ORIGINAL ARTICLE

Mothers' Views About Children's Engagement in Domestic Violence Research

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Abstract

Purpose The voices of children remain overshadowed and marginalized in domestic violence research. Mothers with experiences of domestic violence are central to enabling children's participation, but few studies focus on their views and perceptions about conducting this research with children. This article addresses this research gap and presents qualitative research undertaken in Australia with mothers on their views about children's engagement in domestic violence research.

Methods Eleven mothers participated in semi-structured interviews. The domestic violence service sector assisted in recruitment by approaching mothers living in a place of safety. Constructivist grounded theory along with interdisciplinary research, which drew on professional perspectives from social work and occupational therapy, underpinned the methodological approach and data was analyzed through a process of thematic network analysis.

Results While not against children's involvement in domestic violence research in principle, mothers reported concerns about whether researchers could safely engage children. The possible adverse consequences from children's participation meant they were extremely reluctant to provide consent. Mothers expressed anxiety about the potential safety ramifications for children and mothers, particularly if the perpetrator found out about their involvement in research.

Conclusions To best enable research, mothers said they needed assurance that the highest level of safeguarding existed, addressing physical safety considerations and emotional, psychological, and cultural safety. Demonstrating that research is trauma-safe, child-friendly, and in the child's interests is important for gaining mothers' consent.

Keywords Children's participation · Domestic abuse · Domestic violence · Intimate partner violence

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Introduction

In the Australian research context, there is limited research with children and young people (under 18 years of age) that explores their perceptions of domestic violence (Noble-Carr et al., 2020). Arnell and Thunberg (2023) discuss that while globally they are more engaged in domestic violence research than 20 years ago, children and young people's views as direct informants on their experiences of this violence remain less evident in research, hence the importance of focusing on their underrepresentation.

As victim survivors of domestic violence (the term used in this paper for what is also referred to as intimate partner violence, domestic abuse or family violence), children have participatory rights in research and in service development reforms (Øverlien & Holt, 2018). Facilitating their research inclusion acknowledges their human rights (Aadnanes & Gulbrandsen, 2018). Children offer unique insights into their lived experiences of this violence and how it influences

their lives (Beetham et al., 2019) and their knowledge can assist policy developments (Houghton, 2018). Most importantly, children want opportunities to express their views on the issue and to be heard (Noble-Carr et al., 2020).

The participatory rights of children are clearly articulated in the United Nations Convention on the Rights of the Child (1989). Articles 12 and 13 of the Convention highlight children's rights to express themselves and have a say in decision-making processes, and in doing so, they have the choice of how they wish to participate. Researchers articulate the importance of the Convention in framing research endeavors and elevating the value of children as key participants in this research (Roth et al., 2013).

Despite greater acknowledgement of the value of children as informants in domestic violence research, many adults remain apprehensive about their inclusion in research concerning this sensitive issue (Powell et al., 2020). Adults, including parents, professionals, and researchers, act as gatekeepers who decide and determine children's involvement in research (Øverlien & Holt, 2021). This presents complexities and challenges with approval, recruitment, and participation processes, including for researchers who seek to uphold children's participatory rights in sensitive research (McCarry, 2012). Reasons put forward for the limited engagement of children in domestic violence research, include gatekeepers being reticent to support children's involvement because of perceived ethical concerns, along with associated practical and methodological issues (Rizo et al., 2017). Considering their lack of research engagement, Cullen et al. (2023) raises the question as to whether children and young people's participatory rights are adequately upheld and respected. Elliffe et al. (2021) refer to children "being hidden" (p. 16) in both service delivery and in domestic violence research. They reinforce the importance of recognizing children as victims of this violence along with their competence to participate in research.

Prevalence data in Australia for an older cohort, young people aged 16–24 years, indicates that 43.8% of young people report experiences of domestic violence (Mathews et al., 2023). This signifies the critical importance of facilitating the participation of children and young people in domestic violence research. The findings reported in this article inform strategies for their inclusion.

Mothers as Significant Gatekeepers

Ethical research guidelines construct children as a vulnerable cohort (National Health and Medical Research Council, 2023) and prescribe that they must be protected and safeguarded from harm in the research context (Truscott et al., 2019). The role and function of gatekeepers are integral to this protection and in obtaining approval for research with children. Kay (2019) refers to gatekeepers as the "guardians of research" (p. 37).

Gatekeepers are people, such as social workers and parents, or bodies, for example, institutional ethics committees, who can either facilitate access to children as research informants or exclude their participation (Ahern, 2014). Powell and Smith (2009) refer to the "hierarchy" (p. 136) of stages that researchers must navigate to secure approval for children's inclusion. In domestic violence research with children, Øverlien and Holt (2021) highlight the importance of considering how to negotiate and deal with gatekeepers when planning the research. This includes identifying the key gatekeepers and developing strategies for connecting with them.

Mothers with experiences of domestic violence hold a pivotal position in giving consent for the inclusion of children in domestic violence research (e.g., Aadnanes & Gulbrandsen, 2018; Arnell & Thunberg, 2023; Beetham et al., 2019; Callaghan et al., 2018; Kan et al., 2021; Lapierre et al., 2018; Morris et al., 2020). While legal stipulations regarding consent vary across jurisdictions (Morris et al., 2012; Roth et al., 2013), these are underpinned by the assumption that children are unable to understand risks or make decisions that are in their best interests. Ethical codes therefore require parents to give consent for their children's participation (e.g., National Health and Medical Research Council, 2023).

Research articles may not fully discuss consent challenges and commentators note that ethical hurdles in domestic violence research remain underreported (Berry, 2009; Gabriel et al., 2017). Some reasons outlined in the literature for mothers declining consent and children not being involved include that mothers were "too busy" (DeBoard-Lucas & Grych, 2011, p. 345), children had moved on and did not want to revisit experiences or held anger towards their mothers (Katz, 2015), that the research would cause distress (Baker, 2005), or their children had already been interviewed through different processes (Eriksson & Näsman, 2012).

Research indicates that mothers hold concerns that domestic violence research with children might identify safety risks, resulting in the involvement of statutory services (Roth et al., 2013) or social workers (Stanley et al., 2012). A study involving 21 mothers with experiences of domestic violence who were mandated to attend services in a United States jurisdiction, found that although mothers identified possible benefits from children's engagement in research, they remained fearful and distrustful about children's involvement and the ramifications of their research participation (Rizo et al., 2017). Mothers expressed worry that the perpetrator could learn about the research and that

their child's participation may result in the involvement of child protection agencies in their lives. They also voiced concern about the perceived emotional costs of the research on the child, although they also expressed that research offered benefits by allowing a child to share their experiences (Rizo et al., 2017).

