mothers, service providers, clinicians, ethics committee members, and researchers). They offered their insights and constructions about conducting domestic violence research with children, addressing the hurdles in this research and how they believed that research with children could best be facilitated. The involvement of different gatekeepers brought this study into new territory for scholarship in conducting domestic violence research with children.

The limitations of this current research are acknowledged. This study focused specifically on the decision-making of gatekeepers. The gatekeeping approaches described here prevented children from participating in this research, but due to safety concerns, gatekeepers must gatekeep because of the risks inherent in conducting domestic violence research. STARR does not aim to provide detailed instruction about undertaking domestic violence research with children. Rather, it is meant to enable gatekeeper support and provide guidance in the co-design of research with children.

Literature exists on the ethical concerns and issues in such research (Bernard, 2013; Berry, 2009; Cater & Øverlien, 2014; CP MERG, 2012; Houghton, 2015; Luxardo et al., 2011; Morris et al., 2012; Øverlien & Holt, 2018; Paavilainen et al., 2014). Before this study, however, there was a paucity of knowledge and understanding about the questions that this study explored through the perspectives of multiple gatekeepers and researchers. The research questions explored in this thesis were:

- What are the barriers and enablers to conducting domestic violence research with children who have experiences of this violence?
- What are the decision-making considerations of gatekeepers and researchers regarding domestic violence research with these children?

This thesis acknowledges research conducted in the United States, with mothers involved in mandated services, on children's involvement in domestic violence research (Rizo et al., 2017). However, in the Australian context particularly, this thesis has filled a significant knowledge gap in understanding the constructions of gatekeepers (including mothers) and researchers who are significant to children's domestic violence research participation. The rationale and critical need for this study were highlighted by the lack of domestic violence research with children in Australia (Noble-Carr et al., 2017). This research deficit was concerning, when literature attests to the impacts of domestic and family violence on children (Australian Institute of Health and Welfare, 2018; Campo, 2015; DeBoard-Lucas & Grych, 2011; Evang & Øverlien, 2015; Sety, 2011).

The metaphor of a house, an integrated theoretical approach, facilitated the development of insights and understanding to advance knowledge about the research questions. Underpinned by a constructivist-interpretive paradigm, constructivist grounded theory was the methodological approach. This study captured the diverse constructions and understandings of participants. The researcher acknowledged their role in the co-construction of knowledge (Charmaz, 2006; Lincoln & Guba, 2013). A process of ongoing systemic comparison and review of the data analysed, delineated, and fine-tuned emerging themes, to develop new theoretical knowledge “grounded” in the voices of participants.

Building on this conceptual footing or foundation, interdisciplinary and Childhood Studies (with childism and children’s rights) served as the theoretical hub, along with specific theoretical approaches from social work and occupational therapy. The incorporation of social work theories of practice alongside occupational therapy influences offered a unique interdisciplinary lens through which to explore a topic related to domestic violence research with children. An explanation of this integrated theoretical approach and its diagrammatic representation were presented in Chapter Four.

10.3 Overview of Findings

Chapters Six through to Nine detailed the six Global Themes that emerged from the data. Four themes answered the research question about the barriers and decision-making considerations, and two themes focused on the enablers. These Global Themes are summarised below.

Barriers and decision-making considerations:

- Fears (mothers)
- Safeguarding (mothers)
- Heightened risks present barriers in domestic violence research
- Children overshadowed in a closed, adult-centric system.

Enablers:

- Child-rights focus and trauma-safe methodology enable research
- Building supports and collaborations.

The Global Themes about the barriers and decision-making considerations focus on the critical need and imperative of participants to safeguard and protect children from any possible physical harms and emotional or psychological risks that reliving the trauma of domestic violence might cause. Leadership, supportive gatekeepers, and resources are important enablers. Also significant to enabling children's participation was having a trauma-safe methodology and a child-rights focus in research. This chapter will now discuss the key theoretical contributions of this study, referencing the literature.

10.4 Theoretical Contributions

This was the first study to explore, with multiple gatekeepers and researchers, the challenges and facilitators to conducting domestic violence research with children. The study makes a pivotal scholarly contribution to the field of domestic violence research—and sensitive social research more generally. Knowledge now exists on the significant barriers to children's domestic violence research participation and the reasons for the limited research with children on this social issue in Australia. Exploring the enablers with the five cohorts (service providers, mothers, clinicians, researchers, and ethics committee members) has made detailed understanding available about the best ways to safely engage children in domestic violence research. Importantly, this study offers an enabling model to facilitate gatekeeper and stakeholder support, along with the engagement and participation of children.

Barriers and Decision-Making Considerations

Safeguarding Concerns. Regardless of their role or position (mother, service provider, clinician, researcher, or ethics committee member), participants shared the view that safeguarding is the crucial decision-making consideration in conducting domestic violence research with children. This is especially true in this area of research, compared with other sensitive social research. During the writing of this discussion chapter, the realities of domestic and family violence were again brought to public attention in Australia, with the horrific and incomprehensible murder of a mother and her three children (Robertson, 2020). The safety concerns in conducting domestic violence research with children cannot be discounted.

Gatekeepers Need to Gatekeep. Researchers in this study were clear: they want gatekeepers to gatekeep. Participants discussed the inherent safety risks in domestic violence research with children. Service providers and clinicians said that perpetrators can be absent for a time, and then they are back; mothers may return to their partners; they may re-partner with another person who is also violent. Service providers said that no assumptions can ever be made about safety. They recommended ongoing safety planning throughout the duration of research.

The literature supports these findings. Despite the best safety plans and protocols, the unexpected and unpredictable nature of domestic violence means that protocols may not anticipate or identify all the risks that emerge and need to be managed by researchers (Downes et al., 2014). Even when children and their mothers leave violence, danger, risk of harm, and actual harm may continue. Children can remain susceptible to ongoing risks (Morris et al., 2015). Safety must be the overriding concern (Goodman et al., 2017). The need to ensure confidentiality and privacy (Fontes, 2004), the importance of undertaking assessment on possible risks and safety concerns (Morris et al., 2012), and having safety action plans or protocols in place (Langford, 2000) are all presented in the literature.

Inherent Dangers. Researchers expressed the view that participation in domestic violence research can be a positive, empowering experience for children. They also recognised the element of danger inherent in research; they are always concerned about the possibility of children facing recriminations following their research participation. There are children whose involvement is precluded by safety issues. A researcher recounted an experience where two perpetrators unexpectedly turned up at their children’s residence during an interview. Safety protocols were in place, but such an incident could have presented a serious threat to participants and the researcher.

Guarantees of Safety. The resounding message of this research was that, if safety could not be guaranteed or assured, it was unlikely that children would be enabled to participate in research unless they were of an age, level of maturity, and Gillick competent to legally provide their own consent. Mothers were especially hesitant to allow their children to participate until they were older teenagers or young adults. Additional challenges for engaging a younger cohort of children in this research are supported by literature (Paavilainen et al., 2014). Because mothers are primary gatekeepers in domestic violence research, their fears and worries warrant further discussion.

Mothers' Fears. Prevailing fears, the greatest of which related to the perpetrator of violence, profoundly influenced the decision-making of mothers and their preparedness to consent to children's research participation. Fears about the ramifications of children's participation were foremost. Some mothers indicated that they would feel overwhelmed and stressed if approached about research. As victim survivors of violence, mothers' fears and feelings of terror were extremely high.

Anxieties and the 'What If' Scenario. Just talking about domestic violence research with children, in a hypothetical sense, made one mother feel anxious and fearful. She started to look around, on high alert, expecting to see the perpetrator, despite knowing that this was unlikely. Another mother spoke about being instilled by the violence, where everything comes back to fear about the consequences of research. The "what if" scenario loomed large for all mothers. Mothers were not alone in having this construction, however; other participants were also concerned about the perpetrator of the violence and the possibility that they could learn about the research, which might present safety risks for the child.

Literature Supports Fear Barriers. It is not surprising that fear emerged as a critical barrier to children's research participation. Literature emphasises the significance of fear and how this impacts on the survivors of domestic violence (Pain & Scottish Women's Aid, 2012). Fear can influence a mother's parenting response and attempts to mitigate or prevent possible violence (Buchanan et al., 2015). Fears can be sustained into the longer term (Pain & Scottish Women's Aid, 2012). The literature illustrates that women can experience ongoing threats, actual violence, and continuing fear, particularly via child access arrangements (Galántai et al., 2019; Holt, 2017). Thiara and Humphrey discuss the "absent presence" of the perpetrator, which continues to intrude in the current time for many mothers (2017, p. 137). Findings in this thesis further support the research literature, which demonstrates that heightened concerns and fears held by mothers about the perpetrator, especially if the child is in contact with the perpetrator, pose a formidable hurdle to children's research participation (Rizo et al., 2017).

Trust Barriers. Associated with safeguarding, mothers voiced their lack of trust in the domestic violence research and the researcher. Most mothers who participated in this study said that they were participating on the say-so or word of their worker, whom they trusted. Some mothers were concerned about the possibility that children's statements in research could be misinterpreted, resulting in reports being made to child protection agencies or mental health services.

No-Go Zones. Mothers would not consent to the participation of their child in domestic violence research if there was any possibility that the perpetrator could find out. Research was a no-go zone if legal proceedings were afoot. Mothers said that they would not consent to research participation if their child was having access visits with the perpetrator. In these instances, barriers to children's participation were insurmountable. This study confirms that fear, the sustained nature of this feeling, and the accompanying terror state, continue to influence mothers' decision-making about children's involvement in domestic violence research, even when time has elapsed, and mothers are living in a safe situation.

Vulnerabilities Overshadow Voice. Other fears related to the mothers' own psychological, emotional, and parenting vulnerabilities, which they sought to protect. Mothers' stated concerns about children being retraumatised from the research, however inextricably linked to concerns about their children, were threats that the research posed to the mothers' own, hidden experiences of domestic violence. Children's involvement in research risked unearthing traumatic memories and also exposing the mothers' vulnerabilities and secrets. Some mothers became distressed when they recognised that it was more than their fears about the perpetrator creating a barrier to research. Findings of this thesis indicate that, to facilitate children's involvement in domestic violence research, the research firstly must consider the needs of mothers and be attuned to their emotional and psychological vulnerabilities. Research needs to be trauma-safe for mothers as well.

Threat to Mothers' Safeguarding. The participation of children in research was also constructed as a potential threat to the mothers' safeguarding. Mothers were resolute that nothing would get in the way of their protection. Some mothers were hypervigilant about anyone talking to their children. One mother admitted to the researcher (after the audio-recording had stopped) that they would not have participated in this study if their child was still 10 years of age.

Children's participation in research could undermine the mother's storying to the child about their situation. Research would allow the child to develop their own narrative about the violence. Fear existed about the consequences of this, especially during legal proceedings. Reports could also be made to other services, such as child protection or mental health. While mothers sought to protect and safeguard their children, they also shut down the child's right to develop their own narrative and story about their experiences.

Participatory Rights Marginalised. Although participants generally recognised that children have the right to voice, in the context of domestic violence research, their need for protection would always override their participatory rights. To address safety issues, researchers reported that they have mostly undertaken research via the domestic violence service sector (refuges or other support services); children feel safe in those settings. Research supports these findings, of studies with children being conducted in shelters, or through other domestic violence support services (for example, Benavides, 2012; Chanmugam, 2015; Katz, 2015; Thornton, 2014), or through treatment services and programs (Aymer, 2008; Georgsson et al., 2011; Pernebo & Almqvist, 2017).

Difficulties Reconciling Rights. Participants had difficulties reconciling children's right to protection with their rights to participate in domestic violence research. This meant that some children, especially young children, would never be given the opportunity to be heard—or even asked whether they wanted to be involved. Children's participatory rights in this area of sensitive social research were effectively curtailed.

Protectionist Gatekeeping—A Formidable Barrier. Powell and Smith (2009) discussed the protectionist focus of gatekeepers and how this can seriously compromise children's research participation, particularly when the research topic relates to a sensitive issue. This study confirms that strict protectionist gatekeeping prevails, and it poses a primary barrier to children's engagement in domestic violence research. There were service providers who had not thought about the prospect of children participating in domestic violence research. Other participants questioned whether it was even possible and safe for children to be involved. Researchers countered this construction by discussing how they facilitate the safe participation of children.

Child's Perceived Vulnerability. This thesis adds further evidence to the research literature, which highlights the greater marginalisation from participatory and research processes of children considered more vulnerable and at potential risk (Horwath et al., 2012). Gatekeepers constructed children as “vulnerable,” “damaged,” and “traumatised” by their experiences of domestic violence. This construction of “vulnerability” extended into the research setting. Ethics committee members indicated that domestic violence research with children would be closely reviewed, and the committee would be highly sensitive to any risks in the research. Again, this supports the tendency of ethics committees to provide more intensive oversight and scrutiny of research where there are concerns about vulnerability (Gabriel et al., 2017; Parsons et al., 2015).

However, this thesis concludes that, even if a child is living in safety, where there are no evident safety risks of ongoing domestic violence, this may not be enough to tip the scales and enable the child’s participation. What emerged from this study was the broad construction of safeguarding and how this was reflected in the decision-making of gatekeepers. Domestic violence research was constructed as potentially exposing children to an unsafe zone, emotionally and psychologically.

Ethics of Research Challenged. The ethics of domestic violence research were questioned, particularly by clinicians and ethics committee members. Questions included whether the research process (inclusive of the capacity and skills of the researcher), would enable a child to feel safe enough to disclose very difficult information. Lack of understanding and trust in ethical safeguards in research and in the researcher were indicated.

Alternative ways to obtain information about a child’s experiences were suggested, such as using clinical records and speaking to those close to the child. Ethics committee members needed to be convinced that all other data sources and methodologies had been considered, and that children’s participation was necessary for research.

The research literature however clearly demonstrates that children can be successfully engaged in research and evidence exists that research with them has occurred in many countries (Øverlien & Holt, 2019). Houghton (2018) discussed how children and young people with experiences of domestic violence were integral to policy reforms in Scotland. Large-scale European research demonstrated how children who have endured this violence can be creatively and safely engaged in domestic violence research (Callaghan & Alexander, 2015). DeBoard-Lucas and Grych (2011) in their study with 34 children highlighted the benefits of researching children's accounts, perspectives, and understandings about their domestic violence experiences.

Although children have been successfully included in domestic violence research, apart from researchers and a couple of other participants, gatekeepers were challenged to see beyond children's vulnerability and envision the empowering or emancipatory outcomes for children from their research participation. There was unease, caution, and hesitancy about enabling children's voice. Moreover, children may experience trauma and sadness in the research.

