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A scoping review of participatory approaches in child maltreatment research across Europe

Diogo Lamela[a,*], Ulugbek Nurmatov[b], Ravit Alfandari[c], Natalie Söderlind[d], Gemma Crous[e], Maria Roth[f], Mary Jo Vollmer-Sandholm[g,h], Nuria Fuentes-Peláez[e], Helena Carvalho[i,j], Pia Rockhold[k], Bahar Aksoy[l], Elif Bulut[m], Vildan Apaydin Cirik[n], Zeynep Sofuoglu[o], Betul Ulukol[p], Andreas Jud[q], Gabriel Otterman[d], Laura Korhonen[d,r], COST Action network 19106

[a] *Lusófona University, Digital Human-Environment Interaction Labs (HEI-Lab), Porto, Portugal*
[b] *School of Medicine, Division of Population Medicine, Cardiff University, Wales, UK*
[c] *Data Analytics for Safeguarding Children Lab, School of Social Work, University of Haifa, Israel*
[d] *National Competence Center Barnafrid, Linköping University, Linköping, Sweden*
[e] *University of Barcelona, Barcelona, Spain*
[f] *Babes Bolyai University, Romania*
[g] *Department of Forensic Sciences, Oslo University Hospital, Oslo, Norway*
[h] *Institute of Clinical Medicine, University of Oslo, Oslo, Norway*
[i] *INED, School of Higher Education - Polytechnic Institute of Porto, Porto, Portugal*
[j] *Center of Psychology, Faculty of Psychology and Education Sciences University of Porto, Portugal*
[k] *Forensic Mental Health Research Unit Middelfart, Department of Regional Health Research, University of Southern Denmark Middelfart, Denmark*
[l] *Child Health Nursing Department, Kumluca Faculty of Health Sciences, Akdeniz University, Antalya, Turkey*
[m] *Child Health Nursing Department, Faculty of Health Sciences, Tokat Gaziosmanpasa University, Tokat, Turkey*
[n] *Department of Midwifery, Child Health and Disease Nursing, Faculty of Health Sciences, Karamanoğlu Mehmetbey University, Karaman, Turkey*
[o] *Department of Public Health, School of Medicine, Izmir Democracy University, Turkey*
[p] *Ankara University, Turkey*
[q] *Clinic for Child and Adolescent Psychiatry/Psychotherapy, University Clinics Ulm, Germany*
[r] *Department of Child and Adolescent Psychiatry and Department of Biomedical and Clinical Sciences, Linköping University, Linköping, Sweden*

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ABSTRACT

Background: Participatory approaches in child maltreatment (CM) research increasingly focus on involving children, youth, and adults as co-researchers. However, little is known about their use in Europe.

Objective: To review the European literature on participatory approaches in CM research.

Methods: The study was undertaken by members of the Euro-CAN (COST Action 19,106) representing 35 countries in the European region. Focusing on the European research literature, we searched eight databases for studies investigating CM and using a participatory approach. The review followed scoping review guidelines and PRISMA-ScR, with thematic analysis for data synthesis.

Results: We identified 4927 potentially relevant articles, of which 307 were fully assessed for eligibility, and eight were ultimately included. The included studies addressed all types of CM; however, only two studies involved child and youth survivors of CM, while six involved children

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* Corresponding author.
E-mail address: diogo.lamela@ulusofona.pt (D. Lamela).

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and youth from the community. Notably, no studies involving adult survivors were found. The findings indicate that children, youth, and adults can be involved in all stages of the research process, but the level of participation remains low. Eighteen different participatory methods were identified, and the ethical procedures and safeguarding of co-investigators varied significantly. Several barriers and challenges were identified, including issues related to adult gatekeeping behaviors, parental consent, confidentiality, and practical difficulties.

Conclusions: The involvement of children, youth, and adults as co-researchers in CM research across Europe remains limited, with considerable variation in methods and procedures. These findings inform an ongoing e-Delphi study aimed at building consensus recommendations for participatory CM research.

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1. Introduction

Across Europe, over 55 million children under 18 years old experience CM, including physical, sexual, and psychological abuse, as well as physical and emotional neglect perpetrated by caregivers (Laajasalo et al., 2023; Pritchard & Williams, 2010; Sethi et al., 2013; Sethi et al., 2018). The reported prevalence varies due to a diversity of methodologies and various definitions regarding what constitutes CM (Fluke et al., 2021; Laajasalo et al., 2023).

The consequences of experiencing CM may be enduring and potentially manifest across the lifespan (Jud & Voll, 2019; Lamela & Figueiredo, 2018). These include poorer mental and physical health, educational, and employment outcomes, leading to subsequent economic, health, and societal problems (Rockhold, 2023; Sethi et al., 2013; Sethi et al., 2018; Webster, 2022; WHO, 2020). To prevent these adverse outcomes, many European countries aim to enhance child protection, quality of care, and human rights (Sandin, 2014).

Scientific research on CM epidemiology has primarily been conducted using one of three methods: retrospectively by asking adults about their childhoods, interviewing parents of children who have been maltreated, or by professionals who work in the field of CM (Jud, Fegert, & Finkelhor, 2016). Asking people about which forms of violence children experience and what survivors need may provide valuable insights. However, this is not sufficient. According to Article 12 of the Convention on the Rights of the Child (CRC) (Convention on the rights of the child, Treaty no. *27531*, 1989), children have the right to participate in decisions affecting their lives. In addition, children and adult survivors of CM should be considered vital experts on the topic, as only they can provide contextual knowledge in explaining their experiences, the dynamics, and the subsequent consequences (Bastien & Holmarsdottir, 2015). They also have wisdom and insight that should not be left untapped (Kellett, 2005). This realization, in addition to an improved understanding of the sociology of childhood, has resulted in increased efforts to promote children's participation in different stages of research. This includes design, application, evaluation, and dissemination of evidence-based knowledge (Cuevas-Parra, 2020).

This rapidly growing field of participatory research requires methodological development to keep pace. Children are now more and more accepted as a vital part in the research process alongside the researchers (Alfandari, Crous, & Fuentes-Peláez, 2023). Participation has been promoted in different phases of the research: deciding the research questions, designing instruments, collecting data from other children and stakeholders, analyzing data, proposing some highlights and recommendations, and even disseminating the results of the research (Fargas-Malet, McSherry, Larkin, & Robinson, 2010; Larkin, Felitti, & Anda, 2014; Larkins, 2022). In all stages, the process is interactional, and participants engage with others to achieve shared aims that simultaneously promote mutual respect and dignity (Chawla, 2001). Therefore, when researchers use a participatory approach, children and youth feel empowered: they are considered active agents, the main characters of their lives, and they are allowed to make decisions that often are reserved for the researcher (Shier, 2001; Sinclair, 2004). In addition, adult survivors have reported increased self-confidence due to learning new skills and discovering shared experiences with others when participating in participatory action research (PAR) (Matthew, Barron, & Hodson, 2019). Based on findings in a recent scoping review, youth experience positive emotions, skill acquisition, and enhanced self-efficacy and interpersonal relationships when participating in research, including research on sensitive topics (Neelakantan, Fry, Florian, & Meinck, 2023).