Safe Engagement in Domestic Violence Research

Ethical issues relating to facilitating the safe engagement of victim survivors in domestic violence research are not understated (Holt et al., 2018). Gabriel et al. (2017) highlights the challenges to enabling participation in this research. Victim survivors can be difficult to access and locate (Bender, 2017), approval processes through ethics committees may be lengthy (Lewis et al., 2024), ethics committees can be averse to the risks of retraumatization (Dragiewicz et al., 2023), and additional recruitment barriers prevail when recruiting people from marginalized or minority groups (El-Khorazaty et al., 2007; Mechanic & Pole, 2013; Njie-Carr et al., 2021) including people living in rural areas (Sutherland & Fantasia, 2012).

Sabri et al. (2022) in their study on the hurdles and enablers to the recruitment of "immigrant survivors" (p. 19) to domestic violence research report on women's concerns about the legal ramifications from research participation and barriers such as fears, cultural expectations, time pressures, lack of interest, and emotional distress. Duhaney's (2023) research with Black women on their research engagement similarly highlights fears about the perpetrator, the possibility of being shunned by their community, and expectations of keeping the "culture of silence" (p. 271).

Nyklová et al. (2023) discuss the complex realities of this type of sensitive research in which challenges, risks, and the potential for retraumatization exist at all stages, before, during, and following data collection. Nyklová et al. note that such risks of participation may not be readily inferred from research codes of ethics.

Various research guidelines present standards or considerations for safely engaging participants in domestic violence research (Allenby et al., 2017; Centers for Disease Control and Prevention, 2017; Goodman et al., 2017; World Health Organization, 2016), but researchers can still encounter issues that are not adequately covered in guidance material (Downes et al., 2014). In their discussion of interpersonal violence research conducted in schools and what is reported in the research literature about the barriers encountered, Edwards et al. (2023) confirm that practical issues are not routinely discussed in the literature although brief comments on the challenges experienced are sometimes included.

The reasons mothers give for being involved in domestic violence research include increasing awareness about the issue, improving service provision, and helping victim survivors, particularly those unable to express their views (Dichter et al., 2019; Dragiewicz et al., 2023; Rizo et al., 2017). Of critical importance to participation is establishing safety in the research by developing clear safety strategies (Allenby et al., 2017; Burge et al., 2014; Clough et al., 2011; Fogarty et al., 2019; Hailemariam et al., 2022; Morris et al., 2012). Research protocols more generally should include resources if mothers require further support or assistance (Btoush & Campbell, 2009). Forming a relationship with participants, characterized by trust, openness, and using a strengths-focused approach where power is equally shared are important values and principles underpinning this research (Goodman et al., 2017, 2018).

To enable children's research inclusion, mothers say they must be confident in the research and in the researcher (Rizo et al., 2017). Strategies for facilitating children's participation include ensuring that the researcher is female and understands the context of domestic violence, mothers being provided with comprehensive information about the study, and researchers developing relationships with mothers before seeking consent. Mothers also want details about the research methods and questions to decide their children's engagement (Rizo et al., 2017).

Although mothers are key decision-makers and gatekeepers regarding children's involvement in domestic violence research and whether it is safe for children to participate (Morris et al., 2015), their views have not been explored in the Australian research context. Globally, recommendations illustrate the need for further action to enable children's participation in domestic violence research (Elliffe et al., 2021; Plan International, 2016). Martins et al. (2020) argue for closer and more effective communication between all stakeholders in domestic violence research, including ethics committees, researchers, and participants. Rizo et al. (2017) call for best practice guidance and standards for engaging children in domestic violence research. Goodman et al. (2018) also raise the need for additional research that considers the hurdles, issues, and barriers encountered in domestic violence research.

For children to have greater access and to be included in future domestic violence research, knowledge must exist on mothers' views about the obstacles and facilitators in this research with children. The research reported in this article builds on existing scholarship and addresses gaps in the literature to present mothers' views and concerns about whether children should be able to participate in domestic

violence research, and their ideas for facilitating children's safe participation.

Underpinning Theoretical Approaches

Constructivist grounded theory (Charmaz, 2008) underpinned the methodological framework. Providing a theoretical and ethical lens for the research design, the research drew on interdisciplinary research (Aboelela et al., 2007) by bringing together key social work and occupational therapy approaches (Australian Association of Social Workers, 2020; Occupational Therapy Australia, 2014). Social work ethical value principles of importance included respect, human rights, empowerment and social justice (Australian Association of Social Workers, 2020), and from occupational therapy, "beneficence, non-maleficence, honesty, veracity, confidentiality, justice, respect and autonomy" (Occupational Therapy Australia, 2014, p. 2).

Ecosystems theory in social work (Mattaini & Huffman-Gottschling, 2012) influenced the recruitment strategy (e.g., recruitment via the broader domestic violence service sector) and decision making to focus on mothers as key gatekeepers in domestic violence research with children. Occupational therapy prioritizes occupational performance (Kielhofner, 2009) and this assisted in understanding the impacts of domestic violence on mothers, including on their mothering roles. The literature on trauma-informed approaches from both social work and occupational therapy highlighted the necessity of a research environment characterized by safety, trust, rapport, and respect, along with enabling mothers' self-determination and choice (Wilson et al., 2015).

Wall et al. (2016) outlines the "continuum" (p. 5) of trauma-informed thinking commencing with being "trauma-aware" then progressing to "trauma-sensitive", "trauma-responsive" and finally "trauma-informed" which focuses on safety, working in a collaborative manner, adopting a strengths-based approach, and facilitating a person's agency. These principles underpinned the interviews with mothers. Existing scholarship for conducting ethical and safe domestic violence research provided further guidance (e.g., Morris et al., 2012; World Health Organization, 2016). The research recognized that domestic violence often persists after separation (Holt, 2017; Thiara & Humphreys, 2017) and that experiences of trauma may endure (Van der Kolk, 2015), so these considerations remained front and center in the research.

Method

The research reported here is part of a larger qualitative doctoral study conducted in Australia on the Barriers and enablers to conducting domestic violence research with children (Mackey, 2021). This paper focuses on the views of 11 mothers with experiences of domestic violence and their perceptions about children's involvement in domestic violence research.

Recruitment

The research took place in eastern Australia (Queensland, New South Wales, Tasmania, Victoria). The recruitment of mothers occurred mostly through the domestic violence service system. The protective nature of the service system and workers' concerns about the confidentiality and privacy of mothers contributed to recruitment barriers. In order to attain sufficient research participants, recruitment was widened to include community service agencies and housing services that provided domestic violence support services. The first author approached interagency and professional networks to disseminate information about the study.

