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ORIGINAL ARTICLE



Enhancing Children's Involvement in, and Influence over, Domestic Abuse and Family Violence Knowledge Creation through Traumainformed Approaches to Research

Helen Beckett¹ · Camille Warrington² · Kelly Bracewell¹

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Abstract

Purpose In this commentary, we explore how a trauma-informed approach to research can help address some of the drivers behind the continued marginalisation of children's voices in domestic abuse and family violence research, as noted by numerous contributors to this special issue. We focus particularly on how such an approach can help reframe and start to address the safety and wellbeing concerns that are frequently cited as reasons for denying children their Article 12 UNCRC right to have a say about matters than affect them, within trauma-focused research contexts.

Method We include examples of practical research strategies, drawing on the authors' cumulative body of published research and other research reported on in this special issue.

Results We identify practical research strategies that can support increased awareness of, and responsiveness to, the potential presence and impacts of trauma in research, in a way that integrates realisation of children's participation and protection rights. We do so primarily in relation to children's involvement in research as research participants but conclude with an exploration of the conceptual and practical alignment of trauma-informed and participatory approaches to research.

Conclusion We contend that the application of a trauma-informed approach to research can help create safer and more meaningful opportunities for children to be involved in, and influence, domestic abuse and family violence knowledge creation.

Keywords Children · Participation · Research · Domestic Abuse · Family Violence · Trauma-informed

Introduction

We commence this commentary with a reflection on the current state of play in relation to children's involvement in domestic abuse and family violence research, drawing on the evidence and examples in this special issue. Whilst welcoming the growing number of studies involving children in recent years, we – alongside other contributors to

the special issue - identify an ongoing and critical need for further progress if we are to fully understand children's experiences, needs and preferences and realise their rights to both participation and protection. Recognising the well documented concerns about children's safety and wellbeing in abuse-focused research, the main body of the article explores how the adoption of a trauma-informed approach can help address these; both in how we frame such concerns and in how we practically plan for, and respond to, them. We share practical examples from our own studies, and from those represented in this special issue, as to how we can adapt our mindsets and research practices to be more aware of, and responsive to, the potential presence and impacts of trauma in our research. The final section of the commentary encourages us to think beyond research participation, to consider the potential for, and benefits of, more participatory approaches to research in this field.

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Helen Beckett
hlbeckett@uclan.ac.uk

University of Central Lancashire, Fylde Rd, Preston PR1 2HE, UK

University of Bedfordshire, Park Square, Luton LU1 3JU, UK

Context

Over the last two decades, there has been a notable and welcome growth in research on domestic abuse and family violence involving children (see, for example, Mullender et al., 2002; Øverlien, 2011, 2014; Callaghan et al., 2016). Although still representing a relatively small part of global evidence on domestic abuse, this shift and the associated evidence that has been generated is important to acknowledge – and to build upon.

Several contributions within this special edition are testimony to these shifts; including Øverlien and Selvik (2025), Costello and Holt (2024), Diemer et al. (2024) and Morrison (2024). This growing body of work clearly recognises and demonstrates children's capacity to skilfully articulate their experiences, countering previous justifications for failing to engage with children on this topic. Work from authors such as Houghton (2016), Callaghan et al. (2017), Costello and Holt (2024) and Morrison (2024) has also shown that children's competencies extend beyond an articulation of their views and experiences, to reflexive and strategic engagement in research encounters to influence change, and an awareness of their own and others' wellbeing needs when engaging in research.

Such studies, in parallel with those on other forms of trauma and abuse with children (see, for example, Warrington et al. (2017) or Beckett et al., 2022) have challenged broad assumptions (both implied and explicit) about children's vulnerability or limited capacity as justification for their absence from research on violence and abuse. They have also highlighted the importance of recognising children as the experts on their own lives, and the necessity of ensuring their views inform our understanding and responses if they are to meet the child where they are (see, for example, Hamilton et al., 2019; Ellis et al., 2023; Costello & Holt, 2024). Uncontested arguments about the dangers of 'retraumatising' children through research involvement have also started to be addressed (see, for example, Øverlien & Holt, 2021 or Beckett and Warrington, 2024) including through the adoption of a trauma-informed lens, as explored in this commentary.

