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Young People's Perspectives on Participatory Ethics

Citation for published version:

Houghton, C 2015, 'Young People's Perspectives on Participatory Ethics: Agency, Power and Impact in Domestic Abuse Research and Policy-Making' *Child Abuse Review*, vol. 24, pp. 235–248. DOI: 10.1002/car.2407

Digital Object Identifier (DOI):

[10.1002/car.2407](https://doi.org/10.1002/car.2407)

Link:

[Link to publication record in Edinburgh Research Explorer](#)

Document Version:

Peer reviewed version

Published In:

Child Abuse Review

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Young people's perspectives on a participatory ethics: agency, power and impact in domestic abuse research and policy-making

Introduction

I'm still in disbelief that something so dark and supposedly crippling has become the spark of something that's the best thing I've ever done in my life...support was a stepping stone, participation a bridge to a new life (Lola, age 19, young expert advisor to the Scottish Government).

A focus on children's agency should not only re-focus our response to domestic abuse but also the ethical approach taken to young participants' participation in research and policy-making. The repositioning of children as active participants in surviving domestic abuse (Mullender et al. 2002) and in their own and their mother's recovery (Katz, 2013) directly resulted from listening to children and young people themselves. This paper argues that to fully recognise their agency, it is essential to include young survivors of domestic abuse in debates about the ethics of their involvement in research and policy-making. Direct engagement with young people on this issue, over 2.5 years of sustained involvement in national domestic abuse policy-making, refocuses the current ethical approach. The predominant adult-centric approach to protection from harm, in children's lives and the research process, is revised to focus on children's agency and rights, alongside those of their mothers (non-abusing parent). Furthermore, a move to a more participatory ethics is an intrinsic condition of involvement to young participants, focusing on empowerment and impact.

This article begins with a discussion of absence: of children's agency in current conceptualisations of domestic abuse; of children's voices in the ethics of involving children in research and policy-making. Following a brief description of the methodology, young people's perspectives on ethics are explored. The key messages are that we need to refocus on children's agency when considering accepted ethical principles relating to safety from harm, and expand current thinking through a focus on children's power and impact adding the principles of enjoyment, empowerment and emancipation.. The paper concludes with a repositioning of children and young people, as agents in their own protection –in their lives, research, participation, as well as agents of change in research, practice and policy-making.

Domestic abuse and children's agency

Recent reframing of domestic abuse, building on previous feminist thought and practice, focuses on the ongoing nature of the mental, financial, sexual as well as physical abuse that women endure. Such abuse has been renamed 'coercive control' by Stark (2007, *passim*), the sustained fear akin to 'everyday terrorism' (Pain 2011, *passim*). Stark prescribes a shift to focus on women's agency, decision-making and choice as well as safety (Stark 2007, 2013). Yet it is not only women who are suffering this 'crime against liberty' (Stark 2007), the emergent children's perspectives literature details lives overwhelmed by fear of fathers/father figures, the horror of their everyday experiences of abuse, the controls perpetrators place on their lives, play, freedom of movement, relationships, friendships, education (Houghton 2008, 2013 for overviews). Children's standpoint is that the experience of coercive control and fear it

invokes is shared – it is ‘simultaneous abuse of women and children’ (Kelly 1994). Like women, children’s ‘space for action’ is restricted by the perpetrator, yet children do take action within and beyond that situation - to survive it (Mullender et al. 2002, Overlien and Hyden 2009), oppose it (Overlien and Hyden 2009) and promote their and their mothers’ recovery (Katz 2013).

Morris’ (2009) conceptualisation of a web of coercive control entrapping the whole family more accurately reflects children’s narratives: ‘a fusion of violence which permeates [women and children’s] everyday lives’ (p.417). Within that, it remains crucial to recognise children’s unique, autonomous voice and experience. Children’s individual narratives of abuse and survival are different and perhaps unknown to the experiences, actions and perceptions of mothers and siblings (see for example, Kitmann et al. 2003, Jarvis et al. 2005, Edleson et al. 2007, Stanley et al. 2012). For positive outcomes for women and children, differing accounts must be heard safely and separately (Stanley et al. 2012), children’s (and mother’s) difficulties in talking about and disclosing domestic abuse recognised (Houghton 2013), mothers and children supported to communicate and understand the effects of abuse on their relationship (Humphreys et al. 2006). Children tell us that having their voice heard, actively participating in decision-making, their mother’s support, adults pulling in the direction of children’s own strategies, are all vital elements in coping and surviving (Mullender et al. 2002, Irwin et al. 2006, Stafford et al. 2007, Stanley et al. 2012). Yet adult-centric approaches struggle to re-position children as agents in their family’s protection, with a crucial voice in decision-making.