Participation may differ depending on how and where it is utilized in the research process. Various authors have pointed to participation as a multidimensional construct (Hart, 1992; Shier, 2001) with different levels. Hart's ladder of participation (1992) was the first attempt to measure and describe participation with eight levels: there are three non-participatory levels (manipulation, decoration, and tokenism) and five participatory levels organized from the lowest meaningful participation (informed and consulted), to the highest meaningful participation (children, youth and adult survivors initiate the research and make decisions in cooperation with the researcher (Hart, 1992). Later, Shier (2001) proposed a model extended from Hart's work, presenting a practical tool to promote participation at five levels: being listened to, being supported in expressing their views, views being considered, involved in decision-making processes, and finally, sharing power and responsibility for decision-making (Shier, 2001). Each level can be evaluated by the degree of commitment to children's empowerment via openings, opportunities, and obligations by which participation is built into the system.

Later, additional frameworks were developed, for example, to address the identified problems with defining the concept of participation. An example of this work Laura Lundy's model to conceptualize the UN-CRC Article 12 in the light of the children and young people's experience of involvement in decision-making (Lundy, 2007; Mitchell, Lundy, & Hill, 2023). In the Lundy model, Article 12 is conceptualized into four interrelated elements: space (children must be given the opportunity to express a view), voice (children must be facilitated to express their views), audience (the view must be listened to) and influence (the view must be acted upon, as appropriate). Further, the model underlines that Article 12 must be understood in the light of other relevant UN-CRC provisions such as Article 2 (non-discrimination), Article 3 (best interests), Article 5 (guidance), Article 12 (right to seek, receive and impart information) and Article 19 (protection from abuse). Along with the framework development, work has been done to find ways for practical and meaningful participation (Sinclair, 2004) and tools needed for this (Sevón, Mustola, Siippainen, & Vlasov, 2023).

Despite the well-documented reasons supporting the participation of children, youth, and adults in CM research, some authors continue to question its validity. Regarding the involvement of children, youth, and adults from the community in the CM research, one major concern is whether individuals, who may not have direct experience of CM, can contribute meaningful to the research process of this complex and sensitive subject, as their understanding may lack the depth or context that lived experience provides (Calheiros, Garrido, Ferreira, & Duarte, 2020). For child, youth, and adult survivors of CM, additional concerns arise regarding survivors' reliability in remembering details of victimization, concerns of exaggeration, avoiding or imagining elements of the events experienced, and also the risk of being retraumatized by recalling them (Bovarnick, Peace, Warrington, & Pearce, 2018; Kiili & Moilanen, 2019). There are also ethical challenges regarding the best interest of children, youth and adult survivors in asking them to recall their experiences or give opinions about CM: some contradictory emotions and feelings of feelings of guilt or perceived betrayal their caregivers can emerge, and there are risks of feeling powerless and dependent after a disclosure. Moreover, there are practical concerns when considering the methods used in participatory research. For example, the difficulty of managing group dynamics, assigning roles in research, under or overestimating the children's knowledge, and committing to the research for its duration have been reported when involving children and young people (Rouncefield-Swales et al., 2021).

It is imperative that researchers carefully consider their approaches and methods when promoting participation, as recently pointed out by Jamieson et al. regarding children (Jamieson, Feinstein, Kapell, & Dulieu, 2021). However, gold-standard guidelines for designing and implementing participatory research in Europe are lacking. Thus, there is an urgent need to conduct a literature mapping in this field of research to determine which participatory approaches have previously been used to what extent, and lessons learned to optimize and facilitate the future use of participatory research on CM in Europe.

The present study was conducted by members of the Euro-CAN (COST Action 19,106) representing 35 countries in the European region. It explores and synthesizes European literature by addressing the following research questions:

- In what ways and at what stages has the research on child maltreatment used participatory approaches?
- What are the barriers and challenges to a participatory approach to CM research, including ethical considerations?

In this scoping review, we are mainly focusing on child maltreatment studies and no other forms of violence against children. In this study, we defined violence against children as encompassing all forms of violence directed at children, regardless of the perpetrator or context. This includes physical, emotional, and sexual violence, neglect, and exploitation, occurring in homes, schools, communities, or institutions, perpetrated by any individual (or group) of any age. On the other hand, we conceptualize child maltreatment as a specific subset of violence against children, characterized by harm or the potential for harm caused by a primary caregiver or an adult responsible for the child's care, typically within a family or primary caregiving context. This includes physical abuse, psychological abuse, sexual abuse, and neglect. The key distinction lies in the relationship: child maltreatment involves harm by those in caregiving roles, whereas violence against children is broader, encompassing violence by any individual.

This scoping review sought to explore participatory approaches in CM research across different contexts. We included studies involving various populations – survivors of child maltreatment, community samples, and other groups (e.g., clinical populations) – to ensure a comprehensive understanding of how participatory methods have been applied. This broader scope allows us to capture diverse insights into how participatory approaches have been used and the challenges faced in varying research settings related to CM. Similarly, we adopted an inclusive definition of co-researcher in this review. A co-researcher is a child, youth, or adult who is involved in the research team, actively engaged in any stage of the research process, including planning, design, data collection, analysis, and dissemination (Lundy, McEvoy, & Byrne, 2011;Schweiger, 2024; Totzeck et al., 2024). This role extends beyond the traditional informant function, granting co-researchers a meaningful influence over research decisions, methods, and outcomes (Schweiger, 2024; Totzeck et al., 2024). The degree of involvement can vary, ranging from affirmation (i.e., approval of researchers' decisions) to consultation, collaboration, co-production or leadership, depending on the participatory methodology used (Malterud & Elvbakken, 2020; Sellars, Pavarini, Michelson, Creswell, & Fazel, 2021).

2. Methods

2.1. Methodology

This systematic scoping review aimed to examine the European literature on participatory approaches in CM research, focusing on how children, youth, and adults have been involved as co-researchers, identifying gaps, and exploring barriers and challenges to their participation. The scoping review also informs an ongoing e-Delphi study in this field of research. The systematic scoping review was guided by recent updated methodological recommendations (Peters et al., 2020) and reported according to the PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analysis, Extension for Scoping Reviews) checklist (Tricco et al., 2018). Our review methodology is structured and reported following Arksey and O'Malley's and Levac et al.'s methodological guidance (Arksey & O'Malley, 2005; Levac, Colquhoun, & O'Brien, 2010). The six stages include: (1) identify the research question(s), (2) identify relevant studies, (3) study selection, (4) chart the data, (5) collate, summarize, and report results, and (6) consult with relevant stakeholders.

