

# **Child-to-parent violence and abuse: navigating the ethical line when involving children in biographic research**

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## **Abstract**

This paper explores the application of ethical thinking from the perspective of someone with the dual role of social worker and PhD researcher. The focus of the research was family secrets and their influence upon child-to-parent violence and abuse (CPVA). The participants were children and their parents, who, at the time of the research, were experiencing family violence and abuse.

This paper was developed from a conversation between Lee-Ann and Louise. Lee-Ann was Louise's PhD supervisor and was therefore involved in supporting Louise in gaining ethics approval, as well as holding continued reflexive conversations about the ethical questions and dilemmas that arose throughout this study.

This paper has shown the importance of hearing the voices of children within research about CPVA. Children can offer a rich layer of information that is seldom heard. It also shows that there may be a different lens through which ethics can be considered during research, not only the purely objective or academic, but also from a practitioner-researcher in a social care setting position.

**Key words: child-to-parent violence and abuse; ethics; children; social work; practitioner-researcher; biography.**

## Introduction

Child-to-parent violence and abuse is a pattern of behaviours or a significant incident involving verbal, emotional, physical, financial abuse and/or coercion and control from a child (under the age of 18 years) towards their parent or carer (Cottrell, 2003; Holt, 2016; Home Office, 2018). This form of family violence is multi-causal and can have negative outcomes for the whole family, including the children. The experience of child-to-parent violence and abuse has the potential for parents to alter their behaviours to avoid conflict (Holt, 2016) and for the child to feel a sense of isolation and rejection from the family. The negative outcomes can be seen beyond that of the family unit, as well as across the life course (Oliver, 2019).

The subject under investigation was whether family secrets influenced child-to-parent violence and abuse. The method used in this research was the Biographic Narrative Interpretive Method (Wengraf, 2001; Jones, 2003). Family members were interviewed individually and were all part of the same two-generation family, in order to consider the systemic influences family members have on one another, including communication patterns regarding secrets (Bronfenbrenner, 1979).

This method involves three stages, although I only used the first two. Stage one, the interviewer asks just one question; “tell me the story of your life”, and then no further questions are asked, paralinguistic expressions are used to support and encourage the participant to continue telling their story whilst showing understanding and empathy. The second stage involves asking questions on topics which were raised during the interview, framed in the participant’s exact words and in the same order as originally spoken. This ensures that the ‘gestalt’ is not broken (Jones, 2004). This method was used with each family member, including children.

When proposing this study, intense consideration had to be given to ethics.

Biographic research is, or can be, a very sensitive way of undertaking research, in which people can re-experience traumatic events when asked to disclose their life history. Potentially this can cause more harm than good. As Miller (2005) states, life history interviewing can have “psychological pitfalls” (Miller, 2005, p.104) as much as people can be empowered through telling their story.

The question arose, could or should children be interviewed for the purpose of this study? Due to the sensitivity of the subject there were risks involved, including the 'psychological pitfalls' or possibly further aggravating family violence. It seemed prudent to consider how to mitigate any such harms. The focus, therefore, of this practice paper is about the ethics of involving children within this doctoral research and how the author's practice experience impacted upon her role as a practitioner-researcher (Oliver, 2019). In order to do this, Lee-Ann and Louise recorded a conversation between themselves and the following illustrates what they discussed.

### **Conversation Between Lee-Ann Fenge and Louise Oliver about Research into CPVA and Secrets**

*Lee-Ann: Your research involved children and their parents as participants. What lead you to include children in your research?*

Louise: To be honest with you, it was a bit of a no-brainer for me. I had been working in Children's Social Care for most of my career and a key aspect of this is talking to children and gathering their voice, their understanding of what is happening within the family. All my practice experience has taught me, if you want to understand a situation, like child-to-parent violence and abuse, you need to talk to every single person in that family and that includes the children and I felt that this was how my research should be conducted, listening to every person in the family.