The ethics of involvement

To involve children and young people with experience of abuse in research and policy-making presents complexities that could lead to their voice being stifled (Morris et al. 2012). Concerns remain about the balance between a child's right to participate and their right to protection and provision in both research and policy-making (Powell et al. 2012, Woodhead 2010: xxi); inadequate consideration is given to the interrelation of children's rights and women's/parents' rights (Mullender and Kelly 2000; Alderson 2012). There seems to be consensus that children's participation requires a 'childhood research ethics' (Powell et al. 2012), linked to rights principles (Hill 2005, Powell et al. 2012), that explores both ethical codes and situated ethics – 'an ongoing process of questioning, acting and reflecting' (Gallagher 2009:26). Currently, children's voices are missing from this exploration of ethics, with rare exceptions (for example, Horwath et al. 2011), which perhaps reflects the ongoing struggle to recognise children's agency, see children as central participants (Tisdall 2011) who are competent in deciding their own best interests (Alderson 2012).

Adult researchers have, necessarily, been adapting childhood research ethics to the specific dynamics of domestic abuse. Their main ethical concerns focus on the protection of children (and women) from further harm and re-traumatisation (Morris et al. 2012). The perpetrator is the main danger to the whole family and, potentially, the researcher –the child's participation a potential trigger for violence, particularly if there is contact (Morris et al. 2012). Protection of children by adults predominates, it is mainly the mother's domain to ascertain risk (Mullender et al. 2002, Thiara and Gill,

2011), her knowledge elevated over the child's. In healthcare research, Alderson (2012) argues children's own consent offers better support and protection than 'assent', competence a 'potential to be nurtured' (p.187) through encouragement, information, respect; yet an argument for children's assent and mother's consent in domestic abuse research is proffered (Morris et al. 2012). Mullender et al.'s (2002) mnemonic of three C's and D's – consent, confidentiality, child protection (danger, distress, disclosure), encapsulates the major issues scholars consider; young survivors' perspectives are absent, as well as participation's potential to 'do[ing] good' (Manzo and Brightbill 2010:35, see also McCarry 2012).

Methodology

The wider study

A series of qualitative participatory research projects with children and young people experiencing domestic abuse were undertaken at key times in Scotland's domestic abuse policy, summarised in Table 1. Thematic analysis of the perspectives of young participants in this study informs this paper, as does skill-sharing with specialist support workers of Women's Aid.

TABLE 1: The Wider Study: Children and young people's perspectives on help-seeking

The Wider Study: Children and young people's perspectives on help-seeking	
Aims and objectives	To explore young participants perspectives on what helps children and young people experiencing domestic abuse: barriers to speaking out; solutions to problems identified and priorities for Government action.
Who	48 young participants, aged 4-19, 2/3 female, ¼ Black/minority ethnic, all with experience of domestic abuse. Recruited through specialist support agencies, mainly Women's Aid plus local authority/charity groupwork /advocacy services.

Ethics	Research protocols developed with specialist workers and latterly young people (See Houghton 2014, Appendices 2 and 4), confidentiality a key issue. Informed consent and safety planning process in partnership with key worker, child, non-abusing parent covering Mullender et al. (2002) three C's and D's to prevent harm and re-traumatisation. Participatory principles emerged from participants and became a condition of involvement such as fun and direct access to power. Ethical approval obtained through Warwick University.
Methods	A sequential approach: choice of interview/focus group (all) -> film-making (option, see Scottish Women's Aid 2004, Voice Against Violence, 2012) -> engagement with politicians (optional). Creative techniques toolbox tailored to participants with semi-structured topic guide: barriers to speaking out, what helps, doesn't, evaluation of specific services, information on services country-wide, preparation for speaking out (see Houghton 2014).
Components	The study's 'research with a purpose'(Sinclair 2004) took place in 3 phases <ol style="list-style-type: none"> 1. children's political activism (2004-5) in a campaign due to services being lost (see Houghton 2006); 2. young 'advisors' consulted in the development of Scottish Government plan for children (2007-8, see Houghton 2008)); 3. young expert group (Voice Against Violence)formed to co-produce and implement Scottish policy (Voice Against Violence, 2009-12)

For further details: http://wrap.warwick.ac.uk/59089/1/WRAP_THESIS_Houghton_2013.pdf

The ethics study

The 2009-2012 phase involved sustained dialogue between a young expert group ('Voice Against Violence') and politicians, following young participants' critique of tokenistic participation (Houghton 2013). An additional (second) aim for this part of the project was to critically examine the participation process from a young person's perspective. A third aim emerged from young focus group participants concerns about such sustained engagement: they recommended that a 'sensitive' approach was needed with 'rules of engagement' with adults for them to be involved at all as well as to feel safe and happy in the process. This exploration of young survivors' perspectives on participatory ethical principles is the focus of this article.