The Ongoing Challenge

Yet, despite these important inroads, ongoing deficit-based vulnerability and capacity narratives - and/or a lack of confidence in challenging or managing these – continue to curtail opportunities for children to participate in domestic abuse and family violence research. This may also be, in part, the result of practical considerations, in time and resource constrained studies. The reality remains that data from adults is often easier to access, and quicker to capture. This reflects

more direct access routes, fewer gatekeepers, a reduced sense of risk, less onerous sense of duty of care, and assumptions that adult participants hold increased understanding or experience of research engagement. Furthermore, testimonies from adults may also, at times, appear to be better articulated than those of (particularly younger) children — or rather, articulated in a way that feels more digestible for policy makers and other professional stakeholders.

Within such contexts, holding space for children's perspectives and their equitable influence, remains challenging. Whilst true for all children, this is often more acutely experienced by those who find themselves marginalised or discriminated against within services, structures or societal discourses, due to their experiences or biographies. The resultant exclusion of children's voices and influence is noted across a wide range of contributions in this special edition, including in relation to children with disabilities (Gregory et al., 2024), those bereaved by intimate partner homicide (Kurdi et al., 2024), those living in shelters (Thibault et al., 2025) and – more broadly – understandings of healing and recovery (Morrison, 2024).

In the context of domestic abuse and family violence, this bias and the continued marginalisation of children's perspectives is particularly significant. It replicates abusive power dynamics, particularly around the denying of voice, choice and control. It also mirrors, and impacts, the continued tendencies to frame, and respond to, domestic abuse as a problem that occurs primarily between two adults (Eliffe et al., 2020; Hale et al., 2024), downplaying both the impact on children and their roles in responding to abuse within their families.

This reminds us that both *how* we produce knowledge and *who* is involved determine the narratives and discourses that frame what we consider to be true. This, in turn, influences our collective responses to certain issues. There is, therefore, still work to be done to grow and sustain approaches to children's involvement in domestic abuse and family violence research and to ensure that practices and policies that follow from it are responsive to the fullness and diversity of their needs in the face, or aftermath, of violence and abuse. As Costello and Holt (2024) observe, we need to create more 'safe and scaffolded spaces' to hear from children, and to 'listen louder' (Houghton, 2006, cited in Costello & Holt, 2024) to what they have to say.

This 'work' is arguably threefold: expanding the scope of evidence generated from and with children (and therefore redressing the balance which continues to fall in favour of adult controlled narratives of their lives); prioritising involvement of cohorts of children who are particularly marginalised within the evidence – for example those with disabilities and those from minoritised communities; and highlighting the legitimacy and credibility of evidence



developed with children's active involvement to ensure this feeds into the development of future policy and practice.

In the main, this commentary focuses on addressing the first of these tasks. It reflects an observation that if arguments about the possibility and importance of children's involvement in domestic abuse research are gaining in influence, an important next question to address is *how* best to do that. Here, we believe, there is much to be gleaned from the growing body of abuse-focused research involving children and young people, and the application of a trauma-informed approach to such endeavours.

Acknowledging that many (though not all) of the barriers to wider children's involvement centre on researchers' legitimate (and potentially helpful) anxieties about how to avoid their practices re-traumatising those impacted by violence and abuse, we centre our reflections in the remainder of this commentary around this and the related considerations of safety and wellbeing in research.

Shielded or Silenced?

The concern that children's engagement in research on domestic abuse may inflict further harm — including retraumatisation - is part of a well-worn argument in abuse-focused research. Part of the argument's potency is that these anxieties are never entirely unfounded and should indeed be taken seriously. Indeed, there is an uncomfortable truth, at odds with many ethical frameworks, that a risk-free approach to research in the field of trauma can never be entirely guaranteed.

Herein lies the potential for the disproportionate exclusion of children from research; taking the simpler, less resource intensive, path of risk avoidance, rather than engaging in identifying and managing risk. Equally, a tendency to focus too heavily on risks of research involvement overlooks the less tangible risk of children's *absence* from research, which must also be spoken and held (Warrington and Larkins, 2019). Finally, there is the importance of recognising that research involvement, *when undertaken with appropriate thought and care*, can also bring benefits and opportunities for participants (Hamilton et al., 2019; Bracewell et al., 2022; Beckett and Warrington, 2024); as elucidated by Marinkovic Chavez et al. (2024), Costello and Holt (2024) and Morrison (2024) in this special issue.

