Developing an Understanding of the Encounters between Local Authority Social Workers in England and Women who have been Subjected to Domestic Abuse

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ABSTRACT

Local authority social workers in England engage more with children and their families due to domestic abuse than any other concern (Stanley, 2011a). This thesis looks to explore what happens when local authority social workers and women who have been subjected to domestic abuse interact with one another, in a way that has not been done before. It seeks to understand how these interactions can be conceptualised and described, by understanding how they both view their interactions with one another, and how the interactions impact on decision-making. This was done by using a feminist theoretical approach, as well as a psychodynamic approach which allowed for further depth of analysis.

An innovative qualitative methodology is used to provide an in-depth exploration of these interactions. An ethnographic approach involving semi-structured narrative mobile interviews with social workers, which took place during the car journeys to, and from the home visit, an adaptation of the Tavistock infant observation model for observing the interactions and semi-structured narrative interviews with the women. There were seven social workers and six women involved in the research, which resulted in 22 interviews with social workers, 13 observations of home visits and meetings, and seven interviews with women. Grounded theory is used to analyse the data.

Findings include that although mothers feel social work interventions are blaming and threatening, they also appreciate social work interventions. It was found that mothers are held responsible for the safety of their children, even when they are not the ones causing the abuse. Social workers understand their responses are not

always supportive and empowering and have to manage the aspects of care and control.

Original contribution to knowledge:

- Including both mothers and social workers in the same research when they are actively working with one another

- Using innovative methods to conceptualise and describe the interactions between mothers and social workers

Key Words: domestic abuse, social work, interactions, home visits

TABLE OF CONTENTS

LIST OF ABBREVIATIONS

ABE – Achieving Best Evidence Interview

BASW – British Association of Social Workers

CAMHS – Child and Adolescent Mental Health Services

CIN – Child in Need

CPC – Child Protection Conference

CPP – Child Protection Plan

DfE – Department for Education

DHR – Domestic Homicide Review

ICPC – Initial Child Protection Plan

ICS – Integrated Children's Systems

IRO – Independent Reviewing Officer

MARAC – Multi Agency Risk Assessment Conference

MASH – Multi Agency Safeguarding Hub

MP – Member of Parliament

ONS – Office for National Statistics

PLO – Public Law Outline

RCPC – Review Child Protection Conference

S.17 – Section 17 of the Children Act 1989

S.47 – Section 47 of the Children Act 1989

SCR – Serious Case Review

UN – United Nations

WTSC – Working Together to Safeguard Children

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DEDICATION

I dedicate this thesis to all the women who have lost their lives to male violence.

Sadly, I know two, Pat and S.M.

To these two women, and the many, many others, who have tragically lost their lives,

you are not forgotten. We will continue to work to end violence against women and

girls.

CHAPTER 1: INTRODUCTION

Domestic abuse concerns account for the majority of cases that are referred for statutory children's services social work involvement in England and Wales (Stanley et al, 2011a). The approach social workers take in these situations are viewed as coercive and threatening to the mothers who have been subjected to domestic abuse by their abusive partner (Keeling and Van Wormer, 2012; Stewart, 2019; Stewart and Arnull, 2022), yet they are held accountable for the abuse and blamed for allowing it to happen and for their child to have been subjected to it (Douglas and Walsh, 2010; Stewart, 2019; Stewart and Arnull, 2022). Women are often given the ultimatum that they must leave the abusive relationship (Keeling and Van Wormer, 2012; Stewart, 2019; Stewart and Arnull, 2022) and if not, they are viewed as failing to protect their children, and are often threatened that if they do not leave, their children may be removed from their care (Hughes Chau and Vokkri, 2016; Stewart, 2019; Stewart and Arnull, 2022). However, this goes against previous research, over many years, that violence increases when a woman leaves an abusive partner and are at higher risk of being killed (Humphreys et al, 2018; Richards, 2003; Wilson and Daly, 2002; Women's Aid, 2022). This approach does not hold the father/perpetrator responsible for his abusive behaviour, and he can therefore believe that his behaviour is not wrong and he does not need to change it (Lapierre, 2010). The responses from social workers have been found to imitate those of abusive men (Keeling and Van Wormer, 2012; Stewart and Arnull, 2022; Stewart, 2019), and research has also found that local authority social workers struggle with their responses, as they know it is not empowering to the woman (Witt and Diaz, 2019) but they also do not know alternative ways of managing the risk to the children (Transparency Project, 2018). This demonstrates the challenges that social workers