Retraumatisation Concerns Silence Children. Four cohorts: service providers, clinicians, ethics committee members, and mothers expressed concern about the possibility that children could be retraumatised through their involvement in domestic violence research. These participants used language that included children "reliving" their experiences; the research would be "opening a can of worms"; research could be "quite triggering"; and that one of the "biggest risks" would be "opening Pandora's box." Ethics committee members were concerned about the risks of an adverse event, such as the suicide of a participant, following the research.

Considering the high rate of youth suicide in Australia (ABS 2016, cited in Australian Human Rights Commission, 2017) and evidence from inquiries and reports which show the prevalence of domestic violence as being a significant underpinning risk for children who have self-harmed or suicided (Australian Human Rights Commission, 2015; Commission for

Children and Young People Victoria, 2019), emotional and psychological wellbeing concerns for children in this research are valid.

Researchers Challenge Retraumatisation Discourse. Contrary to the constructions of the other cohorts, researchers said that, while children may experience some distress and upset during research, this was not experienced as retraumatisation. Children want the opportunity to talk. One researcher said that most children “are desperate” for someone to be a witness to what is going on for them. Researchers confirmed that children want to tell their story, even if it is emotionally difficult, and this may help them. Counselling supports are made available to children, although very few children require these services. Researchers said that, to enable domestic violence research, there needs to be education and information given to gatekeepers which shows that children do not necessarily experience this research as retraumatising, and that benefits can exist for children from their participation.

Retraumatisation—Disputed Issue. The literature indicates that gatekeepers can be concerned about the retraumatisation of children from their participation in domestic violence research (Baker, 2005; Callaghan et al., 2017; Morris et al., 2012; Øverlien, 2010). However, research also shows that participation in trauma research more generally, by adults as well, does not result in participants experiencing retraumatisation or long-term, prolonged distress (Jaffe et al., 2015; Legerski & Bunnell, 2010). With respect to young people, scholars state that, provided the methodology is sensitive and the researchers have received appropriate training, young participants should not experience serious or concerning levels of distress (Finkelhor et al., 2014).

Some tensions clearly exist in the findings of this thesis. On the one hand, researchers in this study (and other scholars) point to the lack of evidence to suggest that participants experience domestic violence research as retraumatising. In contrast, clinicians, service providers, ethics committee members, and mothers were all concerned about children being retraumatised. Practice guidance and learnings from neuroscience attest to the possibility that children with experiences of trauma may be triggered in a variety of settings, and some might experience this as a form of retraumatisation. The Canon of trauma literature gives credence to participants' concerns.

Literature reports that, for certain people, the revisiting or reliving of trauma "in some ways can be worse than the trauma itself" (Van der Kolk, 2015, p. 66). This is particularly true for people with post-traumatic stress disorder; the trauma may have ended, but the reliving of it can continue (Van der Kolk, 2015). Children who have experienced trauma, when faced with "fear inducing cues," can experience a "fear response" (Perry, 2006, p. 34). Georgsson et al. (2011) considered that children's recall of memories about domestic violence towards their mothers was "quite difficult." Notably, some memories were challenging to recollect. Children were described as experiencing recall as a form of "reliving" (p. 124).

Practice and clinical guidelines about adopting a trauma-informed approach recommend that clinicians be aware of, and attuned to, trauma presentations and symptoms such as the client's level of arousal, in order to assist clients to manage any symptoms (Kezelman & Stavropoulos, 2019). Publications specifically about domestic violence and children, similarly, state that children with experiences of this trauma can react in response to "triggers that are related to the past," for example, "sights, sounds, smells and other unconscious reminders" (Australian Childhood Foundation, 2013, p. 11). Consistent with the trauma literature, this study found that clinicians and service providers all spoke about the varying behavioural presentations of children, and that children's trauma could easily be triggered in research. Ethics committee members and mothers shared these views.

There is more to understand and learn about the effects of children's participation in domestic violence research and the difference between triggering of distress and retraumatisation. This supports the position of commentators who argue that additional research on the cost and benefits of trauma research and the "emotional impact on children" is required (CP MERG, 2012, p. 63; Seedat et al., 2004). Scholars also recommend that researchers need to "address" and "pay more explicit attention to trauma while conducting/reading/writing research" (Day, 2018, p. 3).

Service System Barriers. Barriers to conducting domestic violence research with children also exist because children are not the focus in the service system. Further, because of the nature and model of service delivery, children can be invisible. Service providers indicated that some families, lacking engagement, can "go under the radar," making children difficult to reach. If children are not already a focus of the service system, it is not surprising that barriers to their research participation prevail. The idiom "out of sight, out of mind" seems apt.

Childhood Studies (with childism) and children's rights provided the theoretical lens for this study. From a rights-based perspective, in addition to participatory rights and rights to "special protection and assistance" (Article 20 UNCRC), children's rights across other domains are not being realised. One example is the right for services and treatment following experiences of violence (Article 19 UNCRC).

Respecting children's right to have a say about their experiences of domestic violence is significant, because studies demonstrate that children use different strategies to cope with violence and can act to prevent or stop the violence (Aadnanes & Gulbrandsen, 2018; DeBoard-Lucas & Grych, 2011). Research indicates that it is "time for us to listen" to what children have to say (Swanston et al., 2014, p. 198).

Applying the critical lens of childism to research findings (Wall, 2019), it is evident that children are not afforded respect as autonomous actors, with rights on an equal footing to adults. Power is vested in adults, who determine what is in the best interests of children.

Protecting children is not seen as synonymous with facilitating their safe participation in domestic violence research. While children with experiences of domestic violence do have vulnerabilities, such a blanket construction can result in overprotection. Drawing on the scholarship of Balen et al. (2006), who highlighted how gatekeeping can “become interference” (p. 32) in children’s participatory rights, this study confirms that gatekeeping further erodes the possibility of children having a voice in domestic violence research, especially children who are not considered Gillick competent or mature minors.

Rights Poorly Articulated and Insufficient Resources. The UNCRC has facilitated various research and participatory processes with children worldwide (Woodhead, 2010). However, in the confines of the domestic and family violence sector in Australia, children’s rights are poorly articulated, and resources, according to participants in this study, are inadequate to uphold those rights. Catering for children’s needs and their service provision rights, along with the right to be involved in participatory processes such as in research, is overlooked by the system. These are concerning findings, particularly when children’s experiences of domestic and family violence were meant to be a “prominent policy issue” (Campo, 2015, p. 2).

The Fourth Action Plan to Reduce Violence against Women and their Children in Australia confirms that “historically, the voices of children have been ignored” (Australian Government Department of Social Services, 2019, p. 27). The National Children’s Commissioner in Australia concurred that children’s unique needs in the domestic and family violence sector “tend to get lost or overlooked,” noting that the discourse and focus was now shifting to children and their experiences of this violence (Mitchell, 2017, Section 2).

Children Secondary Consideration. As service delivery structures, budgets and processes focus on mothers and their crisis support needs, children become a secondary consideration by default. Service providers observed that resourcing issues experienced in the sector significantly impact on their capacity to focus on children and enable their research participation. This thesis adds additional support to the research literature, which illustrated the resourcing challenges that exist in the sector and the subsequent impact on adequately supporting children (Wendt et al., 2017).

Researchers also discussed the significance of the philosophical and ideological origins and underpinnings in the sector and how feminism (in isolation from an equal consideration on child rights) can shut down understanding about children's rights. Service delivery, consequently, can focus on mothers as the primary or immediate victims and survivors of the violence.

Children generally cannot enable their own research participation. They need support and assistance from gatekeepers to engage in research. Service providers recognised that they lacked the time, capacity, and the mental energy to even think about children. If the service sector does not already spotlight children's rights and understand what these rights mean in the context of service provision, it is highly unlikely that children, already marginalised and disadvantaged in the system, will be supported to participate in research.

Service providers indicated that children are involved in minor, day-to-day decision-making about activities and their immediate needs. However, children's participatory rights, with respect to co-leading policy, service changes, and research, were far from being realised. While researchers and ethics committee members mentioned domestic violence research projects, other participants (mothers, service providers, and clinicians), mostly did not discuss or highlight any participatory, research, or consultative process that involved children. A service provider acknowledged that they did not really get a lot of feedback from children.

Protection Mandates Present Barriers. Analysing the barriers to research in the system more deeply, and recalling the researcher's experience in recruiting mothers to this study, barriers to children's domestic violence research participation also exist because gatekeepers in the services actively safeguard mothers. Despite extensive efforts at engagement and relationship building with services, the researcher found that certain agencies contacted about this study, even those who participated in preliminary meetings, did not facilitate the participation of mothers. Some staff actively appeared to discourage participation.

Social work and occupational therapy values and theories of practice underpinned this research: social justice, anti-oppressive practices, human rights, self-determination, support for people’s participation, and a commitment to collaborative approaches (Australian Association of Social Workers, 2010, 2015; Dunn, 2011; Imms et al., 2017; Occupational Therapy Australia, 2014). Therefore, the researcher was left with an uneasy feeling about the vulnerability of mothers, the power and control of workers within the system, and whether mothers, themselves, actually have their participatory rights fully upheld. Although the research was ethically approved, and the researcher had professional experience and support to safely conduct the research, mothers were not readily enabled to participate. Possibly, some were not even advised about the study.

Based on the views expressed by all participant groups in this study, this thesis posits that safeguarding and protection mandates, evident in the service system, impede the domestic violence research participation of both mothers and children, even though the reasons for this relate to ensuring their protection and safety. Mothers did discuss the trust they have in refuge workers, with one mother referring to them as “the protectors.” If mothers, as pivotal gatekeepers, are difficult to access through the system, their rights to participate are not being effectively upheld. The challenges for engaging children and the barriers to their research participation become far greater.

Adult-Discomfort and Adult-Centric Thinking. This study sought to understand the thinking behind the decision-making considerations of gatekeepers. Previous research highlighted gatekeeper reticence in facilitating children's inclusion in domestic violence research (Baker, 2005; Rizo et al., 2017). This study shows that the decision to enable children's involvement was dependent upon the age and maturity of the child and whether gatekeepers deemed the research safe, justified, of high merit, and with clear benefits sufficient to warrant the inclusion of children. Underneath these considerations, the gatekeepers' own personal constructions about domestic violence, and possibly their own sensitivities about the issue, were also evident.

Mothers, service providers and clinicians spoke about the need for adults to feel comfortable about the research. Domestic violence was viewed by participants as a taboo, hidden issue. Participants spoke about feelings of shame, guilt, and blame as barriers to children's participation. This level of discomfort can translate into adults not wanting to think about domestic violence. A service provider confirmed that people don't want to know about domestic violence, hence, why would they think about it. These constructions are not conducive to enabling children's research participation.

Participants in this study recognised that adults construct childhood as a time of innocence and protection, but childhood experiences of domestic and family violence shatter that construction. Facilitating a child's participation in research means acknowledging that domestic violence has possibly affected them. Further, the adult's personal and professional experiences and individual vulnerabilities might influence their decisions. Adults themselves may have their own experiences of victimisation and trauma, as a child or as an adult. Engaging and supporting children in this research means that the adult gatekeeper themselves (and the researcher) must be aware of their own possible vulnerabilities about the issue and what children's participation in research may mean for them, personally and professionally.

This research showed that the anxiety of the adult, their discomfort, sensitivity and possible distress about the topic, potentially lay beneath gatekeeper reluctance in this research. In moving forward to enable domestic violence research with children, the starting point is to focus on the adult gatekeeper and to establish a level of comfort about the research.

Enabling Research

Building Supports. Having a service system and gatekeepers that are on board and high-level leadership in both the research community and in the domestic and family violence sector is critical to enabling domestic violence research with children. The significance of "community based" partnerships and collaborations in conducting domestic violence research is well established (Goodman et al., 2017, p. 7). Participants said that researchers also need to establish some "insider" status and to be known and trusted by the service system. Literature supports the need for developing a trusting relationship with services and with mothers.

Researchers have spent lengthy periods of time volunteering in services to facilitate domestic violence research (Callaghan et al., 2018; Phillips & Phillips, 2010). Some services require volunteering before they will even consider a research proposal (Goodman et al., 2017). Participants indicated that researchers need time and capacity to establish rapport and build trust with gatekeepers, mothers, and children, who also need to be provided with comprehensive information about the research.

While the importance of building collaborations and supports is reflected in the literature, this thesis sheds new light on the significance of adopting a children's rights framework. This is a powerful enabler of domestic violence research with children. Fundamental to achieving this is having a service system which has children's rights at the centre of practice.

Children's Rights. Most participants were aware of, and familiar with, the UNCRC. A couple of mothers even mentioned children's rights. Understanding children's rights in domestic violence services and focusing practice on realising these rights creates a pivotal foundation to enabling domestic violence research with children. Holding agencies accountable for delivering rights-based practice, particularly in various Australian jurisdictions with human rights legislation (currently, the ACT, Victoria and Queensland) would facilitate this outcome.

Current national policy reforms aimed at establishing child-safe organisations, following the Australian Royal Commission into Institutional Responses to Child Sexual Abuse (Australian Human Rights Commission, 2018), no doubt will provide momentum for organisations to align service provision, so that children's rights are at the core of service delivery. Until this time, as evidenced in this thesis, children's rights are not sufficiently understood in the system; nor do they adequately underpin service delivery, which is already stretched beyond capacity. Children's rights, firstly, need to be enlivened and embedded within the system. As a service provider indicated, some work was required to get services up to speed around understanding the rights-perspective.

This necessitates bringing children in from the periphery and giving them an active role in co-leading the process. Sector leadership, combined with research leadership, is critical to achieving this outcome. The key roles of the "ultimate gatekeepers" (Commissioners for Children and Young People) in supporting and facilitating the rights of children and young people to be engaged in research and consultation processes are important to achieving this outcome. Other key stakeholders and leaders in the domestic violence sector, who are well positioned, can further champion rights-based practice, and, consequently, enable children's research participation. Children and young people being facilitated to co-lead in defining and articulating their rights within the domestic violence service context is foremost.

Trauma-Safe Research. Gatekeepers did not necessarily understand how domestic violence research could be undertaken in a way that makes children feel safe enough to discuss their experiences. By way of comparison, no participant raised concerns about children's engagement in counselling and therapy, with the possibility that this could trigger past trauma. Mothers wanted their children to receive those supports. The involvement of clinicians, such as educational psychologists, social workers, and other practitioners, was considered a key enabler. Other enablers suggested included clinicians and practitioners (such as key workers) being involved in the research team, and clinicians and practitioners conducting research as an add-on to their clinical responsibilities, provided that ethical oversight was in place.