2.2. Search process

We systematically searched eight international electronic databases, including Allied and Complementary Medicine Database (AMED), the Centre for Agriculture and Biosciences International (CAB Abstracts), Cumulated Index to Nursing and Allied Health Literature (CINAHL), EMBASE, Global Health, MEDLINE, PsycINFO, ISI Web of Science, for studies published in any language from inception to February, 2024, using both subject headings and keywords (see Appendix 1, search strategy 1 and 2). In addition, we reviewed the reference lists of relevant studies, utilized the expertise of the study authors, and contacted an international panel of experts in this field of research to identify additional papers. This systematic scoping review included intervention and observational studies, reviews, research reports, documents, guidelines, and theses indexed in selected electronic databases.

2.3. Inclusion and exclusion criteria

For this review, we adopted the definition of participatory research from the National Institute for Health Research (NIHR, 2024), where participatory research is characterized as research conducted 'with' or 'by' members of the public, rather than 'to,' 'about,' or 'for' them. This operational definition was applied to assess whether studies genuinely included participatory elements, requiring the involvement of co-researchers in at least one stage of the research process.

The selection criteria included articles that focused on CM (physical, psychological, and sexual abuse and neglect) primarily perpetrated by primary caregivers; articles that involved children, youth, or adults as co-researchers in at least one participatory activity in any stage of the research process. Importantly, there were no restrictions on the type of sample, allowing the inclusion of studies conducted with CM survivors, community samples, or other populations. In the case of non-empirical studies, we included articles that addressed the challenges and barriers of conducting participatory research. Articles presenting data collected in countries participating in the Euro-CAN network (COST Action 19,106) or those with authors affiliated with a university (or other institution) located in a Euro-CAN country were also included.

We excluded articles that focused on other forms of violence against children, did not involve children, youth, or adults as co-researchers at any stage of the research process, lacked content related to participatory research, or did not focus specifically on CM participatory research in Europe. Articles were excluded if the perpetrator was not explicitly identified as a primary caregiver, or if

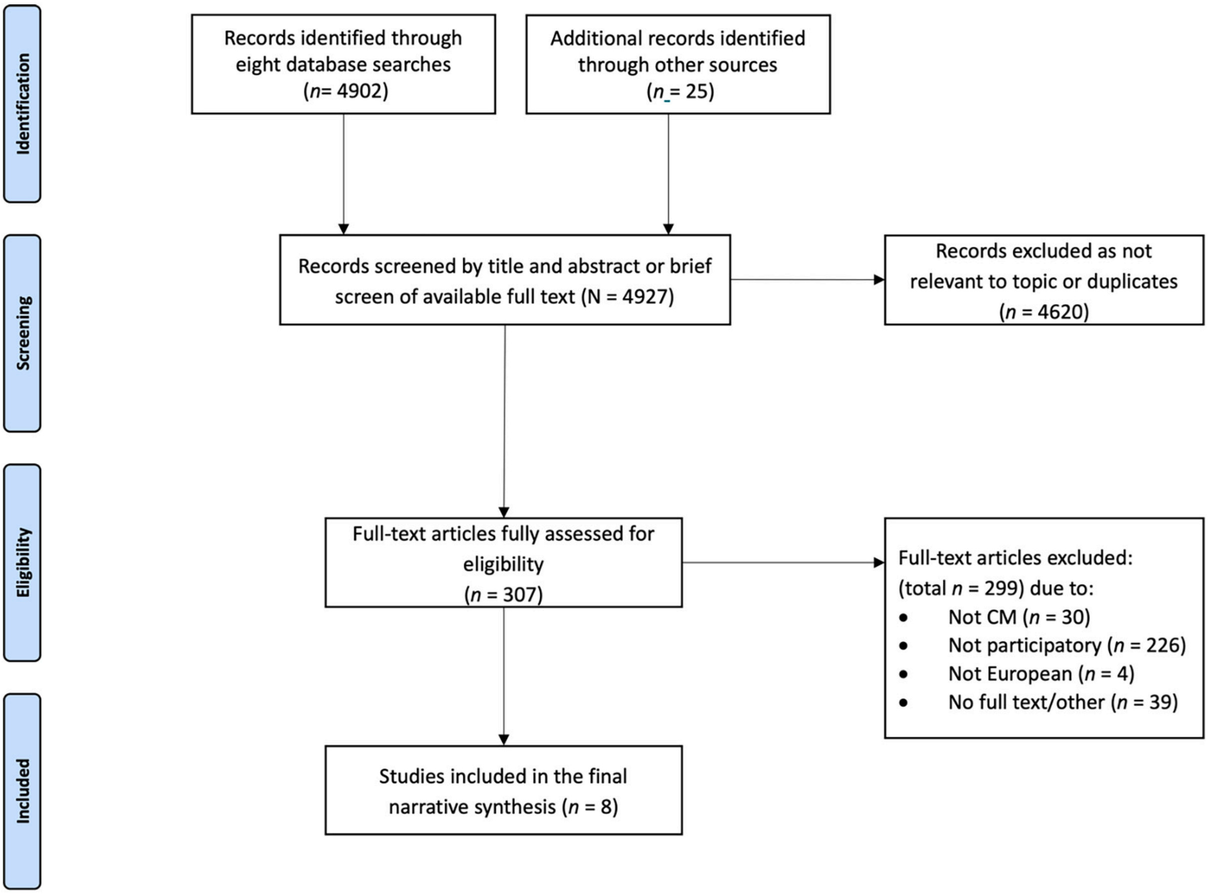

Fig. 1. PRISMA flow diagram.

the type of maltreatment could not be inferred based on the abuse studied. This was essential to determine whether the focus was on child maltreatment by primary caregivers or within the primary caregiving system, as opposed to broader forms of violence against children perpetrated by any individual or group. Articles with unavailable full texts were also excluded. No language restrictions were applied, and methodological quality or rigor was not formally evaluated for included studies. A detailed list of excluded studies and corresponding exclusion reasons is available upon request.

2.4. Data extraction and analysis

The titles and abstracts of articles were independently reviewed by five pairs of reviewers according to the inclusion and exclusion criteria. A third reviewer was consulted to resolve inconsistencies or disagreements in the screening process. Subsequently, the articles selected by the pairs were discussed and validated by the entire group of reviewers, resulting in the final number of articles included in the study. After selecting articles, data extraction was performed by the reviewers who had selected the articles and confirmed by a third reviewer using a data extraction form. The extracted information included authors, country, outlet, article objectives, research design, study participants (if applicable), information on participants' involvement in research and key findings or messages regarding barriers and challenges in participatory research.

3. Results

3.1. Selected articles

Our searches yielded 4927 potentially relevant articles, of which 4620 were screened out as they were clearly not relevant to the topic or duplicates. The full texts of the remaining 307 articles were retrieved and assessed in pairs by the two authors. Subsequently, 298 articles were excluded, leaving eight studies that met our inclusion criteria and were included in our scoping review (Fig. 1, PRISMA flow diagram) (See Table 1.)

