

## **BACKGROUND & SCOPE**

Children deserve to be safe, to be treated with respect, and to have opportunities for growth. Children are active participants in their own lives, and have meaningful perspectives on their experiences which are not always captured by, and can sometimes be obscured by, adult frames of reference (Podesta, 2017). These perspectives can often be competently and insightfully communicated by children, including young children (J. E. M. Callaghan, Fellin, Mavrou, Alexander, & Sixsmith, 2017; Snoeren, 2013). Children are also capable, according to their age and development, of making decisions that help shape their lives. These facts, reflected in the UN Convention on the Rights of the Child, underline the importance of children having developmentally appropriate opportunities to participate in decisions about their lives, and having their perspectives included in how their own and other children's experiences are constructed and understood. In other words, the child's "voice" matters.

The experience of trauma and adversity in childhood can have profound and potentially enduring impacts on children's lives. Trauma is an overwhelmingly stressful psychological response to significantly adverse events or life-circumstances. These events include natural disasters (e.g., floods, bush fires and earthquakes), human actions in the public sphere (e.g., terrorism, sieges, mass violence) and private sphere (e.g., family violence, abuse, neglect, bullying, parental mental illness, substance abuse, grief). A young child's exposure to traumatic events can seriously affect their cognitive, emotional and behavioural development and their psychological and physical health through to later life. One in five Australian children have been exposed to three or more adverse childhood experiences in their lives (Olesen, Macdonald, Raphael, & Butterworth, 2010). It is particularly important for health practitioners and other professionals to have effective tools and accurate information to identify, assess and support children who have experienced trauma.

Historically, there has been a reluctance to involve children in trauma-related research and resource development for fear of causing them distress or harm. While this risk should always be taken seriously, how likely it is will depend on whether children participate in an appropriately trauma-informed way, where their physical and emotional safety and security are paramount. Moreover, children's voices can uniquely enhance the processes of researching and responding to childhood trauma in such a way that better ways of protecting their safety and security can be developed. For example, there is limited knowledge about how children perceive and respond to trauma (Alisic, Boeije, Jongmans, & Kleber, 2011), but there is mounting evidence that how children perceive traumatic events has a greater impact on their mental health and well-being than the objective nature of the events themselves (King et al., 2015). Not knowing how children perceive their experiences may lead to them being unsafe. Children's perspectives, especially the perspectives of

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children with lived experience of trauma, can uniquely inform our theoretical understanding. Health practitioners, first responders and other professionals can benefit greatly when children are given appropriate opportunities to participate in the development of practical workforce tools and resources to help identify, assess and support children experiencing trauma.

Including children's voices in these ways has the potential to promote better individual outcomes, and better informed professional resources. Inclusion and participation also respect children's rights to be positively engaged with as individuals who are developing agents in their own lives. These potentials are already being recognized in the work of many Australian and overseas organizations (such as [The NEST: The Australian Alliance for Research on Children and Youth \(Aus\)](#), [The Children's Policy Centre \(Aus\)](#), [The Southern Cross University, Centre for Children and Young People \(Aus\)](#), [The Children's Issues Centre \(NZ\)](#), [UNICEF Office of Research-Innocenti \(It\)](#), [Ethical Research Involving Children](#), [Child to Child \(UK\)](#)).

Participation in trauma-related research typically does not cause further harm to adult participants who have experienced trauma (Jaffe, DiLillo, Hoffman, Haikalis, & Dykstra, 2015). Children are vulnerable, however, and extra care and attention needs to be taken when involving children in trauma-related research and resource development. Whether or not the children participating have experienced trauma themselves, their participation needs to be trauma-informed. The following outlines trauma-informed principles for child participation in research on childhood trauma and the development of resources for practitioners assisting children who experience trauma. There are differing major approaches to children's participation (Hart, 1992; Lansdown, 2005; Shier, 2001). The purpose of the following principles is not to add a further one, but to be applied with any substantive approach where children participate in research and resource development in the context of trauma. This includes them applying where children who have experienced trauma participate in research and resource development, whether trauma-related or not, and also where children who have not experienced trauma participate in trauma-related research and development.