The reference to 'appropriate thought and care' is purposeful here. Whilst encouraging greater involvement of children in research in this field and wishing to build researchers' knowledge and confidence to facilitate this, this encouragement comes with the important caveat that this should never be undertaken lightly or without due care, preparation, training and support. This includes an understanding of the dynamics of trauma and their implications

for research practice, both of which can be supported through the adoption of a trauma-informed approach, as we now explore.

What do we Mean by a 'Trauma-informed' Approach?

Whilst there is no universal definition or model of what it means to be trauma-informed, a frequently cited approach, that many subsequent adaptations draw from, is that of the Substance Abuse and Mental Health Services Administration (SAMHSA) (2014:9). This identifies four key elements of a trauma-informed 'program, organisation or system':

- Realising the widespread impact of trauma and understanding potential paths for recovery.
- Recognising signs and symptoms of trauma (including on staff).
- Responding by integrating knowledge about trauma into policies, procedures and practices.
- Seeking to actively resist retraumatization.

SAMSHA also identify six key principles that underpin trauma-informed practice; observing that although always needing to be present, these will be differently implemented in different contexts. The six inter-dependent principles are:

- Safety.
- Trustworthiness and Transparency.
- Peer Support.
- Collaboration and Mutuality.
- Empowerment, Voice and Choice.
- Cultural, Historical, and Gender Issues.

A Trauma-informed Approach to Research

Despite increasing attention to trauma-informed approaches in practice settings, there is, as yet, limited consideration of their application to research; even that focused on trauma.

This may, in part, be due to emerging critiques around its application in policy and practice settings. Such critiques highlight concept creep, tokenistic use and the dangers of a singular individualised 'trauma' narrative (see, for example, Smith & Monteux, 2023). Whilst concurring with the need to attend to these issues in our use of trauma-informed approaches, we still find benefit in applying such a lens to the design, conduct and reporting of trauma-focused research. Amongst other things, it offers a helpful framework for reconciling some of the perceived tensions around participation and protection that are helpfully summarised



in the Costello and Holt article; one that neatly aligns with the child rights approach that they, we and other contributors such as Morrison promote.

In the remainder of this section, we share some reflections on what being trauma-informed means to us, and – drawing on our body of abuse-focused research with children - some examples of how the application of a trauma-informed lens can help us to adapt our mindsets and research practices to be more aware of, and responsive to, the safety and wellbeing of participants.

First and foremost, being trauma-informed does not mean entirely avoiding any topic that could be potentially distressing or excluding any participants with trauma histories (Harris & Fallot, 2001). On the contrary, it encourages us to engage with trauma, but to do so in an informed, nuanced and sensitive manner, that recognises not only the potential trauma (re)producing capacity of our actions, interactions and reactions, but also the trauma reducing capacity of the same (Campbell et al., 2019; Petrone & Stanton, 2021).

Amongst other things, this requires us to recognise and address:

- The privilege and responsibility of researching in this field.
- The ways in which our research processes can (unintentionally) replicate abusive power dynamics, and the need to take proactive steps to address this.
- The benefits that can ensue from involvement in research.
- How experiences of/exposure to trauma (and others' responses to this) impacts how someone experiences our engagements with them.
- The potential impacts of (re)exposure to trauma on us as researchers.

A trauma-informed lens also helpfully reminds us about the widespread and frequently hidden nature of trauma, and the need be attentive to the potential existence and impact of (multiple) trauma in everyone we engage with; not just those whose experiences of trauma are known, easily seen or readily acknowledged. As such, the thinking and many of the practices we outline here apply not only to research with children known or acknowledged to have experienced domestic abuse or family violence, but to anyone we seek to engage in research; whether child, parent/carer or professional. It similarly applies to interactions with colleagues, who may also have experiences of individual, collective or structural trauma that are unknown to us.

Reflecting on their research with those bereaved by parental intimate partner homicide during childhood, Marinkovic Chavez et al. (2024) highlight the urgent need for more spaces for young people who are bereaved by parental intimate partner homicide to 'create and share their stories on their own terms and across their whole lives', and the significant benefits that can ensure from this. Research is one such 'space' where we can do this.