There was also another motivator at the start of my PhD and that was that there was a dearth of research about child-to-parent violence and abuse, I wanted a method that really allowed the child to express everything that they were feeling and thinking without me adding too much bias. The one thing you learn when you talk to children is that, the way you ask questions, will shape the response. So, I wanted to do something which was not going to lead them down the route that I wanted them to go, I needed it to be as authentic as possible.

In order to limit this influence, I chose the Biographic Narrative Interpretive Method (Wengraf, 2001). Although, I have met some sceptics along the way. Such as,

being told that children would not want to take part in my research because they would not want to talk about the violence or that if they did take part, they would not be able to share their life story in a meaningful way. I always felt however, that it was possible because children talk to me as a part of my work in children's social care, so I did not see it as a barrier. I think this is also about my own values base, which is about the importance of listening to and learning from the people who are often silenced within our communities. The more we listen to each other and take the time to understand one another, the better our society will become. This was my opportunity to listen to others, I did not see barriers, I saw opportunity. I just needed to be patient and consider how to make the interview as comfortable as possible and use age and stage appropriate words when explaining consent/assent and so on.

This worked well with all but one child, she was younger, 11 years of age and I needed to break down some of the initial questions, as recommended by Hesketh (2014). I asked general questions, such as, tell me about your family, tell me about your friends, tell me about school and so on, which worked well and the narrative account was very useful in helping me understand the different perspectives within the family.

*Lee-Ann: It sounds from what you are saying, that your practice experience, as a social worker, gave you a particular ethical lens, in terms of the inclusion of the voice of the child as being central in the research.*

Louise: Absolutely. People have asked: "Is it right to involve children when you know that they are likely to be experiencing violence and abuse? But for me, it felt unethical not to include children. It would be silencing them and stopping them from having a voice in something which directly involves them.

*Lee-Ann: What then, were the main ethical concerns about involving the parents and the children in the research process?*

Louise: I think I was a bit naïve as I walked into this. In my head it was going to be simple, because, why wouldn't I be allowed to go and talk to children about what's

happening?' I do that every day in practice; it had not occurred to me that this would be seen as an ethical concern. However, two main concerns arose from the research ethics panel.

The first concern was: 'what happens if a child or parent makes a disclosure of abuse or that someone is at risk of significant harm?' The issue of course was that there was already harm happening within the family, therefore, I made sure that the participants already had support from Children's Social Care. Also, if a new disclosure was made, a quick referral could be made to their social worker or family support worker, which would help the family with continuity of support. I also made sure that every one of my participants was aware that if a disclosure was made, then I would pass this information on. To me, being clear about when confidentiality would be broken was very important, it helped keep the participants safe, but also, I was aware that due to the nature of the interviews, which often drew out information which the participant had not expected, that a disclosure may be made accidentally. This awareness weighed on my mind during the interviews and during the debriefings with you Lee-Ann.

Another complicating factor was that I was going to be interviewing children and adults who were experiencing abuse and I did not want to do any more harm. A lot of concern was about; what happens if somebody shared something with me and it brought memories up causing more trauma? The second stage of this interview technique generates Gestalt (Gabb, 2009) which aims to put the participant back into a narrative moment and to draw up more vivid memories (Wengraf, 2001, Fenge and Jones, 2011). This technique brings out deep emotions, so using this, if not managed carefully, could have been harmful. Because of the risks, I felt it was necessary to adapt this method for the children, as part of my duty to look after their welfare. I did not use this technique to its full potential, so as not to conjure up any powerful memories or emotions they had not shared with me willingly. I also observed body language for signs of distress and offered a break, or if needed, ended the interview, as well as providing after care if required.

The method I used however, turned out to be quite therapeutic for the participants with many of the participants discussing feelings of relief and pleased they had

talked to me, sharing things they had not shared before, and it felt good to get it off their chest. Amazingly, following the interviews, one of the parents, informed me that the violence and aggression had stopped. I am not saying, it stopping was sustainable at that point, but I think there was a moment where everyone had managed to say what they wanted to say and had reflected upon what was happening and could move on in a different space for a period of time. I think these positive responses came down to the interview technique, in which they felt listened too and believed.