Agencies received an email that included a participant information letter outlining the research project, the rationale and impetus for the research, the rights of participants and details about the research interviewer (Author One), along with a brochure specifically for mothers. The brochure covered these areas and provided information on the researchers, contact details, and that as a token of appreciation for the time given to this study, a $30 gift voucher would be offered in thanks. A thank you card was given to mothers following an interview which acknowledged their time and included the gift voucher.

Agency staff contacted mothers who met the criteria for inclusion to canvas interest in participation. Criteria for inclusion related to mothers having past experiences of domestic violence but currently being safe, living in a place of safety, and expressing an interest in participation after being approached by agencies. In this way, agency staff acted as gatekeepers to participation in the research. There were no stipulations as to how long the mothers needed to have lived away from the perpetrator of abuse. Some mothers were in a refuge and others lived in their own homes. The time spent developing connection, trust, and rapport with agency staff, through speaking about the research at interagency and team meetings, proved valuable to facilitating involvement. The first author advised agencies that they would be given the opportunity to view the research findings.

Ethical Considerations

The Australian Catholic University Human Research Ethics Committee approved the research, including the provision of gift vouchers, which participants were informed about prior to choosing to participate (approval 2016-298H). Participants provided voluntary informed consent. Of importance to this study were principles from the Ethics of Care which focus on being attuned to participants' needs and acknowledging a responsibility to participants (Held, 2006). The research interviewer (Author One) recognized their duty of care to mothers, and this included offering to meet mothers beforehand to discuss the study and answer any questions.

A safety protocol provided guidance throughout the study. Service providers advised the researcher/s on the contact details for mothers and how they preferred to be approached (e.g., email, telephone, text message). The researcher contacted mothers to set up an initial meeting, or the mother contacted the researcher. To ensure safety and to respect the privacy of mothers, the interviews did not take place at any private residence. A discussion occurred with each mother about the most suitable venue for the interview. Venues included a university office, a private coffee venue, a park, and a meeting space at an agency. Safety during the interview process also was discussed with mothers prior to commencement.

Embedded in the safety protocol was a protocol for managing distress (adapted from Draucker et al., 2009). This required attending to anxiety, high emotional distress, trauma presentations and behavior that suggested heightened arousal, dissociation, hypervigilance, or possible shutdown. Although the research questions did not require mothers to recount personal experiences of violence, some experienced minor upset or showed signs of stress when discussing children's involvement in domestic violence research. The interviewer (Author One) used their clinical skills as a social worker and occupational therapist to support mothers. Strategies included slowing the interview pace and giving the mother time to settle before answering questions, the interviewer responding reassuringly, and adjustment to the setting, for example, one mother chose to change locations from sitting on a park bench to being on a swing. Following the interview, the interviewer allocated additional time should any mother seek follow-up support or require referral options. A couple of mothers spent time with the researcher after the interview. Some mothers living at a shelter also had the opportunity to seek support from their workers.

Data Collection

Mothers participated in semi-structured in-person interviews conducted by the first author. Most interviews lasted 60–90 min. The first phase of the interview focused on consent, discussing safety, establishing rapport and trust, along with encouraging mothers to ask any further questions they had about the research. All mothers consented to their interview being audio recorded. Occasional prompts enabled clarification and assisted mothers to provide a full and detailed response.

Questions asked of mothers concerned children's inclusion in domestic violence research and the obstacles and facilitators to children's engagement. For example, if a mother was approached to give consent for children's involvement in this area of research, what things would be important in their decision-making, what would they weigh up, what information would they require, and what may mothers think about the possible vulnerability, competency, and capacity of children as direct informants in domestic violence research. Questions also focused on the key considerations perceived as important in domestic violence research with children and suggestions for conducting this research. Author One (with the consent of mothers) took notes during the interview.

Data Analysis

A process of thematic network analysis (Attride-Stirling, 2001) enabled the development of themes from the interview data. Attride-Stirling's model specifically codes data on three levels: basic themes, organizing themes and then the global theme and global network for the data set. Basic themes in isolation do not signify a great deal of meaning or understanding from the data but grouped into issues or concepts they become organizing themes. To develop the global theme and network from the data, analysis then occurs across all the organizing themes for the data.

An initial manual coding process conducted by the first author identified broad thematic areas. Author One uploaded transcripts of audio-recorded interviews to NVivo and undertook preliminary coding of the data into basic themes. The next stage of the process involved grouping the basic themes into organizing themes. Further analysis and examination of these organizing themes led to the proposed global themes for the data. To ensure rigor and clarity of meaning, the themes were reviewed by other members of the research team. Discussion occurred on thematic groupings and the structure of the final thematic networks. Author One conducted a post-data analysis workshop involving two social workers and a psychologist. These clinicians, independent and external to the research, provided useful feedback on

Table 1 Participants

Mother	Living	Time since leaving violence	Metro, Regional, Rural	Children's previous research participation
1. Kylie	Private	3–4 years	Regional	None
2. Jemma*	Private	10 + years	Metro	None
3. Elly*	Private	Unknown	Regional	Health
4. Amelia	Private	10 + years	Regional	None
5. Fatima	Private	10 + years	Regional	Education
6. Tracey	Refuge	Recent	Regional	None
7. Karen*	Refuge	Recent	Regional	None
8. Jess	Refuge	Recent	Regional	None
9. Beth*	Refuge	Recent	Regional	None
10. Mary	Private	8–10 years	Rural	Homelessness
11. Amina	Private	1–2 years	Regional	None

Note * mothers with diverse cultural backgrounds (where known)

the validity of the themes and possible implications of the research.

Reflexivity

Recognizing and valuing mothers as co-constructors of knowledge, Author One undertook a critical reflexive process drawing on the reflexive prompts put forward by Moore (2012) where researchers consider their readiness for reflexivity, possible methodological challenges, ethical practices in research, and their learnings from the research process. This remained an important consideration due to the positionality of Author One as both a social work and occupational therapist who works with victim survivors of domestic violence. Ahern (1999) discusses the importance of "reflexive bracketing" (pp. 407–408) to ensure that the views of researchers are distinguished from those of participants. Journalling and the support of a research team proved essential to manage any possible bias and protect the researcher from secondary trauma. Professional clinical support networks also mitigated risks of vicarious trauma.

Participants

Eleven mothers (*n* = 11) participated in this research having experienced violence from a current or former male partner who was father to their children. Mothers have been given pseudonyms. The research did not require mothers to disclose demographic details or personal circumstances although some information about their living situation (e.g., refuge, time since leaving violence) could be ascertained from the interview transcripts. Most mothers lived in regional areas, four mothers resided in refuge and seven lived in their private residence. The time since leaving violence ranged from weeks (recent), through to many years. Three mothers had previously consented for their children to participate in research related to health, education or homelessness. No mother had ever been approached to consent to their children's involvement in domestic violence research. Table 1 summarizes this information.