3.2. Participation of co-researchers: Methods and stages of research

3.2.1. Study characteristics

Among the eight studies included, six were conducted in the UK (Bennett et al., 2022; Bennett, Gill, Miller, Sayers, & members, N. Y., & Appleton, J., 2023; Doyle, Timms, & Sheehan, 2010; Houghton, 2015; Lloyd & Devine, 2015; Matthew et al., 2019) and two in Romania (Roth et al., 2013; Voicu, Antal, & Roth, 2016).. Five studies investigated different CM types (Bennett et al., 2022; Bennett et al., 2023; Lloyd & Devine, 2015; Roth et al., 2013; Voicu et al., 2016)), one focused on emotional abuse (Doyle et al., 2010), another on domestic violence (Houghton, 2015), and one concurrently addressed child maltreatment and exposure to domestic violence or interpersonal violence (Matthew et al., 2019) (Table 1).

Two studies were conducted with children or youth who were survivors of child maltreatment or domestic violence (Houghton, 2015; Matthew et al., 2019), while the remaining six involved children or youth from the community population (Bennett et al., 2022; Bennett et al., 2023; Doyle et al., 2010; Lloyd & Devine, 2015; Roth et al., 2013; Voicu et al., 2016).

The included studies demonstrated substantial heterogeneity in their objectives, ranging from instrument validation for measuring maltreatment (e.g., Voicu et al., 2016) to exploring child maltreatment survivors' perspectives on confidentiality and ethics (e.g., Houghton, 2015). Additionally, notable variability was observed in the implemented research designs, with cross-sectional population-based studies and participatory action research being more prevalent. It is important to highlight that Bennett et al. (2022) presented a case study providing insights into design, implementation, and assessment of a co-production research project involving young researchers, rather than presenting empirical data.

In four of the six studies involving children or youth from the community, co-researchers were recruited from schools or academic contexts (Doyle et al., 2010; Lloyd & Devine, 2015; Roth et al., 2013; Voicu et al., 2016). In the remaining two studies, Bennett et al. (2022) and Bennett et al. (2023), which were part of the same research project, co-researchers were recruited through an established Young Person's Advisory Group. In the two studies involving children or youth survivors of child maltreatment or domestic violence, co-researchers were recruited from agencies working to eliminate domestic violence (Houghton, 2015) and charity-based support services for abused young people (Matthew et al., 2019).

In the studies involving child and youth survivors of CM, a binary gender balance was reported in both Houghton (2015) and Matthew et al. (2019). Co-researchers came from diverse ethnic, sociocultural backgrounds, and included individuals with disabilities. Houghton (2015) involved youth aged 15–19 years, while Matthew et al. (2019) included survivors aged 12–20 years with mental health issues and learning difficulties. Neither study detailed exclusion criteria or discussed biases in co-researcher representativeness.

Among community-based studies, Lloyd and Devine (2015) reported a binary gender balance, though details were limited. Four studies reported involving co-researchers from diverse ethnic, socioeconomic, and sociocultural backgrounds or individuals with disabilities (Bennett et al., 2022; 2023; Doyle et al., 2010; Voicu et al., 2016). However, only Bennett et al. (2023) had delved into the details regarding possible biases in the representativeness of the background population, suggesting that co-researchers demographics were unlikely to reflect the full range of characteristics of children and youth using e.g., online peer-peer message forums or similar. As with studies involving child and youth survivors of CM, no exclusion criteria were specified in any of these studies.

Table 1
Characteristics of the included studies.

Article *Author (year) country*	Type of CM	Study design and study aims	Identification of co-researchers (Total n, gender, age, diversity) Co-researchers recruitment	Stage(s) of research in which co-researchers were involved	Participatory activities or methodologies	Description of participatory procedures	Highest level of participation
Bennett et al. (2022), UK	Emotional abuse, neglect	Case study To share practical insights and evidence the meaningful role and impacts associated with young co-researchers' involvement in sensitive and complex research using a flexible approach to co-production	$N = 10$ youth, aged between 14 and 18 years, all white, two male, and the remaining were female or gender-confirming. Diversity in academic background and mental health Recruitment via NeurOX Young People's Advisory Group	Data collection, data analysis, dissemination	Training events in research methodology, briefings for co-researchers with role of co-facilitator, online group work, online pair work, independent work activities, virtual workshops, app-based padlets, meetings, activities for co-production of written outputs and a research grant application, press interviews and podcasts	Co-researchers received training and scaffolded learning throughout the project Co-researchers participated in a first workshop for familiarization and discussion of data, define terminology, and decision of inclusion/exclusion criteria. Workshop was co-facilitated by two experienced co-researchers Co-researchers performed offline work in pairs to select message threads from the online forums against criteria, using NVivo software. Lead researcher and co-researchers worked together to review and refine selection. Co-researchers participated in a second workshop to conduct descriptive phenomenological co-analysis, by commenting, adding and/or provide alternative interpretations to the adult researcher's pre-analysis Following workshop 2, co-researchers analyzed assigned threads individually. Co-researchers participated in a third workshop to discuss preliminary findings from thematic analysis, interpret findings, and plan dissemination activities Co-researchers participated in disseminating activities to reach different targets via different channels, including presentations for stakeholders and media outreach. Co-researchers were involved in an anonymous paddlet to formally evaluate research	Youth co-produced the research

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Table 1 (*continued*)

Article *Author (year) country*	Type of CM	Study design and study aims	Identification of co-researchers (Total n, gender, age, diversity) Co-researchers recruitment	Stage(s) of research in which co-researchers were involved	Participatory activities or methodologies	Description of participatory procedures	Highest level of participation
						approach and how it met co-production principles.	
Bennett et al. (2023), UK	Emotional abuse, neglect	Naturalist study To explore online help-seeking conversations between children and young people experiencing emotional abuse and/or neglect and their peers	$N = 10$ youth, aged between 14 and 18 years, all white, two male, and the remaining were female or gender-confirming. Diversity in academic background and mental health Recruitment via NeurOX Young People's Advisory Group	Data collection, data analysis, dissemination	Training events, online group work, online pair work, independent work activities, virtual workshops, app-based padlets, meetings	Co-researchers received training and scaffolded learning throughout the project Co-researchers participated in a first workshop for familiarization and discussion of data, define terminology, and decision of inclusion/exclusion criteria. Workshop was co-facilitated by two experienced co-researchers Co-researchers performed offline work in pairs to select message threads from the online forums against criteria, using NVivo software. Lead researcher and co-researchers worked together to review and refine selection Co-researchers participated in a second workshop to conduct descriptive phenomenological co-analysis, by commenting, adding and/or provide alternative interpretations to the adult researcher's pre-analysis Some of the co-researchers participated in additional activities during the writing phase	Youth co-produced the research
Doyle et al. (2010), UK	Emotional abuse	Cross-sectional, population-based design To explore potential sources of support for emotionally abused children.	$N = 12$ children, aged between 7 and 15 years, with diverse socio economic, ethnic, cultural, and religious backgrounds. Children with disabilities were included 200 children piloted a vignette-based questionnaire Recruitment via school	Study design	Design of a questionnaire (e.g., story lines for vignettes), self-reported survey piloting	No information	Children collaborated with adult researchers.