I think one thing which should be addressed is the different power dynamics within this research and how this impacts upon the participants. As already discussed, the need to debrief after each interview was essential. This was part of an ethical process to safeguard the participants, in case a referral for additional support was required. Lee-Ann, as my supervisor and assessor of my PhD study prior to external examination, you are in a position of power. Our approach, however, was always one of collaboration, and I felt I could be honest, especially if an interview did not go to plan. This was really important, because if I had felt unable to be honest and open in the debriefings then this could have had serious implications for me, my research objectives and possibly the wellbeing and safety of the participants. I also think that because we both have social work backgrounds, this gave an additional layer of support, I could talk to you and know that you would understand the concerns.

The other power dynamics that needed to be recognised are those between me, as the researcher, and the participants. I was aware that I was in a position of power, as a researcher and also as a social worker and the systems which I represent. I made sure that my research was built upon anti-oppressive practice, being clear about consent and assent, the right to withdraw, the fact that being involved in this research, or not, would not affect service provision. I was also aware that I needed to honour the words given to me by the participants, listening to them and not 'putting words in their mouths', this is why I chose the Biographic Narrative Interpretive Method. I should also say, that I also felt indebted to the participants: I

was aware that they could have said 'no' to taking part or withdraw from the research, and this gave me a strong sense of their power within this process, one which I was aware of as essential to this process.

Lee-Ann: *In terms of your roles, being a social work practitioner and a PhD researcher, were there any particular conflicts in having those dual identities through the research process?*

Louise: Yeah, there was something which took me by surprise which created an internal conflict. As a practitioner, I am used to hearing traumatic stories on a daily basis. Some days of course are harder than others, but rightly or wrongly, I have built up some resilience to hearing traumatic stories. But when I was interviewing these participants, I was being deeply affected by what I was hearing.

I was connecting in a different way and finding that it would take me a long time to put aside what was being shared with me. It really surprised me that I would be so affected by what I was hearing. I think what it was is, twofold, the research method meant I would repeatedly listen to the interview recordings and this is where the conflict comes in, it was because I was in a researcher role and not as their social worker. I was not allowed to help the participants in a way that I would if I was working with them as a social worker, my hands were tied. It was hard because through the interpretation process I could see ways that I could help. That, however, was not my job role and that would have been crossing boundaries and that was really hard.

I did do some follow up telephone calls to the families and check in with them for a few weeks following the interviews. So, I was able, just to offer a listening ear, but it was hard to put aside my practitioner self when I do research I do not think I ever will put it aside properly.

Lee-Ann: *I guess what you are describing there is a process of real reflexivity over your positionality within that research. That constant reflection on who you are, why you are there and the dilemmas that you know, because your gut reaction as a*

*practitioner is one thing, but your researcher role is to listen in a more objective way. I can see that ethically that is quite challenging, in terms of, how you negotiate that in your professional value base?*

Louise: Absolutely, I remember there were two interviews, one with a child and one with a parent and at the end of the interview process, it seemed that they were seeking some kind of healing from me, some form of advice and guidance. They had really bared their souls to me and I remember sitting there thinking; 'okay, what can I offer that is not going to cross this boundary between Social Worker and researcher?'. I believe that if someone shares such a private part of themselves with you and asks for help, you give it, I wanted to be able to work with them, but this was not my role. In the end, I went for a human approach, we talked about what had been shared. I felt that was an ethical duty to the participants, I think, any researcher would have done this, you know, because it is about providing that immediate after-care. An advantage is, I am used to talking to people about very difficult things. I think this adds something to the researcher role. I guess some people might be horrified that we talked further after the interviews had ended, and some people will not, I don't know, it depends where you sit as a researcher.