Findings

There were three global themes from the analysis. Two themes concerned the barriers to children's participation in domestic violence research: Pervasive Fears and Safeguarding. The third global theme related to enabling children's participation: Trauma-Safe and Child-Friendly Approach.

Pervasive Fears Barriers

Figure 1 illustrates the thematic network for pervasive fears. Mothers' pervasive fears consisted of four organizing themes: fears of the perpetrator, fears that mothers' hidden secrets about experiences of domestic violence would be disclosed by children, fears about external systems (legal, child protection and mental health), and the possible flow-on effects of research on these systems following children's participation, and fears about the research itself.

Fig. 1 Pervasive fears
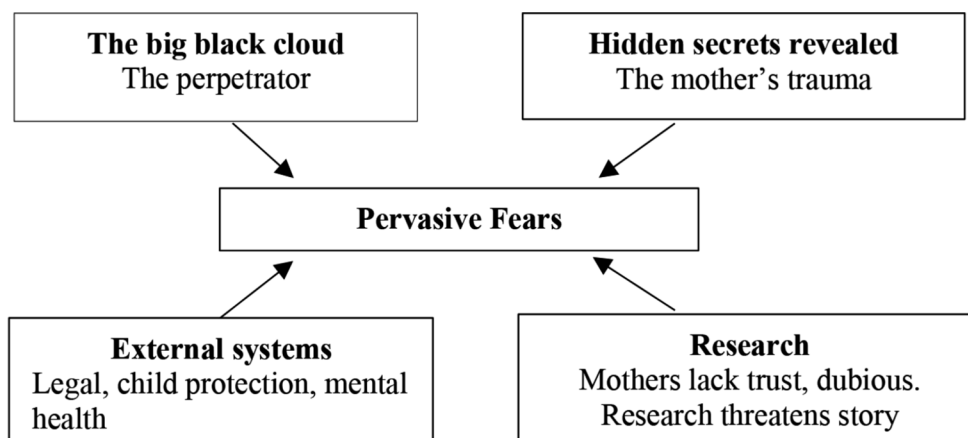
"The Big Black Cloud" – The Perpetrator

Fears about the perpetrator dominated mothers' responses: "the biggest thing that's affecting people doing anything is that fear, 'cause you are like so scared to do anything" (Amelia). Due to their experiences of domestic violence, mothers felt trapped, like being in prison. They were instilled with fear and anxiety, "that programming that's been happening for so long" (Amelia).

Although mothers were living in a safe situation, their fears about the perpetrator remained present. Some mothers were living in another state or territory and had not seen the perpetrator for a long time. Comparing the views of mothers living in refuge with those residing privately in the community, there were no discernable differences regarding these fears. Even mothers, who had left the violence over 10 years ago, said that they would be worried about children's involvement in domestic violence research particularly if the children were young, under around 14 years of age, and where children had regular access and contact with the perpetrator.

Mothers were concerned about privacy and confidentiality in the research and that information provided by a child may go from "one person to another" (Karen). Mothers were scared and reported that these fears would be a barrier to providing consent for children's research participation. If asked for her children to participate in research and whether there were things that would worry or concern her, one mother said that in the "early days, I was scared of everything":

> Everything was fear based…even though I was in the refuge, I felt I was in so much danger…I had this fear of men and how to protect my child…I couldn't sleep…I was crying and crying…I didn't feel safe from him…I was worried about everything. (Jemma)

Mothers were frightened and overwhelmed by the possibility that, if their child participated in research, the perpetrator might learn about the research, which could have life-threatening consequences for their children, their families and themselves. As such, they believed that their children's participation would be "too dangerous" (Mary):

> The greatest fear is the perpetrator…so where the research takes place. What time of day…Would he have access to it…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. (Kylie)

Because of fears related to the perpetrator of violence, mothers felt that they would be flooded with fear if they were to be approached to provide consent for the research participation of their children. One mother used a metaphor of a steam train to describe these all-consuming fears:

> 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. And then you've got that betrayal. Oh my God, I'm betraying the abuser…what consequences are you going to get…they find out or the abuser's family finds out, that could enter a whole new ball game. (Amelia)

The anxiety and trauma response that mothers could experience appeared evident during an interview in which a mother became highly anxious and felt that the perpetrator might be around. This mother scanned the area and discussed feeling stressed and on edge: "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" (Kylie). The perpetrator or "big black cloud" (Kylie) remained present. Some mothers discussed the difficulties of feeling completely safe because they had experienced the perpetrator showing up unexpectedly at their homes. Safety risks could suddenly change, presenting a barrier to children's research participation.

One mother described the challenges of engaging mothers and the difficulties of obtaining their support and consent for domestic violence research with children:

> 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 is total and utter nightmare living in that, well that is how I felt. (Amelia)

Fears related to the perpetrator along with mothers' experiences of the violence impact their decision making when weighing up whether they will provide consent for their child's research participation. One mother said she would not have been in a good place to decide about children's involvement because of the effects on her judgment:

> If when we had got to the refuge someone had said to me, "Oh we need to talk to your daughter… about what is going on…", I probably wouldn't have known to say no at that point…but thankfully the women who run those refuges are the protectors…they get we are like these zombies basically that have just been living on this adrenaline to get us through. (Kylie)

This mother went on to discuss that when a mother is dealing with crisis, distress, trauma, and heightened stress they could agree to their child being involved in research because they want to help. Some mothers may not be cognizant of the ramifications of children's research participation and what it might mean for the child, their mother, and other family members:

> You could walk up to some women and ask them to sign a consent form for research…Some women would just go, "Yeah that's fine, whatever you need…I want to help other people. I'll give you my kids, [they] will talk to you"…Kids believe their mum because that is what they will do. (Kylie)

Hidden Secrets Revealed – The Mother's Trauma

Mothers were fearful that if their children participated in research, they might disclose the hidden secrets about the real domestic violence: "Is there stuff going to come out that hasn't come out…she's afraid, 'cause Mums hold a lot of secrets, so is that putting her own secrets at risk?" (Fatima). Mothers were also concerned that if children were asked about their experiences of violence, they might think about it differently. As one mother said: "First of all, you think about the effects of how they're going to be thinking about that [domestic violence]" (Amelia).

Underpinning these fears were mothers' feelings relating to stigma, shame, and blame: "You've got this shame if you do talk about it and the kids have been around and they've been affected by it…your self-esteem and confidence has been knocked down to the absolute rock bottom" (Amelia). A mother said that people might pretend that everything is fine, and this would be a barrier to children's participation:

> 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. (Elly)

A mother initially supportive of domestic violence research with children became upset when she realized she did not want her children to be involved in research. She expressed worry that everything would be exposed and "come to light…it's more hearing your kid recall shit that you have been trying to bury for ages" (Beth). Mothers also believed that it would be unfair to ask their children to participate if it meant requiring them to either keep secrets or mothers having to worry about what they had to say.