**PRINCIPLES**

*The rationale for each of the following principles is that its application promotes better understanding of childhood trauma, better individual outcomes for traumatized and non-traumatized children, better professional/practitioner tools and resources, or appropriate respect for children’s rights and interests regarding decisions that affect them and how their lives are portrayed.*

<b>Safety, Avoidance of Harm, Non-exploitation and Respect</b>	
<b><i>The safety and well-being of children are paramount. Ongoing attention and care is essential to ensure that children will not experience significant distress or discomfort at any stage, and that they will continue to feel safe, when they participate in research on childhood trauma and the development of practitioner resources.</i></b>	
<b><i>Supporting children through the process of participation involves understanding from them how they conceptualise safety, what makes them feel safe, and including them in the development of strategies for their safe engagement.</i></b>	
Expansion of meaning & implications of the principle with rationale (empirical evidence and/or appeal to child’s ethical interests)	Examples of Successful / Innovative Practice & Practice Tools (ie., the “how to”)
Maintaining children’s safety, and their perception of their safety, is foundational to trauma-informed participation. Trauma is associated with hyper-arousal of the child’s stress-response system, which can magnify feelings of unsafeness and insecurity and disrupt the capacity to bond and form trusting relationships (Olf, 2012). Children who have experienced trauma, particularly interpersonal trauma, may also have difficulty detecting the trustworthiness of others (Gobin & Freyd, 2014).	Important first steps in helping children feel safe are building relationships of trust between adults and the participant children, and building positive relationships among the children participating. Sufficient time needs to be committed to this. Approaches that build trust can include, eg., allowing the child to lead discussions, meeting their family and friends, praising the child for their contributions, etc. (Johnson, 2014).

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<p>There may also be a risk of re-traumatising children who have experienced trauma by involving them in the recollection or imagining of their own or others' trauma experiences. Or of potential 'trauma-transference', where children become distressed by having other's traumatic experienced related to them.</p> <p>Children's feelings of comfort and safety can also differ depending on the form and level of participation, and at different stages of participation. Greater trust and security between children and researchers, for example, might develop as the research process develops. Some children may feel more secure participating with others as part of a group. Similarly, the physical layout of the research context, for example if it provides spaces for children to physically withdraw, can also affect feelings of security and safety.</p> <p>It is possible also that some children, including those who have experienced trauma, may come to experience distress at some time after their involvement in research (Graham, 2013)</p>	<p>One technique to gain insight into writing-aged children's safety concerns involves them writing their worries on post-it notes and positioning them on a 'Worry Matrix' board according to how they perceived the seriousness and likelihood of the safety concern. The Worry Matrix allows adults to see what safety worries were most pressing for children, and which were less so, and for these to be discussed with the children. The process also encourages children to reflect on what was important to them in terms of safety. (Moore, 2017)</p> <p>Children can be reassured about their safety by discussing the principles of child participation with them, what their purpose is, and how they apply to their involvement in research and resource development. The "<a href="#">Kids Central Toolkit</a>" provides developmentally-appropriate resources to assist adults and children in discussing principles of participation and to explore any personal concerns about safety.</p> <p>In their participatory research with abused children, Mudaly and Goddard (2009) sought to minimise the risk of re-traumatisation by only inviting children to participate who had already received counselling and therapeutic support regarding their experiences (Mudaly &amp; Goddard, 2009). Non-offending parents were also involved if the child wanted, and as long the child's counsellors considered the parent would be supportive and reassuring for the child. Similarly, to monitor the occurrence of distress occurring at some time after children's involvement in trauma research, a process of post-research engagement and follow-up could be adopted (Graham, 2013).</p>
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<p><b><i>Children participate in decision-making about research and resource development successfully when they participate at a level that is appropriate to their age, developmental capacities, and life circumstances. Children’s contributions are considered in this developmental light, and balanced with the perspectives and responsibilities of others involved in the decision-making.</i></b></p>	
<p>Expansion of meaning &amp; implications of the principle with rationale (empirical evidence and/or appeal to child’s ethical interests)</p>	<p>Examples of Successful / Innovative Practice &amp; Practice Tools (ie., the “how to”)</p>
<p>Children’s contributions to decisions should be considered in the light of their competence and circumstances. Expecting a child to participate at a level beyond their capacity may make participation negative, and it would be a mistake for adults to abrogate their responsibilities toward children. It would be a mistake also to underestimate a child’s competence, or potential for competence, which is not static but situation dependent, and can be masked or enhanced depending on the decision-making opportunities and support adults provide (Le Borgne &amp; Tisdall, 2017). Participation also needs to be practical for the lives children lead, particularly those who have experienced natural disaster or other trauma and may be leading disrupted or transitional lives.</p>	