must contend with in domestic abuse situations. As social workers tend to engage more with mothers than fathers, as they are seen to be the main caregiver, it is necessary to understand what takes place between social workers and mothers who have been subjected to domestic abuse. With the majority of cases that social workers are involved with are due to concerns of domestic abuse, there has been no research on how social workers and mothers interact with one another, and how social workers manage the complex, violent and traumatic experiences of women in these situations. This thesis explores these relationships, and the interactions between the two, whilst they are actively working with one another.

ORIGINS OF MY INTEREST IN THE SUBJECT

My interest in this topic stems from my professional experience of being a social worker and being a manager in a front-line child protection team in England. We were inundated with domestic abuse referrals from the police. It was rare that they come from anywhere else. I hate to admit that I never liked being the social worker having to manage domestic abuse cases, but there was no way to avoid them. I often only spoke to the mothers, not the fathers/perpetrators, and I noted the mothers would often minimise the abuse to them, and the experiences of their children. The fathers/perpetrators were often nowhere to be seen. I would try to contact them sometimes, but they rarely responded and when I did meet them, I often felt like they were trying to charm me so I would believe their side of the story. I never spoke to a perpetrator who took responsibility for what he had done; he only blamed her…she's always nagging me, she had been out with her friends and came home late, she wants to know where I am, etc. Most of the mothers would be given information about a local domestic abuse organisation and the case would be

closed. There were others that worried me constantly, especially when I became a manager and felt even more responsibility for the safety of children and their mothers. I remember a case in which the perpetrator was being released from prison, so the police wanted the woman to move to a different area with her children, as the risk was still deemed to be very high. The woman refused. The police wanted social services to 'make' the mother move and to ensure that she knew the risk she was placing herself, and her children, in if she stayed in the area. I remember at the time thinking, this does not seem right. I understood the concerns, but I also understood the mother's refusal to leave and cause upheaval to herself and her children. I often felt frustrated about domestic abuse cases.

Then on a Friday afternoon, I received a phone call from the police. I was the manager, and it was unusual for the police to call and speak directly to me. We had a good relationship with the police, so I wondered if it was about going to the pub after work, as we regularly did with them. However, this was not the phone call I was expecting. It was a phone call that changed my life forever, both personally and professionally. My police colleague informed me that a man had come into the police station, just next door to our building, with his young baby, and stated that he thinks he just killed his partner. The police had gone to the house, and found his partner, dead. She had been strangled by him. The man was in custody, and the police needed somewhere for this little baby to go. My team had been working with this family. There were several other children, who were at school, and little did they know the police were on their way to the school to speak to them. Although this happened over 10 years ago, I can recall exact details of what happened next. I sat at my desk looking at my team, especially the two colleagues who had been working

with this family and wondering how in the world was I going to tell them that this woman had been killed by her partner. I called my manager, who was in a meeting, and I insisted to her administrator that I needed to speak to her. A friend and colleague came over to my desk to ask a question, and she could clearly tell something was not quite right. I told her what happened and asked her to go to the police station to get the baby and bring him back, while I spoke to the social workers. As I spoke to the social workers, the three of us cried. I believe we cried for various reasons: the loss of this woman's life, the loss and trauma that all of her children had been subjected to and will continue to experience, this poor baby who was at the home when his mother was killed by his father, the fact that these children will now have lost their mother and their father; and I also wondered if our team had done enough to try to protect this woman and her children, what did we do wrong, and that this case will now be scrutinised and what that would mean for my colleagues and I.