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Table 1 (*continued*)

Article *Author (year) country*	Type of CM	Study design and study aims	Identification of co-researchers (Total n, gender, age, diversity) Co-researchers recruitment	Stage(s) of research in which co-researchers were involved	Participatory activities or methodologies	Description of participatory procedures	Highest level of participation
Houghton (2015), UK	Exposure to domestic violence	Participatory action research To explore young people's perspective on ethics in research and policymaking	$N = 8$, 50 % female, 15–19 years, with diverse ethnic and sociocultural backgrounds. Youth with disabilities involved Recruitment via domestic abuse services	Formulation of research question, data collection, data analysis, dissemination	Individual interviews and reflections, focus groups, group activities, debriefs meeting with politicians and policy makers, group production of an online booklet	An ethical decision-making process was implemented due to young survivors in policy-making The researcher facilitated the process of thematic analysis, which was led by co-researchers including transcribing Co-researchers decided how they would analyze and disseminate their data Co-researchers gave the researcher permission to further analyze using her own expertise and insights	Youth-led
Lloyd and Devine (2015), UK	Child abuse and neglect	Cross-sectional population-based design To address unexpected sensitive responses from 10 and 11-year-old children in a large-scale online survey and explore strategies for researchers to manage associated methodological challenges and ethical considerations	No information regarding children that participated in the survey piloting. $N = 196$, 67 % female, 10 or 11 years Recruitment via school	Study design, data analysis	Self-reported survey piloting, free-text question in a survey	No information about the self-reported survey piloting Children complete anonymously a survey in their classroom or in their school's computer room	Children were consulted by adult researchers
Matthew et al. (2019), UK	Physical, sexual, and emotional abuse, neglect, and exposure to domestic violence	Participatory action research, mixed-method design To explore young survivors' views, whose abuse was unknown to child protection, about confidentiality	$N = 8$, 6 female, 12–20 years. Youth with mental health problems, disability, mild learning difficulties were involved as co-researchers $N = 4$ youth (participated in the pilot study) – No demographic information Recruitment via charity-based support services	Study design, data collection, data analysis	Training events, meetings with researchers, online survey, focus groups	Young co-researchers received training to learn about ethics, research questions, methods, and data analysis Weekly meetings between researchers and co-researchers to discuss ideas, thoughts, ethics, goals, methods, and research procedures, providing feedback on their involvement, personal experiences, and views in the research process Co-researchers helped design data collection survey questions Youth survivors participated in a pilot study of the survey and provided feedback	Youth-led: The young survivors ($N = 140$) decide if and how to be involved in the research (e.g., as co-researchers and/or participants in focus groups, semi-structured interviews, anonymous online surveys, online chats, or graffiti walls)

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Table 1 (*continued*)

Article *Author (year) country*	Type of CM	Study design and study aims	Identification of co-researchers (Total n, gender, age, diversity) Co-researchers recruitment	Stage(s) of research in which co-researchers were involved	Participatory activities or methodologies	Description of participatory procedures	Highest level of participation
						Co-researchers with support from the principal researcher conducted online and face-to-face focus groups	
Roth et al. (2013), Romania	Child abuse and neglect	Cross-sectional, population-based epidemiological design act of parental consent procedures on children's participation in CM research, and gather children's views on the matter	Children between 11 and 16 years Recruitment via school	Data analysis	Focus group	After completed a CM-related survey, children participated in focus groups where they shared their perspectives on their competence to complete the survey and expressed their views on the rightfulness of making the decision to participate on their own	Children were consulted by adult researchers
Voicu et al. (2016), Romania	Child abuse and neglect	Cross-sectional, population-based epidemiological design To discuss the involvement of children in the Balkan epidemiological study on child abuse and neglect	Children 11–16 years 100 children participated in a pilot study Children from minority groups were involved Recruitment via school (including schools for second chance programs)	Study design, data analysis	Focus group, self-reported survey piloting	Children participated in focus groups to refine and culturally validate a CM questionnaire Children completed a questionnaire in a pilot study and asked their opinion on how they can contribute to improve of the research methodology Children participated in additional focus groups to collect their views about research methodology and parents' consent to children's participation in the research	Children were consulted by adult researchers

Note. Bennett et al. (2022) and Bennett et al. (2023) refer to the same research project and offer complementary information regarding the participatory methodology and procedures employed.

3.2.2. Participatory methods and stages of research

Only the two studies involving children or youth survivors of child maltreatment or domestic violence and only two out of six studies involving children and youth from the community explicitly specified and described the participatory approach utilized, clearly discussing the rationale, guiding principles, or motivation behind the adoption of the participatory methods and their perceived added value (Bennett et al., 2022; Bennett et al., 2023;Houghton, 2015; Matthew et al., 2019). Nonetheless, only Bennett et al. (2022) distinctly defined the terminology associated with participatory methodologies and procedures throughout the entire research process.

Among the included studies, only those involving children or youth survivors of child maltreatment or domestic violence (Houghton, 2015; Matthew et al., 2019) and two studies with community-based co-researchers (Bennett et al., 2022; Bennett et al., 2023) explicitly detailed the participatory approach. These four studies discussed the rationale, guiding principles, and motivations behind adopting participatory methods, emphasizing their perceived added value. Co-researchers in these studies were meaningfully involved at various stages of the research process, ensuring their contributions were integral to the participatory objectives. Nonetheless, only one study distinctly defined the terminology associated with participatory methodologies and procedures throughout the entire research process (Bennett et al., 2022).

Children and young people in the two studies involving survivors (Houghton, 2015; Matthew et al., 2019) contributed at various stages of the research process, from formulating research questions to disseminating results. Both studies involved co-researchers in data analysis and study design. Houghton (2015), which employed a participatory action design to explore young people's perspectives on ethics in research and policymaking, was the study where co-researchers, taking on the role of experts, participated in the most stages of the research process. Additionally, co-researchers' involvement in disseminating results was reported in Houghton (2015). Training in research methods and ethics for co-researchers was explicitly mentioned in Matthew et al. (2019), although the competence and training of the researchers to engage in participatory methodologies was not addressed.

Among the six studies involving community-based children and youth (Bennett et al., 2022; Bennett et al., 2023; Doyle et al., 2010; Lloyd & Devine, 2015; Roth et al., 2013; Voicu et al., 2016), children and young people contributed at various stages. Co-researchers were involved in study design in three of these community-based studies (Bennett et al., 2022; Doyle et al., 2010; Lloyd & Devine, 2015), and in data analysis in four studies (Bennett et al., 2022; Bennett et al., 2023; Roth et al., 2013; Voicu et al., 2016). Only Bennett et al. (2022; 2023) explicitly reported co-researchers' involvement in disseminating results. Additionally, these two studies, which report findings from the same research project, were the only community-based studies that provided training to co-researchers in research methods and ethics, with Bennett et al. (2022) uniquely referencing the competence and training of the researchers themselves to facilitate participatory research.

In the two studies involving survivors (Houghton, 2015; Matthew et al., 2019), a total of eight different participatory activities or methodologies were used, including individual interviews and reflections, training events, focus groups, and debriefs meeting with politicians and policymakers. However, neither study reported potential accommodations or adaptations to the participatory methodologies based on the developmental, sociodemographic, or cultural characteristics of the co-researchers. Both studies provided explicit reference to the decision-making process between researchers and co-researchers during data collection, data analysis, and results dissemination, emphasizing their active role throughout the research process.