Eight young experts (aged 15-19 at the onset) participated in the study over 2.5 years, exploring 'ethical codes' from the onset, then identifying, reflecting and acting on ethical and rights issues that arose (Gallagher 2009) -'situated ethics'. A Participatory Action Research approach respected young people as expert and equal in the development of ethical standards: 'a politics of becoming and between-ness where knowledge, analysis and action emerge between co-researchers and participants' (Pain et al. 2010: 29).

INSERT Table 2: The ethics development process - identification, reflection, action (2009-2012)

INSERT Table 3: Participants in the process – young and adult experts

Collection of data, analysis, dissemination.

The pilot and sustained nature of the policy-making project necessitated ethical decision-making within the process (Manzo and Brightbill 2010), particularly in relation to public engagement but also through experiences of adult: young person relationships in policy-making. The researcher facilitated the process of thematic analysis, including transcribing, coding and grouping the data according to agreed themes. There was a specific need for researcher facilitation on sensitive and private subjects, particularly in relation to fathers or stigma, and to anonymise some data even within the group. Young people decided they would analyse and disseminate their data in an online booklet representing all voices

(<http://www.voiceagainstviolence.org.uk/wp-content/uploads/2012/07/standards-booklet.pdf>). Young participants gave the researcher permission to further analyse

using her own expertise and insights in relation to the wider research study, literature, theoretical debates (Alderson 2012) and did not want a part in that 'boring' endeavour.

Findings: Three C's, D's and E's for the participation of young survivors in research and policy-making

The key finding of this ethics study is that we need to reposition children both as agents in their own (and their family's) protection, and as agents of social and political change. This requires an original adaptation of current ethical approaches that focus on adult protection of children, as well as an expansion of ethical considerations to encapsulate key participatory principles. To do this I adapt Mullender et al.'s (2002) mnemonic of three C's – consent, confidentiality and child protection, and three D's – danger, distress and disclosure, to incorporate children's agency in that process. To position and sustain involvement of young people as agents of change in research, service development and policy-making we need a focus on power and impact. I therefore contribute the three E's - enjoyment, empowerment and emancipation, based on principles that young people identified as conditions for 'real' participation, with a (shared) wish that these will become intrinsic considerations for researchers, practitioners, policy-makers in regards to future participation. These 9 domains are encapsulated in the graphic below then each is explored from the perspective of the ethics study participants' who are identified as 'young experts' and individually by their

pseudonym. This section ends with a brief discussion and useful table summarising the 9 domains.

INSERT TABLE 4: Three Cs, Ds and Es

Consent and information

To respect children and young people as central participants, young experts felt information should be advertised directly to children and young people; it was for the potential young participant to declare an interest which would lead to information for the young person and their mother. Support agencies were the conduit for advertisements; specialist workers' (who had received information/training on the project) involvement in the process was essential. Young experts felt participation had to be part of and not distinct from the therapeutic process, while making clear 'it's not a support group' (Karen).

Risk assessment for involvement needed to be a shared process with mothers as domestic abuse was a shared experience: 'we go through it together' (Marc). Young experts agreed that it was difficult to speak to mothers about domestic abuse (wider study), which necessitated care (and options) in communication. Not all mothers were the young person's confidante about domestic abuse, yet all were the stated main support. Therefore separate and joint contact with the trusted support worker and/or researcher was recommended, to acknowledge shared and unshared knowledge of risk, help communication about domestic abuse and validate the expertise of both

women and children in their own lives. To opt out would be a joint decision acknowledging women's and children's competence in assessing their own best interests.

Young experts felt that written consent for participation in research and policy-making should be for the young participant only, of whatever age, so long as they and their mothers agreed it was taking place in a safe location with safe people. They were clear that it was their opinions, their views on services and policy that were being sought: 'we are the experts, we lived it, we know what worked and what didn't' (Declan). However, where there is a risk of identification 'like being traced or seen' (Jack), for example public events, then this risk also applies to women and siblings and written consent should also be sought from mothers (even for the young people 18-25).