The mother had been working with the women's aid organisation in town, so I called the manager. I remember her saying to me, "We always know at some point this will happen…statistics tell us it will happen…we just never know which woman it will happen to". I must admit that until this situation happened, until this woman lost her life, and her children lost their mother, I was unaware of the statistics of the number of women who are killed by their partners/ex-partners. I was not aware that when women leave abusive partners, they are at an increased risk of the abuse escalating and at an increased risk of being killed. I had been a social worker for 12 years when this happened. Why did I not know this?! What I do know is that after this, I changed how I viewed domestic abuse cases. I never said again to a social worker that we need to tell the woman she needs to leave, or we will have no choice but to

initiate *s.47* child protection procedures. I never said again to a social worker that it was ok not to speak to the perpetrator.

What is interesting is that the family were assessed under *s17*, children in need, as the mother had left the partner and was staying with a relative (legislation will be discussed in Chapter 2). The mother was also working with a domestic abuse organisation. According to the children, they had not seen their father since they went to live with a relative. However, the mother had been meeting the perpetrator, with her youngest child, and whilst the older children were in school. It is not a surprise that the mother did not tell the social workers that she was having contact with her ex-partner, because she knew if she did, children's services would need to consider a *s47* child protection investigation, due to the risk the perpetrator posed to the children. The view that we, children's services, took, as that it was the mother's responsibility to protect the children. Of course, our team were concerned about the children, and the mother, but certainly there were other ways to work with the family without putting in a 'threat'. Weren't we doing exactly what the perpetrator had done? The Domestic Homicide Review (DHR) stated that children's services should have been working with the family under *s47* child protection. I continue to disagree with this as I do not think that would have changed the outcome of this situation. What I do think would have changed the outcome for this family was children's services approach to protecting this mother and her children; we needed to work with her, not against her. I reflected how children's service might have taken on the role of the perpetrator by making threats, casting blame, and not holding the perpetrator to account for his behaviour. I also knew this situation would make the news,

especially in the local authority we worked in, and I worried about the backlash from the media, the public, and the local authority.

Although this is a single case example, it highlights the potentially tragic dimensions of domestic abuse. This opens the need to consider different ways of thinking about and understanding domestic abuse and consider better ways of working with women and their families. Social workers are well placed to be a potentially important resource which empowers and supports mothers and children. Social workers can also be useful in engaging with perpetrators and helping them to see that it is their behaviour that is causing concern for the children. Social workers will benefit from opportunities to gain skills and knowledge, so they are prepared to work with mothers in these situations, without blame, shame or re-victimisation, and have the confidence to engage with perpetrators. Children and family social workers are skilled in communicating with children and are attuned to what they need. Following the domestic homicide in my team, I became concerned about the stance that children's services were taking with women in abusive situations, and that it was too punitive towards them, with a lack of responsibility placed onto the perpetrators. In Laing and Humphreys (2013), they state

> *"the most effective way of creating safety for the child is usually to increase the safety of their mother…this will always require complex multi-agency work"* (p. 87).

TERMINOLOGY

The legal definition of domestic abuse, which was recently updated in the new Domestic Abuse Act 2021, is,

> *'any single incident or pattern of conduct where someone's behaviour towards another is abusive, and where the people involved are aged 16*

*or over and are, or have been, personally connected to each other
(regardless of gender or sexuality. The abuse can involve, but is not
limited to: psychological, physical, sexual, financial, emotional, violent,
threatening, controlling, coercive behaviour.*
'Personal connection' means the individuals concerned:

- *are due to be, are currently, or have been, married or civil partners
  to each other*
- *are, or have been, in an intimate personal relationship with each
  other*
- *are, or have been, parents (or had a parental relationship) to the
  same child*
- *are relatives*
  (Home Office, 2021)

Women's Aid (2022), an organisation that provides services to women who have

been subjected to domestic abuse, defines it as 'an incident or pattern of incidents of

controlling, coercive, threatening, degrading, and violent behaviour, including sexual

violence, in the majority of cases by a partner or ex-partner, but also by a family

member or carer'. Refuge (2022), another organisation supporting women, defines

domestic violence as 'the systemic pattern of behaviour on the part of the abuser

designed to control his partner…the abuse can be physical, emotional,

psychological, financial, or sexual.' They go on to state that domestic abuse can

'begin at any stage of the relationship and is rarely a one-off incident'. These three

definitions of domestic abuse, and there are others, provide a robust frame of

reference for this thesis. I view domestic abuse similar to that of the legal definition,

but I also feel it is important to recognise what Refuge (2022) says about the pattern

of behaviour by the perpetrator to try to control his partner, and therefore, this is what

I will consider throughout the thesis.