Some clinicians and refuge workers expressed an interest in partnering with researchers to conduct domestic violence research with children. This collaborative, interdisciplinary model of research was considered best practice. Such an approach would ensure that safeguards for children, such as a pre-existing trusting relationship, were in place. Research designs reflecting this model have been adopted in domestic violence research (Georgsson et al., 2011; Georgsson Staf & Almqvist, 2015). Gatekeepers considered that this model would enable research with children.

The literature review chapters of this thesis indicated that adopting a child-centred and empowering approach in domestic violence research with children, and child abuse research more generally, is pivotal to children's engagement (Houghton, 2015; Mudaly & Goddard, 2006). The enablers discussed by participants in this study mirror child-centred approaches and methodologies presented in the literature review of this thesis. Domestic violence research with children is no different, with respect to engaging children through activities that are interesting and appropriate for them. Regardless of the type of research, the value of child-friendly, creative, and fun activities are important considerations in designing any research with children (Kellett, 2011).

Participants also discussed using technology, apps (designing avatars), and bringing animals into the research setting. The use of animals, to engage and assist children to emotionally self-regulate, and the idea of children designing their own avatars for use in research, were viewed positively, as potentially making a significant difference to children's participation. Avatars offer the opportunity to assure the child's anonymity, confidentiality, and privacy. Animals are already used for reducing anxiety in domestic violence services (Flynn, 2018), in other clinical programs (Crease et al., 2017; Signal et al., 2017), and in legal settings (Wood et al., 2018). Participants thought that they equally could be used to facilitate children's research engagement.

Before enabling children's participation in domestic violence research, gatekeepers wanted comprehensive information about the questions and activities to be used, ensuring that these were appropriate to individual children, considering their trauma experiences. Participants sought broader clinical expertise in the selection of research activities. They did not want children triggered as a result of engaging in any activity. Some activities were considered contraindicated (use of clay), because of the abuse histories of children. Most service providers and clinicians indicated that children with experiences of domestic violence can present with developmental issues, including speech delays. Activity selection and flexibility in research were considered crucial in meeting the needs of each child.

These findings spotlight the significance of conducting interdisciplinary domestic violence research with children. Bringing together broader expertise, such as an occupational therapist or speech pathologist, to assist in the design and possible modification of the research activities is advantageous. Occupational therapists have undertaken some research in the domestic violence area, for example, research relating to mothering (Nguyen et al., 2018) and the mother–child interactions (Waldman-Levi et al., 2015). Mostly, however, their clinical expertise is under-utilised in domestic violence research with children. The lack of literature about domestic violence research specifically involving speech pathologists leads to similar conclusions.

Theoretical implications of these findings indicate the need for some different thinking about how domestic violence research with children is conducted and the composition of research teams. It is necessary for gatekeepers to be satisfied that no harm (physical, emotional, or psychological) will come to children. The quote from the clinician at the commencement of this chapter emphasises that domestic violence research with children would also be enabled if additional principles from trauma interventions underpinned and informed research design.

Participants suggested that, in addition to safety assessments and safety protocols, key enablers for conducting domestic violence research included integrating clinical or therapeutic models into the research, particularly those which offered a higher level of safeguarding with respect to the child’s emotional and psychological safety and wellbeing. While trauma, relational, attachment, and family violence frameworks were generally mentioned by participants, specific examples included Dan Hughes’ PACE model (DDP Network, 2020; Hughes, n.d.) and Bruce Perry’s Neurosequential Model of Therapeutics (Perry, 2006).

Applying Dan Hughes’ PACE (Playfulness, Acceptance, Curiosity, Empathy) model (DDP Network, 2020; Hughes, n.d.) and translating it into research means being playful in the research approach, accepting and appreciating the child’s views and thoughts, having a stance of wonder and curiosity about the child, and reflecting empathy and compassion (Golding & Hughes, 2020; Hughes et al., 2019).

Research underpinned by Bruce Perry’s Neurosequential Model of Therapeutics means that the research design and the conduct of the research would be informed by neuroscience and neurodevelopmental principles, which include an understanding of brain development and the impact of trauma on the child’s brain (Perry, 2009; Perry & Szalavitz, 2017). Research methods need to be structured, with patterns, routine, and predictability, so children feel safe. Applying Perry’s model is about ensuring that research activities match the child’s unique needs (including trauma presentations) and their developmental capabilities (Perry, 2006).

This thesis argues for additional conceptual and methodological development in domestic violence research with children and for the further integration into research methodology of clinical approaches and practices. The optimal model for enabling domestic violence research with children needs to be more than trauma-informed and child-centred. Participants in this study wanted greater assurance and confidence that research would be conducted with children in a safe manner. With reference to the nomenclature of trauma-informed thinking or the continuum, from being trauma-aware through to practising from a trauma-informed approach (Wall et al., 2016), this thesis posits that another level of safeguarding is required in conducting domestic violence research with children. This is represented by attuned trauma-safe research.

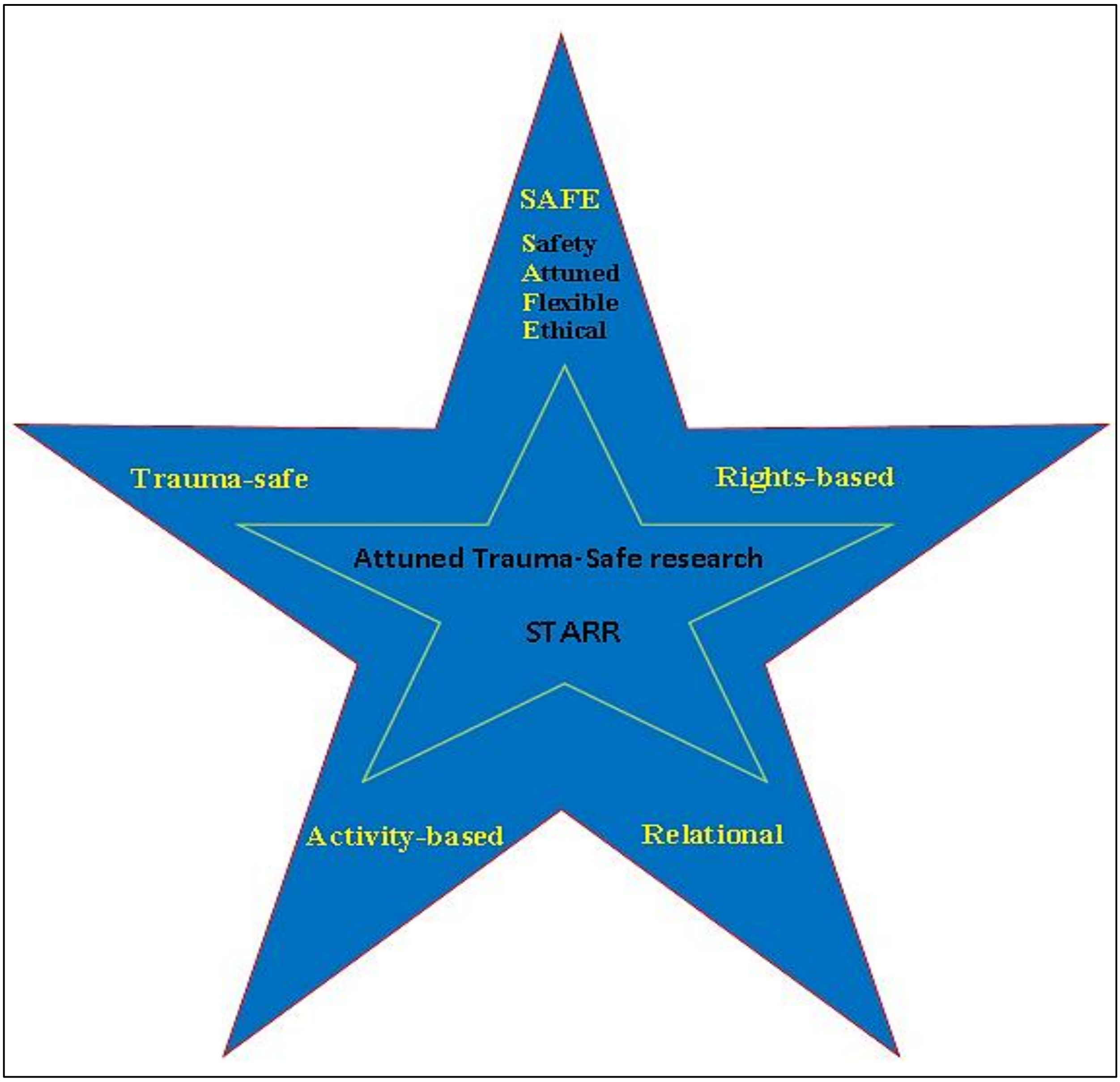
10.5 The STARR Model—Attuned Trauma-Safe Research

The key contribution of this thesis is the development of an enabling model for conducting domestic violence research with children, as a way of visualising and explaining the theoretical knowledge developed in this research. According to participants in this study, domestic violence research with children has the best chance of being facilitated by gatekeepers when researchers can demonstrate that the research is attuned, relational, and trauma-safe. Participants highlighted the importance of safety, ethical approval, trauma-informed thinking, and being rights-based and activity-based. A relational underpinning was essential, where trust and rapport was established with children, their mothers, and gatekeepers.

From these findings, the model for Attuned Trauma-Safe Research, which I have called STARR, has been constructed. It is based on the enablers put forward in this study, which create the STARR acronym. The STARR model is depicted in Figure 10. Appendix H includes a table presenting more detail on the enabling strategies for principles in the model.

Figure 10

Attuned Trauma-Safe Research—The STARR Model



Principle-Based Model

STARR incorporates the following enabling principles: SAFE (Safety, Attuned, Flexible, Ethical), trauma-safe, activity-based, relational, and rights-based. A principle-based model has been developed because participants favoured this approach. As one ethics committee member noted, an enabling feature of the National Statement on Ethical Conduct in Human Research (Australia) relates to its focus on principles, not rules. A researcher also considered principles more suitable, because very detailed guidance is not going to be that helpful when every research project is different. The need for underpinning principles was also discussed by a mother. Other participants spoke about family violence framework principles and trauma-based approaches that should guide domestic violence research with children.

Being comprised of principles, the model has greater flexibility and applicability for use in other sensitive social research with children. It could be applied to engagement, consultative, investigative, or interview processes involving children, particularly if research related to a sensitive topic. Further, the model has relevance for service evaluations involving children and child protection investigative and consultation processes. It offers a tangible, easy-to-use tool to open up dialogue about domestic violence research with children and conveys the principles that are important in this research.

STARR is not intended to provide in-depth guidance or instruction about conducting domestic violence research with children. STARR offers points of reference for facilitating dialogue about undertaking domestic violence research involving children and illustrates the principles which are important. The five-pointed star shape representing the model enables researchers to workshop STARR with gatekeepers and children, developing shared meaning and understanding around the principles. This could occur with ethics committees to facilitate the ethics approval process. Children can be engaged at the beginning of the research conversation. The model is designed to facilitate children's active engagement about their own research participation and to give them a leading role in establishing what the principles mean for them.

Facilitating engagement, language use, and terminology is important in the model. As was reflected in the findings of this thesis, the term "perpetrator" may not fit with the child's construction of violence. While the term "perpetrator" is used in this model, equally, the term "person using violence" could be utilised, depending on the child's construction and understanding.

Principles of the STARR Model

SAFE. The SAFE principle is the overarching or framing principle of the model. SAFE consists of four components: **Safety, Attuned, Flexible and Ethical**

Safety. *The physical, emotional, psychological, and cultural safety of children and their mothers, along with their wellbeing, are paramount considerations, prioritised above all other considerations. Children and their mothers are to feel safe throughout the research process.*

Enabling strategies for this principle include: conducting a safety assessment (throughout the research); ensuring that the child is actively engaged in the consent process; establishing critical safeguards relating to confidentiality, privacy, and anonymity; undertaking research at a good time and in a safe, child-friendly location; developing safety plans/protocols; and following any legal reporting or agency policies. Safety also includes assessment regarding any cultural safety considerations, which may necessitate consultation with Elders and other cultural leaders.

To facilitate the child's involvement in consent processes, additional child-friendly tools or strategies may be required, for example, readability tools such as the Gunning Fog Index or the Flesch-Kincaid tool, could be of assistance if modifying consent forms.

Obtaining a digital recording of the child's consent may be preferable, if ethically approved. A child might need the support of an independent third-party (such as an advocate or refuge worker) to assist them with the consent process.

If the child is having regular and ongoing contact with the perpetrator of the violence, this would exclude the child from research. The child's views are to be at the forefront of the safety assessment. If research is to engage siblings, each child is to be given the opportunity to participate individually in this process.

The child's mother or caregiver is pivotal and generally best placed to advise on safety. The research, therefore, needs to recognise the mother–child relationship and the relational impact of domestic violence trauma on this relationship. Mothers are the natural gatekeepers, and their role should be supported unless information from the service provider or child suggests otherwise. If other guardianship or care arrangements exist for the child, the caregiver is to be involved in this safety assessment. Refer to Appendix H for a description of each enabling strategy.

> ***Attuned.*** *Researchers are aware of, receptive, and responsive to the child's verbal and non-verbal cues, adapting the research according to the child's needs.*

Enabling strategies important under this principle include researchers having a high level of experience and knowledge to conduct sensitive social research with children. This includes knowledge about domestic violence trauma and how this can impact a child's brain and general development, and the capacity to design research based on neurodevelopmental principles. Clinicians and practitioners may be involved in undertaking research as an add-on to their clinical practice, providing independent ethical review, and oversight is obtained. Researchers may also work in partnership and collaboration with other professional disciplines to ensure that research design is attuned to each individual child.

Flexible. *Flexible processes and research methods which meet the child's unique needs are utilised in research (for example, research being conducted individually or in groups). Researchers need to be flexible in the conduct of the research, according to the child's presentation and needs.*

Flexibility in the design and choice of research methods assists in meeting the individual needs of the child. A researcher may need to intersperse research questions with drawing, playtime, and different activities. Depending on their developmental levels and individual circumstances, the child might not have the language to readily recount their experiences. Scaffolding around interviews may be required, where researchers ask more leading questions of the child.

To guide this process, and in accordance with consent provisions, information about the child's development level, needs, and strengths is provided to the researcher by gatekeepers and caregivers. The individual child is integral to this process and is to be offered the opportunity to contribute to this process before research begins.

To flexibly cater for the needs of children, it may be suitable (if approved) for an existing group or clinical program to become the setting for research. This, however, would require ethics approval and a separate consent process.

