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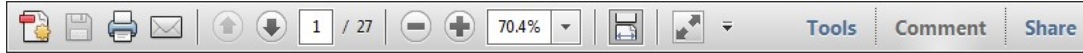
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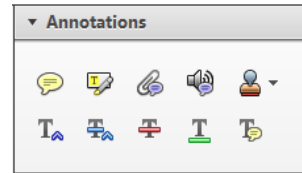
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1. Replace (Ins) Tool – for replacing text.

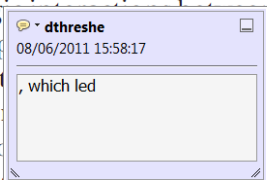


Strikes a line through text and opens up a text box where replacement text can be entered.

How to use it

- Highlight a word or sentence.
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standard framework for the analysis of microeconomic behavior. Nevertheless, it also led to the development of a new paradigm of strategic behavior. The number of competitors in the industry is that the structure of the industry is a key component of the main components of the industry. At the microeconomic level, are exogenous variables important? (M henceforth) we open the 'black b



2. Strikethrough (Del) Tool – for deleting text.



Strikes a red line through text that is to be deleted.

How to use it

- Highlight a word or sentence.
- Click on the [Strikethrough \(Del\)](#) icon in the Annotations section.

there is no room for extra profits as mark-ups are zero and the number of firms (net) values are not determined by market structure. Blanchard ~~and Kiyotaki~~ (1987), perfect competition in general equilibrium. The effects of aggregate demand and supply shocks in the classical framework assuming monopoly. An exogenous number of firms

3. Add note to text Tool – for highlighting a section to be changed to bold or italic.



Highlights text in yellow and opens up a text box where comments can be entered.

How to use it

- Highlight the relevant section of text.
- Click on the [Add note to text](#) icon in the Annotations section.
- Type instruction on what should be changed regarding the text into the yellow box that appears.

dynamic responses of mark-ups are consistent with the VAR evidence

satisfactory. Many studies have found that the number of competitors and the impact of demand



4. Add sticky note Tool – for making notes at specific points in the text.



Marks a point in the proof where a comment needs to be highlighted.

How to use it

- Click on the [Add sticky note](#) icon in the Annotations section.
- Click at the point in the proof where the comment should be inserted.
- Type the comment into the yellow box that appears.

and supply shocks. Most of the empirical evidence is consistent with the standard framework. New evidence on the number of competitors and the impact of demand



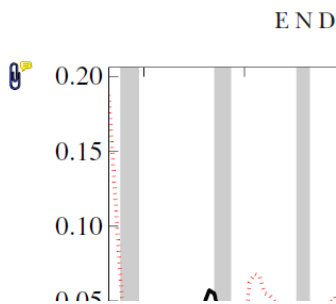
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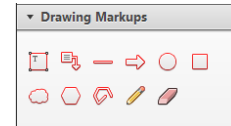
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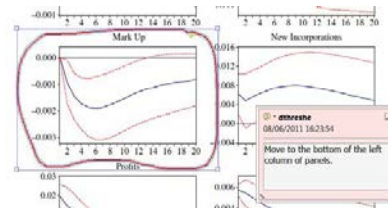
6. Drawing Markups Tools – for drawing shapes, lines and freeform annotations on proofs and commenting on these marks.

Allows shapes, lines and freeform annotations to be drawn on proofs and for comment to be made on these marks.



How to use it

- Click on one of the shapes in the Drawing Markups section.
- Click on the proof at the relevant point and draw the selected shape with the cursor.
- To add a comment to the drawn shape, move the cursor over the shape until an arrowhead appears.
- Double click on the shape and type any text in the red box that appears.