In the six studies involving community-based children and youth, a total of 14 different participatory activities or methodologies were employed (Bennett et al., 2022; Bennett et al., 2023;Doyle et al., 2010; Lloyd & Devine, 2015; Roth et al., 2013; Voicu et al., 2016). These included group activities, designing a questionnaire, training sessions, pilot surveys, and focus groups—the latter two being the most prevalent methods. None of these studies reported accommodations or adaptations based on developmental, sociodemographic, or cultural characteristics. Among the community-based studies, only two (Bennett et al., 2022; Bennett et al., 2023) discussed the roles and responsibilities of co-researchers within the research team. Unlike the studies involving survivors, the community-based studies did not explicitly mention the decision-making process between researchers and co-researchers in data collection, analysis, or dissemination.

In the two studies involving survivors, co-researchers assumed a high level of participation and autonomy throughout the research process, including in the design, conduct, analysis, and dissemination of results (Houghton, 2015; Matthew et al., 2019). Co-researchers were empowered with greater decision-making authority. For example, in Matthew et al. (2019), youth co-researchers not only decided whether they wanted to be involved but also participated in developing survey questions, conducting focus groups with participants, and actively contributing to the analysis of results alongside adult researchers. Similarly, in Houghton (2015), co-researchers were involved in designing research questions and study design, led the thematic analysis, and made decisions on methodologies and channels for disseminating results. Co-researchers in this study also participated in advocacy meetings with politicians and policymakers. None of the studies involving child and youth survivors mentioned whether co-researchers received any form of compensation for their involvement or presented indicators of methodology quality and impact.

In contrast, the level of participation and autonomy granted to co-researchers was generally lower in the six community-based studies. Four studies adopted a more consultative or pilot-testing approach, involving co-researchers in specific and narrow tasks, such as the design of assessment measures (Doyle et al., 2010; Lloyd & Devine, 2015;Roth et al., 2013; Voicu et al., 2016). In the research project reported by Bennett et al. (2022; 2023), co-researchers shared responsibilities in some activities within the research process, with their views being acknowledged and acted upon, but they did not hold an ultimate decision-making role. Furthermore, only Bennett et al. (2022) addressed whether co-researchers received any form of compensation for their involvement and disclosed indicators of methodology quality and impact.

3.2.3. Ethics and safeguarding measures

Although both studies involving survivors indicated that the research projects were approved by ethics committees and included ethical guidelines, the descriptions of the ethical procedures implemented with co-researchers were inconsistent (Houghton, 2015; Matthew et al., 2019). Neither study fully explored the potential harms versus benefits for co-researchers, nor did they provide a thorough discussion of safeguards to address potential risks to co-researchers' well-being and safety. Matthew et al. (2019) highlighted that youth should consent to their involvement, could withdraw at any time, and received comprehensive training on the ethical considerations, sensitivities, and legal responsibilities associated with child maltreatment (CM) research. Houghton (2015) discussed the importance of adult researchers facilitating discussions on sensitive and private topics and the need to anonymize some data, even within the co-researcher group. However, surprisingly, neither study described additional safeguarding measures specific to co-researchers who were survivors, such as risk assessments, safety plans, ongoing support, or self-care measures.

In contrast, there was significant variability in the ethical procedures described in the community-based studies. Four studies provided limited descriptions of the ethical procedures implemented with co-researchers (Doyle et al., 2010; Lloyd & Devine, 2015; Roth et al., 2013; Voicu et al., 2016). Two of these studies did not provide any reference to ethical procedures involving children and youth during the research process (Doyle et al., 2010; Lloyd & Devine, 2015). However, the two studies from Romania (Roth et al., 2013; Voicu et al., 2016) provided detailed insights into consent procedures for both children and parents, along with participants' rights and confidentiality limits during the survey pilot phase. These studies did not provide additional details regarding ethical procedures during the focus groups or data analysis phases. Bennett et al. (2022; 2023), in contrast, specified that safeguarding information and arrangements were provided to co-researchers, with guidance being introduced and discussed. Co-researchers were encouraged to share any potential safeguarding concerns or issues before discussing sensitive content. Furthermore, Bennett et al. (2022; 2023) was the only community-based study to offer emotional support to co-researchers in case of need, an approach absent in the studies involving survivors.

3.3. Barriers and challenges

3.3.1. Barriers and challenges common to both survivors and community-based studies

Several barriers and challenges were identified as common to both studies involving survivors of child maltreatment and those involving community-based children and youth. One significant barrier was *adult gatekeeping*. Multiple studies described how parents, principals, or teachers conditioned children's participation, which posed a barrier to the implementation of participatory methodologies in the field of child maltreatment (Houghton, 2015; Lloyd & Devine, 2015; Roth et al., 2013; Voicu et al., 2016). Reasons for gatekeeping behavior included overprotection, suspicion, fear of re-traumatizing children, or even attempts to conceal abusive behavior (Roth et al., 2013). Obtaining parental consent was also highlighted as a barrier, especially for younger children (aged 11 years), as refusal of consent was noted to be more common, leading to underrepresentation and barriers to children's ability to express themselves freely (Roth et al., 2013; Voicu et al., 2016).

Confidentiality concerns were also common across both survivor and community-based studies. Children often hesitated to share their experiences due to concerns about potential breaches in confidentiality, emphasizing the need for transparency and clear protocols to reassure participants (Houghton, 2015; Matthew et al., 2019; Voicu et al., 2016).

Another significant concern was *risk and safety*. Several studies discussed the challenge of balancing children's right to participate with the need to ensure their protection (Houghton, 2015; Lloyd & Devine, 2015; Roth et al., 2013; Voicu et al., 2016). In contexts such as domestic violence, there were significant risks, such as the potential for exposure to further harm from the perpetrator, which led to a predominant focus on safeguarding. This focus on protection often stifled children's voices and limited their involvement in research (Houghton, 2015). Conversely, some studies suggested that overemphasis on safeguarding could prevent an in-depth exploration of children's experiences (Lloyd & Devine, 2015; Roth et al., 2013).

Building trust between young survivors and researchers is also considered a challenging issue, given the backdrop of abuse, fear, and fractured relationships (Matthew et al., 2019). A similar challenge is mentioned by Bennett et al. (2022) regarding the time needed to build rapport and relationships when establishing a Young Person's Advisory Group. Finally, Bennett et al. (2022) also raised a practical challenge related to the need to implement a blended approach (combining online and offline activities) during periods of COVID-19 lockdown.

3.3.2. Barriers and challenges identified only in studies involving survivors

Age-related immaturity and lack of competency among young co-researchers were highlighted as key challenges (Matthew et al., 2019). Survivor participants often lacked knowledge or competency, which posed barriers to their effective involvement in research. Furthermore, while survivors provided valuable experiential knowledge, Matthew et al. (2019) noted that such input could introduce inherent potential bias, which needed to be addressed to maintain research reliability and validity.