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<p><b><i>Positive, growth promoting, participation in childhood trauma research and resource development is carefully designed to maximise the benefits to the children who participate, especially those children who have experienced trauma. Central to this is providing feedback to children about the progress and outcomes of the research or resource development, to engender a sense of ownership, pride, personal accomplishment and assurance that their ideas are taken seriously and acted on.</i></b></p>	
<p>Expansion of meaning &amp; implications of the principle with rationale (empirical evidence and/or appeal to child’s ethical interests)</p>	<p>Examples of Successful / Innovative Practice &amp; Practice Tools (ie., the “how to”)</p>
<p>Participation can be therapeutic as well as empowering. There is considerable evidence that children’s participation in research and in decision-making about processes that affect them increases children’s knowledge (Haynes &amp; Tanner, 2015), social awareness, cooperation, leadership and decision-making skills (Shamrova &amp; Cummings, 2017). Children also appreciate the opportunity to help. Importantly, for children who have experienced trauma and who choose to participate in research and decision-making, appropriately managed participation can increase self-esteem, engender a perceived ability to make changes (Hampshire et al., 2012) and provide the opportunity to reframe their experiences in positive ways that make sense to them (Houghton, 2015). Also of importance to traumatised children, constructive involvement may also create and strengthen relationships of trust with adults (Malone, 2013).</p>	<p>Feedback can be provided in child-accessible forms, for example, facebook, websites, email, follow-up meetings, and sending letters. Short videos can be very effective in providing information to children about research outcomes.</p> <p>Where children’s reference groups have been used in the conduct of the research, these can also provide a forum for providing feedback on outcomes.</p>

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<p><b><i>Children are respected when they are invited to participate in childhood trauma research and resource development because their insights will benefit victims of trauma, and it is recognised that these insights are unique and unlikely to be gained any other way.</i></b></p>	
<p>Expansion of meaning &amp; implications of the principle with rationale (empirical evidence and/or appeal to child’s ethical interests)</p>	<p>Examples of Successful / Innovative Practice &amp; Practice Tools (ie., the “how to”)</p>
<p>While there are many potential benefits for children of participating in trauma-related research and resource development, it is not without risks, especially for children who have experienced trauma themselves. The decision to invite children to participate and to potentially expose them to risk must be justifiable in terms of the importance and uniqueness of their contribution, and the degree to which the process of participating will be trauma-informed (Mudaly &amp; Goddard, 2009). Authentic insights into the lived experience of childhood trauma are seldom gained from sources other than those who have lived it, including children. This is true, for example, with child victims of sexual abuse. These insights can be very beneficial for the development of interventions, treatments and professional tools for those working in childhood trauma. However, judgements about the benefits compared to the risks of inviting a child to participate need to be made on an individual by individual basis, fully informed by awareness of the sensitivity and resilience of the particular child involved, and always in a way that preserves the child’s safety, real and perceived.</p>	<p>The <i>Listening to Children</i> study (Ridge, 2003) took a participatory and child-centred approach to investigating the impacts of child-poverty in the UK. A key observation arising from the investigation was that children sought to protect their parents from the realities of the social and emotional impacts of poverty in their own lives. They did this, for example, by self-denial of needs and wants, and self-exclusion from social activities and school trips. This insight has beneficial implications for how practitioners should assess children’s well-being and needs. This insight could only have been gained from engaging with children from their perspective.</p> <p>Many of the experiences and reactions of children who are sexually abused would remain largely unknown and under-investigated without appropriately conducted participatory research with the children involved. Such research has revealed, for example, that there are significant differences in reactions and coping strategies between boys who have been sexually abused and girls (Foster, 2017).</p>