As Isobel (2021:7) observes: "the researchers' role is to enact the TI principles of safety, trustworthiness, and choice, such that people can feel able to either share or not share the words that are important to them". This is particularly important in the context of (domestic) violence and abuse; which is typified by an absence of choice, control and safety; themes that can also be replicated in (well-intended) professional responses to children and young people's experiences (Bracewell, 2017; Mullender et al., 2002). As Images one and two below, from the Learning Together project co-led by Beckett and Warrington depict, these themes are also explicitly articulated by children and young people when asked how we might research better in this field:

So how might we practically do this?

Well, the first thing to highlight is that there is no definitive A to Z guide on how we might practically do this, and nor should there be. As recognised by multiple contributors to this special edition, children's experiences, and associated needs and preferences, will vary considerably across, and within, different studies and different contexts; as should the practical application of traumainformed principles.

We do however recognise the challenge of knowing 'where to start' when it comes to practically implementing abstract principles, or responding to the challenges identified in this special edition, so share some examples of practical strategies that may prove helpful, or spark thoughts about alternative approaches. Some require resource, but others are simple no or low-cost adaptations that can be made to existing processes.

As noted above, one of the most frequently cited concerns around engaging children in research about violence or abuse is that of their wellbeing and safety, including the risk of further traumatisation. Whilst not in any way undermining the importance of this, a trauma-informed approach encourages us to think differently about how safety is experienced and what might contribute to, or undermine, this. It requires us to challenge the simplistic paternalistic understandings of safety and wellbeing



¹ Further examples can be found in Beckett and Warrington's forth-coming guide on Trauma-Informed Approaches to Research, the Learning Together project website and in studies conducted by the authors. All studies received ethical approval from the relevant University ethics committees.

Image 1 Ten key things children and young people want researchers to know (Learning Together project, 2024)

Ten key things to remember

- 1 Participants are always more important than data.
- Your integrity and motivation matter how does your work benefit children and young people, and not just you?
- Children and young people don't have to share their views and experiences with you; they are "giving you a gift" in doing this. Honour that.
- Children and young people are the experts in their lives, not you. Make room to find out what is important to them, and make sure you listen.
- The power imbalance and benefits are skewed in your favour you need to take steps to offset this. Prioritising participant choice, control and benefit are central to this.
- Every participant is a unique individual; there is no 'one size fits all' approach. Make sure your approach is inclusive of those with different needs, abilities, perspectives and life experiences, and challenge any associated assumptions or biases you bring to the research.
- Promoting safety and wellbeing must be a key priority throughout – before, during and after your engagement with participants. Think about what you can put in place to support this, and who can help you with this.
- You need to understand the impacts of trauma and what this means for your research. You won't always know if someone has experienced trauma, so always be sensitive to this. Think about the language you use, the things you ask participants to talk about, and the ways in which you engage with them.
- 9 You should never make promises that you can't keep, and should always follow through on any commitments.
- 10 You should always show kindness and respect.



that have underpinned much exclusionary practice in this field (see Beckett and Warrington, 2024). It instead highlights the importance of understanding 'safety as defined by those served' (adult or child) and the relationship between collaboration, empowerment and safety (SAM-HSA, 2014):11). The section below explores share some of the practical strategies that we have found to support such an approach, in our research with children and young people over the last twenty years.

Practical strategies for trauma informed research:

 A holistic risk and benefit framework: considering not only risks of involvement but also the benefits of involvement and risks of exclusion that Costello and Holt (2024) outline. When accessing children through gatekeepers with knowledge of their circumstances, this can be supported by individual pre-engagement risk and





Image 2 How children and young people want to feel in research (Learning Together project, 2024)

needs assessments to identify: (a) any potential risks, (b) what steps we can take to mitigate or manage these, and (c) how we can adapt our approach to best respond to participants' needs and preferences. Wherever possible these should be informed by children themselves, and parents/carers as appropriate.