Confidentiality and anonymity

Confidentiality was the biggest concern for young experts who felt that 'no-one understands the severity of our experiences' (Chloe) or the 'real life consequences if confidentiality is breached... it could ruin our lives (Declan). It could affect their and their mother's recovery: 'a step back for the whole family' (Jack). Policy-making involves greater contact with adult strangers than research, which young people felt increased risk. They shared a mistrust of adults due to inappropriate and unsafe responses when attempting to speak out about abuse. Agreements with adults should include ethical good practice such as not sharing stories without permission, anonymising personal details but also 'don't say hello to me in the street' (they could be with friends/dad/family who did not know about involvement), 'don't mention me

in social media' (some dads were on facebook), 'don't reveal the location of meetings'. Young experts felt any adult involved should educate themselves about domestic abuse before meeting young people. Numbers of adults should be limited, giving young people clarification about why each adult was meeting them, what role, expertise and power to change things they had.

The most heated debate amongst young experts was whether to recommend blanket anonymity: 'members felt angry that...the perpetrator was still controlling them, was still making them live their lives like they were constantly at risk' (Karen). Whether to remain socially and publicly anonymous elicited different views from mothers and young experts. Young experts actively wanted to address public stigma about domestic abuse, ensure children heard from real survivors who 'got through it' (Jack), break isolation and signpost help. Yet some young experts were unable to speak out publicly due to the perpetrator and relationships, which challenged their aim of equality of voice. While a key principle was that young people spoke for themselves, not through adult intermediaries, this could work well in research and direct, private, meetings with politicians but was difficult in relation to the media, public speaking and film-making. Young people decided to recommend safe options for public messaging, such as the online advert produced using an actor but created by young survivors (<http://www.youtube.com/watch?v=Sf5yjJq7ubU>), media packages and opinion pieces with anonymised stories and messages, using animation in film (<http://vimeo.com/46348189>).

There remained a problem of voice, raising young people's voice above others. Young people felt those at least risk from perpetrators could decide with their mothers to have a (blurred) media presence so long as they were made fully aware that it's 'always a risk' (Marc) in relation to stigma, identification and intrusion and mothers were present for dilemmas/upsets that occur: Chloe was safe from abuse but felt violated after an acquaintance recognised her on television and therefore knew about it. In group projects such as film-making, the family most at risk should be the 'litmus test' for decisions about the way in which young people participated and they should strive to each have an equal voice. For example, young experts and mothers jointly decided to risk voice identification in their legacy film to ensure authentic voices spoke out to children, practitioners and policy-makers (<http://www.voiceagainstviolence.org.uk/category/resources/>).

Child protection: Danger

Safety from the perpetrator was the main concern of young experts, as participation potentially endangers the family (and researcher/participants). A condition of involvement should be that mums and young participants lived away from the abuser though this did not mean abuse had stopped; young experts cited examples of ongoing coercive control and fear, particularly if there was contact. Those with contact were aware of the precarious nature of their relationship with their father and most did not want him to know about their involvement:

'Dad wouldn't like me being involved in anti-domestic abuse stuff, it would remind him what he's done' (Declan)

'Yeah, he'd do his nut' (Declan's mother) [both laugh].

For young people, the major risk factors were how recent the abuse was and contact. Severity of abuse was significant but only if the mother *and young person* were still afraid and felt the perpetrator might pursue them.

Disturbingly, young people expressed almost equal fear about the stigma attached to domestic abuse and were concerned about other members of the family, peers and communities finding out they had survived domestic abuse with their mother. Years later, young people mainly had only one or two confidants with whom they could speak about domestic abuse.

Distress

Young experts felt that distress was an inevitable part of participation : 'We're coming along with our experiences and we're discussing it more – it keeps those memories fresh, therefore it can cause problems beyond that as well' (Marc). What was important was how to manage and minimise distress and take measures to redress harm caused by young participants' 'horrible experience' (Chloe). These include a respect for privacy (including own bedrooms and bathrooms), support for sleep and mental health issues, accessible and free contact with mothers and support workers, comfortable, peaceful, safe locations. A support plan for each young person allows opt out and support at any stage: 'hearing [young people's stories] brought stuff up... I went outside and phoned my mum and talked about it and calmed down' (Chloe). Young experts felt the researcher should have specialist domestic abuse counselling

and groupwork skills and there should be an additional support available at each residential.

Disclosure

Participating in domestic abuse policy-making is an act of disclosure. Young experts were acutely aware of this and concerned this opened young participants up to intrusive questions and the stigma attached to domestic abuse survivors. Reflecting the wider study, young participants require choice and control in what information is shared and with whom, with explicit agreement from adults about this.

Young experts believe that adults don't comprehend how difficult it is to speak about personal experiences, how emotional the content is, or the importance of privacy.