3.3.3. Barriers and challenges identified only in studies involving community-based co-researchers

In community-based studies, several distinct barriers and challenges emerged. A central challenge involved promoting genuine and voluntary involvement and communicating children's rights to refuse participation or withdraw without repercussions, as integral to the autonomy, safeguarding, and empowerment of co-researchers (Lloyd & Devine, 2015). Addressing power dynamics between researchers and children is presented as a challenge requiring a delicate approach to minimize harm (Lloyd & Devine, 2015). Bennett et al. (2022) considered that challenges related to maintaining motivation, time, and educational pressures need to be accounted for in the research plan.

Another barrier was related to the setting and methodological aspects of the research, such as the involvement of teachers in data collection or the utilization of anonymous surveys. For instance, Lloyd and Devine (2015) underscored the dilemma surrounding anonymous surveys, wherein, while providing child survivors an avenue for disclosure or seeking help, the methodology fails to enable researchers to identify and aid these individuals. Practical barriers were also evident, including the absence of computational resources or conducive environmental conditions in schools, impacting the support available to children experiencing discomfort due to sensitive issues and activities (Lloyd & Devine, 2015).

4. Discussion

4.1. *Child, youth and adult survivor participation*

Our search of eight different databases resulted in only eight European articles reporting data on CM with a participatory approach, even if the search was multisectoral. The number of identified studies is lower than that in some previous scoping reviews on participatory approaches, which have included studies from areas outside of Europe. For example, Flynn, Walton, and Scott (2019) found seventeen articles on engaging children and families in pediatric healthcare research (Flynn et al., 2019). In contrast, Larsson, Staland-Nyman, Svedberg, Nygren, and Carlsson (2018) found 41 studies on developing interventions in school, community, and healthcare settings (Larsson et al., 2018). A significantly higher number of articles ($n = 207$) were identified by Grace et al. (2019) in a scoping review on child participatory research literature in the context of the Australian service system spanning child protection and family law, community, disability, education, health, housing and homelessness, juvenile justice, and mental health (Grace et al., 2019). The narrow focus on child maltreatment and restriction to COST 19106 Network countries may partially explain why so few studies were found in the present study.

Only two studies involved children or youth survivors of CM or domestic violence (Houghton, 2015; Matthew et al., 2019). The rest of the studies used community samples. Six studies reported involving co-researchers from diverse ethnic, socioeconomic, and sociocultural backgrounds or individuals with disabilities (Bennett et al., 2022; Bennett et al., 2023; Doyle et al., 2010;Houghton, 2015; Matthew et al., 2019; Voicu et al., 2016) which is an important finding because a bias to mainly include “high achieving” children of school age or adults has been pointed out in previous publications (Gladstone et al., 2021; Teela et al., 2023). Furthermore, the importance of including marginalized and silenced groups has been underlined by Bradbury-Jones, Isham, and Taylor (2018), and methods to involve, for example, refugee groups have been published (Bradbury-Jones et al., 2018; Korhonen & Mattelin, 2023; Pérez-Aronsson et al., 2022).

4.2. *Methodological shortcomings*

The level of participation in articles found in this systematic scoping review varied between studies but was generally limited, and the variation in methods and procedures across different studies was large. Only four studies demonstrated a genuine co-researcher approach and they defined the roles and responsibilities of the children involved within the research team (Bennett et al., 2022; Bennett et al., 2023;Houghton, 2015; Matthew et al., 2019), with just two studies reporting high levels of co-researcher involvement in ultimate decision-making during the research (Houghton, 2015; Matthew et al., 2019). The methodological uncertainty may also be reflected in the inconsistent use of terminology for involved children and youth. For example, children could be referred to as young experts, young researchers, young co-researchers, or child consultants (Bennett et al., 2022; Bennett et al., 2023; Doyle et al., 2010; Houghton, 2015; Matthew et al., 2019) as previously also noticed by Flynn et al. (2019) and Teela et al. (2023).

The findings regarding low levels of participation align with results from previous systematic and scoping reviews on topics other than CM. These show that children and adolescents may be included in the data collection itself but seldom involved in all phases of the research, such as planning, designing research questions, data collection, analysis, and dissemination (Freire et al., 2022; Grace et al., 2019; Larsson et al., 2018; McNeill, Noyek, Engeda, & Fayed, 2021).

We found that the engagement of children and youth in research on CM was carried out through different participatory activities or methodologies, most often as focus groups (Houghton, 2015; Matthew et al., 2019; Voicu et al., 2016). Even if, for example, Haijes and van Thiel (2016) have identified five distinctive groups of participatory methods, including observational, verbal, written, visual, and active methods implemented depending on the age of the participants and research objectives, the use of different strategies seems single-dimensional (Haijes & van Thiel, 2016). A combination of different strategies was rare and may reflect the immaturity of the design of participatory approaches in most studies or lack of knowledge, time, and financial resources. In addition, none of the studies reported potential accommodations or adaptations made concerning the participatory methodology or activities based on developmental, sociodemographic, and cultural characteristics.

There is a need for more studies on child, youth and adult survivors of CM using participatory approaches, so studies can become better informed by the people who have experienced CM. However, the reviewed literature provides limited insight into participants' experiences in research, which is a limitation. Further studies on the validity and fidelity of the methods used in participatory research are warranted.

Except for the two papers from Bennett et al. (2022, 2023), the studies included in this systematic scoping review failed to adequately describe the participatory research methods implemented. The identified problems align with those described in other scoping reviews on participatory research (Freire et al., 2022). Challenges with reporting participatory research have previously been identified (Staniszewska et al., 2017; Staniszewska, Brett, Mockford, & Barber, 2011), as well as quality and impact indicators (Brett et al., 2014). A guideline for best practices in reporting participatory action research has been developed (Smith, Rosenzweig, & Schmidt, 2010). A recently published systematic review stresses the need to improve the quality of reporting on methodology when conducting community-based participatory research (Kato et al., 2020).

4.3. Identified obstacles and barriers

Obstacles discussed in the articles on CM mainly dealt with *power dynamics between academic researchers and child co-researchers*. For example, adult gatekeepers often fear children and adolescents' capacity to participate in research due to immaturity, lack of knowledge, and competence for self-protection. These issues align well with the previous notions of barriers to implementing UN-CRC Article 12, including scepticism about children's capacity, a worry that giving children more control will undermine authority and concern that compliance will require too much effort (Lundy, 2007; Mitchell et al., 2023). The unequal power relation between children and adult researchers is well documented (Punch, 2002) and influenced by social, economic and cultural context (Horgan, Forde, Martin, & Parkes, 2017). It should be noted that power imbalance may also exist when involving adults in participatory research (Egid et al., 2021).