- The 'no surprises' principle: Knowing what lies ahead is particularly pertinent in the context of trauma. Whilst information needs to be communicated sensitively and in an 'age-appropriate' manner, it is important to be honest and clear about what involvement entails (topics to be discussed, and control over this, for example), to reduce anxiety around the unknown, and support informed decision-making about if and how to participate. A key element of this is being transparent about any potential emotional distress, but as explored below, ensuring there is appropriate wraparound support in place and clearly communicating this to the child and their supporters.
- Clearly communicated limitations to confidentiality, including reporting requirements around disclosures, which will differ between children and adults and in different jurisdictions. Recognising the potential negative implications of unplanned disclosures, it is important

- to take active steps to check participants understand the type of information that you must pass on to others. Providing concrete examples can help 'land' abstract messages about requirements to report harm and if engaging directly with participants, so can allowing them to check their understanding through hypothetical examples of their own (so if I told you.... would you have to pass that on?). Should disclosures occur that you must pass on, maximise the degree of control the child has over how this occurs for example, would they like you to tell their worker, or bring the worker in so the child can tell them, themselves?
- A toolkit approach to data collection can also help minimise potential for re-traumatisation or distress, through maximising a participant's choice and control over which topics are covered, and how they choose to reflect on these (written, verbal, photographs, games, storyboard etc.):
 - Using vignettes or other third person approaches can allow a participant to share their views through the lens of what 'the character' might be feeling or what they might need, rather than having to directly name their personal emotions or experiences. Such an approach should not prevent a participant sharing their own experiences or views and indeed many often choose to do so as they become increasingly comfortable in the research encounter but it removes the (explicit or implicit) expectation that they have to.
 - Providing written or visual topic cards, and letting a participant actively select which they want to talk about, removes the need for them to directly tell you that they don't want to talk about a particular topic; something that can be difficult to do given the power differential in research settings. The inclusion of a blank card allows participants to identify other issues that they are important to them, as does a non-directive closing question such as 'is there anything else you'd like to tell us, that we haven't thought to ask you?'
 - Advice or projection questions such as 'what advice would you give to another child going through something similar?' or 'what would you change if you were in charge?', or use of pictures or collages, can also help surface participants' priorities in a non-confrontational way. Advice or projection questions such as 'what advice would you give to another child going through something similar?' or 'what would you change if you were in charge?', or use of pictures or collages, can also help surface participants' priorities in a non-confrontational way.





Image 3 Example calm box

- Actively building in choice and control at all stages of the process: A trauma-informed approach requires us to actively attend to the power differentials that permeate our engagements with all children. As Gregory et al. (2024) and Costello and Holt (2024) observe, these power differentials can be particularly acute for children who experience structural discrimination or disadvantage or whose previous experiences have diminished or sidelined them. Recognising this alerts us to the fact that an offer of choice, does not necessarily equate to meaningful choice. Beyond the toolkit approach explored above, there are a myriad of small amends we can make to 'standard research practices' to more actively encourage and facilitate the exercise of choice, including:
 - Clearly separating out 'mandatory' and 'optional' elements of consent forms
 - Framing options as an active choice (for example, would you prefer us to audio record or take written notes, rather than asking if they consent to audio-recording)
 - Use of pause/stop/go cards
 - If audio-recording, giving control of the recorder to the participant.
 - In addition to the ability to withdraw contributions after (that place onus on the child to initiate this), explaining at the start of engagements that you will check at the end if there is anything they have shared that they would rather not be used, and committing to remove anything they identify then.
- Proactively planning for distress: Despite the measures we put in place, the potential for distress always remains, so it is critical to proactively plan for this and ensure we are appropriately trained and resourced to manage this. This of course includes being able to spot and respond to potential signs of emergent distress, but

- rather than assuming that participant distress mandates ending the engagement, collaboratively deciding with a participant whether it is right for them to continue, take a break or stop. It also means following the lead of participants when, for example, they appear to 'go off at a tangent', recognising that this may be their way of managing a need to 'step back' from the discussion. It can also be very helpful to give participants resources to help maintain their wellbeing during engagements through, for example, the provision of a calm box, as illustrated in Image 3.
- An active support offer: Beyond the standard offer of helpline information, we have found it very beneficial to have a named source of follow up support for participants (ideally someone they have existing relationship with, such as a voluntary sector support worker) and cost this support time into research bids. The child is given the worker's contact information to reach out as needed but, with the child's consent, we also ask the worker to 'check in' with them after they have taken part. Providing opportunities to have a supporter present in research engagements, where feasible, can also be a very valued source of support, as noted in Diemer et al's (2024) contribution to the special issue.
- Researcher support: A key aspect of a trauma-informed approach that can often be neglected is attention to our own wellbeing as researchers/research support staff, and an active support offer around this too. A growing body of evidence shows significant levels of re-traumatisation or secondary trauma amongst those researching in this field in the absence of appropriate wraparound support (Skinner et al., 2023). Debriefs and reflection sessions such as those noted by Kurdi et al. (2024) have an important role to play in mitigating this, together with training around vicarious trauma and access to more formalised clinical supervision spaces.²