Adults should be requested to ask open, general questions rather than direct, intrusive questions on an individual's experience. Young participants need practice in handling questions and what to reveal, for example, writing down prepared statements to make a subject 'real' while being comfortable with details shared.

Young experts felt peers need to discuss what is appropriate to reveal when meeting adults. Openness with strangers (adult policy-makers) could leave others concerned that 'it was an open door to asking "what did your dad do?"' (Karen). Unless focussed, it could also distract from the action being discussed. This is not to say that young people did not want to talk about domestic abuse, but that they felt safest to do so with their peers and trusted manager: 'great to revisit in supportive atmosphere' (Lola). Peer support and new-found openness emerged as key to further recovery,

helping reframe domestic abuse as a thing of the past: 'what we do is turn our past into experience and I now see it [domestic abuse] in a different way' (Chloe).

Enjoyment

Young participants need to enjoy participation: 'not like work or school'. Fun activities should be built into each meeting plus regular teambuilding 'without the hard work' (John). This is not a frivolous principle – enjoyment and trust emerged as key to young experts feeling able to talk about abuse. Mothers should share the enjoyment and team spirit at key moments, to see the positive way young people can turn that negative experience around, which helps both recover and feel good about themselves.

Empowerment

Young experts had been silenced by the experience and the response they received, they were confident others experiencing domestic abuse had no voice. It was very important to this group that adults did not speak for them, including their mothers. Communication with others about domestic abuse was difficult and eased considerably if creative, empowering, cooperative, respectful methods were used.

That each young person's voice was heard is crucial – young experts recommended ways to ensure each young person was heard in meetings, films, publications, and each had a lead role in governance, research processes and subject areas. This peer respect, validation and shared experience helped young participants feel release, relief and

move on: 'it inspired me to make change, to fight for what you believe and be accepting of others' (Jack).

They found it more difficult to ensure that their voice should be respected as of equal importance as the voice of adults: 'they'll think, she's just a wee lassie' (Chloe).

Politicians conferring the status of 'young experts', equal to adult experts, with direct access to power, empowered young people in their engagement with senior policy-makers: 'without that status they'd never even have met us' (Karen). To achieve equal communication was hard; where this worked well, young people and adults worked alongside each other to achieve change, swapping expertise, building respectful relationships: 'it's important adults don't lead but empower us' (Declan).

Emancipation

There are two inter-related elements to the emancipatory approach: young people's active participation in politics and social change; and young survivor's freedom from the chains of domestic abuse.

To have a voice in policy-making, to be respected as a 'young expert' in the highest level of government, is not only a major source of confidence and pride but a condition young people set. To actually have political influence, to affect budgets, to change other children and young people's lives, is essential. Young experts did not feel children should be involved if change was not possible. Young and adult experts need to evaluate impact; evidence for this group included multi-millions for service expansion and 2.5 million children accessing the online advert. Promotion of children's

right to participate in national policy-making was crucial to young experts: 'we showed them young people can do it' (Chloe), 'we revolutionised participation' (John).

Key to all young participants was the sense of liberation from the coercive control of domestic abuse that participation can bring: 'domestic abuse no longer defines me' (Karen). Participation helps build relationships with mothers, adults and peers that young experts felt could sustain to the future. It brought a comfortableness, self-affirmation, belief in their individual, and independent, competence and capabilities: 'I can be me' (Marc). They became confident in their own agency - 'I am a capable young person, I can really do things' (Raya) and collective capability of children - 'we can make the world a better place to live in' (John).

Discussion Young people in this study co-developed an ethical process that exchanged 'myths about [children and young people's] deficits for due recognition of their intellectual, emotional, social and moral capacities' (Alderson 2012:182) including in relation to giving consent. Young people were adept at minimising and managing the risk involved in the work, understanding its complexities over time and place in a way not matched in the adult-centred literature. Indeed, every one of the three C's and the three D's (Mullender et al., 2002) was re-examined in the project and shown in a more nuanced light. As well as moving away from 'assent' to 'consent' the young experts reflected on breaches to *confidentiality* in political and publicity related contexts and took their own views of *child protection*, notably where contact with the abuser was on-going and thus *danger* was also revisited, while *distress* and *disclosure* were both seen as manageable with the right support. Young people have their own priorities

(the three E's) as well as their own abilities and perceptions. Chief amongst these, for young survivors of living with domestic abuse, and while also adding in *enjoyment*, is that participation must impact on the life of the thousands of silenced children and young people experiencing domestic abuse. In fact, young survivors do not want to participate in policy-making or research unless change is possible, reflecting Sinclair's (2004) 'presumption of *empowerment*'. Furthermore, the experience needs to be *emancipatory*: young people want direct access and to have real power within the political system (Smith 2009). *Participation can help free young survivors from the persistent effects of coercive control through redressing harm somewhat and respecting and restoring agency attacked by their experience. Young people regained control and power over their sense of self, sense of belonging, sense of citizenship: ' '.*

INSERT TABLE 5

Conclusion

Key messages 'agency and children's participation'.