Ethical. *Research projects which elicit views directly from children on their experiences of a sensitive issue (such as domestic violence, maltreatment, and abuse) are subject to independent ethical review, monitoring, and oversight pursuant to the National Statement on Ethical Conduct in Human Research.*

Evaluations and consultation processes which are established to seek children's views on a sensitive topic should, similarly, be subject to independent ethical approval and oversight. This may necessitate the involvement of other agency ethical review processes as appropriate to the project and collaborations between agencies and universities.

Strategies to enable research include utilising a HREC through either a university or a suitable research institute. Early ethics advice may facilitate the approval process. Agency leadership and supportive gatekeepers are also significant to the ethical review process. Agencies may be required to provide supporting documentation as part of the ethics review, for example, an assurance that the agency will provide follow up counselling and support to the child (and family), if warranted. It is important that researchers are ethically supported by a team, who can offer guidance and assistance during the research.

Trauma-Safe. *A higher level of safeguarding exists where researchers have the expertise to understand the child's individual emotional and psychological vulnerabilities and safeguard these in the research. Researchers have knowledge about trauma and what triggers trauma responses and have the expertise to manage the child's responses. Neurodevelopmental principles, attachment, and family violence frameworks underpin the research.*

Being trauma-safe incorporates more than just awareness and insight into the impacts of trauma on a child. Researchers also fully understand the context for the research. In conducting domestic violence research with children, a researcher is cognisant of the dynamics of domestic and family violence and how it affects children (and their mothers), particularly regarding the relational and attachment impacts of this violence. Researchers have knowledge about trauma and what triggers trauma responses and have the expertise to manage the child's responses.

Enabling trauma-safe research may require the involvement of other disciplines (occupational therapy, educational psychology, speech pathology, social work). Family violence frameworks and neurodevelopmental principles are important and should underpin trauma-safe research into sensitive issues, such as domestic and family violence, abuse, and maltreatment. While different models could be utilised, specific examples include Bruce

Perry’s Neurosequential Model of Therapeutics (Perry, 2009; Perry & Szalavitz, 2017) and Dan Hughes’ PACE approach (DDP Network, 2020; Hughes, n.d.).

Children are to feel safe throughout the research process. This necessitates consideration of the research environment and setting. A child may require a trusted support person, such as their mother, to be present during the research.

Access to space, possibly outside play equipment, can settle and calm a child before research and during a break. Provided that privacy and confidentiality safeguards exist, it may be appropriate to undertake the research outside. If it is conducted inside, the research space should be light and airy, containing soft furnishings, and offer the child access to other suitable toys and equipment (soft toys, play tents, sensory and calming toys). The use of animals in the research (therapy or assistance dog) may assist to engage the child, providing comfort and emotional support.

Safety strategies should be agreed upon and established with the child for use in the research. This includes ensuring that the child understands that they can opt out at any time, they do not have to answer questions, and they have a word or a strategy to tell the researcher that they want to stop or take a break (for example, use of a stop card, small toy, stopwatch).

> **Activity-Based**. *Research is activity-based and uses fun, child-friendly, and creative mediums which are best-fit in meeting the needs of children in the research and in maximising their participation. Activities are to be developmentally suitable for the child and chosen by the child. Cultural and religious considerations are to be taken into account.*

Activities to be used in research are to be analysed and evaluated as appropriate to the child, the child’s trauma experiences, and the research topic. This may require the researcher to seek assistance and clinical guidance from other professionals (psychologist, social worker, speech pathologist, occupational therapist), particularly if a child has a disability or other clinical needs.

An activity, or the research setting itself, may need to be adjusted or modified to maximise the child’s participation. The child is to be offered choice of expression, as appropriate to the study and their presenting needs. For the child to fully participate and communicate in a manner of their choosing, consider the use of communication aids, props, or technology (computer applications, tablet-based applications, digital storytelling, augmented reality, use of avatars).

Activities used in research are to be child-friendly and child-focused. Further, they are to be developmentally and individually appropriate and non-threatening. Different creative methods and strategies as suitable to the child’s needs could be used, including toys, puzzles, games and creative or expressive arts and narrative processes.

Relational. *The establishment of rapport and a safe, trusting research relationship is critical. This relationship is akin to a safe therapeutic relationship (albeit a short-term relationship).*

To enable the development of this relationship, researchers recognise that they need time to build this with the child and their parent or caregiver. The development of supportive collaborations with gatekeeper agencies is also important, where the researcher spends time in an agency getting to know workers, mothers, and their children.

Rights-Based. *Adopting a rights-based approach means that children’s rights, as presented in the UNCRC, underpin and guide the research; this includes the dissemination and implementation of research findings. Children are engaged in a co-led research process appropriate to their developmental capabilities and the research. Research is to consider other applicable Conventions, Treaties and human rights legislation relevant to the research area.*

In domestic violence research and other areas of sensitive research, being rights-based means understanding children's rights in the context of that research setting. In domestic violence services, children are conceptualised as clients in their own right. There may be human rights legislation and other human rights conventions or treaties applicable to the research area. Examples include: The Convention on the Rights of Persons with Disabilities, the United Nations Declaration on the Rights of Indigenous Peoples, or, in European countries, the Istanbul Convention (Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence).

In conducting domestic violence research with children in accordance with the UNCRC, in addition to ensuring that the child's best interests are the "primary consideration" (Article 3), the researcher must consider the "responsibilities, rights and duties of parents" and significant others (Article 5), the participatory rights of the child (Articles 12 and 13), the child's right to privacy (Article 16), and their right to protection from violence and to protective measures in addressing violence (Article 19). The child's rights to "special protection" (Article 20) are equally important.

Child's Choice and Voice. Children exercising their right to be involved in research, or not to be involved, must be supported. While legal consent requirements must be followed, children also have the right to make this decision or choice for themselves or to be invited to consider that.

Children are to be asked what they want done with their voice. From a social justice and human rights perspective, there may be key stakeholders or parts of a system that children want to prioritise. They may think that the voice of children needs to be heard and injected into certain areas.

Co-Led Process. Adopting a rights-based underpinning is inclusive of children being engaged in the co-design of the research, where their needs and rights are at the centre of the process in how the research is done and why it's done. Children are supported and given assistance and guidance throughout this process. The appropriateness and suitability of an advisory or reference group of children and young people is considered. The research is to "work" for children and be developmentally appropriate to individual children and their experience.

Honorariums and Reciprocity. In respecting the participatory rights of children, consideration is given to providing an honorarium, to acknowledge the participation of the child. Providing a token of thanks to mothers or caregivers, particularly if they have been instrumental to the child's participation, may be appropriate. Tangible outcomes, such as engagement in skill-building workshops, the provision of gift vouchers, or certificates could be used. If resources exist, facilitating the child's engagement in recreational activities (fees, admission costs) is also an option. The use of honorariums is to be subject to ethics approval.

STARR brings together the enabling principles and strategies suggested by mothers with experiences of domestic and family violence, service providers, clinicians, ethics committee members, and researchers. The aim of STARR is to facilitate gatekeeper support and to engage children in a co-led research process. It offers the starting point from which to build supports and ensure that research is conducted in a safe and child-friendly manner.

Building on Evidence

Researchers indicated that it was important to build on the evidence base to enable research. This research acknowledges existing scholarship in conducting domestic violence research with children (Houghton, 2015; Morris et al., 2012; Øverlien & Holt, 2018; Peled, 2001), child rights-based research (Larkins et al., 2015; Lundy, 2007; Lundy & McEvoy, 2012), child-centred research (Mudaly & Goddard, 2006), and the ethical guidance for undertaking research with children more generally (Graham et al., 2013; National Health and Medical Research Council et al., 2018a). STARR also recognises the importance of family violence frameworks that prioritise safety (Victorian Department of Human Services, 2012, 2013).

STARR directly builds on the evidence from this study, which includes the importance of having safety as a core requirement, supported by a trauma framework, a child-centred approach and a child-rights underpinning. The model incorporates neurodevelopmental and relational principles into the research design and research activities, where researchers bring more of a clinical lens to the research.

Like clinicians, who design therapeutic approaches that match a client's individual needs, researchers implementing a trauma-safe approach need the expertise to understand the child's individual emotional and psychological vulnerabilities and to safeguard these suitably in the research. Establishing a relationship that is akin to a safe and trusting therapeutic relationship, being attuned to a child who starts to dissociate or dysregulate, and knowing how to adapt research in response are key elements to being trauma-safe. Researchers have the expertise to safely deal with, and manage, any trauma presentations.

Based on the views and constructions of the gatekeepers and experienced domestic violence researchers in this research, STARR is a model that enables the safeguarding of children and their families in domestic violence research.

10.6 Researcher Reflections

Strengths of Research

The strength of this thesis derives from the knowledge and insights ascertained from 49 diverse gatekeepers and researchers on the barriers to the engagement of children in domestic violence research. Obstacles to children's participation in this research, at least in the Australian context, are now better understood. The findings are also pertinent globally.

Moreover, this thesis has made a significant scholarly contribution on a way forward to safely enable children's research participation, when the research relates to a sensitive topic such as domestic and family violence. STARR as an enabling model is based on the views and constructions of gatekeepers and researchers who are significant in this area of sensitive social research. Being evidence based gives this model legitimacy and credibility in facilitating gatekeeper and stakeholder support and provides a platform for collaborative research partnerships.

From a social justice and human rights position, the inclusion of mothers in this study was important. They are critical gatekeepers, so their contribution was considered essential. They provided valuable insights about their fears, concerns, and worries, as well as their ideas on strategies for enabling research. Conducting research with mothers as a vulnerable cohort also resulted in knowledge development about employing a trauma-safe methodology.

Researcher's Experience

I embarked on a journey in undertaking a study which, to date, represents a first in engaging researchers and significant gatekeepers in conducting domestic violence research with children. Undertaking this study was not without its challenges, particularly with respect to the engagement of the domestic and family violence sector and the recruitment of mothers.

Persistence and the use of close professional networks proved critical to opening the doors of the domestic violence and community services sector in recruiting mothers to this study. When I initially envisioned this study, I did not expect to be experiencing, in situ, the questions being explored in this study. In many respects, this offered significant learnings about engaging a hard-to-reach cohort. I recognise and acknowledge key scholars who have shared ethical concerns and tensions in the literature (for example, Cater & Øverlien, 2014; Fontes, 2004; Graham et al., 2013; Langford, 2000; Liamputtong, 2007; Morris et al., 2012), because they offered critical ethical guidance in undertaking this study.

This study offered emancipatory and empowerment outcomes, and all mothers who participated in the study were appreciative of being given the opportunity to contribute. For some, it was their chance to have a say and share their experiences, because they want the best service delivery for children. They understood how this research was a step towards achieving this outcome. It was, therefore, disappointing that, despite the extensive efforts at sector engagement, value underpinnings and a focus on the safety of mothers led to some overprotection by services. The engagement of mothers was not readily facilitated.

Ensuring that the safety of participants was prioritised throughout this research was reflected in the development of a safety protocol and the influence of both trauma-informed thinking and the Ethics of Care. Careful planning regarding the confidentiality and privacy of participants, particularly mothers, was also essential. My practitioner and clinical experiences confirm the safety and risk issues in conducting domestic violence research with children. I have been in situations where critical safety risks have unexpectedly presented from perpetrators of violence.

Despite support through a research institute, a PhD scholar finds that, in most respects, undertaking research is a solitary endeavour. I cannot discount the value of critical reflection throughout this study, especially in processing some of the life-threatening narratives that were shared by mothers, and also by some service providers who had themselves endured domestic and family violence.

Ethics committee members, researchers and clinicians discussed the impact of undertaking violence-related research. One clinician thought that research potentially posed more of a risk than clinical practice for vicarious trauma. Listening to audio recordings, transcribing interviews, and coding interviews for themes does take a researcher deeply into the participant’s story. Reflexive bracketing of my constructions was essential. Journaling also assisted me to deal with sensitive and emotive material and to identify key learnings and challenges. An entry from my research journal reflects the in situ impact of the research and how this influenced my constructions:

> Another media story about a man charged with murdering his wife. I am pleased my data collection has finished. Even though my cohort of mothers were living in safety, risk can change quickly. In doing this research, there are unknowns, potential risks that cannot be fully assessed … I am conflicted, regarding the ethics of this research and putting children through this, where they may experience fear for what it might mean for themselves and family members if they participate … This research must be ethically justified, but for some children they feel fear—so can it be justified, or what other safeguards are necessary? (Researcher’s Journal, 22 April 2019)

While every interview undertaken with the 49 participants offered unique insights into the barriers and hurdles in domestic violence research, mothers’ insights particularly resonated. Their stories, especially their fears about children being involved in domestic violence research, did cause me to reflect critically on the ethics of domestic violence research with children. In upholding children’s rights and putting their experiences at the forefront, I considered how domestic violence research could be safely enabled, so that mothers (and other gatekeepers) could be confident and assured that the process of research would not put children at any risk.

The construction of fear by mothers for their children in conducting domestic violence research with children cannot be minimised. No research can be ethically justified when a participant feels fear; yet, for mothers, fear was still very present. The STARR enabling model provides a way to unpack safety concerns. Through that process, mothers and children are in control of whether they can safely participate in research.

Study Limitations

I am realistic about the limitations of this study. Resource constraints restricted the number of participants that could be involved, and particularly, whether face-to-face interviews were possible. It would have been preferable for all interviews to be conducted face to face, but some participants, especially researchers, were interstate or overseas. Time limitations after obtaining ethics approval were not conducive to a long period of sector engagement, meaning that I had less time available to develop trust and rapport with the service sector. Given additional resources and time, I am confident that more mothers and service providers would have agreed to participate.

Children were not interviewed in this study. Therefore, children have not had the opportunity, at this stage, to discuss their ideas on the barriers and enablers to conducting domestic violence research with children. This study primarily concerned the decision-making of key gatekeepers and domestic violence researchers regarding children’s participation in domestic violence research. Asking children about the barriers and enablers in this research was not ethically justified at this stage. Children were not best placed to have detailed knowledge about gatekeepers’ and researchers’ views on the research questions. This is not to say that they cannot interrogate, critique, and evaluate STARR, as the important next step in refining the model.

To justify not including children, I was guided by ethical requirements for conducting research with children. Guidelines highlight the need to consider what children can realistically be expected to understand and contribute to the research study. Researchers must guard against the possible exploitation of children in research (Schenk & Williamson, 2005). The National Statement for Ethical Conduct in Human Research states that research with children needs to be appropriate for their participation (National Health and Medical Research Council et al., 2018a). Because the focus was on the ethical decision-making of researchers and gatekeepers in this study, the participation of children was not considered appropriate.