Even if the level of participation was low in most of the included articles, there seemed to be an understanding of risks and a wish to avoid tokenistic participation. As Montreuil, Bogossian, Laberge-Perrault, and Racine (2021) pointed out, co-identifying how participants want to be involved in knowledge production from the beginning of a project is a way to minimize this phenomenon (Montreuil et al., 2021). The two included studies with survivors showing a high level of participation and autonomy throughout the research process, including in the design, conduct, analysis, and dissemination of results (Houghton, 2015; Matthew et al., 2019) serve as a good example.

Ethical concerns are another barrier to the implementation of participatory approaches in CM research (Roth, 2023). Raising methodological issues about the topic's sensitivity, confidentiality, data protection, trauma-based approaches, and other ethical considerations. All the articles included in this scoping review expressed concerns about the sensitive nature of this type of research. They sought modalities to minimize sources of distress for children, youth, and adults. The need for parental consent may exclude children and youth who have been subject to CM. Another issue, described in Voicu et al. study (2016), is that children and adolescents might feel uncomfortable or confused about answering questions on, e.g., sexual abuse (Voicu et al., 2016). Also, setting and methodological aspects of the research, such as the involvement of teachers in data collection, the utilization of anonymous surveys, and the lack of confidentiality, were reported. These ethical challenges further highlight the need for robust methods to be developed, including the inclusion of children, youth, and adults with their own lived experiences, to inform and improve the quality of research on CM. This would enhance the use of more inclusive research with holistic mapping and a better understanding of CM and its impact on the individual and society.

Several barriers to the effective involvement of children and youth as co-researchers in the CM research identified in our review are aligned with challenges found in other fields. For instance, Totzeck et al.' s (2024) systematic review on patient and public involvement (PPI) in mental health research with children and young people reported logistical challenges, such as the time-intensive nature of involving young participants, scheduling difficulties, and a lack of sustainable funding, which we similarly encountered in CM research. Additionally, Totzeck et al. . (2024) noted the ethical and psychological complexities in mental health research, where disclosure of personal experiences and balancing mental health needs with research involvement pose significant barriers. These concerns resonate with CM research, where discussing trauma and ensuring the psychological safety of co-researchers is critical. Unique to CM research, however, is the heightened sensitivity required to manage co-researchers' potential retraumatization, underscoring the need for additional safeguarding and support measures beyond those typically cited in mental health PPI research.

4.4. Strengths and limitations

The strengths of this scoping review lie in its robust and comprehensive search strategy, which involved searching eight international electronic databases in the research field, checking reference lists of included papers and consulting an international expert panel for ongoing or missing studies. Although scoping reviews are generally considered less methodologically rigorous than systematic reviews, recent literature has increasingly recognized their utility in mapping broad topics across health, social care, and other research fields. These reviews employ a broader and less defined search strategy and research question. Additionally, the common limitation in scoping reviews is the absence of risk of bias evaluations (Grant & Booth, 2009; Pollock et al., 2021; Tricco et al., 2018).

Furthermore, due to time and scope constraints, we did not perform a systematic search of the grey literature, potentially leading to the omission of some eligible studies and other sources of relevant data, such as governmental and non-governmental documents, unpublished reports, and non-indexed conference papers and dissertations, which may have contained relevant data on participatory methodologies, implementation details, or unique challenges and barriers that are less frequently reported in peer-reviewed publications. We might further have missed studies in local languages published in academic or professional journals at the national level.

Additionally, this scoping review only included studies undertaken in European countries, thus excluding a range of relevant global studies. Future evidence synthesis (scoping reviews) could encompass all relevant studies from researchers worldwide, facilitating a more comprehensive inclusion of all global knowledge and trends in the use of participatory methodologies in CM research.

Furthermore, the application of stringent inclusion criteria—focusing exclusively on child maltreatment perpetrated by primary caregivers—resulted in the exclusion of studies that examined other forms of violence against children. While this approach ensured a focused examination of participatory methods in child maltreatment research, it also narrowed the scope of the included literature.

4.5. Implications

The scoping review identified limited articles on using participatory research with child, youth, and adult survivors of CM. This highlights the still restricted use of participatory approaches in research conducted with children, youth, and adult survivors of CM in

European countries. Further research is necessary to understand the barriers and challenges that European researchers may face in using participatory research with CM survivors.

This scoping review revealed a broad range of variability in the methodological and ethical procedures used in implementing participatory research approaches in studies on CM, as well as in reporting these procedures. The findings have been used to inform an ongoing e-Delphi study to build consensus on the key recommendations for participatory CM research. The recommendations for the design, implementation, and dissemination of participatory research are expected to be a milestone for collecting more comparative data within and between European countries, allowing for the development of more evidence-based practices and public policies at the local, national, and European levels based on inclusive and meaningful cooperation with CM survivors.

5. Conclusions

Based on the results of this scoping article, we can conclude that participatory research with children, youth, and adult survivors of CM in European countries is still in its infancy.

There is a need to promote the development and use of participatory approaches by including survivors in research on CM. The involvement should cover identifying the research question, developing protocols, collecting, and analyzing data, and knowledge management and dissemination. Training researchers and co-researchers, and providing more research funding for participatory, inclusive research, are critical. More rigorous reporting is needed to enhance our knowledge of optimal strategies (Gold Standards), methodology, training, and inclusion of co-researchers, as well as ethical aspects when using participatory approaches in CM. Given these shortcomings, there is an urgent need to develop Pan-European Practice Guidelines on Participatory Research with child, youth, and adult survivors of CM.

CRediT authorship contribution statement

Diogo Lamela: Writing – review & editing, Writing – original draft, Validation, Supervision, Project administration, Methodology, Formal analysis, Conceptualization. **Ulugbek Nurmatov:** Writing – review & editing, Methodology, Formal analysis, Data curation. **Ravit Alfandari:** Writing – review & editing, Writing – original draft, Formal analysis, Conceptualization. **Natalie Söderlind:** Writing – review & editing, Writing – original draft, Validation, Formal analysis. **Gemma Crous:** Writing – review & editing, Formal analysis. **Maria Roth:** Writing – review & editing, Writing – original draft, Conceptualization. **Mary Jo Vollmer-Sandholm:** Writing – review & editing, Writing – original draft, Investigation. **Nuria Fuentes-Peláez:** Writing – review & editing, Writing – original draft, Investigation. **Helena Carvalho:** Writing – review & editing, Writing – original draft, Formal analysis. **Pia Rockhold:** Writing – review & editing, Conceptualization. **Bahar Aksoy:** Writing – review & editing, Formal analysis. **Elif Bulut:** Writing – review & editing, Formal analysis. **Vildan Apaydin Cirik:** Writing – review & editing, Formal analysis. **Zeynep Sofuoglu:** Writing – review & editing, Formal analysis. **Betul Ulukol:** Writing – review & editing, Formal analysis. **Andreas Jud:** Writing – review & editing, Funding acquisition, Conceptualization. **Gabriel Otterman:** Writing – review & editing, Funding acquisition, Conceptualization. **Laura Korhonen:** Writing – review & editing, Writing – original draft, Validation, Supervision, Methodology, Formal analysis, Conceptualization.

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Declaration of competing interest

None.

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Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.chiabu.2024.107229.

Data availability

No data was used for the research described in this scoping article.

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