When considering the definition of domestic abuse, it is important to discuss the

reasons why I chose to use certain terms. I decided to use 'domestic abuse' instead

of 'domestic violence', intimate partner violence', or 'domestic abuse and violence,

for several reasons. In my experience, domestic violence is often viewed as only including physical violence and does not do enough to capture what this term encapsulates: physical abuse, emotional abuse, sexual abuse, coercive control, financial abuse, stalking and harassment. Intimate partner violence seems to address only those who are in an intimate relationship, which is not necessarily the situation in domestic abuse cases, as the two people involved may have only met a few times or may be ex-partners. Domestic abuse and violence cover all of the relevant definitional points, but I did not feel that it was necessary to use 'abuse' and 'violence', so I have chosen domestic abuse.

The terminology I have used has changed since the start of this thesis. I began by using 'victim' in the proposal and in the title, which I then changed to 'women who have been subjected to domestic abuse'. Dunn (2005) has discussed the negative connotation that goes along with 'victim' and that this label is seen as disempowering and does not support women in their journey of recovery. Throughout the thesis, I use women and mothers interchangeably as the focus is on women who are involved with children's services and therefore, the women are mothers. The Merriam-Webster dictionary (2022) defines victim as 'one that is acted on and usually adversely affected by a force or agent; one that is injured, destroyed, or sacrificed under any of various conditions; one that is subjected to oppression, hardship or mistreatment'. Survivor is defined as 'to remain alive or in existence, to live on; to continue to function or prosper despite' (Webster, 2022) which also seemed appropriate, however, I wanted to capture something more. Therefore, I decided to use the term 'subjected' instead of experienced' as this was more explicit in stating that there is a perpetrator.

SCALE OF DOMESTIC ABUSE IN SOCIETY

Around the world, men's violence against women and girls is the leading cause of death of women and children (Westmarland, 2015). Domestic abuse is viewed by the World Health Organization (WHO) (2013) as "a global health problem of epidemic proportions" which impacts on women from all cultures, religions, socio-economic statuses, ethnicities, ages, professions, etc. It is gendered violence, and although men may also suffer abuse, women are much more likely to be victims of domestic abuse and have been for centuries (WHO, 2013). According to the World Health Organization (2021), an estimated 736 million women, which equates to nearly one in three, have been subjected to physical and/or sexual intimate partner violence, non-partner sexual violence, or both at least once in their life, and this does not include women who have been sexually harassed. The United Nations Office on Drugs and Crime (2021) state that around 47,000 women and girls were killed globally by an intimate partner or family member in 2020. These statistics demonstrate the scale of domestic abuse across the globe, and it is likely to be higher as many people do not report domestic abuse (Mooney, 2000).

To provide some idea of the significance of domestic abuse in England, it is helpful to consider some statistics. In the year ending March 2022, there were 2.4 million victims of domestic abuse in England and Wales with 1.7 million female victims and 699,000 male victims (ONS, 2022). According to the Femicide Census (2020), there were 110 women killed by men in 2020, 57 were killed by a current or ex-partner. It goes on to highlight the increased risk to women when they leave the relationship as 21 of the 57 women who had been killed by a current or ex-partner were reported to have separated from the perpetrator or taken steps to leave (Femicide Census,

2020). The Femicide Census (2020) also highlights that emotional and psychological abuse, followed by coercive control, are the main type of abuse identified.