The Potential of Participatory Research Approaches

Thus far, we have focused primarily on involving children in research as participants. Whilst doing this well is, in and of itself, an important endeavour, we want to conclude with a brief reflection on the potential to support children to become more active partners in research processes, through

For further resources around researcher wellbeing, see The Researcher Wellbeing Project (RWP): addressing researcher distress, trauma and secondary trauma. https://www.bath.ac.uk/projects/the-researcher-wellbeing-project-rwp-addressing-researcherdistress-trauma-and-secondary-trauma/.



use of participatory research approaches, and the specific benefits that this can offer.

Participatory research is an often-used, and misused, term, that means different things to different people. It can also take many different forms. When we reflect on participatory approaches to research here, we mean research processes which facilitate children's influence in research processes beyond the provision of data – encouraging the sharing of decision making and power in the wider research process. This can occur in many different ways including identifying research priorities, designing research projects, creating data collection tools, research governance, data collection, data analysis, reporting or disseminating knowledge. Ultimately it is research that is undertaken 'with' children rather than 'on' them; producing evidence and insight collectively (Reason & Bradbury, 2008; Abma et al., 2019). It is closely aligned to a rights-based framework; specifically supporting fulfilment of children's participation rights (Article 12, UNCRC), and the interplay with protection rights, at both an individual and collective level (Hamilton et al., 2019; YRAP, (n.d.).

We recognise that participatory research approaches will neither be appropriate or possible in all domestic abuse and family violence research circumstances. Nor should they be viewed in overly simplistic terms as some kind of ideal end point in a spectrum of children's research involvement. They do, however, have a very significant role to play in the context of trauma-informed research on trauma; in addition to the rights-realising capacity noted above.

Participatory research approaches have at their heart a desire to engage directly with issues of power at the heart of the production of knowledge. Subsequently they align closely to attempts to embed trauma-informed thinking and practice into our ways of doing research and hold particular relevance to those who may be marginalised – in this instance by virtue of their age, experiences of abuse and wider biographies or identities.

As such, participatory approaches, when undertaken carefully and meaningfully, hold their own particular potential to address and counter the dynamics of trauma. This rests on their potential to foster children's empowerment, enabling children to not only share their views and experiences, but influence research agendas and design and contribute more directly to research impact.

Significant participatory exemplars within the field of domestic abuse research with children include Scotland's *Voice against Violence* and related projects such as *Everyday Heroes* which brought young survivors into dialogue with Scotland's politicians through a series of participatory action research projects spanning over a decade of work (Houghton, 2016, 2018). Meanwhile, others have integrated significant elements of participatory research within broader research

projects such as the collaborative visual analysis with women and children that informed the theoretical insights outlined in Morrison's (2024) article within this special issue.

Yet these examples remain relatively exceptional. There are several reasons why participatory research with children generally remains relatively rare - and even more so in fields such as domestic abuse or family violence. It is more time-consuming and resource intensive, participant numbers are necessarily small, and the results are often non-generalisable. And yet, as noted above, opportunities to extend children's influence and role in research holds significant opportunities. As Costello and Holt's article (2024) ably illustrates, through an exploration of the Empower Kids Project (EKP), participatory approaches are not only possible to undertake safely in the field of domestic abuse, but can also actively contribute to young participants' wider wellbeing and recovery - building confidence, children's sense of achievement and crucially their wider influence to improve responses to domestic abuse and thus children's outcomes at a collective level.

However, repeating an earlier refrain from this commentary, risks remain - and need to be taken seriously. While many of these risks, and the strategies to address them, align with, or are variants on, the ideas explored above, there are some additional considerations.

A key example is assessing children's 'readiness' to take on roles which step beyond that of research subject. In this regard the EKP highlights the crucial role of practitioners known to children and young people to support this. This in turn echoes key findings from other participatory research with children in the field of interpersonal violence which demonstrates the need to position partnership building as a key component of trauma-informed research practice in the context of participatory approaches (Bovarnick & Meshi, 2023). Such approaches also support researcher readiness; an often neglected but critical part of 'readiness' assessments.