METHODOLOGICAL PAPER

Reflexive research with mothers and children

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Abstract

Aim: This methodological paper outlines a participatory and reflexive research approach in the context of in-depth, small-scale and preliminary qualitative research conversations with a vulnerable population. *Developing a participatory and reflexive methodology:* The project involved developing in-depth research conversations with three mothers and their children who had experienced domestic violence. Underpinned by poststructural feminism and relational ethics, a participatory approach to facilitate informal, nondefensive, participant-centred conversational spaces for the women and children was developed. Creating both the relational medium and the dialogical processes through which to engage with the women and children prompted multiple and complex challenges for the research team. Some members of the research team had prior experience of domestic violence, generating implications for ethical and reflexive research practice. *Implications for research practice:* The study highlights the complexities and challenges of developing a participatory approach with vulnerable populations including the quandaries faced, the importance of critical reflexivity during in-depth qualitative inquiry and the value of utilising a project steering group to support research governance. All members of the research team were emotionally impacted by the research work and the relational engagement with participants. A collaborative, peer-supervisory approach to support the researchers, the research processes – and, ultimately, the participants – was essential. Two case vignettes are included to exemplify researcher experiences.

Keywords: critical reflexivity, participatory research, research ethics, research with children and vulnerable people

doi: 10.1002/capr.12117

Reflexive research with mothers and children

There is growing interest in research methodologies for qualitative inquiry with children and young people. Whilst evidence exists of methodological innovation through creative and engaged methodologies and methods (Carter & Ford, 2013; Evang & Øverlien, 2015; Fargas-Malet, Mcsherry, Larkin, Kelly & Robinson, 2010; Harris, Jackson, Mayblin, Piekut & Valentine, 2015; Jackson et al., 2012; Lushey & Munro, 2014), there is minimal literature which focusses upon the researcher experiences of exploring emotive or contentious human and relational issues (Dickson-Swift, James, Kippen &

Liamputtong, 2009; McCarry, 2012). Similarly, there is a paucity of literature that describes the dilemmas experienced by researchers during an in-depth project with a vulnerable population and the associated decision-making processes (Graham, Powell & Taylor, 2015).

Here, we consider the researcher and research challenges that arose from in-depth research conversations with women and children who had experienced domestic violence (Gabriel et al., 2016). We focus upon the development of a participatory methodology to underpin the research work. Consideration of the research processes involved illustrates the value of *critical reflexivity*, whilst case

vignettes portray key challenges encountered and highlight researcher decision-making.

Literature relevant to reflexive methodologies was sought through academic databases, including Psychinfo and ASSIA, as well as web-based search engines and databases, including Google scholar and Researchgate. Internet searches elicited grey literature, including reports. The term domestic violence and abuse is used, abbreviated to DVA where appropriate, to refer to the wide range of violent, aggressive or abusive incidents that can occur in familial violence.

Methodology

Developing a participatory methodology

The philosophical underpinnings of the work reported here are best captured in the values and morals espoused by social constructionism (Gergen, 2009) (recognition of multiple realities), poststructuralist feminism (Baxter, 2008) (questioning taken for granted notions of gender and of relational, group and cultural power dynamics) and narrative approaches (McLeod, 1997; White & Epston, 1990; Winslade & Monk, 2007) (storied ways of understanding experiences, perceptions and behaviours). We concur with Baxter (2008) who argues that there is much to gain by adopting a multiperspectival approach to methodological choices, as befits the research task. This reflects our pluralistic leanings.

Narrative approaches value multiplicity and the creation of meaning through interaction. The notion of multiple and open-ended perspectives on any given phenomena sits well with qualitative inquiry and allows for our researcher experiences to coexist alongside those of research participants. Such reflexive methodology, as applied here, incorporates the best of a modernist tradition (some form of realism, critical or historical) and postmodernist insights (regarding the critical role of language in the process of knowledge production). Methodological tensions can be present, alongside recognition that (seemingly) irreconcilable methodologies may coexist within a pluralistic research approach, provided the researchers are clear about their aims, decision-making and reasoned choices. Such a research stance satisfies our feminist-influenced approach, through incorporating the insights of postmodernism and social constructionism, whilst valuing connection with the women's and children's lived experiences (Ramazano & Holland, 2002) during participant-centred research conversations.

In aiming for a participant-focused and informed approach, we worked closely with a local DVA agency who provided both gatekeeper and consultative support. We collaborated with their case workers to facilitate conversations with the children and mothers. Three mothers and their children (aged 8–11) agreed to participate. All mother and child participants had previously engaged in a young person-to-parent aggression and violence programme developed by *Respect* (a national body providing helplines and services for victims and perpetrators, along with training and consultancy for service providers) and delivered by Independent Domestic Abuse Services (IDAS). IDAS provided gatekeeper access for the study and identified families who were willing to participate in the research. Researcher-gatekeeper synergies positively facilitated the referral and selection, aided by early clarification of roles, relationships and responsibilities (Harris et al., 2015).