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<p><b><i>Children participate most effectively and comfortably when ways of communicating are flexible, safe, chosen by the child, and are appropriate to the child’s language capacity and understanding.</i></b></p>	
<p>Expansion of meaning &amp; implications of the principle with rationale (empirical evidence and/or appeal to child’s ethical interests)</p>	<p>Examples of Successful / Innovative Practice &amp; Practice Tools (ie., the “how to”)</p>
<p>Each child is unique, with different abilities, needs and age. Communication approaches that are creative and mirror the activities that children are familiar with can be very effective in supporting participation (Crivello, Camfield, &amp; Woodhead, 2009). Communication methods that are active and not reliant on the spoken or written word, such as draw and write techniques, are often more accessible to younger children, (A. Clark, 2011).</p> <p>The setting for communication can be just as important as the mode of communicating. For example, for younger children, it can be effective to use a quiet safe space with child-friendly furniture and activities</p>	<p>Interactive and enjoyable visual storytelling techniques, such as ‘PhotoVoice’ have been successfully used as participatory research tools for younger children to record, share and reflect on their life experiences (Dennis, Gaulocher, Carpiano, &amp; Brown, 2009). Children record their daily lives through taking photographs, and talk about them with the researcher, sometimes guided by questions like "What do you see?", "Why does this situation exist?" "What can we do about it?" (SHOWed questions). Such techniques are particularly useful for children experiencing life difficulties and trauma, for example, children living with siblings with complex care needs (Woodgate, Edwards, Ripat, Rempel, &amp; Johnson, 2016).</p> <p>The Mosaic approach uses a combination of communication and information gathering modes, including observation of children’s activity, short interviews/discussions with children, children’s photographs of important things, ‘tours’ of places led by children, and maps and drawings of significant places and events (Alison Clark, 2005).</p>

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***Children can participate only when developmentally appropriate ways of communicating are used to ensure they understand the purpose of participating, what the risks and benefits are to them, that their contribution will be treated confidentially, and that they are free to query or discuss issues at any time, or to stop taking part.***

***Part of this understanding will be that children’s stories about their own experiences will often be about others also involved in those experiences, such as family members and the broader community.***

***Children who understand all these things can participate only if, with the guidance of their parents or guardians, they freely agree/assent to participate.***

Expansion of meaning & implications of the principle with rationale (empirical evidence and/or appeal to child’s ethical interests)	Examples of Successful / Innovative Practice & Practice Tools (ie., the “how to”)
<p>Children’s informed assent to participating in research and the development of trauma-related professional resources, is central. Information about the purposes and other aspects of the research needs to be presented at an appropriate developmental level for the specific child or children involved, and in child-friendly or preferred forms of communication. For those who do assent and participate, their assent needs to be seen as continuous and not just once and for all. The degree to which children might understand the nature of the research will also often remain partial for children. Steps need to be taken throughout to check that participating children maintain sufficient understanding of what they are being asked to do (Dockett, Perry, &amp; Kearney, 2013; Ericsson &amp; Boyd, 2017). Non-threatening, child-friendly opportunities should be made actively available on a continuous basis for children to query and discuss the research and their role in it, and to opt out at any point. There is evidence that while</p>	<p>The idea of a ‘consent quiz’ (Chu, DePrince, &amp; Weinzierl, 2008) provides a way of verifying that a child (and parents) have understood everything that is involved in agreeing to participate, and identifying what extra information needs to be given or what needs to be repeated.</p> <p>The Poster <a href="#">“Your Rights: Charter of Rights for Children and Young People”</a> in the Kids Central Toolkit is a good example of a child-friendly statement of some of the rights they have as part of the consent process. The <a href="#">“Rights and not quite Rights”</a> resource is further good example of what should and shouldn’t be expected in talking with adults.</p>