Originality

The young experts' engagement with ethics in this project has revealed their competence in identifying, questioning and reflecting on the dilemmas in childhood research ethics, domestic abuse research and the sociology of childhood. They have set a challenge in relation to their right to participation and that is not whether young survivors of abuse should be involved at all (Morris et al. 2012). It is whether adults can respect young survivors as 'co-producers of their own welfare' (Hallett and Prout

2002), agents in the protection of children and families at both the micro (practice) and macro(policy) levels. This inevitably touches on whether children's rights can mesh with women's rights (Mullender et al. 2002) in a way that reflects the autonomy of both and is part of their therapeutic experience. Above all, though, it challenges whether adults can engage with young participants in a way that empowers them as 'change agents' (Malone and Hartung 2010:30), respecting their expertise as equal to, though different from, that of adults and each other. Every individual voice needed to be heard as well as the collective voice of the whole group. This is not easy to achieve in a situation of continuing danger and risk of stigma but the group showed how it could be done and that they fully deserved the role of 'experts'.

In Scotland, young people have become respected political actors, identifying change and actively pursuing solutions to an extent not seen in the rest of the UK.

This paper outlines a participatory ethics for the future involvement of children and young people in research, service development, and policy-making, demonstrating that, if we truly listen to young voices we will hear messages that are not only different from those arrived at by adults but also more likely to lead to effective change. A child-centric view of research ethics opens up a whole new perspective. It remains to be seen whether research ethics committees will keep pace with this changing standpoint.

The Young experts' engagement with ethics in this project has revealed their competence in identifying, questioning and reflecting on the dilemmas in childhood research ethics, domestic abuse research and the sociology of childhood. They have set a challenge in relation to their right to participation and that is not whether young survivors of abuse should be involved at all (Morris et al. 2012). It is whether adults can respect young survivors as 'co-producers of their own welfare' (Hallett and Prout 2002), agents in the protection of children and families at both the micro (practice) and macro (policy) levels. This inevitably touches on whether children's rights can mesh with women's rights (Mullender et al. 2002) in a way that reflects the autonomy of both and is part of their therapeutic experience. Above all, though, it challenges whether adults can engage with young participants in a way that empowers them as 'change agents' (Malone and Hartung 2010:30), respecting their expertise as equal to, though different from, that of adults and each other. Every individual voice needed to be heard as well as the collective voice of the whole group. This is not easy to achieve in a situation of continuing danger and risk of stigma but the group showed how it could be done and that they fully deserved the role of 'experts'.

Young people in this study have co-developed an ethical process that exchanges 'myths about [children and young people's] deficits for due recognition of their intellectual, emotional, social and moral capacities' (Alderson 2012:182). Participation proved to have a transformational effect on their sense of self, sense of belonging, sense of citizenship, and young people proved adept at minimising and managing risk

involved. Of greater importance to young people is that participation impacts the life of the thousands of silenced children and young people experiencing domestic abuse. In fact, young survivors do not want to participate unless change is possible, reflecting Sinclair's (2004) 'presumption of empowerment' (p.111).

Furthermore, the experience needs to be emancipatory, young people want direct access to power and to have real power within the political system (Smith 2009), for their voice to be central to 'directing and garnering resources for children' (Hallett and Prout 2003:6-7). In Scotland, young people have become respected political actors - identifying change and actively pursuing solutions. This paper outlines a participatory ethics for future involvement of children and young people, perhaps even more important for voices silenced through abuse.

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TABLE 1. The Wider Study: Children and young people’s perspectives on help-seeking