> Kids talk. My kids do. My kids just straight up 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?…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". (Fatima)

External Systems

Fears also related to external systems, such as legal, child protection and mental health services. Mothers were worried that if children disclosed safety concerns during the research, they could end up in court having to give evidence against their parents. Research documentation and information provided by the child in the research context could be used against mothers in legal proceedings. Some mothers disclosed that they had temporarily or permanently lost the custody of their children to the perpetrator of the violence. They were, therefore, fearful about the possible flow-on effects if their children were involved in research.

> I don't want them to go to court…I'd be worried then about what other implications they would be open to…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. (Fatima)

Some mothers admitted that when they were living with the violence, or when they had just left the violence, they did not talk to their children about the violence because of fears relating to possible legal ramifications: "I was very aware of not talking to my children about domestic violence, that there was domestic violence" (Kylie).

Mothers did not trust the service systems: "I've learnt you cannot really trust many people" (Tracey). Mothers voiced concerns that researchers might be obligated to report a mother's mental health or wellbeing concerns to the authorities. A mother from a diverse cultural background expressed that for "non-white" mothers, "because of the racism and everything else that goes on…in a system where they are being persecuted their kids are left out, things are not quite right…fear is going to be so much" (Elly):

> What most mothers will be wanting to do is to protect their child, which means to stay with their child, and if

they think anything could be misinterpreted and their child is going to be taken away, just because of something that has been said…or they have been judged… they are not going to do that [research]. (Elly)

Research

Mothers expressed their lack of trust in researchers and in the research process. Circumstances when domestic violence research should not be conducted with children were also identified by the mothers. Four mothers (Kylie, Jemma, Mary, and Amina) spoke about lengthy family law matters relating to the custody of their children, proceedings lasting nine to 12 years. Mothers recounted that the perpetrator subpoenaed everything. They discussed the traumatic effects on their children: "It is horrendous, very tumultuous" (Amina).

Mothers all agreed that domestic violence research with children should not occur when court proceedings were taking place due to the possibility that children could experience additional trauma. Mothers generally had doubts about domestic violence research with children and why they would support the participation of their children: "Why would we put our kids through this [research], if it wasn't going to have a direct impact in a really useful way. I wouldn't want my child to be exposed to that, just for the sake of it" (Fatima).

All mothers said they wanted to see the research questions and fully understand what would be asked of their child: "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 [is] talking about" (Karen). Mothers questioned whether domestic violence research could be undertaken in a way that children felt safe enough to open up about their experiences: "I don't know how you would approach it, like the questions would have to be really well formatted…you need to wait until they're older…with little kids, I think it's really tricky, it's a really hard area" (Mary). One mother posed the following questions for researchers:

> 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? (Elly)

Mothers expressed concern that if a child participated in research, they may be influenced to shift from the view that they and their mother needed to leave the perpetrator and the violence to be safe. Future perpetrator contact and safety concerns could eventuate along with legal consequences: "I

had to give them a story. We left daddy because it wasn't safe for us to live there…as they got older the story had to change" (Kylie). Children being engaged in research possibly enabled them to explore their own understandings about their experiences of domestic violence. They may arrive at different conclusions. Mothers feared that children's own story or version of events could undermine safety or change their child's feelings about their mother and about the domestic violence: "All of those questions start to unpack it and all of a sudden you have got a child who is starting to think about those things in a different way" (Fatima). Tracey said: "I don't want them to be influenced in a direction of things were not that bad…It's very easy to influence a child into a direction, into a false sense of reality of events…for them to create an illusion."

Safeguarding Barriers

Figure 2 represents the global thematic network relating to Safeguarding barriers. Organizing themes concerned Protection, Vulnerabilities and Retraumatization.
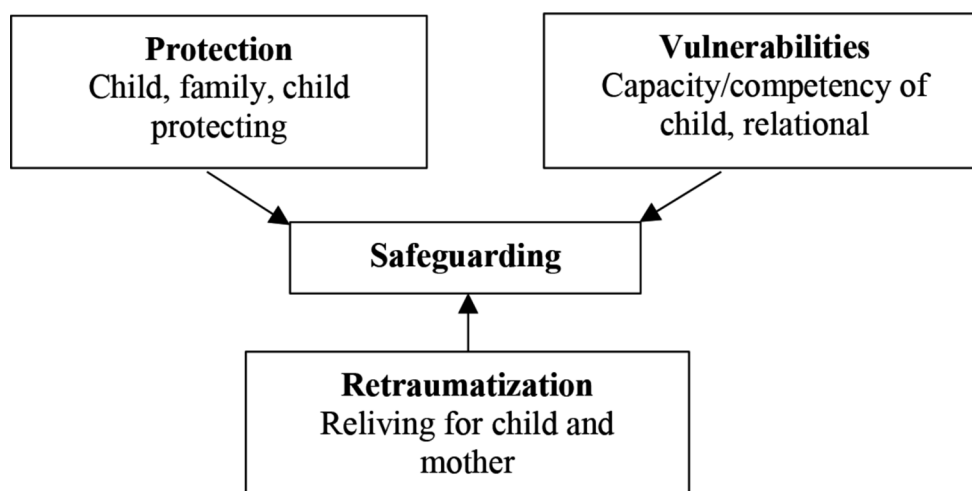
Protection

Mothers sought to protect and safeguard their children at all costs: "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" (Amelia). Protection became their priority: "To me it's about protecting your children. I mean, you be a mum, you want to protect your kids" (Tracey). All mothers said that the reasons they left the violence related to the impact of the violence on children and the need to now protect them. This meant they did not want people talking to their children and this included researchers: "You are hypersensitive to anybody talking to your children at all" (Kylie). Some mothers said they would refuse to provide consent: "There'd be no way you would have access to my child under any circumstances…you would not have access to my child" (Jess).

> 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. (Kylie)

Protection, however, had various meanings in the context of this research:

Fig. 2 Safeguarding

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 the protection of our vulnerabilities as a parent. (Fatima)

A mother recognized that the protective stance of mothers presented not only a barrier to children's research participation but also to children getting assistance:

> 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. (Amelia)

The child's protection of their mother and the situation, which may include not wanting to get the perpetrator into trouble, were further barriers to children's research engagement. Mothers indicated that children remain protective of their experiences of the violence which often includes the perpetrator. Kylie said her daughter was "still protective of the whole [experience], she knows it…I know he's done something wrong, but I am protecting him as well". Amina said that children "want to please everybody".