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children can freely choose to participate after their parent's consent (Abramovitch, et. al., 1995) younger children may not as readily understand that they can change their mind and opt out part way through (Ondrusek, Abramovitch, Pencharz, & Koren, 1998).

For those children who do decide not to continue their participation at a certain stage, it is important not to shut the door on them, and to allow "re-entry" points into the process, so they can re-engage if they wish .

Consent and assent have a "ripple effect". Before agreeing to participate, children should be reminded that their stories will include descriptions of others' experiences and behaviours, and that this may have implications for how these others are perceived. This realisation on the part of children may encourage them to discuss their experiences with some of the others involved, where that is safe and appropriate. This can be particularly important, for example, where children have traumatically witnessed family violence against their mothers (Humphreys, Mullender, Thiara, & Skamballis, 2006).

It is also very important to be sensitive to whether the psychological trauma a child has experienced has itself affected the child's ability/competence to freely assent to participate in research or resource development, and particularly whether it has affected the child's ability to decline participation (e.g., for fear of rejection or punishment) (Elana, Elizabeth, & Nancy, 2006) The potential impacts of trauma on the capacity to freely agree or decline ought to be professionally assessed on a child to child basis. Similarly, a great deal of sensitivity and professional awareness needs to be exercised in determining which adults are appropriate to engage with when discussing the participation of children who have experienced or witnessed abuse.

Attending to physical and non-verbal cues from children can provide information about their unease and desire not to continue involvement, which they may not express verbally because of fear of disapproval or felt pressure. Holding up a red stop-sign is one technique that can be introduced as a game with younger children that allows them to more easily dissent without feelings of disapproval (Ahsan, 2009).

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<p><b>Inclusive Participation</b></p>	
<p><b><i>The diversity of children’s experiences is respected, and the benefits of participation increased, when children from diverse, vulnerable and marginalised populations are invited to participate in childhood trauma research and resource development.</i></b></p>	
<p>Expansion of meaning &amp; implications of the principle with rationale (empirical evidence and/or appeal to child’s ethical interests)</p>	<p>Examples of Successful / Innovative Practice &amp; Practice Tools (ie., the “how to”)</p>
<p>The child’s voice isn’t homogeneous. There are diverse child perspectives among children from different cultural, ethnic, socio-economic and ability backgrounds. Children from all backgrounds are at risk of trauma. The experiencing and outcomes of trauma, as well as the appropriate forms of identification, assessment and support for them, may importantly differ.</p> <p>There are also potential benefits to children of being exposed to the experiences of other children from different backgrounds</p>	<p>The Healing Foundation is supporting the development of <a href="#">intergenerational trauma projects</a> for Aboriginal children and young people in a number of schools. Aboriginal children on school-based Healing Teams inform the program design and delivery.</p>