Children and young peoples' developmental stage at the time of a research conversation may be a key consideration. There are a number of models of child and youth development, including the Erickson and Erickson (1998) psycho-social model, which suggest that developmental disorders could occur as a result of life experiences. Moreover, psycho-neurological research evidences the biological impact of trauma upon the frontal cortex and considers brain impact of traumatic experiences encountered by children and young people in high-stress contexts such as domestic violence (Arnsten, Raskind, Taylor & Connor, 2015). Mindful of these, we collaborated with IDAS to develop age- and stage-appropriate formats for the research conversations with children.

Drawing upon a range of arts-based methods (Carter & Ford, 2013; Fargas-Malet et al., 2010; Katz & Hamama, 2013; Lushey & Munro, 2014; Pirskanen, Jokinen, Kallinen, Harju-Vejola & Rautakorpi, 2015; Swartz, 2011; Yuen, 2004), we developed creative methods through which to engage the children in research conversations, including use of photographs, using video clips, using a secret box, drawing activities and mind-mapping. The settings the children chose for the conversations were school or home. For research conversations with the mothers, we invited them to choose their preferred meeting context. Two chose their home, whilst the third met us in the back-room area of their business. We provided light refreshments for the children, to offer an additional means through which to engage and develop a conversational rapport.

Initially, we had to allay participants' anxieties that we were connected in some way with statutory

bodies, to build sufficient relational trust for the research conversations. This was no surprise. The impact of witnessing domestic violence upon children and young people is well attested (Holt, 2013; Katz, 2015; Kennedy, Edmonds, Dann & Burnett, 2010) and those traumatised by DVA violence may have encountered a number of professionals and organisations, with varying degrees of relevance or success, prior to meeting with a researcher. We engaged with families who had previously participated in therapeutic work and were subsequently enabled to move through trauma into different ways of being and living. Working with the mothers and their children was a humbling experience. Through the medium of the research conversations and by bearing witness to their stories, we felt their sense of despair at the capacity for human violence and destruction and were awed by their strength of spirit in the face of adversity.

Developing ethical approval and consent processes

The project received ethical approval from the Faculty Research Ethics Committee. All of the researchers involved in facilitating research conversations held enhanced clearance via the UK Disclosure and Barring Service (DBS).

Our imperative was to facilitate respectful conversations with mothers and their children in which all of their voices, choices and experiences were heard and prioritised. Key to this process was negotiating informed assent and consent. We engaged with young people who could be deemed to be 'Gillick competent', whilst recognising the need for processes of child assent and parental consent. Gillick competence refers to a young person's capacity to make reasoned choices for themselves (Hunter & Pierscionik, 2007). We sought to manage the complex terrain of informed assent and consent, aiming to ensure that both the child and the parent understood the implications of engaging in the research. To support this process, age appropriate information sheets were prepared (Tait, Voepel-Lewis & Malviya, 2007).

The perils and pitfalls of legal and ethical considerations when seeking consent are reported in the literature, but less evident are detailed analyses of the dilemmas and decision-making involved for researchers (Cater & Overlien, 2014; Dockett, Einarsdottir & Perry, 2009; Graham et al., 2015; Houghton, 2015) and the relational interactions that frame those processes. In forming a process-focused and dialogical approach to ethics for in-depth

qualitative research, participant subjectivity was prioritised and objectivity intentionally dismissed (Bakhtin, 1981; Gergen, 2009).

In our navigation of complex and competing ethical and legal imperatives, we remained focused upon participant's voices and needs (Jones & Stanley, 2008). An example occurred when one of the children withdrew their consent to continue engagement with the research. With a small participant group, the withdrawal of one child impacts significantly. However, despite the impact for the project, the right of that child to withdraw was an ethical imperative reflecting authentic engagement with participants and respect for their individual right to withdraw (Lewis, 2010).