> 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. (Tracey)

Vulnerabilities

Mothers indicated their children had been traumatized and damaged due to their experiences of domestic violence which meant they were vulnerable. Mothers were concerned about the child's capacity and competency to participate in domestic violence research because they "may not have the cognizance to be able to understand…the complexity of the situation" (Amina). While adults can make their own decisions about the research "my kid does not have that capacity to say, is this person genuine or not" (Jess). Mothers expressed that children under 12 years of age were "still too impacted by what the adults in their world are telling them" (Fatima), whereas young people were more likely to know "what they want and how they want to present themselves and say things" (Jemma). Children could feel "they had to say what is expected of them" (Amina). The research might be "suggestive or opening up a concept, un-simplifying something" (Fatima).

Vulnerabilities discussed by mothers also concerned the relationship between mothers and their children. All mothers said that experiences of domestic violence adversely impacted their relationships with their children. They expressed worry that domestic violence research with children could exacerbate already tenuous and stressful mother-child relationships. Mothers indicated these relationships were already vulnerable and at risk, they sought to rebuild or preserve the relationships with their children. They were anxious that relationships could be further damaged because of the research:

> 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…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. (Fatima)

Mothers reported that in protecting their children and recognizing their vulnerability they may have obscured the truth from them because it would devastate their children if they knew the realities about the perpetrator [their father]. Mothers feared that if children participated in research, they could blame their mothers for not protecting them. They might think differently about their mothers after the research. Some mothers believed that this could have serious consequences. One mother, for example, said that she would be concerned that her boys might physically lash out at her because she did not stand up for them more.

Retraumatization

All mothers voiced concerns that if children were involved in this research, they would relive the memories of the violence and believed that this would be retraumatizing for them. Because of "everything's that gone down, they will clam up" (Beth). "They all react differently, and I think the way you approach any kind of research with children about domestic violence, you've got to be so damn careful, 'cause some of them don't want to bring it up" (Mary). This mother went on to say that it broke her heart seeing how the perpetrator treated her children and what they went through. It would be very distressing to have the children recall these experiences. Another mother said she would be "very worried" about her child thinking about the past and that she wanted her child to remain in the "here and now and that he is safe" (Jess).

Mothers perceived domestic violence research with children as emotionally unsafe research: "They have got to go back into that unprotected zone, of we're not safe, we're not good" (Tracey). Mothers did not want to expose children to the trauma of talking about violence, they expressed fears about "what they may remember" (Amelia). "I'm trying to, we're trying to diminish these thoughts…My hope and plan is that after a situation…that the children don't have to relive it" (Tracey). The depth of this mother's fears about the research possibly retraumatizing her children is evident by the following quote: "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" (Tracey). Mothers were very worried about children's emotional and psychological wellbeing and safety in the research:

There's the protection of when you talk about things. 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. (Elly)

A mother said that in domestic violence research "you are opening a massive can of worms" (Jess). Fatima said:

The trauma, you don't want to expose your kids to that. You've got to protect your kids. 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.

This mother went on to discuss the mental health and wellbeing of mothers as being pivotal as to whether children would be enabled to participate in domestic violence research: "The mum's mental health. Is she able to? Is she going to be retraumatized?" (Fatima).

### Trauma-Safe and Child-Friendly Approach Enables Research

While significant barriers to children's participation in domestic violence research exist, mothers had many ideas for how to enable children's safe engagement in this research and service development processes more generally. Figure 3 represents the global thematic network for enabling research: Trauma-Safe and Child-Friendly Approach.

Children's Rights

A key message from mothers related to children with experiences of domestic violence also being direct victims and survivors; hence, they were entitled to specific support services. Mothers thought that children's rights and recognizing these were key to enabling children's involvement in research and that the sector needed to understand this and ensure children were not overlooked.

Children's rights for support and having a say were very important to mothers: "That kid has every right in his mouth to have his word. He's got every right underneath the sun to have his word" (Beth). Mothers expressed that children were not adequately recognized in the domestic violence sector. Acknowledging the impacts of domestic violence on children, mothers stated that the broader service system (including the legal system) failed to adequately cater for children and that children "don't have a voice" (Amina):

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.

Fig. 3 Trauma-safe and child-friendly approach
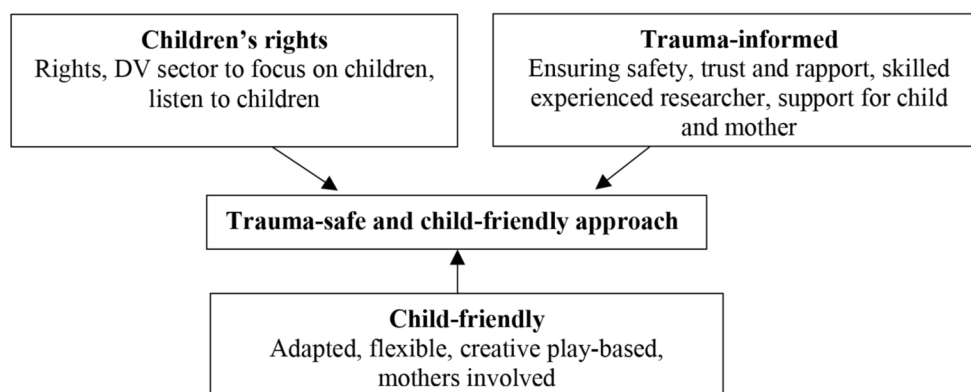
It is all around the mum. Let's look after the mum. (Fatima)

Mothers spoke about children needing to be "heard and seen…because they have a voice" and "if you give them the opportunity to speak up, they will tell" (Jemma). This mother said, "children are not given the credit that they deserve" and people think, "they are children, they do not know anything [but] that is absolutely wrong" (Jemma).

Mothers said that children are individuals, and all react differently to their experiences of domestic violence, researchers should have in-depth understanding of this when engaging with children. Meeting the needs of each child meant that research should be "individually sort of avenued" (Tracey). Mothers said they were more aware and attuned to the effects of the violence on their children: "As you go through the journey you realize; you learn more about the domestic violence and the impact on the children… you become aware of their behaviors that are triggered by trauma" (Kylie). Some children remained closed-in and did not want to talk about the violence because the trauma remained prevalent. Mothers said that to enable participation, research needed to be inclusive of differences for each child:

> When you are looking at kids there is a big range of maturity, there's a whole range of what they expect as normal, what is not normal, there's cultural differences, there's religious differences. There is so many different things that you have to take into account. So, it's very very difficult when you start putting things in a blanket way…because there is no 'they'. (Elly)

Mothers said that research could bring children's needs to the forefront. Ultimately, mothers wanted their children to be better supported and for more services to be available and accessible. Because of children's rights, some mothers said they could possibly provide consent to their children's engagement in domestic violence research because children have the right to be supported in the system and currently, they are overlooked.