Additionally, the group-based nature of many participatory research activities may bring further ethical challenges - the need to negotiate group dynamics, reduced anonymity, potential conflict and children's exposure to others' testimonies of violence and abuse (Warrington, 2020; SVRI, 2025). Costello and Holt (2024) cite the use of responsive and flexible approaches as one means of addressing these risks. Described as creative 'multi-modal opportunities', these, like the toolkit approach outlined above, represent a flexible and responsive way to elicit children's perspectives, recognising differences in capacity, skills and preferences and maximising children's sense of choice and control.

Creative techniques, such as those employed within EKP, can also help translate complex concepts into more accessible forms, to support children's more meaningful involvement in research processes such as analysis or reporting. As



Morrison (2024), for example, reports, the use of a visual artist to translate higher-level analysis into engaging and accessible formats for use with children, helped 'decentre power' and 'add rigour' to research analysis; in this instance, resulting in further analysis of the research data through an alternative framework, informed by participants' reflections in the analysis process. This collaborative approach resulted in the creation of new and critical insights for understanding recovery after domestic abuse; with specific reference to the needs and experiences of children.

One further example of tensions that are amplified in participatory approaches is navigating the tensions between children's rights to anonymity and acknowledgement (Cody and Soares, 2023). Researchers are well versed in offering anonymity as standard to research participants; appropriately minimising risks associated with identifying individual children, including risks of increased shame, stigma or retribution for speaking out. However, when a child's role shifts into that of a more active research collaborator - perhaps as a 'peer researcher' or 'youth advisor' - they may make understandable and legitimate claims for a named acknowledgement of their contributions. Furthermore, children's involvement in dissemination and knowledge exchange may necessarily involve child collaborators publicly identifying themselves in particular settings or with particular audiences.

While there are no singular answers to resolving this tension, we would argue that any response or strategies to address this needs to start with a culture of reflective practice, shared decision-making - including the involvement of the child and potentially any parents or caregivers - and collaborative safety planning (and risk assessment). Together these approaches speak to the need for the 'ethics of care' throughout participatory research practices as proposed by Banks et al. (2013), which are in turn exemplified by the trauma informed research principles described above. Such approaches to managing risk, and indeed broader participatory research endeavours, speak to the heart of trauma-informed thinking: principles of peer support, collaboration and mutuality, empowerment, voice and choice (SAMHSA, 2014). They help shift the focus from the individual to the collective and, in doing so, root research practice alongside histories of collective action – grassroots, local and feminist - from which so much domestic abuse practice and policy has grown.

Conclusion

In conclusion, we welcome the inroads that are being made around recognising children as active and competent social agents in research, as demonstrated in this special edition and the work of other authors cited in this commentary. Yet, at the same time, we echo calls to do more and do better – to

respond to children's calls to 'talk about the fighting and hurting with us – don't shy away from it.' (Costello & Holt, 2024).

Core to this is reframing our understandings of safety and wellbeing and challenging the adult-dominated, often anxiety-driven, narratives around these that deny children opportunities to realise their rights through, and benefit from, involvement in carefully managed research.

As explored in this commentary, we have found that a trauma-informed approach offers a helpful framework for this; one that neatly aligns a rights-realising approach. A trauma-informed approach helps us to recognise both the presence and impact of trauma, and how this might manifest in our research encounters. It challenges us to adapt our thinking and research practices accordingly; to recognise the potential trauma-reproducing impact of research practices that subjugate children's wishes, voices and control, and the trauma-reducing capacity of practices that actively seek to do otherwise.

Such an approach aligns with contemporary childhood studies and participatory methodologies, which emphasise the importance of recognising children's voices as valid and essential sources of knowledge. Learning from children not only deepens our understanding of the immediate and long-term consequences of violence, but also informs more responsive, child-centred interventions. Without this, children's experiences, views and needs can be overlooked, minimised, or interpreted solely through an adult lens. This ultimately limits the depth and accuracy of our understanding of the complex emotional, psychological, and relational impacts of domestic abuse and family violence, and the relevance and impact of our responses.

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Data Availability All referenced author studies are available openaccess on the University of Bedfordshire or University of Central Lancashire's websites.

Declarations

Ethical Approval All author studies referenced in the article received ethical approval from the relevant University ethics body (University of Bedfordshire or University of Central Lancashire).



Competing interests No competing interests.

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