Gaining ethical approval for research with vulnerable populations can be daunting. Most ethics committees take a risks-based approach (Scott & Fonsesca, 2010), and the process can be complicated where research collaborators are involved in signposting participants (Hutchfield & Coren, 2011). Our research team engaged in an iterative process with the ethics committee, culminating in full ethical approval. Our capacity for *critical reflexivity* was essential to the success of this part of the research process (Punch, 2002).

Developing ethical and critically reflexive research practice

We use the concept *critical reflexivity* to describe a process of iteratively engaging with people, processes, phenomena, feelings and perceptions (Alvesson & Skoldberg, 2000, 2009). We sought to provide a critical yet compassionate and reflexive focus on both participant and researcher well-being, as well as create reflexive 'scaffolding' processes to support the research work. Gergen (2009) aptly describes critical reflexivity as a process of questioning taken for granted assumptions and of allowing constant comparison from multiple standpoints. Our engagement with mothers and children involved progressive iterations of meaning-making in relation to research decisions, actions and outcomes, alongside recognition of the impact of our personal histories upon these processes.

Where researchers have experience of the phenomena they are exploring, reflexivity becomes essential to facilitate the research processes and decisions. Some members of the research team had prior experiences of familial or interpersonal violence. Two had experienced their own domestic abuse and violence in early years and as young adults; both had

1 subsequently moved into therapy and helping work,
2 working with family members traumatised by
3 domestic violence. Another had worked in secure
4 settings with victims and perpetrators of violence. A
5 further member had researched sexual and intimate
6 partner violence in diverse cultural settings. For the
7 research assistants involved in the research
8 conversations, transcription and analytical phases
9 elicited emotional responses to the work.

10 The participants' stories were brutal and impacted
11 on the researchers. We used regular peer supervision
12 conversations to help manage our responses to the
13 highly emotive content of participants' stories. The
14 brutalising yet compelling stories left their mark.
15 Supportive conversations helped to foster researcher
16 resilience and the capacity to sustain self through the
17 murky and potentially chaotic research terrain of
18 abuse and human violence. The presence of a
19 collaborative, informed and supportive research
20 partner was an important influence. IDAS's ongoing
21 support for participants was a significant feature, and
22 the team were assured of their authentic and engaged
23 care for the mothers and children.

24 Participant anonymity in small-scale projects such
25 as ours is paramount. Whilst we might want to
26 transparently identify researchers or case workers, in
27 so doing we can inadvertently include information
28 that could lead to identifying a participant's identity.
29 It is a real dilemma. The more we highlight researcher
30 identity and processes, and the more we unpack our
31 decision-making to bring a paper to life, the more we
32 put participants at risk of being identified. Managing
33 these tensions was challenging. Given the small
34 sample, local research context and highly sensitive
35 nature of the research topic, we chose not to show
36 researcher or case worker names.

37 The project steering group played a central role in
38 supporting our research processes and ethical
39 governance. The group included members of the
40 research team, faculty representatives and external
41 colleagues from a number of organisations providing
42 domestic violence services. Whilst we did not have
43 child protection officers directly involved in the
44 project or steering group, the team was well
45 networked with child and adult protection services
46 and the research partner, IDAS, worked directly with
47 statutory bodies including police and adult/child
48 safeguarding agencies.

49 In the following sections, two case vignettes
50 exemplify the challenges and iterative processes we
51 typically engaged with during the course of the
52 project, through the lens of critical reflexivity. One
53 case considers a dilemma associated with the context

of the research conversation, whilst the other reviews
the analytical and personal challenges encountered
when exploring emotive or personally significant
topics.

The research process and impact – two case vignettes

Case vignette 1: the emotional impact of research work

One of the project researchers conducted the research
conversations with children. All of the research team
encountered highly emotional responses to the
children's stories. The experience of engaging in
research conversations with one of the participants,
George (pseudonym), elicited an emotional response
in relation to the researcher's reaction to engaging
with him. The researcher had met with him across
two preliminary meetings and two research
conversations. George's story was heart-rending and
his relational presentation elicited strong protective
instincts in the researcher. George's autonomy and
capacity to decide how and when he worked with the
researcher played a key part in their engagement,
enabling development of a trusting rapport. The
researcher's own experience of domestic abuse
influenced their reaction to George's story and elicited
a desire to help, alongside the knowledge that
'helping' was not their role in the research context.
They were struck by the cruel nature of George's
story, yet equally impacted by his strength of
character and evident resilience in the face of
significant and sustained trauma.