TABLE 1. The wider study: Children and young people’s perspectives on help-seeking	
Aims and objectives	To explore young participants perspectives on what helps and doesn’t help children and young people experiencing domestic abuse: the barriers to speaking out; their evaluation of services; their solutions to problems identified and priorities for Government action.
Sample	48 young participants, aged 4-19, 2/3 female, ¼ Black/minority ethnic, all with experience of domestic abuse. Recruited through specialist support agencies, mainly Women’s Aid plus local authority/charity groupwork /advocacy services.
Ethics	<p>Research protocols were developed with specialist workers and latterly young people (See Houghton 2013, Appendices 2 and 4); safety/confidentiality were key ethical issues, ‘rules of engagement’ with adults/politicians became so.</p> <p>The informed consent and safety planning process took place in partnership with the child’s chosen key worker, the child and non-abusing parent. Mullender et al. (2002) three C’s and D’s to prevent harm and re-traumatisation were used whilst validating child as individual, shared experience of abuse, difficulties in speaking about abuse, supporting mother/child relationship.</p> <p>Participatory principles emerged from participants such as fun, positive adult/child interactions and direct access to power.</p> <p>Ethical approval obtained through Warwick University.</p>
Methods	<p>A sequential approach was taken i)choice of interview/focus group , ii) film-making (Scottish Women’s Aid 2004, Voice Against Violence, 2012), iii) direct engagement with politicians (optional).</p> <p>Creative techniques toolbox was developed tailored to participants with semi-structured topic guide: barriers to speaking out, what helps, doesn’t, evaluation of specific services, information on services country-wide, ranking importance, preparation for speaking out (see Houghton 2013, Methodology Chapter)</p>
Components	<p>The study’s ‘research with a purpose’(Sinclair 2004) took place in 3 phases</p> <ol style="list-style-type: none"> 1. children’s political activism (2004-5) in a Scottish Women’s Aid children’s campaign due to lack of services (see Houghton 2006); 2. young ‘advisors’ consulted in the development of Scottish Government plan for children (2007-8, see Houghton 2008)); 3. young expert group (Voice Against Violence)formed to co-produce and implement Scottish policy (Voice Against Violence, 2009-12)

For further details: http://wrap.warwick.ac.uk/59089/1/WRAP_THESIS_Houghton_2013.pdf

Table 2: The ethics development process - identification, reflection, action (2009-2012)

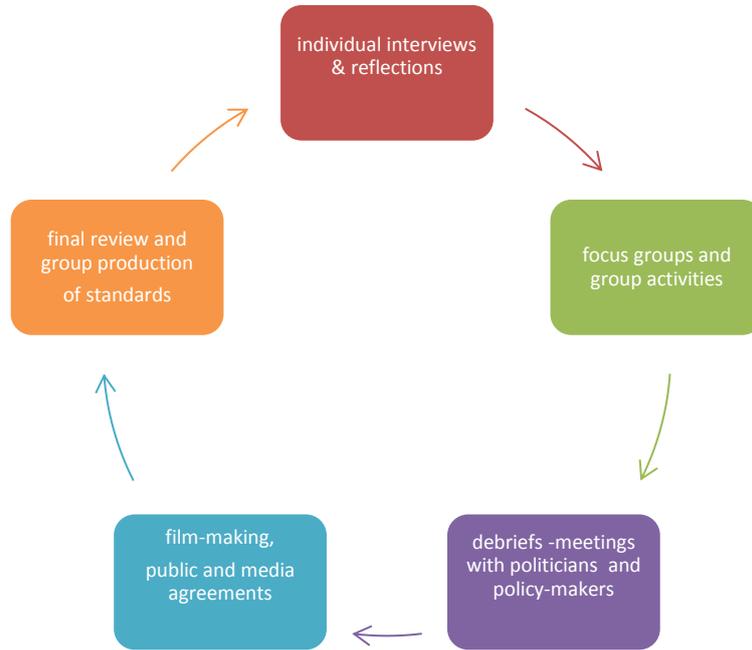
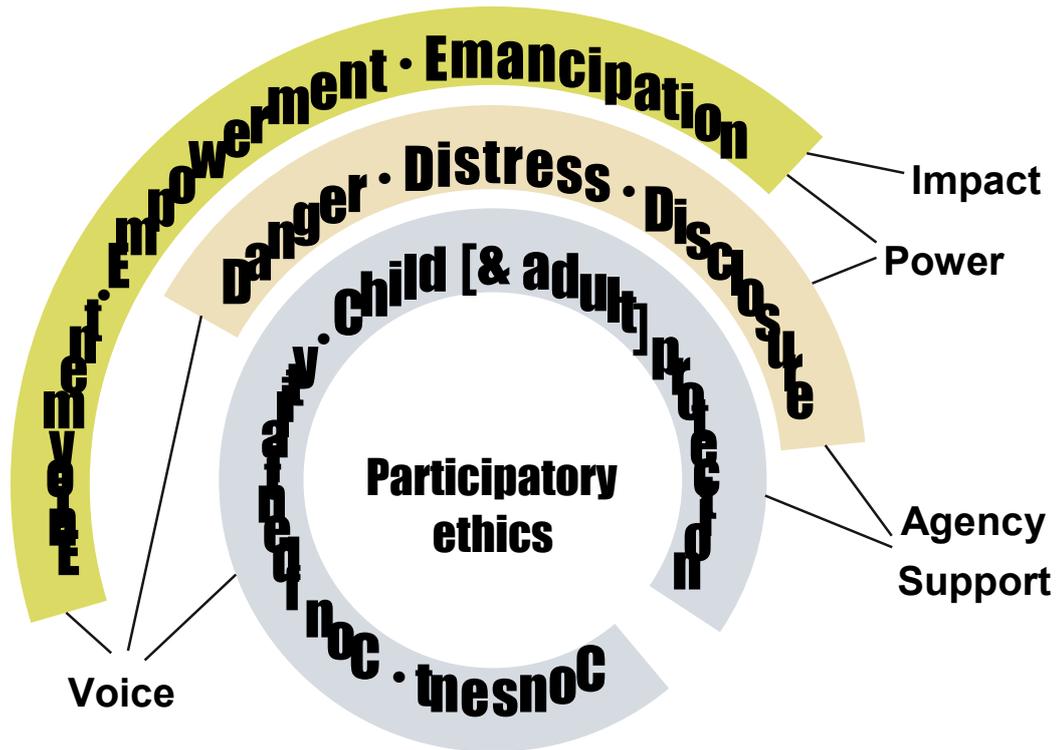