*Lee-Ann: It is an interesting one really isn't it? And particularly for those researchers that perhaps do not have a professional background or qualification to draw from. Some of those conversations might be much more challenging and difficult.*

*Which brings me on to the final question and I guess it is; you chose to use a biographical narrative approach in the study to explore family secrets for families that were experiencing child-to-parent violence and abuse. I just wondered what were, the specific ethical challenges, of using narratives and the way that you choose to present those narratives in your research, particularly for a wider audience.*

Louise: I followed all the correct procedures. I had consent and assent from all my participants to be able to share their biographic narratives and I made it very clear that if somebody reads my research and knows that person, then they might be identifiable to that person. I initially chose to anonymize them as much as possible and at the time, I felt this would be good enough. Then once I had written my results



and discussion chapters, I just could not bring myself to have that information available to the public. What I was really worried about, and I think this comes from being in practice, was what would happen if the participants accessed that information and it led to further violent incidents. For me, it just would not have been safe, and I needed to take measures to safeguard the participants, I felt it was my responsibility to those who shared their life stories with me. I asked permission to have much of my PhD redacted, which was done, but this makes it really difficult in sharing my results in a way that is going to continue to protect the participants, but I would rather have this difficulty than think I could have been instrumental in more family discord and potentially violence. On the other side of the coin, the participants were very keen on me publishing the research, so that their experiences could help other families who are experiencing child-to-parent violence and abuse. Therefore, I felt that I had a duty to the participants to publish my results, but this had to be done in such a way that no one person can be identified: safeguarding from potential harm or emotional upset.

There is something in this protective measure, which I often think about and that is the fact that my PhD is about the negative influence of family secrets upon individuals and families. In redacting this detailed information, I have continued keeping secrets. But the difference is, it is not my secret to share. Without the right support in place to listen to one another's stories it felt unsafe to leave their stories out there for anybody to access.

*Lee-Ann: I guess, as a professional social worker, you are very aware of safeguarding and that adds another dimension to the ethical concerns when we are researching sensitive topics. I think this only enhances what you have done, in terms of, really putting the well-being and the welfare of your participants at the heart of that process.*

Louise: Well, you know, the participants are kind enough to share their time and their story with us and their tears and laughter, because that is what happens in the interviews. The least I can do is help keep them at the centre of what I am doing. It is not about my research only, it is about them, they are real people, who have lives to lead and we should look after them.

## **Conclusion**

This paper has shown how Louise, with Lee-Ann's support, has navigated the difficult line between being a social work practitioner and a PhD researcher, when involving children in her research about family violence and abuse, specifically child-to-parent violence and abuse. The importance of gaining the child's voice in a situation where they have direct experience was illuminated, showing that it gave not only a vital layer of research information, but also a voice to those who are usually silenced.

This paper has illustrated the value of being a practitioner-researcher because it generates knowledge through a different lens when considering ethical research and information sharing. It has also shown that there may be a disconnect between practitioner-researchers and those who are not from similar practice backgrounds; e.g. how to engage with children who are considered violent and abusive to others. It was not a question of whether the children would or would not talk to me, it was about how the method could be adapted to be child focused.

My reflections on conducting this research, have pin-pointed some ethical considerations. Firstly, we need to consider the potential impact upon participants of research being published. What would this mean to them, could it negatively impact upon their safety or wellbeing? If yes, we should consider alternative ways of publishing results, that goes beyond anonymising the information, and making absolutely sure that no one person is identifiable.

Secondly, there is no reason to be resistant to using a biographic or narrative approach with children. It is essential to listen to and learn from children. They have a unique perspective upon their lived experiences which in turn, enriches our understanding and knowledge. Not involving children in family research could sustain their experiences of being silenced in society. Equally, listening to each person within the family, and giving each interview equal weighting is important, no one person's life is

less or more important than the other, as each gives a different perspective generating a systemic understanding.

Finally, giving space and time to participants in order to listen to their unedited narratives, and allowing them to say what they want and how they want to say it. This position allows participants to have power and control in their interviews. This is a way of giving voice to those who have felt silenced and/or disbelieved, which in turn allows us to understand their lived experiences. Through using this research approach I was able to gather deep and rich information, enabling me to investigate child-to-parent violence and secrets in such a way that no other method would have made possible.

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