The researcher was congruent and transparent
about the impact of meeting and working with
George and was able to process this with a colleague
in the project team. The researcher was impressed by
George's resilience and spirit. They had not spoken
much about their own experiences as a child.
Engaging with George, bearing witness to his story
and experiencing his resilience, positively influenced
them to start talking about their own past.

Researchers transcribing the research also
experienced reactions to the young persons' stories.
One researcher found listening to the transcripts
particularly upsetting and spoke of crying as she
transcribed them. The other spoke about becoming
hypervigilant to potential aggression or violence. This
reflects Etherington's (2007) experience of working
with vulnerable participants and realisation of the
impact upon researchers. As Etherington (2007)
notes, it '...may not be the material itself that creates
stress, but, rather, feeling *alone* with it' (p89; *original
emphasis*).

Although George had come to the attention of IDAS as a young perpetrator of violence and aggression, he had also been victimised by a brutalising and violent father and experienced deeply traumatic events. He had been vilified by his nonabusive parent as a 'demon', yet George displayed symptoms of post-traumatic stress. George's story elicited both despair and anger in the research team; he was not a bald statistic in the media, he was a young person who had been subjected to violence and abuse. Whilst that might not condone his behaviour towards his nonabusing parent, it raises important points about the complexity of DVA situations, which we aimed to be mindful of throughout the research.

Case vignette 2: a research conversation in an unpredictable context

Two members of the project team facilitated a research conversation in an unpredictable context, a setting that initially felt as if it would not be conducive to a productive research conversation. Typically research conversations take place in a mutually convenient, private space; one which is free from distraction and disturbances. They are a snapshot of a given moment in time and entirely dependent on the relationship with research participants. When meeting one of the research participants for the project in her own business, it became evident that the mother felt unprepared for her conversation with the researchers. The researchers had been under the impression that the mother would take them to her 'office' or a private space for her scheduled research meeting. Unfortunately this was not the case. The location had been suggested to the mother by a case worker, and both researchers realised immediately that the confidentiality and integrity of the research conversations could be compromised by the venue.

The dilemma unfolded as to whether we should continue with the meeting, postpone or abandon it. The mother seemed unsure what to do for the best, and this culminated in a discussion between the researchers and the participants about how the meeting could proceed. The researchers were cognisant of the potential, perceived power differential which might be experienced by the mother. Such power differences have the potency and potential to distort the research conversation. According to Scantelbury (2005), a high level of personal commitment is required for research interviews and researchers need to ensure participants feel comfortable, valued and appreciated.

Arguably, power disparities exist in many research scenarios, with participants having little control over the questions, research directions, modes of inquiry or the knowledge that is produced (Scantelbury, *ibid*).

Bordeau (2000) refers to levels of power within research relationships as ranging from high to low. In this project, the researchers wanted those present to have equal power and facilitated a conversation, whereby the choice about how to proceed and where to conduct the research meeting was negotiated. Despite the researchers' internal reservations that the meeting should proceed, they felt unable to voice this for fear of damaging the researcher-participant relationship. However, the participant indicated that she wished the research conversation to go ahead and the only 'space' available to her was the fire exit behind the shop. The participant decided they wanted the conversation to go ahead and it proceeded without interruption from people in the shop.

During the research conversation, she had a trusted person running the shop and this may have influenced both her decision on context and her willingness to contribute to the research. The participant responded to the questions with detailed information about her personal experiences, those of her son and the shame and guilt that she felt. Recognising that the setting was not ideal, the researchers sought to overcome the fact that this was not the best and most conducive environment for a research conversation. Moreover, the lead researcher conducted the meeting as best she could, was careful about remaining neutral to the surroundings, and aimed to build a conversational partnership (Rubin & Rubin, 1995).