I seek to achieve transformation in research practice with children and young people on their lived experiences of domestic and family violence. This study represented only one part of the ongoing knowledge creation process required for enabling children's participation in domestic violence research. As Ethics Committee Member Eight said, developing knowledge in this area is "incremental … it needs to be done carefully."

Because of the number of participants in this study, significant and extensive data were obtained outside the scope of research questions relating to the barriers, enablers, and decision-making considerations of gatekeepers. Two examples are: data relating to mothers' experiences of the family court system; and the heartbreaking impact that domestic violence had on their relationships with their children. The current research could not do justice to these further insights.

This exploratory qualitative study was specific to the Australian context; hence, there are potential limitations to the generalisability of findings. Despite the extensive data collected for this study and the involvement of 49 participants, the number of participants in each cohort was not large. Data collection was also undertaken in eastern Australia, mostly in metropolitan or large regional areas. Resource limitations prevented research from being conducted in rural or remote areas, and these might have highlighted other barriers and enablers to children's domestic violence research participation.

10.7 Broader Implications and Future Research

There is more to understand about how children experience trauma research, and this is especially true of younger children who have complex behavioural and trauma presentations. Children's constructions about their engagement in domestic violence research are worthy of further study. The results of this study form the basis of a research process with children which can explore their ideas about undertaking domestic violence research and how they think that this is best conducted.

The STARR model and Attuned Trauma-Safe research need to be critiqued, evaluated, and refined. This process could involve gatekeepers, key stakeholders, and researchers. Engaging children in this process is also important. They need to be provided with the opportunity to share their views about whether they think that this model assists to enable their safe participation.

Possibly, there are engagement and consultation processes occurring with children on domestic and family violence and other sensitive issues that fall outside the sphere and definition of research according to the National Statement. Projects may be established as more informal consultation or evaluation processes with children because of the barriers that prevail in conducting sensitive research with children. Consequently, adequate ethical protections and safeguards may not be in place. Children have the right for any project which elicits their personal experiences about a sensitive issue, such as domestic violence, to be conducted in a manner that adequately upholds their rights.

STARR has broad applicability to other processes that directly engage children and elicit their opinions, constructions, and experiences about sensitive matters, such as sexual and domestic violence, maltreatment, and mental health. Consultations, service evaluations, and investigative interviews could utilise STARR in establishing a safe and trusting context to facilitate children's participation. To gain the support of stakeholders, Attuned Trauma-Safe consultations or investigative processes could be undertaken.

Gaps in knowledge remain about the translation of children's rights within the domestic and family violence service sector, and this has implications for the sector. Significant policy and sector capacity development is required, to embed rights-based practice. Moreover, questions remain about how children make sense of, and understand, their rights in the sector and their own priorities for service reforms.

The work done in Scotland, engaging young experts in a national policy reform process relating to domestic violence (Houghton, 2015, 2018), could be instigated in Australia. This would require significant support from governments and the sector, along with adequate resources. University research partners could lead this process with the “ultimate gatekeepers” in this research, such as children and young people commissioners. This study illustrates that interdisciplinary and cross-sector research offers the opportunity to research intersecting issues relating to domestic violence and children’s experience of this violence. Research hubs or institutes which facilitate the bringing together of diverse professional and theoretical approaches are well placed to lead this research.

This study has identified other areas for research. The scope of the research questions did not allow for specific focus on the unique needs of children with disabilities and children from diverse cultural backgrounds. Further study is recommended to adequately explore the barriers and enablers to conducting domestic violence research with respect to these cohorts.

Ethics committee members discussed the possibility of conducting research on the decision-making of ethics committees and the ethics application forms they utilise. The concept of vulnerability, and how this is constructed by committees, was also put forward as an area for future research. Recommendations were made for vulnerability to be included as a special category in the National Statement on Ethical Conduct in Human Research in Australia. Ethics committee members unanimously agreed that they require greater guidance in reviewing domestic violence research applications.

Of course, the aim and purpose of this study was to develop knowledge on how to best enable children’s participation in domestic violence research. With leadership from the ANROWS, and impetus provided by the Fourth Action Plan—National Plan to Reduce

Violence against Women and their Children 2010–2022, the foundation potentially exists for research to occur.

10.8 Conclusion

Research evidence indicates that domestic violence research with children is successfully being undertaken across the globe. But this is not mirrored in the Australian context. This research highlights the significant policy and service development work that is required to bring children in from the margins and from their often overlooked or hidden position. Some fundamental changes are required to achieve this, including a paradigm shift to spotlight children and their rights within the system, and the injection of resources into the sector so that services can adequately address and focus on children's needs and circumstances.

Domestic violence research with children needs to start with children defining and constructing their own understanding of what their rights mean in the context of service delivery. Although this study identifies the significant barriers for children's research participation and the challenges that exist, the findings of this study also inspire change. Its findings add to momentum for shifting the policy and service focus onto children with experiences of domestic and family violence. Children need to be actively supported, by researchers and agency staff, to co-lead change.

The STARR enabling model which emerged from this research offers a contribution to assist in facilitating children's engagement in this process. STARR and Attuned Trauma-Safe Research have applicability, not just at the micro research level in the Australian context, but in offering an important enabling model for engaging children in research, consultative, and participatory processes more globally.

At the international level, the Office of the Special Representative of the Secretary-General on Violence Against Children considered the UNCRC and the "Sustainable

Development Goals” and stated: “The stars are in alignment to end violence against children” (Office of the Special Representative of the Secretary-General on Violence Against Children, 2019, p. 11).

The STARR enabling model is timely and makes a valuable contribution to achieving this goal, by putting children front and centre in research processes. The policy reform platform exists, both internationally and in the Australian context, to support children in research and at the front line of service provision and enable children to influence change processes. Practitioners who are designated to work with children in the service system are pivotal to achieving this outcome, through actively engaging children in ongoing participatory processes.

A mother in this research said: “That kid has every right in his mouth to have his word. He’s got every right underneath the sun to have his word” (M9). Children do have the right to their word in domestic violence research. However, to gain the support of the protective gatekeepers, research needs to be of high value, trauma-safe, ethically approved and, above all, must have a critical objective of making a significant difference to the lives of children and their families.

This highlights the need for children to be enabled, to be in the driving seat. With support, children will develop their own understanding about children’s rights in domestic and family violence and then prioritise ways of moving forward in realising those rights. If children’s rights are embedded in service delivery, as was acknowledged by a service provider, conducting domestic violence research should not be too hard, because the service system would already focus on children.

During the writing of the final paragraphs of this thesis, the words of Eleanor Roosevelt on realising human rights come to mind, probably because facilitating children’s participatory rights in domestic violence research is about beginning in the “small places,” that are “close to home” (Eleanor Roosevelt, 1958, as cited in Amnesty International, 2017, para. 5).

Enabling research starts with recognising children’s unique experiences of domestic violence and their rights to voice regarding these experiences. From there, it is about building gatekeeper partnerships that support and empower children (and their mothers) throughout the research process. Researchers with the expertise being supported to conduct sensitive, attuned and trauma-safe research is also significant to facilitating children’s voice in research.

The words of a service provider aptly conclude this study. This quote highlights the importance of domestic violence research with children and the ethical responsibilities, of both researchers and practitioners, in conducting this research. Foremost is honouring the voices of children for change, on an individual basis and for children more broadly:

> A child like that would only talk to you if it was going to make a difference. If there was some hope not just for everybody else, but for this child, that somebody would hear what they’re saying and that something for this child would change. (SP9-2)

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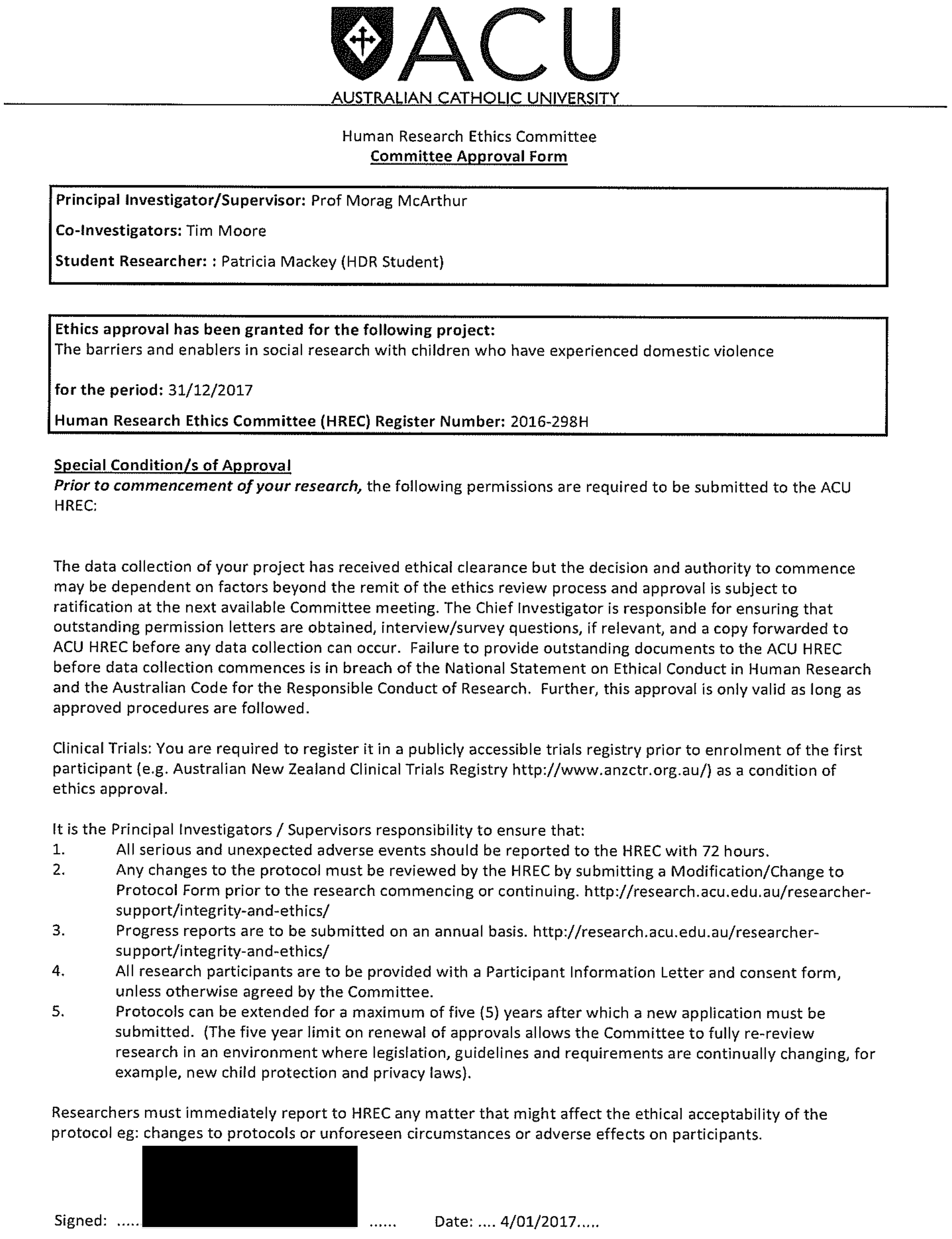
Appendix A—Ethics Approvals



AUSTRALIAN CATHOLIC UNIVERSITY

Human Research Ethics Committee
Committee Approval Form

Principal Investigator/Supervisor: Prof Morag McArthur

Co-Investigators: Tim Moore

Student Researcher: : Patricia Mackey (HDR Student)

Ethics approval has been granted for the following project:
The barriers and enablers in social research with children who have experienced domestic violence

for the period: 31/12/2017

Human Research Ethics Committee (HREC) Register Number: 2016-298H

Special Condition/s of Approval
Prior to commencement of your research, the following permissions are required to be submitted to the ACU HREC:

The data collection of your project has received ethical clearance but the decision and authority to commence may be dependent on factors beyond the remit of the ethics review process and approval is subject to ratification at the next available Committee meeting. The Chief Investigator is responsible for ensuring that outstanding permission letters are obtained, interview/survey questions, if relevant, and a copy forwarded to ACU HREC before any data collection can occur. Failure to provide outstanding documents to the ACU HREC before data collection commences is in breach of the National Statement on Ethical Conduct in Human Research and the Australian Code for the Responsible Conduct of Research. Further, this approval is only valid as long as approved procedures are followed.

Clinical Trials: You are required to register it in a publicly accessible trials registry prior to enrolment of the first participant (e.g. Australian New Zealand Clinical Trials Registry http://www.anzctr.org.au/) as a condition of ethics approval.

It is the Principal Investigators / Supervisors responsibility to ensure that:

1. All serious and unexpected adverse events should be reported to the HREC with 72 hours.
2. Any changes to the protocol must be reviewed by the HREC by submitting a Modification/Change to Protocol Form prior to the research commencing or continuing. http://research.acu.edu.au/researcher-support/integrity-and-ethics/
3. Progress reports are to be submitted on an annual basis. http://research.acu.edu.au/researcher-support/integrity-and-ethics/
4. All research participants are to be provided with a Participant Information Letter and consent form, unless otherwise agreed by the Committee.
5. Protocols can be extended for a maximum of five (5) years after which a new application must be submitted. (The five year limit on renewal of approvals allows the Committee to fully re-review research in an environment where legislation, guidelines and requirements are continually changing, for example, new child protection and privacy laws).

Researchers must immediately report to HREC any matter that might affect the ethical acceptability of the protocol eg: changes to protocols or unforeseen circumstances or adverse effects on participants.

Signed: .....[redacted]...... Date: .... 4/01/2017.....

AUSTRALIAN CATHOLIC UNIVERSITY

Human Research Ethics Committee

Approval Form

Principal Investigator/Supervisor: Prof Morag McArthur

Co-Investigators: Tim Moore

Student Researcher: Patricia Mackey (HDR Student)

Ethics approval has been granted for the following project:
The barriers and enablers in social research with children who have experienced domestic violence

for the period: 31/12/2017

Human Research Ethics Committee (HREC) Register Number: 2016-298H

This is to certify that the above application has been reviewed by the Australian Catholic University Human Research Ethics Committee (ACU HREC). The application has been approved for the period given above.

Researchers are responsible for ensuring that all conditions of approval are adhered to, that they seek prior approval for any modifications and that they notify the HREC of any incidents or unexpected issues impacting on participants that arise in the course of their research. Researchers are also responsible for ensuring that they adhere to the requirements of the *National Statement on Ethical Conduct in Human Research*, the *Australian Code for the Responsible Conduct of Research* and the University's *Code of Conduct*.

Any queries relating to this application should be directed to the Research Ethics Manager (resethics.manager@acu.edu.au).