<p><b>Participating in Research on Childhood Trauma</b></p>	
<p><b><i>Children who have experienced trauma and who participate in research on trauma as subjects should also be invited to participate, at an appropriate level, in decision-making about how the research is conducted.</i></b></p>	
<p>Expansion of meaning &amp; implications of the principle with rationale (empirical evidence and/or appeal to child’s ethical interests)</p>	<p>Examples of Successful / Innovative Practice &amp; Practice Tools (ie., the “how to”)</p>
<p>It is important that children who have experienced trauma do not participate in research merely as subjects, but have the opportunity to collaborate and steer their involvement according to their development and capacity. Children who have experienced trauma can often feel a sense of helplessness and loss of control (Dittmann &amp; Jensen, 2014), and taking a collaborative approach with child participants, and conducting research <i>with</i> them rather than <i>about</i> them, may help them regain a sense of control and empowerment (Harcourt, 2011).</p> <p>Allowing children an appropriate level of decision-making and control over what they will experience in the research can also be a potential safeguard against children becoming distressed or re-traumatized by their participation.</p>	<p>Even when children who have experienced trauma do not participate directly in research, they can do so indirectly, as members of a research reference group. Children’s reference groups can, for example, provide pre-implementation feedback on the key assumptions and processes of a research study. They can bring to bear their knowledge and insights about what their child peers will or will not be receptive to. For example, whether the language used by researchers is meaningful and relevant to child research participants.</p> <p>In one instance, members of a children’s research reference group participated in a trial interview with the adult researcher, to provide feedback on how they built rapport with them, and how clearly they explained their rights and the consent process (Moore, Noble-Carr, &amp; McArthur, 2016) See also (Kelly, 2013) for further examples of focus group practice.</p>

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<p><b><i>Children’s voices are genuinely reflected when research on childhood trauma and interventions collects information directly from children about their experiences and perceptions, and where the children are made to feel secure enough to respond openly and honestly.</i></b></p>	
<p>Expansion of meaning &amp; implications of the principle with rationale (empirical evidence and/or appeal to child’s ethical interests)</p>	<p>Examples of Successful / Innovative Practice &amp; Practice Tools (ie., the “how to”)</p>
<p>The way children actually experience childhood, and how adults perceive it to be experienced by them can be very different (Harcourt, 2011). Information collected indirectly “about children without children” can leave gaps and distortions in our understanding of children’s needs, the questions they have, and the extent trauma impact on them. All of these understandings are critical to developing meaningful and relevant trauma interventions and resources;</p> <p>Given power differentials, sometimes children will try to provide responses they believe adults would want, rather than their own genuine ones. So it is important to allow children the freedom and opportunity to be confident that it is their story that is the important one.</p>	<p>The “Understanding Agency &amp; Resistance Strategies” (UNARS) project used innovative active communication methods to give children the freedom to describe how they coped with their experience of domestic violence (J. Callaghan &amp; Alexander, 2015). Through drawing, photographs, family and spatial mapping techniques and interviews, children revealed, for example, that they managed what they said to others about their families, to keep them ‘safe’, and that during incidents they created spaces for themselves and their siblings for security and escape that were not typically adult or shared spaces. The children also revealed that they adopted creative and expressive strategies, such as sport, music, and play, to provide themselves with an area of control over their lives. These insights into the positive strategies and forms of resilience children develop under adversity would remain undiscovered if the children were not given the voice to express their perceptions.</p> <p>Research designs that use qualitative rather than quantitative techniques allow children’s meanings and perspectives to be captured more fully and unfiltered (Mudaly &amp; Goddard, 2009)</p>

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<p><b><i>Children participate fully in research on childhood trauma when they have the opportunity to participate in decision-making at various stages of the research process (concept testing, research design, sample selection, data collection) according to their preferences, and the practical and methodological requirements of the research.</i></b></p>	
<p>Expansion of meaning &amp; implications of the principle with rationale (empirical evidence and/or appeal to child’s ethical interests)</p>	<p>Examples of Successful / Innovative Practice &amp; Practice Tools (ie., the “how to”)</p>
<p>Decisions at each stage of research development can affect how the research overall reflects children’s perspectives, and whether children’s needs and coping strategies are appropriately reflected in the research and its potential outcomes. Involvement of children across the research process can reinforce/strengthen a sense of ownership, control, and accomplishment on the part of children regarding the project. Children, however, should be free to decide whether they wish to participate at every stage. There may also be aspects of a research project where children’s participation is not appropriate or beneficial (Egler, 2017).</p>	