The cases shown here illuminate relational dilemmas and ethical decision-making in action (Gabriel, 2016). In case 1, through reflection with another team member, the researcher was able to process their reactions to engaging with George. Arguably, central to work within the counselling professions is the capacity to proffer humanitarian values and ethical principles not only to our clients – in this case, our research participants – but also to ourselves. This fundamental principle can be appropriately embraced and embedded in our qualitative research designs, whilst recognising the inevitable challenges to this in the day to day minutia of research work.

All of the research team acknowledged emotional reactions to George's story, recognising revulsion and concern at the abuse that the boy had endured. For some time, a sense of despair prevailed. A key dimension was the presence of others in the research

1 team, who were able to support emotional reactions
2 to participants' stories and to challenge any bias or
3 'blind spots' when engaging with data analyses.

4 In case 2, the lead researcher exemplifies a
5 dialogical and collaborative stance, as she attempts to
6 work with the participant to negotiate and agree the
7 context for the research conversation. Both cases
8 highlight the importance of being able to access one's
9 reflexive capacities, within an overall framework that
10 prompts relational reasoning, thoughtful decision-
11 making and courageous resilience to take action in
12 what can be experienced as unsettling or anxiety-
13 invoking research contexts. As a research team, we
14 had a number of conversations with regard to where
15 best to conduct the research conversations with
16 mothers and children. We let our participants
17 make that decision as we wanted them to feel at
18 ease, whilst recognising the challenges of varying
19 contexts. On one occasion, the mother was
20 concerned that her eldest son (age 13) did not want
21 us there, fearing that we were associated with the
22 police or social services. Only after we introduced
23 ourselves as academics and researchers did he begin
24 to feel at ease with us being there. All research
25 contexts have their limitations and best practice is to
26 make sure both participants and researchers feel
27 safe.

28 As qualitative researchers, we aimed to be
29 immersed and reflexive participants, fully engaged in
30 the research processes and outcomes (Ellis, Adams &
31 Bochner, 2010) reflecting a participatory approach
32 that equally values contributor and researcher
33 involvement (Birch & Miller, 2010; Dickson-Swift
34 et al., 2009). Arguably, all deep qualitative exploration
35 and analytical work transforms researchers into co-
36 participants and elicits a co-created project.

37 Discussion

38 In-depth participatory inquiry with vulnerable
39 populations is not for the faint-hearted. The cases
40 outlined above convey some of the lived challenges
41 and experiences, for both researchers and
42 participants, when engaging in research conversations
43 with children and mothers who have been victims of
44 domestic violence and abuse. For some of us in the
45 team, the research work elicited disturbing memories,
46 alongside contemporaneous psychological reactions
47 to hearing participants' traumatic accounts. For
48 participants, it restimulated thoughts and reactions in
49 response to previous abuse and trauma. Equally, the
50 research fostered deeper valuing of self, along with
51 further understanding of what prompts inhumanity
52
53

in the face of vulnerability. This was the case for both
researchers and participants and exemplified by one
mother who valued the opportunity to talk about her
experiences and expressed her keenness to see people
better informed about DVA.

A researcher's history, whatever that entails, will
form part of the research process and data analyses. A
poststructuralist qualitative research approach
recognises that researcher knowledge and
preconceptions affect the application of agency (Luca,
2009). We recognise that tensions exist between
feminist, poststructuralist and social constructionist
positions on research, yet believe that these can
coexist within a pluralistic research framework. We
do not attempt to 'bracket' our history, experiences
and personal or professional interests, but rather, to
embody critical reflexivity, whereby our biographical
impact becomes part of the multiple dimensions of
the research process. It is a case of being hyperaware
of our inner wounded healer (Sedgewick, 1994) and
our impact upon others and our environment. This is
especially significant for practitioner-researchers
engaging with vulnerable populations. Indeed,
counselling and mental health professionals who
engage in research can positively and appropriately
draw upon their practitioner knowledge and skills to
inform research work (Gabriel, 2009). Mindful of
how in-depth qualitative inquiry in the social and
health sciences can be negatively perceived as
indulgent and unscientific, we advocate the
importance of upholding relational and reflexive
approaches that witness and narrate participants'
stories. In this respect, we resonate with an
autoethnographic approach, with our researcher
vulnerability and quandaries evident for both
participants and readers (Ellis et al., 2010; Tamas,
2009). We were also mindful of the influence of the
rights agenda, with children formerly seen as passive
recipients or victims now increasingly regarded as
active agents who can demonstrate autonomy and are
able to reflexively engage in research and with
researchers (Fargas-Malet et al., 2010; Graham et al.,
2015; Harris et al., 2015).