Kind regards

[redacted]

Date 1/12/2017

Research Ethics Manager

Research Ethics | Office of the Deputy Vice-Chancellor (Research)
Australian Catholic University
T: +61 2 9739 2646
E: Res.Ethics@acu.edu.au
W: ACU Research Ethics

Appendix B—Brochure for mothers

What are my rights?

If you choose to participate in the research project you've got a number of rights around how you get involved and how the researcher works with you.

These include:

- The right to be **informed** about the project and your involvement in it
- The right to **choose** whether you get involved
- The right to be **treated with respect** and to **not be harmed** or negatively affected because of your involvement
- The right to **not be discriminated against** because of who you are or what your background is
- The right to **benefit from the project**
- The right to **stop** at any time
- The right to **complain** if you are not happy about how you are treated

What if I want to be involved or have some more Questions?

If you would like to take part in this research project or have any questions you can call Patricia Mackey on

02 6209 1156

Or email her on

Patricia.Mackey@acu.edu.au

She will be able to give you more information.

ACU AUSTRALIAN CATHOLIC UNIVERSITY

Institute of Child Protection Studies

Information for Mothers

Safeguarding their best interests

Ethical research with children on domestic violence

About the Project

This research project is about exploring the barriers to children's participation in domestic violence research, such as the concerns held by mothers, domestic violence services, researchers, ethics committees and clinicians about this, also looking at things which might enable children's participation in research about their experiences of domestic violence.

There are gaps in what we know about children's experiences of domestic violence because their voices are mostly missing in this research. We need to understand what concerns and barriers exist for children to be safely involved in future research.

Mothers involved with domestic violence services are invited to participate in this study so they can talk about their concerns and ideas on children's involvement in domestic violence research. Interviews will take place in a location of your choice as negotiated and will take up to 1 hour.

As a token of appreciation a <u>$30 gift voucher</u> will be offered in thanks for your time to this study.

Who will be talking to mothers?

Patricia Mackey will be talking to mothers. She is a social worker who is completing this research for her PhD. Patricia has significant experience working with women, children and young people in various settings and has been involved in research projects with women before. The impetus for the study came from Patricia's experience as a occupational therapist (OT) providing therapy to children and as a social worker where she prioritised the voice of individual children who had experienced domestic violence.

Patricia is doing her PhD through the *Institute of Child Protection Studies* at the *Australian Catholic University ACU*. Patricia is supervised by Professor Morag McArthur and Dr Tim Moore from the ACU.

If I got involved —what choices would I have?

Your involvement in the project is completely voluntary. This means that you can choose whether you take part in a one-on-one interview, what things you want to talk about (and things you don't) and whether you stop at ANY time.

Is what I say confidential?

You will not be identified in the research report. You will not be asked about your personal experiences. This study is about the things that would concern you about children being involved in domestic violence research and your ideas about how children could safety participate in this research. Besides the research team, no one will know what things you have said —except if we are worried about your safety or the safety of someone else. In these cases we will talk to you about our concerns and decide, together, what might need to happen.

We'll do everything we can to protect your privacy and confidentiality

Appendix C—Invitation to participate

INVITATION TO RESEARCHERS/CLINICANS/ETHICS COMMITTEE MEMBERS (Note: adapted for mothers and domestic violence services)

Dear ____

I am writing to invite you to participate in an interview (or *with someone at your organisation as appropriate*) for a study I am undertaking for my PhD which explores the barriers, enablers and ethical decision-making in social research with children who have experienced domestic violence. I am based at the *Institute of Child Protection Studies (ICPS)* at the *Australian Catholic University* in Canberra, undertaking my research under the supervision of Professor Morag McArthur (*School of Allied Health, Australian Catholic University*) and Dr Tim Moore with the *ICPS,* both my supervisors are highly experienced researchers and academics. My thesis is nested within a broader project being conducted by the *ICPS* and partner universities, who are seeking to improve understanding on the tensions of protecting children in social research on sensitive issues, whilst also facilitating their participation.

The impetus for the research study emerged from my clinical experience as an occupational therapist (OT) providing therapy to children and as a social worker in child protection and in public advocacy, where I sought to prioritise the voice of individual children who had experienced domestic violence and child abuse. Although children are now more involved in social research, there is still a lack of information about how children make sense of and understand domestic violence and how they themselves believe the issue might be addressed. Ethical and practical issues emerge in this research with children, barriers and obstacles exist in facilitating children’s participation in this research.

The interviews will be held between ______via telephone or in person face-to face. Please find attached an information sheet, which provides more details about my project. In the interim, I would be happy to discuss my study further (either by phone /meeting with you as appropriate).
Thank you in advance for considering my request. I will be in further contact in the next weeks to ascertain your interest in participating and whether you would be available for a (phone discussion/face to face meeting for me to initially discuss my research).

Yours Sincerely

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Appendix D—Participant Information Letter

ETHICS COMMITTEE MEMBERS, CLINICANS, SERVICE PROVIDERS

(Note: Adapted for mothers and researchers)

PROJECT TITLE: BARRIERS, ENABLERS AND ETHICAL DECISION-MAKING IN SOCIAL RESEARCH WITH CHILDREN WHO HAVE EXPERIENCED DOMESTIC VIOLENCE

INVESTIGATORS: Patricia Mackey, PhD Candidate/Student Researcher, Professor Morag McArthur, Principal Supervisor and Dr Tim Moore, Co-supervisor

Dear colleague

We are writing to invite you to participate in an interview which will contribute to the research project described below.

What is the project about?

The aim of this research is to explore the barriers, enablers and ethical decision-making in sensitive social research with children on their experiences of domestic violence. This research will be conducted with domestic violence researchers and with key gatekeepers involved in decision-making about children's participation in this area of social research, such as members of ethics committees, child clinical specialists providing therapeutic and counselling supports to children who have experienced domestic violence, domestic violence service providers, such as refuges and crisis support services and with mothers, engaged with domestic violence services.

Who is undertaking the project?

This project is being conducted by PhD research candidate, Patricia Mackey with the *Institute of Child Protection Studies at the Australian Catholic University.* Patricia is completing her PhD under the supervision of Professor Morag McArthur (*School of Allied Health, Australian Catholic University*) with co-supervision by Dr Tim Moore with the *Institute of Child Protection Studies, both supervisors are* experienced researchers and academics. Patricia is a qualified social worker and has worked in the community services and in public advocacy.

What will I be asked to do?

You will be asked to participate in either a face-to-face or telephone interview which will last up to an hour and will be digitally recorded. We will discuss what you think are the barriers and enablers in this research with children and ethical issues which present. We will also talk about whether domestic violence research with children is any different from other sensitive social research. Your ideas on how best to do this research with children will also be discussed.

Are there any risks associated with participating in this project?

We do not envisage that will be any risks associated with your participation.

What are the benefits of the research project?

This research will offer domestic violence researchers and key gatekeepers involved in ethical decision-making regarding children's participation in research on their experiences of domestic violence, to discuss their views and perspectives on the enablers, barriers and ethical issues involved in this research with children. Your participation in in this research will contribute to knowledge creation in this area so that children in the future can be facilitated and engaged to participate in this research in ways which protect and safeguard their best interests.

Can I withdraw from the study?

Participation in this study is completely voluntary. You are under no obligation to participate. You may also withdraw from the study or interview at any time without adverse consequences and without giving a reason. All you need to do is indicate to the researcher that you no longer want to participate, and the researcher will enable this to occur.

Will anyone else know the results of the project?

The data collected in this research project will be used to write a thesis about the research and the contributions you provide may be used to develop some articles for publishing in academic journals or for conference presentations. You will not be personally identified in the thesis. We will ensure that any information that might identify you or your agency/organisation will be removed from any articles and will not be accessible to anyone outside of the research team. Any information provided is confidential, unless you tell the researcher something that concerns them about your safety or another person's safety.

Will I be able to find out the results of the project?

If you would like information about the findings of the research, please indicate this on your consent form.

Who do I contact if I have questions about the project? If you have any questions about the project, please contact:

Ms Patricia Mackey
PhD Research Candidate
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Institute of Child Protection Studies
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Senior Research Fellow
Institute of Child Protection Studies
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3065, Australia
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Tim.Moore@acu.edu.au

What if I have a complaint or any concerns?

The study has been approved by the Human Research Ethics Committee at Australian Catholic University (2016-298H). If you have any complaints or concerns about the conduct of the project, you may write to the Chair of the Human Research Ethics Committee at the Office of the Deputy Vice Chancellor (Research).
Manager, Ethics

c/o Office of the Deputy Vice Chancellor (Research)
Australian Catholic University
North Sydney Campus
PO Box 968
NORTH SYDNEY, NSW 2059
Ph.: 02 9739 2519
Fax: 02 9739 2870
Email: resethics.manager@acu.edu.au

Any complaint or concern will be treated in confidence and fully investigated. You will be informed of the outcome.

How might we indicate our interest in participating?
Please respond to the email inviting you to participate.

Yours sincerely,

Patricia Mackey, Professor Morag McArthur & Dr Tim Moore

Appendix E—Interview Schedule

Interview schedule/questions for clinicians

(*Note*. Adapted for domestic violence services, researchers, ethics committee and mothers)

Question - **topic**	**Questions**	**Completed (YES)** **Comments**
Introduction and background **Consent** **Audiotaping**	• Introduction to the research covering aim and purpose of research, interview today, how it will be conducted, time frame any questions before interview commences, supervision, complaint process. • Consent to participate in the research discussed, further confirmed to participate in audio-recorded interview. • Advice no one will be identified. • Research outline: The aim of this thesis is to explore ethical research with children on the sensitive issue of domestic violence. The research questions are: o What are the barriers and enablers to conducting social research with children on their experiences of domestic violence? (social research defined as a process focused on collecting and reporting on children's views, perspectives and experiences, sensitive social research viewed as research which "potentially poses substantial threat the emergence of which renders problematic for the researcher and/or the researched the collection, holding, and/or dissemination of research data" (Renzetti and Lee 1993, p. 5) o Does domestic violence research with children on their experiences present additional ethical issues when compared with other social research with children? • Thesis seeks to build knowledge/understanding on the tensions in protecting and safeguarding the best interests of children in domestic violence research; thereby, facilitating their participation in this research. • The ethics of this research, the barriers and enablers to conducting this research and whether domestic violence research with children on their experiences is inherently different from social research with children on sensitive issues are concepts explored. • The development of a research framework providing further assistance and guidance to ethics committees, researchers and other stakeholders in decision-making about children's participation is a further aim. • Advancing knowledge on the methodological and ethical barriers and enablers to conducting this research is essential to the continuous improvement of research designs, so they	

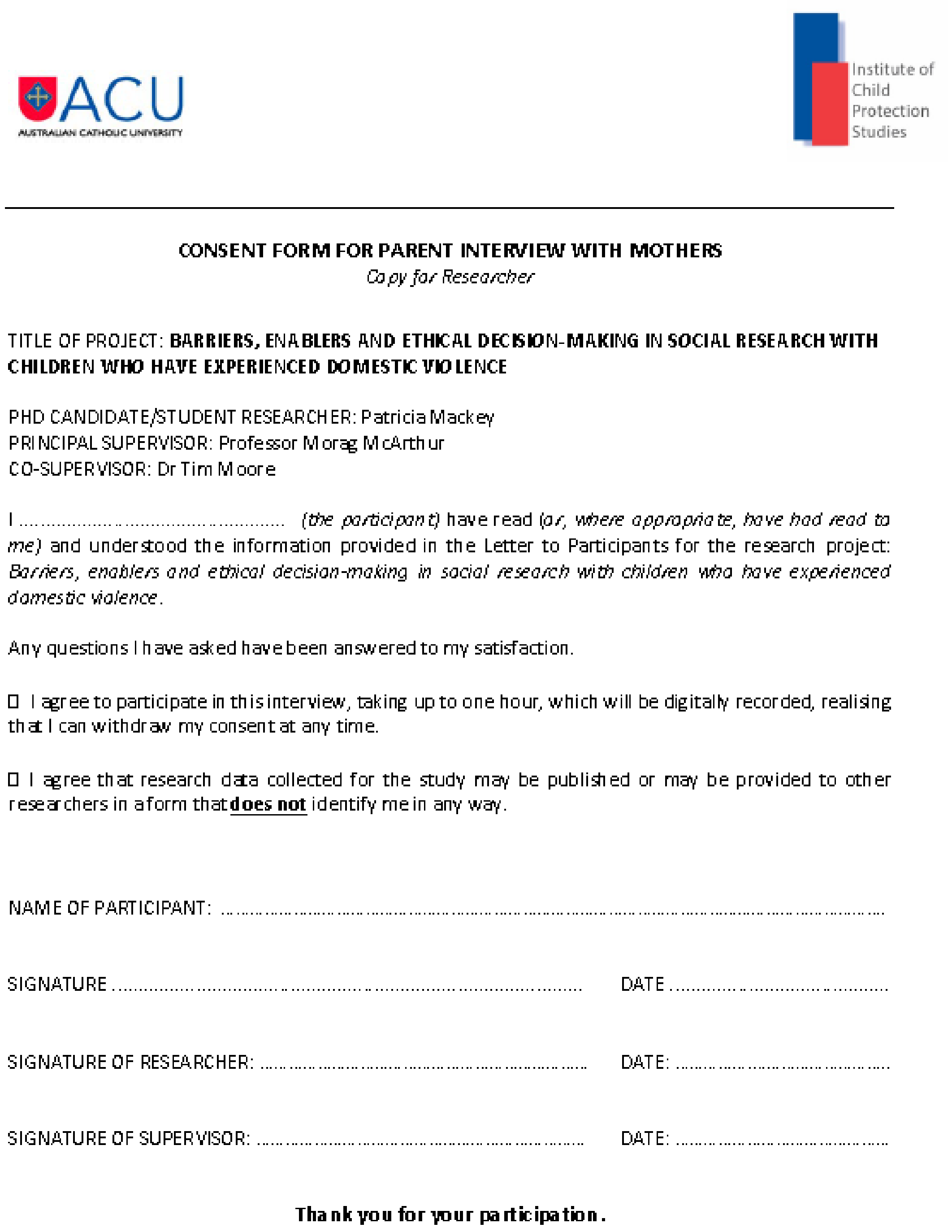
	are responsive and sensitive to children's lived experiences of domestic violence. • Definition of DV used in this thesis: "behaviour or threats, which include physical violence, sexual abuse, emotional abuse, verbal abuse and intimidation, economic and social deprivation, damage of personal property and abuse of power" (Australian Bureau of Statistics, 2013).	
Clinical experience with children and young people who have experienced DV	• Tell me generally about your experiences providing clinical intervention, counselling and therapy with children and young people who have experienced domestic violence? (roles, type of therapy conducted, theoretical and philosophical approach, ages of children, where undertaken, setting) • Tell me about the clinical presentation of these children?	
Exploring qualitative research with children on their experiences of domestic violence	• Thinking about sensitive social research with children on DV, what is your understanding of sensitive social research? (prompt if needed about meaning of research and types (e.g., mental health, disability, homelessness). • Do you consider that domestic violence research as being any different from other sensitive social research with children, if so, why is this? (explore these themes with clinician, allow for emergent questions) • Tell me about your values, beliefs, assumptions and views regarding children (and their capacity and competency, vulnerability) to participate in domestic violence research?	
Presenting ethical issues, barriers, enablers to children's participation in DV research	• Informed by your clinical experience, what ethical issues do you think could present in this research with children? • What are some of the factors that could impinge upon children's participation in this research? • What do you understand by the child's best interests in this research and how can their best interests be safeguarded? • What key clinical considerations are important in the design of domestic violence research with children on their lived experiences? (e.g., impact of trauma, triggering) • What possible *barriers* to children's participation in domestic violence research do you think would exist? • What possible *enablers* or facilitators to children's participation in domestic violence research exist?	
Children's Rights to participate in research on experiences of DV (UNCRC)	• You would be familiar with the "United Nations Convention on the Rights of the Child" – how can children's rights to participate in research on their experiences of DV be upheld? • Do you have any other ideas about how children's participation can be enabled and facilitated in DV research? (strategies, ideas, solutions–explore with clinician)	
Suggestions for research designs and ethical research practice	• Thinking about qualitative research designs, based on your clinical knowledge, what suggestions can you make for research designs? (explore how different ages, cultural background/diverse cultures affect research design and methods). • From your clinical expertise, if research occurs with children on this issue, how, when and where should it be undertaken, any practical considerations, clinical factors,	