<p><b>Participating in Development of Practitioner Resources on Childhood Trauma</b></p>	
<p><b><i>Practitioner resources are developed most effectively when they reflect the experience of the children for whom they are intended, and the perspectives and priorities that matter to them.</i></b></p>	
<p>Expansion of meaning &amp; implications of the principle with rationale (empirical evidence and/or appeal to child’s ethical interests)</p>	<p>Examples of Successful / Innovative Practice &amp; Practice Tools (ie., the “how to”)</p>
<p>Children should not only be contributors to the development of tools, but also assessors and evaluators.</p> <p>Knowing how children experience trauma, and respond to it in different contexts, is invaluable for developing relevant and workable resources for professionals and practitioners.</p>	<p>The relationship between mothers and their children can often become fractured in the aftermath of domestic violence, with little communication about what has occurred. The ‘Talking to My Mum’ action research project (Humphreys et al., 2006) developed a set of age-appropriate activity-packs for use by child-support workers to help trigger discussion between mothers and children about their experiences. The activities were developed and refined using input from children’s focus groups, and child users in the first action-research cycle were interviewed for their feedback on the appeal and usefulness of the activities.</p> <p>The <i>CommuniCAT-CS</i> program evaluation application for tablets was developed at the Child Development Institute in Toronto, Canada, as an innovative child-friendly way of collecting evaluation information about services from children who had been exposed to domestic violence or other traumatic experiences (Wall, Jenney, &amp; Walsh, 2018). The tablet app allows the child to customise the appearance and voice of a cartoon avatar, employs an animated face which changes expression (smile to frown) to represent the child’s evaluation, and allows the child to play a game at the end of the evaluation.</p>

<p><b>Building the Knowledge-Base and Professional Capacity in Trauma-Informed Child Participation</b></p>	
<p><b><i>Quality child participation requires an ongoing commitment to evaluating what works and what does not, and to developing and disseminating research and best-practice in child participation, particularly relating to young children and children who experience trauma and poor mental health.</i></b></p>	
<p>Expansion of meaning &amp; implications of the principle with rationale (empirical evidence and/or appeal to child’s ethical interests)</p>	<p>Examples of Successful / Innovative Practice &amp; Practice Tools (ie., the “how to”)</p>
<p>There is limited research on young children’s participation in trauma-related research and practitioner resource development (Chu et al., 2008). It is important to build the knowledge base and communicate to other researchers and practitioners what works, what does not, and what is promising in terms of participation approaches, and also the quality of children’s experiences (among other things).</p> <p>Of particular importance is information about the differential levels of risk involved in children participating who have been exposed to different types of trauma (for example, natural disasters versus interpersonal conflict).</p>	

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<p><b><i>High quality child participation involves building and maintaining the capacity of professionals in childhood trauma research and practice to work safely and sensitively with participating children and ensure they benefit from participation.</i></b></p>	
<p>Expansion of meaning &amp; implications of the principle with rationale (empirical evidence and/or appeal to child’s ethical interests)</p>	<p>Examples of Successful / Innovative Practice &amp; Practice Tools (ie., the “how to”)</p>
<p>It is crucial to have a sound capacity to judge the appropriateness of differing investigatory techniques in participatory child trauma research, for example, which approaches are more or less likely to be productive and beneficial as opposed to distressing, trauma inducing and counter-productive (e.g., observation vs invasive questioning). These judgements should be informed by an awareness that not all children are affected by the same type of trauma in the same way.</p> <p>Similarly, researchers and resource-developers should be skilled at differentiating between children’s distress and them being harmed, and that a child’s distress may manifest at some time after their involvement (Graham, 2013).</p> <p>The fact that children are traumatising can be a highly emotional issue for others, including researchers. Researchers need to maintain critical self-awareness about their own personal and emotional factors that potentially influence their decisions, approaches and cost-benefit assessments regarding children participating in trauma-related research and resource development (Kimmel, 1991).</p>	<p>In their research study of children who had been abused, Mudaly and Goddard did not ask children to verbalise details of the abuse they experienced, but they remained open and receptive to occasions when the children did want to disclose information (Mudaly &amp; Goddard, 2009).</p>

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