The necessity to establish trustworthiness in in-
depth research work means engaging transparently
and authentically. Through adopting an internal
dialogue, using a critical, reflexive approach, which
Luca (2009), p.6 refers to as 'circling of
consciousness', it is possible to examine our agency
throughout the research process. Self-awareness is
critical in this research process. As a research group
with backgrounds in counselling, psychology and
mental health, we recognised that researcher self-

1 awareness can be learned and enhanced for ethical
2 and effective research (Cunliffe, 2004). In managing
3 our researcher tensions and difficulties, we did not
4 objectify our research participants or processes, but
5 aimed for a stance of *compassionate distance* (Gabriel,
6 2005, 2016).

7 Qualitative researchers reflexively interact with
8 participants, as well as interpret their world.
9 Establishing trust with participants is more likely to
10 result in greater quality to the stories told. Reliability
11 and validity of data analyses and findings is essential
12 for the research to have credibility in professional
13 circles. Peer review supported the data analyses, and
14 themes were identified, shared and reviewed within
15 the team, to support and triangulate analytical work.
16 There is no 'one size fits all' approach to managing the
17 sometimes chaotic landscape of in-depth qualitative
18 analyses, but an openness to challenge and be
19 challenged helps; essentially epitomising a
20 transparent and trustworthy process, in which there
21 are no lone researchers and through which any
22 concerns associated with data analyses can be
23 processed.

24 However, there are limitations to the research
25 approach discussed here. We cannot assume the
26 experiences of the research team would be replicated
27 elsewhere; nor can we expect that other researchers
28 would value a team approach, or seek the support or
29 contributions of a steering group to foster critical
30 reflexivity during the research design and processes.
31 That said, the decisions and processes articulated here
32 could usefully inform other researchers. Significantly,
33 the value of working collaboratively in a
34 multidisciplinary research team cannot be
35 underestimated, not least in relation to the benefits
36 arising from accessible support and research
37 consultancy, as well as assistance with holding
38 compassion for self and others in the face of
39 researching sensitive research topics. Conceivably,
40 research consultation or supervision empowers us to
41 make ethical research process and practice decisions in
42 the flux and course of our lived research experiences.
43 That process will place participants at its core.

44 Implications for research practice

45 The methodological issues outlined here convey
46 several key implications for practice. Particularly
47 noteworthy are (i) the significance of transparently
48 working through quandaries when making research
49 decisions; (ii) the centrality of critical reflexivity for
50 supporting research and researcher processes,
51 dilemmas and ethical decision-making; (iii) the
52

importance of peer supervision to mitigate any
researcher sense of isolation or loneliness; and (iv) the
value of engaging a project steering group.

We agree with Tamas (2009) that too many reports
of qualitative inquiry, with their inevitable
'messiness', are sanitised. Adopting a critically
reflexive approach to in-depth qualitative inquiry, as
outlined here, can foster researcher and research
design resilience and facilitate an embodied and
relational approach to engaging with projects and
participants. Emotive research topics require
researcher/research process 'scaffolding' which can be
developed through a dialogical and critically reflexive
approach. By 'scaffolding', we mean putting in place
supportive, enabling and protective tactics and
approaches. Arguably, as a minimum, all researchers
should research within supervised research practice,
to ethically scaffold their work and research
relationships and to support them in what could be a
lonely endeavour.

Conclusion

We need more researchers and research publications
to authentically and transparently narrate the
quandaries and difficult decision-making processes
encountered in qualitative inquiry. With increasing
focus on child and youth mental health, as well as on
citizen mental health more generally, it is timely to
debate the challenges of developing ethical research
dialogues on sensitive issues if we want to ensure we
hear the voices of the vulnerable and disseminate
their stories.

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