	timing, environment, needed training, best settings? (explore possible considerations) • Children involved in social research could be provided with incentives, payment/compensation for their time in participating, what are your views about this? • What would ethical best practice research look like with children on domestic violence? • Do you have any other suggestions for research practice in this area? • How can children’s lived experiences of domestic violence be best captured in research?	
Research framework to offer guidance for children’s participation in DV research.	• What sort of guidance overall (e.g., ethical, practical) is needed to facilitate children’s participation in this research? (who, any different need for stakeholders) • In developing a research framework to offer guidance, what do you think this should include?	
Closure	• What key insights and learnings from your clinical work with children are most significant when thinking about conducting qualitative research with children on their experiences of domestic violence? • Any other things you would like to share and discuss about possible barriers, enablers and ethical decision-making in social research with children on their experiences of DV?	

Thank you for your valuable input, it is appreciated.

Appendix F—Consent Form

(*Note*: Adapted for researchers, HREC members, service providers and clinicians)



ACU AUSTRALIAN CATHOLIC UNIVERSITY

Institute of Child Protection Studies

CONSENT FORM FOR PARENT INTERVIEW WITH MOTHERS

Copy for Researcher

TITLE OF PROJECT: **BARRIERS, ENABLERS AND ETHICAL DECISION-MAKING IN SOCIAL RESEARCH WITH CHILDREN WHO HAVE EXPERIENCED DOMESTIC VIOLENCE**

PHD CANDIDATE/STUDENT RESEARCHER: Patricia Mackey
PRINCIPAL SUPERVISOR: Professor Morag McArthur
CO-SUPERVISOR: Dr Tim Moore

I .... *(the participant)* have read *(or, where appropriate, have had read to me)* and understood the information provided in the Letter to Participants for the research project: *Barriers, enablers and ethical decision-making in social research with children who have experienced domestic violence*.

Any questions I have asked have been answered to my satisfaction.

☐ I agree to participate in this interview, taking up to one hour, which will be digitally recorded, realising that I can withdraw my consent at any time.

☐ I agree that research data collected for the study may be published or may be provided to other researchers in a form that **does not** identify me in any way.

NAME OF PARTICIPANT: ....

SIGNATURE .... DATE ....

SIGNATURE OF RESEARCHER: .... DATE: ....

SIGNATURE OF SUPERVISOR: .... DATE: ....

Thank you for your participation.

Appendix G—Protocols

Protocol for obtaining informed voluntary consent

This study will ensure that participants provide voluntary informed consent. Details about the study, aims, research questions, consent, confidentiality, and privacy arrangements will be outlined in formal correspondence to possible participants, prior to the commencement of the study and receipt of their consent to participate. The following protocol for obtaining consent will be used:

1. Initial email correspondence to possible participant (except for mothers) will outline details of the study, aims, how to be undertaken, confidentiality arrangements, contact details, supervision arrangements and complaint processes.
2. Researcher will make further contact with possible participants to ascertain their interest in participating. If possible (and within resources) a face-to-face initial discussion will be offered to discuss the study, or this may be undertaken by phone.
3. Domestic violence service providers will also be sent the information flyer and letter for mothers. An initial meeting will be offered to mothers in the service, to answer any questions and to engage with them further about the study.
4. Prior to face-to-face interview and telephone interviews, the researcher will ensure that the participant understands the purpose of the study and how information will be used, and that they voluntarily consent to participate in the study. They will be informed that they can opt out at any time, and, if this occurs, information which they provide will not be used.
5. Before the interview, participants will be invited to complete a consent form and give this to researcher. There is a consent form for face-to-face interviews and for telephone interviews. The researcher will ensure that participants again provide informed consent to participate.

Protocol for interviews with mothers

1. Safety is the foremost consideration throughout the research process for mothers and the researcher.
2. Gatekeepers will be advised that mothers assessed as being at high risk may not be suitable to include in research, unless the agency can ensure their safe participation (for example, research occurring at the refuge, where the mother's confidentiality and privacy can be safeguarded). Only mothers assessed as being in a place of safety considered as potential participants. Researcher to confirm support options post-interview if required.
3. Gatekeepers to make initial contact with mothers and introduce the research. The researcher can be approached if further information is required, and an initial meet and greet process may occur.
4. Researcher is advised by gatekeepers on any risk and safety issues that potentially exist. Gatekeepers to advise on the mother's preferred form of contact, for example, mobile phone (texting) or email.
5. During the initial contact with the mother, the researcher will confirm contact arrangements and any issues with respect to safety; for example, how the researcher should message mother and best way to do this.
6. Interviews to occur in safe private location as agreed between mothers and the researcher. The gatekeeper may also be involved in this decision, particularly if an interview is to occur at a shelter or refuge. Where possible and appropriate, interviews will occur at the premises of the service provider.
7. Interviews are not to be conducted in the mother's private residence. Venues to be considered include: university office, quiet and private lunch/coffee spot, office or interview room in refuge, or other service location. Mothers to self-determine setting that works for them.
8. Mothers may like a support person, such as a refuge worker, to be with them.
9. If required, prior to interview, the researcher will further discuss with the mother whether any safety issues or risks have emerged and how the mother would like to manage any unanticipated risk that presents during the interview.
10. Researcher to appropriately manage any distress by using distress protocol adapted from Draucker et al., 2009 protocol (see below). This necessitates an awareness on how the participant is responding during an interview, and being cognisant of

indicators. These include: heightened stress or emotional distress (unable to control crying); trauma responses; or where behaviour or statements suggest significant safety or risk concerns, such as threats to self-harm or harm to others. Danger may also present for a participant because of their participation in the study. In response to these indicators, an interview may need to stop or a break be called. If serious concerns present, a safety assessment could be warranted, to ascertain whether imminent danger or risk is evident. An emergency response may be required.

11. After the interview, the researcher to ensure mother is settled and calm. Information on support options to be available if necessary, for example, speaking with refuge worker.
12. Researcher to access clinical support if required and discuss emerging issues in supervision.
13. Researcher to advise supervisors and provide feedback where required. Critical incident reporting requirements to be followed.

TABLE A1

Protocol—Management of Distress

(Adapted from Draucker et al., 2009, p.348)

Indicators of distress/safety risk	**Strategies**	**Significant/immediate safety concerns, dangers identified (yes/no/action taken)**
Participant experiencing heightened stress or significant emotional reaction: • unable to control crying • confusion, concentration issues • trauma responses: dissociation, hypervigilant, hyper/hypo-arousal shutdown	• Pause or suspend interview • Researcher supportive • Allow participant time to recover • Participant self-determines next step (do they wish to continue, set up another interview time, withdrawal of consent) • Referrals considered (counselling supports, mental health, etc)	
Behaviour or statements suggest significant safety or risk concerns to self or others:	• Suspend interview • Discuss safety issues with participant (what are their thoughts, any	

• threats to self-harm/ suicide • threats to harm others	intent, when, how, means) • Assess whether immediate risk of harm • Develop action plan with participant (gatekeeper supports, mental health crisis outreach support, counselling, other referrals) *IS THERE IMMEDIATE DANGER?*	
Disclosure of threat or danger during interview: • from perpetrator or another person	• Cease interview • Assess presenting safety risks (how, what, when, where, immediacy of threat) • If immediate and imminent threat of danger exists, activate emergency response: Police, child protection, domestic violence crisis outreach support *IS THERE AN IMMEDIATE DANGER?*	
Follow up reporting: • supervisors • ethics committee • agency gatekeepers • authorities	• Discuss risk situation with supervisors • Follow any reporting requirements, ethics committee, gatekeeper agency, other stakeholders • Critical incident reporting where required	

Appendix H—STARR Enabling Model (Attuned Trauma-Safe Research)

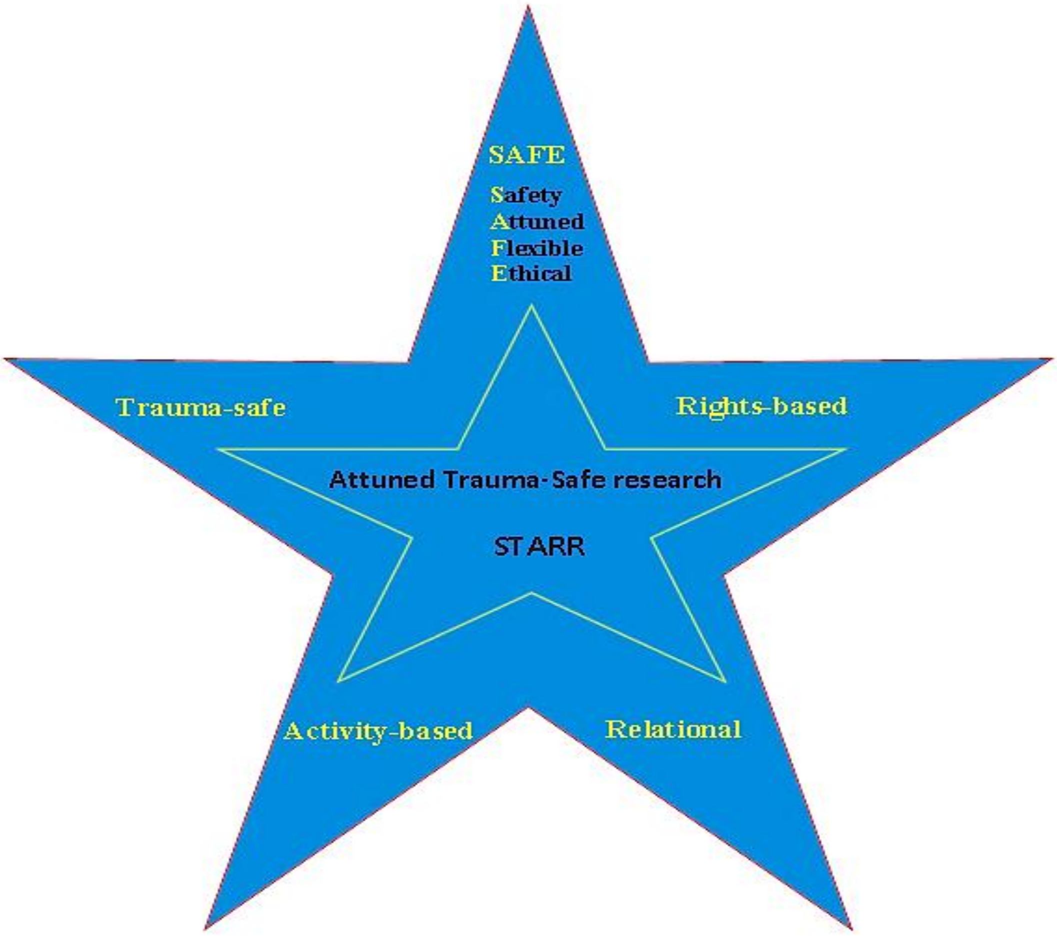
ATTUNED TRAUMA-SAFE RESEARCH— STARR

STARR is an enabling model or framework to facilitate gatekeeper and stakeholder support in conducting domestic violence research with children. It can be used creatively to engage children in a co-led research process.

STARR incorporates the following principles: SAFE (Safety, Attuned, Flexible, Ethical), trauma-safe, activity-based, relational and rights-based. It offers flexibility for use in other sensitive social research involving children and could be applied to consultative, investigative or interview processes, particularly if related to a sensitive topic. The model could also be used with adults in sensitive research.

It is not intended for STARR to provide in-depth research guidance. The model provides points of reference in research. Principles can be workshopped so shared meaning and understanding are developed. The model is designed to facilitate children’s active engagement about their own research participation and put them in a leading role with respect to what the principles mean for them.

STARR brings together the enabling principles and strategies suggested by mothers with experiences of domestic and family violence, domestic violence service providers, child clinicians, ethics committee members and domestic violence researchers. It offers the starting point to build supports and ensure research is conducted in a safe manner.