Trauma-Informed

Mothers agreed on the potential danger of involving some children in domestic violence research and participatory processes particularly if they were still in regular contact with the perpetrator. Mothers also did not want to be asked to consent to participation when they were still experiencing domestic violence or if they were going through any legal or court processes. Conducting domestic violence research with children should only occur "when everything was settled down" as the children and their mother would be "more relaxed…can open-up and talk about things" (Karen). Seeking the support of service providers and clinicians, and ensuring the best timing for participation, such as when legal proceedings had been finalized and the child (and family) had moved out of the crisis, were also crucial:

> 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. (Mary)

Five mothers spoke about cultural considerations and cultural safety in domestic violence research. To overcome barriers to participation and facilitate the engagement of children, mothers expressed the importance of researchers understanding possible cultural obstacles and cultural expectations. Four mothers had diverse cultural backgrounds (Jemma, Elly, Karen, Beth), including two mothers who did not speak English when they came to Australia (Jemma, Karen). Karen experienced difficulties speaking English and was still learning the language. Safety considerations included having an interpreter they could trust and the researcher understanding that cultural upbringing can be a barrier to discussing experiences of domestic violence:

"cultural bounds me the way we were brought up, we were not allowed to talk about it…we were not allowed to share" (Jemma). Before mothers were willing to consent, they may need researchers to seek permission and advice from Elders: "You've got to get over the cultural barriers…You've got to go up to the Elders" (Beth).

But beforehand, to enable children's participation, researchers must focus on building trust and rapport with mothers and the service system. Mothers wanted to know about the researcher, where they were from, their credentials, and what they were going to talk about with their children. Mothers considered that children's involvement in domestic violence research would only be facilitated by mothers when this relationship existed, this relationship being instrumental to children's participation:

> I want my son to feel comfortable with them and trust them [researchers]…I need to trust that person first before I let my children talk to them. I need to know where they've come from, what their name [is], what they're working for…[If] I am not comfortable, I am not going to let my children talk to them. (Karen)

Mothers reported that they would be more likely to allow their children to participate if they felt they were fully and meaningfully engaged from the outset. All mothers spoke about wanting to see and approve questions that would be asked of children before deciding whether they were happy for their child to be involved. They wanted to support their children throughout the research process and afterwards. Mothers also discussed the value of having a support worker who could assist and make the introduction and connection between the researcher and the mother. Some mothers said they only participated in our research because they trusted their support worker who had told them about the study:

> Not only do you need the trust of the parent, but at that age you need the trust of the child as well. So, in order to do that, you cannot be a stranger that just pops up just like this out of the blue…It's going to have to be done in a different way…where it's done over a series of time, bit by bit…it's slowly, because you have to get the trust of the child and the trust of the parent. (Elly)

Mothers felt that researchers needed to fully explain and demonstrate to mothers first that the research could be conducted in "a safe environment" and to "slowly build up that trust" (Amelia). Critical enablers in research meant ensuring "confidence and trust" (Kylie).

The mothers regarded the skills and expertise of the researcher as essential. Mothers felt that they would be more likely to consent to their children's participation if they trusted that the researchers understood the impact of domestic violence and had the clinical skills to manage any possible trauma presentations of the child. Some mothers said their children would respond better to a female researcher.

Mothers believed that researchers need to be careful, go slowly with mothers and children, and engage them in a "gentle caring, loving safe way" (Mary). To build a mother's confidence and trust in the researcher and the research process, researchers must ensure the child's physical, emotional, psychological and cultural safety throughout all stages of the research. This meant that "there has to be an awareness and the ability to support the child" (Amina), and that researchers "actually understand where they [children] are coming from" (Beth) and have knowledge about domestic violence and belief systems about this violence:

> Understanding of what he's researching or she's researching…some empathy and some compassion… They have to understand it and they have to feel it… They have to know that when they are talking to my kid this trauma's real and it's not going to be easy. (Jess)

The prospect of children participating in domestic violence research confronted and challenged mothers who were concerned about the overall safety of their children, themselves, and their family. For mothers to consent, they needed to be assured that their children would be fully supported during the research interview by a person that the mother trusted. Some mothers would struggle to allow another person to support their child during the interview and wanted to be present themselves:

> If the mum's not there, if I am not there, how am I going to trust that…[the] support person is going to pick up on what my child's signals are, that they can't take any more, and my child is going to get asked all these questions and they're alone. (Fatima)

Mothers also reported that they might be more likely to consent if they knew that children would receive immediate counseling (where indicated), and that follow-up support would be available for children (and their mothers):

> Follow up. What kind of support would they be able to have after, or would they just be left…because we all know what that can be like if you've got nowhere to go or talk to…What happens then? You're holding onto that trauma. (Amelia)

Child-Friendly Approach

Mothers felt that to be comfortable consenting, they would assess the quality and child-friendliness of the research approach. Mothers talked about different considerations concerning the research design and argued they would be more confident if research could be adapted and flexible for each child. They reported being more willing for their child to participate if the research demonstrated a non-threatening, safe, warm, and comfortable environment. This meant using creative interactive play-based strategies and having access to books, artistic supplies, toys, sandplay, and technology, such as iPads. Mothers spoke about their children having difficulties talking and explaining how they felt. A mother recalled some child research done in a hospital that involved using different models (figurines) of families, and special toys, the child drawing pictures and listening to things: "it was a fun thing" (Elly). She said:

> If there was research being done and it was being done in that way, I would put my hands up to that, if I trusted that the people doing it were not going to use that in any way to try and take my child away. (Elly)

Mothers believed that nutritious snacks, food, and refreshments should be provided, and children needed to feel valued in that they were making a significant contribution to improving services. Using animals was also considered helpful to engage children who would open-up and talk to you: "Bring a rabbit, bring a kitten…or one of those therapy dogs, a really gentle one" (Mary). Mothers thought that research strategies and tools needed to appeal to children's interests, be relevant and appropriate to them:

> Certainly, having toys and distractions like that because a lot of kids don't what to talk directly, and they don't feel comfortable talking directly…it's that side-by-side conversation…a lot of kids at the moment are into Pokémon. If you made something relevant it would interest them, so you would engage with the kids a bit more. (Amina)

Foremost, creating a child-friendly approach allows children to take the lead, where they "voluntarily open-up" (Tracey). Researchers need to ask children "what they are comfortable and not comfortable to talk about and assure them it is confidential" (Jemma):

> You kind of tap into the kids or even just watching them play, you can often pick up on things…they might mimic what's happening at home or they might shy back…watching their body language…some sort

of gentle observation, quiet conversation here and there…being kind and talking kind. (Amelia)

Mothers thought research could be conducted in groups although this required some flexibility, depending on each child's needs and circumstances. It may be appropriate for siblings to come together in the research. Mothers provided important insights about how research might be safely and meaningfully conducted with children. They reported that to increase mothers' confidence in researchers and research projects (and the likelihood of mothers consenting to their children's participation), research teams must demonstrate that they have developed methods that are child-friendly and respectful of children's contributions, mother-child relationships, and the family's resilience.