Table 3: Participants in the process – young and adult experts

Pseudonym: gender, age at onset, ethnicity, demographics	Domestic abuse services	Participation experience (all involved in wider study, Houghton 2013)	Current situation
Chloe: female, 17, identifies as white Scottish, rural	Women’s Aid shared refuges, aftercare support	Refuge research (Fitzpatrick et al. 2003), Listen Louder Campaign, Parliamentary petitioner	Living with mother with or near siblings -> independent living. No contact father.
Declan: male, 20, identifies as white Scottish, rural	Homelessness, Women’s Aid outreach specialist support, police, civil court	Refuge research (Fitzpatrick et al. 2003) Listen Louder research and campaign	University-> living with mother. Sporadic contact with father.
Jack: male, 15, identifies as white Scottish, semi- urban	Refuge, Women’s Aid outreach specialist support, police	Local participation project	Living with mother and siblings. Contact with father.
John: male, 16, identifies as white Scottish, semi- urban	Homelessness, CEDAR groupwork programme concurrent with mother, police protective measures.	CEDAR evaluation	Living with mother and siblings.

			No contact with either of 2 perpetrators.
Karen: female,17, identifies as Scottish Middle Eastern, island	Flee country, Homelessness, Women's Aid refuge, justice/court, NHS individual support.	Children's Panel Training	Independent living, close to mother and sibling. Contact with father.
Lola: female, 16, identifies as White Scottish with a disability, semi-urban	Homelessness, NHS family support, CEDAR groupwork programme concurrent with mother.	CEDAR evaluation	Living with mother and sibling-> independent living. Limited contact father, sibling contact with other perpetrator.
Marc: male, 16, identifies as white Scottish, urban	Homeless with mother, foster care, care worker and NGO support.	Moving Home research advisor (Stafford et al. 2007)	Independent living. Contact with mother and father who live together with siblings.
Raya: female, 16, British Asian, semi-urban	Flee country without sibling, Women's Aid refuge, limited individual support.	Moving Home research advisor (Stafford et al. 2007)	Living with mother-> independent living.
Researcher	Skilled specialist support worker	Participatory research projects 2004-2011 (Houghton 2013) policy & research experience	Employed as manager for Voice Against Violence: Research-practitioner.



Three Cs, Ds and Es for the participation of young survivors: agency, power and impact	
Consent and information	Young person is the central participant in the process and key decision-maker.
Confidentiality	Young person has control and choice over information sharing. Risks to anonymity require involvement of non-abusing parent.
Child [and adult] protection	Young person is respected as an individual survivor, their own experiences and agency in their family's protection validated.
Danger	Young person's perceptions of risk are vital to assessment and safety planning, alongside others affected.
Distress	Young people are capable of managing and minimising (inevitable) distress.
Disclosure	Participation is an act of disclosure for young survivors, thereafter control/choice over personal stories needs maintained.

Enjoyment	Fun while building trust is an essential component of participation and key to feeling able to speak out.
Empowerment	An individual, equal voice (to each other and adults) and recognised status as experts and key decision-makers is crucial.
Emancipation	Real power within the political system that results in an impact on abused children's lives is a condition of involvement.

© Houghton (2015). Adapting Mullender et al's (2002) three Cs and three Ds to focus on children's agency; adding three Es to reflect children's power and impact.