Principles	**Enabling strategies**
SAFE The **SAFE** principle is the overarching or framing principle of the model. **SAFE** consists of four components: **Safety**, **Attuned, Flexible** and **Ethical**. ***Safety:*** *The physical, emotional, psychological, and cultural safety of children and their mothers, along with their wellbeing, are paramount considerations, prioritised above all other considerations. Children and their mothers are to feel safe throughout the research process.*	**Safety assessment** • *Privilege child's construction of safety*: The child's views are to be at the forefront of the safety assessment. If research is to engage siblings, each child is to be given the opportunity to participate individually in this process. • *Assess individual, relational, and cultural circumstances of the child (and family)*: An assessment is to consider whether it is safe for the child to participate. This to include the child's broader relational context and whether they are in contact with the person using violence (perpetrator). • *Ongoing contact with the perpetrator of the violence*: If the child is having regular and ongoing contact with the perpetrator of the violence, this would exclude the child from research. • *Cultural safety*: Consideration of any cultural safety issues is also important in this assessment. Researchers may need to consult with Elders, cultural leaders, and other key stakeholders. • *Service providers and clinicians have an important role*: Services approached about research have a critical role in assessing safety and advising on the child's research participation. • *Mother (guardian or caregiver):* The child's mother or caregiver is pivotal and best placed to advise on safety. The research needs to recognise the mother–child relationship and the relational impact of trauma. Mothers are the natural gatekeepers, and their role should be supported unless information from the service provider or child suggests otherwise. • *Ongoing assessment*: Assessment of safety is an ongoing process in conducting research. **Good timing** • *No-go zones*: There are situations and time periods which are not ideal for research. This includes when legal proceedings (family court, criminal) are in progress, during crisis situations, following critical events, or when the child is transitioning to a new environment, for example, the initial weeks in a refuge. There may be cultural and religious considerations which also need to be taken into account. **Consent processes** • *Child provides consent*: The child's active engagement in the consent process is significant for safety and child rights. • *Child's developmental needs*: Considering the developmental needs of the child and their strengths, the research may require adapted/modified consent forms (use of pictorial or other suitable mediums for providing consent) which are child-friendly. The child

may prefer to provide their verbal consent which is digitally recorded. Ethics approval may be required for this. Readability tools such as the Gunning Fog Index or Flesch-Kincaid could be of assistance if consent forms need to be adapted.

- *Independent third-party:* Depending on the child's circumstances, particularly if a parent or caregiver is not available, or safety issues preclude parental consent processes, an independent third party, such as an advocate or support worker may be required to assist the child with the consent process.

Confidentiality, privacy, and anonymity

- *Safeguards exist*: Strategies are to be put in place to protect and safeguard the child's (and their family's) confidentiality, privacy and anonymity. Consider these safeguards in any promotional material about the research, when developing a contact and communication strategy with participants, and during consent. Participants may prefer to choose a pseudonym.
- *Safe child-friendly environment for research*: Careful consideration is to be given to the environment and setting for research, to ensure that it affords privacy and is child-friendly.
- *Child's home not recommended*: Use of the child's home is not recommended, although the decision about the research setting is to be agreed upon between the researcher, the child, and their caregiver.

Safety plan/protocol and staying safe strategies

- *Child and family safety plan*: The development of an individual safety plan for the child and their family is essential. Gatekeeper agencies can advise on the development and content of plans. If children are to participate in research, they are to be actively involved in assessing their safety and developing the safety plan.
- *Researcher's safety protocol*: Researchers are to develop a protocol for how they intend to safely conduct research. Strategies may include having mobile phone with them with emergency contacts listed, not conducting interviews at the home of a participant, having protected communication strategies in place with participants, parking the car in front of a neighbouring property (if approved to undertake an interview at a private residence), and having a critical incident strategy (for example, if the perpetrator turns up). There may be other strategies the researcher needs to incorporate into their safety protocol, informed by the child and family safety plan. Agency policies and procedures may also stipulate various requirements relating to the safety of the researcher.

	Reporting requirements - *Legal obligations*: Researchers are to be cognisant of any legal obligations with respect to the mandatory reporting of child abuse and reportable offences. - *Agency policies:* The service may adopt procedures related to safety that impinge on the research. Researchers are to be aware of any policy requirements that must be adhered to—for example, maintaining the confidentiality of the refuge's address.
Attuned: *Researchers are aware of, receptive, and responsive to the child's verbal and non-verbal cues, adapting the research according to the child's needs.*	**High-level expertise and knowledge** - Researchers have high-level experience and knowledge in conducting sensitive social research with children. This includes knowledge about domestic violence trauma and how this can impact the child's brain and general development. Researchers design research based on neurodevelopmental principles. **Clinician or practitioner conducts research** - Clinicians and practitioners may be involved in undertaking research as an add-on to their clinical practice, provided that independent ethical review and oversight is obtained. **Interdisciplinary research** - Researchers may work in partnership and collaboration with other professional disciplines to ensure that research design is attuned to each individual child.
Flexible: *Flexible processes and research methods which meet the child's unique needs are utilised in research (for example, research being conducted individually or in groups). Researchers need to be flexible in the conduct of the research, according to the child's presentation.*	**Flexible design and choice of methods** - Research design and methods need to flexibly respond to each individual child, according to the child's needs, developmental level, and behavioural presentation. - The research may need additional time to allow for breaks, such as playtime, so that a child is effectively supported to engage in research. **Scaffolded processes** - To respond to the child's needs, additional scaffolding for how questions are asked of children may be required. - More leading questions might be necessary, with children being offered different supports and activities to express their views.

	Child's strengths and needs - Foremost in designing research is researchers having information on the child's strengths and needs. - Gatekeepers and caregivers could provide information about the child (pursuant to consent processes). Additional information on the child's needs and capabilities may be required from clinicians or other professionals working with the child. - The child is integral to this process and is to be offered the opportunity, prior to the research, to participate in this process. **Existing groups or clinical programs** - Where appropriate and in accordance with ethical approvals, existing individual programs or clinical groups involving children and young people may be a suitable site for research.
Ethical: *Research projects which elicit views directly from children on their experiences of a sensitive issue (such as domestic violence, maltreatment, and abuse) are subject to independent ethical review, monitoring and oversight pursuant to the National Statement on Ethical Conduct in Human Research.*	**Human Research Ethics Review Committees (HREC)** - Research should utilise a HREC, through either a university or a suitable research institute. - Early ethics advice may facilitate the approval process. **Agency leadership and support** - Agency leadership and supportive gatekeepers are significant to the ethical review process. - Agencies may be required to provide supporting documentation as part of the ethics review, for example, stating that the agency will provide follow up counselling and support to the child (and family) if required post-research. **Researcher support** - Researchers are to be clinically supported by a team, which can offer guidance and assistance during the research. Additional external clinical support and supervision for the researcher may be required.
Trauma-Safe: *A higher level of safeguarding exists where researchers have the*	**Context for research fully understood** - In conducting domestic violence research with children, the researcher is cognisant of the dynamics of domestic and family violence and how it affects children (and their mothers), particularly the relational and attachment impacts of this violence.

expertise to understand the child's individual emotional and psychological vulnerabilities and safeguard these in the research. *Researchers have knowledge about trauma and what triggers trauma responses and have the expertise to manage the child's responses.* *Neurodevelopmental principles, trauma, attachment, and family violence frameworks underpin the research.*	• Obtaining this understanding may necessitate additional training. This might include training on conducting safety/risk assessments or frontline training for the researcher on domestic/family violence and child abuse. • Prior engagement in a service may also facilitate this understanding. Researchers may volunteer or spend extended periods of time being involved with a service prior to research. **Neurodevelopmental, trauma, attachment and family violence frameworks** • Research is to be underpinned and informed by neurodevelopmental, developmental, attachment and family violence frameworks. • There are various models that could be utilised in research. Specific examples which could be considered include Bruce Perry's Neurosequential Model of Therapeutics (Perry, 2009; Perry & Szalavitz, 2017) and Dan Hughes' PACE approach (DPP Network, 2020). • Perry's model entails an understanding of brain development and the impact of trauma on the child's brain. Research methods need to be structured, with patterns, routine and predictability, so children feel safe. Research activities are to match the child's unique needs (including trauma presentations) and their developmental capabilities. • Dan Hughes' PACE model is focused on establishing emotional safety for children who have experienced trauma. Research is underpinned by principles which include: Playfulness, Acceptance, Curiosity and Empathy (Hughes, 2017; Hughes et al., 2019). • Researchers may need additional training in complex and developmental trauma to ensure that they have the expertise to be trauma-safe in research. • Further clinical advice, consultation and supervision of the conduct of the research is recommended. Multidisciplinary expertise may be required. **Trauma presentations/vulnerabilities understood and appropriately responded to** • Researchers have expertise to understand the individual presentations of children (their emotional and psychological vulnerabilities). • When undertaking research, the researcher has expert knowledge about trauma presentations and triggers of trauma responses and the capacity to manage the varying clinical presentations. • To be trauma-safe, research teams may require additional clinical guidance and assistance, along with the involvement of different disciplines (occupational therapists, educational psychologists, speech pathologists).

	• The researcher has expertise and can appropriately respond to trauma presentations. This includes being able to use various techniques and strategies to manage trauma presentations, for example, calming techniques, play strategies and sensory regulation techniques. • Sensory and calming kits are developed (comprising fidget toys, stress ball, soft toys, weighted blankets, different textured toys etc). • Animal assistance and therapy animals may be appropriate to engage the child and to provide comfort and/or emotional support. Further consultation with caregivers may be required, along with ethics approval. **Research environment trauma-safe** • The setting for research needs to be trauma-safe and matched to the child's needs. This may require consultation with other professionals or clinicians. Modifications and reasonable adjustments to the setting might be required to ensure the setting is trauma-safe and enables the child's participation. • Children require appropriate access to activity space. This space needs to be assessed regarding access and exit points. The child may feel safer being able to see outside the room. • Access to outside play equipment may settle a child prior to research and could be used during a break. • An outside, child-friendly space could be utilised for research, provided that this offers privacy and confidentiality. • A clinical or therapeutic setting mostly would be suitable for research. The room should be light and airy with soft furnishings. • Children should have access to suitable toys in the research setting. A play tent, soft toys, and small figures could be considered. • A playroom or an activity room in a refuge or shelter would need to be assessed if appropriate. • Too many toys might be distracting for the child. • Staying safe in research: Safety strategies should be agreed upon and established with the child for use in the research. This includes the child understanding they can opt out at any time, they do not have to answer questions and they have a word or a strategy to tell the researcher they want to stop or take a break (for example, use of stop card, small toy, stopwatch).
Activity-Based: *Research is activity-based and uses fun, child-friendly and creative mediums which are best-fit*	**Analyse and evaluate research activities** • Activities to be used in research are to be analysed and evaluated as appropriate to the child, their trauma experiences, and the research topic. • This may require the researcher to seek assistance and clinical guidance from other professionals (educational psychologist, social worker, speech pathologist, occupational therapist), particularly if a

in meeting the needs of children in the research and in maximising their participation. Activities are to be developmentally suitable for the child and chosen by the child. Cultural and religious considerations are to be taken into account.	child has disability or other clinical needs. Cultural advice may also be required to ensure an activity is appropriate and safe. **Adjustment and modification to maximise participation** • An activity or the research setting may need to be adjusted or modified to cater for a child's needs and to maximise their participation. This includes how questions are asked and the activities used in research. Further scaffolding in the research, such as asking more leading questions, could be required. • Additional clinical and multidisciplinary assistance may be required to modify an activity in facilitating the child's participation. • This may require the use of assistive technologies, adaptive equipment and aids. These may be simple aids, such as a pencil grip to enable a child to draw or write, through to other communication aids, props, or technology (computer and tablet-based applications). **Child choice and child-led** • The child is to be offered choice of expression, as appropriate to the study. • For the child to fully participate and communicate in a manner of their choosing, consider the use of various fun, creative and expressive activities and the use of technology (apps, computer games, avatars, digital stories). • Research is to be child-led to the maximum extent possible, particularly during research interviews.
Relational: *The establishment of rapport and a safe, trusting research relationship is critical. This relationship is akin to a safe therapeutic relationship (albeit a short-time relationship).*	**Prior engagement with gatekeepers** • Time is needed to develop supportive collaborations with gatekeeper agencies. • The researcher will need to spend time in an agency, getting to know agency workers, prior to recruiting participants. **Development of safe, trusting research relationship** • Establishment of rapport and trust with children and their mother (or caregiver) is essential. • Researchers recognise that the development of this relationship may need to occur over several sessions; for example: the researcher meeting the mother and her child, being involved in refuge activities (if research is occurring in that setting) and then engaging the child in an activity of their choice.

	• The research relationship is akin to a safe, short-term therapeutic relationship and reflects respect, empowerment, child self-determination, and choice. • The child understands the bounds of confidentiality of the researcher in the event of serious risks of harm and to safety being disclosed.
Rights-Based: *Adopting a rights-based approach means that children's rights, as presented in the UNCRC, underpin and guide the research; this includes the dissemination and implementation of research findings.* *Children are engaged in a co-led research process, as appropriate to their developmental capabilities and the research.* *Research is to consider other applicable Conventions, Treaties, and human rights legislation relevant to the research area.*	**Understand children's rights in context of research setting** • Researchers are to understand children's rights in the context of domestic and family violence service provision. In these services, children are conceptualised as clients in their own right, which means that in addition to assessing a family's situation, children's needs and circumstances are to be individually considered and assessed. **UNCRC** • In conducting research with children about their experiences of domestic violence, in addition to ensuring that the "child's best interests" are the "primary consideration" (Article 3), research must consider the "responsibilities, rights and duties of parents" and significant others (Article 5), the child's participatory rights (Articles 12 and 13), the child's right to privacy (Article 16), and their right to protection from violence and to protective measures in addressing violence (Article 19). The child's rights to "special protection" (Article 20) is equally important. **Consider other applicable conventions, treaties, legislation** • Research is to be cognisant of any other human rights legislation, human rights conventions, or treaties applicable to the research area (for example: Convention on the Rights of Persons with Disabilities, United Nations Declaration on the Rights of Indigenous Peoples, The Istanbul Convention (Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence). **Child's choice and voice** • Children exercising their right to be involved in research, or not to be involved, must be upheld. • While legal consent requirements must be followed, children also have the right to be involved in this decision-making process. They may require additional support and assistance (for example, refuge worker, advocate) to form their views and express their choice and preferences. • Children are to be asked what they want done with their voice. From a social justice and human rights perspective, there may be

	key stakeholders or parts of a system that children want to prioritise. They may think that the voice of children needs to be heard and injected into certain areas. **Co-led process (design and conduct of research)** • Adopting a rights-based underpinning is inclusive of children being engaged in the co-design of the research, where their needs and rights are at the centre of the process, in both how the research is done and why it is done. • Children are supported and given assistance and guidance throughout this process. • The appropriateness and suitability of an advisory or reference group of children and young people is to be considered. The research is to “work” for children and be developmentally appropriate to individual children and their experience. **Honorariums and reciprocity** • In respecting the participatory rights of children, consideration is given to providing an honorarium or an incentive, to acknowledge the participation of the child. • Providing a token of thanks to mothers or caregivers, particularly if they have been instrumental to the child’s participation, may be indicated. • Tangible outcomes, such as engagement in skill-building workshops, the provision of gift vouchers, or certificates could be used. If resources exist, facilitating the child’s engagement in recreational activities (fees, admission costs) is also an option. • The use of incentives is subject to ethics approval.