Discussion

The key contribution of this research relates to understanding the factors that may influence a mother's decision to consent to their child's participation in domestic violence research. Findings from the small but diverse group of mothers in the study produced common themes regarding the factors that would inhibit consent to participate. Fears for their own and their children's safety and the potential for retraumatization were identified as major factors. The mothers expressed a lack of trust in the research process but also recognized potential benefits for service provision and offered ideas on how to make the research process safer. Considering the engagement of children in domestic violence research "is still rare" (Arnell & Thunberg, 2023, p. 114) and scholars call for greater efforts to facilitate children's research inclusion (Elliffe et al., 2021; Noble-Carr et al., 2020), this research offers timely and needed knowledge. While professional and research gatekeepers can enable or restrict children's participation in domestic violence research, mothers are the ultimate arbiter, and their perspectives should guide future research in this area.

Rizo et al. (2017) indicates that mothers hold fear and worries about safety and risk issues if the perpetrator became aware of the research. Mothers in that study questioned the motivation of researchers, who may be social workers, and what this would mean for confidentiality and mandatory reporting requirements to child protection services. Mothers needed a comprehensive understanding of the proposed research. Our research findings support these findings from Rizo et al. (2017). However, in Rizo et al., mothers clearly articulated the individual benefits for children from their research participation, children had the chance to speak about their experiences which also aided service delivery. Whereas in our study, mothers did not reflect on the

personal or individual benefits for children. They perceived domestic violence research with children as contributing to broader improvements for service development and for the domestic violence sector to better cater for children and uphold their rights.

Elliffe et al. (2021) and Øverlien and Holt (2018) discuss that the perceived vulnerability of children can limit their opportunities for engagement in domestic violence research. Our study with mothers confirms that they view children with experiences of domestic violence as damaged and traumatized which subsequently impacted their capacity and competency to participate in research. Similarly to Katz (2015) where children had moved on or held anger against their mothers, findings in our study confirm that mothers did not want children to revisit the trauma of domestic violence. One mother was very worried her children would become physically violent to her because of the angry feelings they held. However, a key finding from our study and of significance to researchers, policymakers, and the domestic violence sector, is understanding that a mother's experiences of domestic violence trauma can profoundly impact whether the mother will consent to the participation of their children in domestic violence research.

Some findings from our study reflect those of Sabri et al. (2022) who found that immigrant women held concerns about the possible legal implications of their research participation. Duhaney (2023) also reported that Black women can experience more fears generally about domestic violence research. Mothers in our study from marginalized and diverse cultural backgrounds confirmed that being 'non-white' adds further barriers to children's domestic violence research participation due to lived experiences of racism and persecution.

[paragraph removed here]

Ethical guidance recommends the establishment of effective relationships and a research partnership when engaging with victim survivors (Goodman et al., 2017), this includes mitigating power imbalances between researchers and participants (World Health Organization, 2016). Goodman et al. (2017) offers sound guidance where researchers adopt a "trauma-informed" (p. 15) perspective and consider the effects of domestic violence trauma at the individual, family, and community level. Our research with mothers found that a trauma-informed research approach remains pivotal to enabling children's participation in domestic violence research, although the term 'trauma-safe' better accords with mothers' expectations regarding the psychological, emotional, and cultural safety of children and the critical importance of researchers having the expertise to understand trauma presentations, manage these and prevent any retraumatization. Principles of trauma-informed care put forward by Wall et al. (2016, p. 5) underpinned our study, such as

understanding trauma, promoting mothers' safety, seeking to empower them, and joining with mothers in mutual collaboration. Wall et al. outlines a continuum of trauma-informed care: "trauma-aware, trauma-sensitive, trauma-responsive and trauma-informed care" (p. 5). Reflecting on this continuum and in the context of conducting sensitive social research, 'trauma-safe' could be included representing a higher level of trauma-safety.

To facilitate children's participation in domestic violence research, researchers must equally prioritize the mother's emotional, psychological, cultural, and physical safety. Mothers' needs are inextricably linked to those of their children. Recruitment and consent processes for children's participation should consider the mother's trauma experiences and circumstances which includes being sensitive and responsive to any vulnerabilities. While recognizing that researchers are not therapists, the importance of establishing safe, trusting relationships and a collaborative alliance with mothers is evident. This necessitates researchers having skills and expertise, that in some respects, mirror those of clinical practitioners (for example, social workers and psychologists). Considering mothers may disclose to researchers previously unshared experiences (Dichter et al., 2019) having the expertise to understand and manage domestic violence trauma seems warranted. Author One's clinical expertise assisted with participant engagement, support, and exploration of issues.

The mothers in our study identified the need for research with children to be flexible, creative, play-based, and appropriately adapted to the child. They acknowledged child rights and the importance of the voices and perspectives of children being recognized but emphasized that this needed to occur in the context of safety, trust, rapport, and support.

Limitations

Limitations in this research derive from the small sample of 11 participating mothers. Time and resource restrictions curtailed the recruitment of additional mothers. The study's findings could be more specific to the Australian research context and may not capture the cultural and geographic diversity of views on the topic.

Conclusion

This research highlights that mothers are protective gatekeepers and, for a range of valid reasons, will present barriers to the engagement of children in domestic violence research. To best enable children's inclusion and safety, a trauma-safe and child-friendly approach must guide research endeavors. This means facilitating the choice and control of

mothers, working closely and gently with them, and providing comprehensive information about the research and how it will be conducted safely and ethically. Critically, researchers need the expertise to ensure the highest level of safeguarding inclusive of the child's (and their mother's) physical, psychological, emotional, and cultural safety. It is apparent from this research that mothers will only consider providing consent if researchers give them clear evidence that safeguards are in place and that the research will offer significant benefits and outcomes for children.

Data availability Due to the qualitative nature of interview data, ensures of privacy and confidentality of participants and limitations to consent, interview data cannot be openly shared.

Declarations

Ethical Approval This study was approved by the Australian Catholic University Ethics Committee (approval number 2016–298 H) in accordance with the Australian National Statement on Ethical Conduct in Human Research, 2017 (Updated 2024).

Consent to Participate Informed consent was obtained from all individual participants included in the study.

Consent to Publish Informed consent to publish data was obtained from all individual participants included in the study.

Competing Interests The authors have no relevant financial or non-financial interests to disclose.

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