On average, the police in England and Wales receive over 100 calls relating to domestic abuse every hour (HMIC, 2015), even though only about one-third of all domestic abuse incidents are reported to the police (Stanko, 2000; ONS, 2018). In the year ending 31 March 2017, the Office for National Statistics stated that there were 1,946,000 victims of domestic abuse that year. According to the Crime Survey for England and Wales (ONS, 2018), only 18% of women who had been subjected to domestic abuse in the last year reported the abuse to the police. It is likely that the number of victims of domestic abuse is higher than the statistic as it tends to be underreported. It is estimated that a woman could be subjected to between 35-50 incidents of domestic abuse before reporting it to the police (Nicholas et al, 2005; Safe Lives, 2015; Walby and Allen, 2004).

The majority of domestic abuse incidents occur by males to females (ONS, 2022). This is not to say that same-sex couples do not experience domestic abuse, or that females do not perpetrate domestic abuse against males. However, statistics show that most incidents occur when men are being abusive towards women, and women tend to experience more severe levels of abuse (Myhill, 2015; Walby and Allen, 2004; Walby and Towers, 2017), experience higher levels of fear, as well as coercive and controlling behaviour (Dobash, et al, 2004; Hester, 2013; Myhill, 2017).   The Crime Survey for England and Wales (2018) evidenced that women more than

double the number of men who have disclosed they have been subjected to domestic abuse.

For centuries, women and children have lived with various types of abuse that are not identified as domestic abuse. The women's movement was significant in recognising that domestic abuse was not a family/private issue, and that those involved may wish to seek support from professionals (Ake and Arnold, 2018). However, rape within marriage only became illegal in the UK in 1992 which provides some context to how domestic abuse was, and is, still viewed as a family or private situation just within the last thirty years. Stark (2007) discussed the normalcy of domestic abuse and stated, "its ordinariness made wife-beating 'just life'" (p. 24). A woman was viewed as a man's possession, which often led to jealousy, as well as a man's expectation of what women should be doing, particularly their 'role' in the home and within the family (Dobash and Dobash, 1992). This allowed men to assert their role of authority within the home, and therefore onto women. Women felt ashamed and guilty and were also concerned about repercussions if they spoke out about the abuse (Dobash and Dobash, 1992). Dobash and Dobash (1992) acknowledge that women were reluctant to report the abuse to the police due to the policies and practices within various establishments which,

> *"explicitly or implicitly accept or ignore male violence and/or blame the victim and make her responsible for its solution and elimination"* **(p. 4).**

Although this statement from Dobash and Dobash is over thirty years ago, it is still the case in many situations even with more current research and policy change.

During the 1970s, women's refuges were developed, and Women's Aid was set up in 1974 to help coordinate them. Although the creation of the refuge is positive, it also

highlighted the oppression of women as it showed their financial disadvantage and the reliance on their husband for housing and other basic needs (Dobash and Dobash, 1979). Women were linked to their husbands and if the women did not abide by this they were often viewed as "wicked, disobedient or insane" (Grant and Butler-Mokoro, 2018, p. 4). This discussion above is still very relevant today in regard to domestic abuse, and how women are perceived, and the fact that culture, religion, and socioeconomic status place even more oppression on certain groups.

Domestic abuse is not only mentally and emotionally traumatising, the financial impact of domestic abuse on society is also significant. In the year ending 31 March 2017, the estimated cost of domestic abuse in England and Wales was over £66 billion (Oliver et al, 2019). The physical and emotional impact on victims, due to depression, anxiety and fear, is the majority of the overall costs. There is also a financial impact on the economy due to lost hours, time off work, and low productivity related to domestic abuse. Domestic abuse also costs services, such as health, police, social services, and housing a significant amount. Domestic homicides are estimated to cost £2.2 million due to cost of harms, health services and lost output. The report by Oliver et al (2019) estimates that one person who has been subjected to domestic abuse will cost society over £34,015. As the long-term emotional and mental health costs, along with financial costs are so significant, specifically to the people involved, domestic abuse is an important issue to explore.

The statistics demonstrate the ongoing pressing need for highlighting the global issue of domestic abuse. The numbers of those who are affected by domestic abuse are significant and can have long-lasting impacts due to the trauma they have been

subjected to. This section also provides insight into domestic abuse and how this has been viewed historically as a private family issue, has been pushed into society as a wider issue that needs to end.

SOCIAL WORK AND DOMESTIC ABUSE

In 2018, there was a 4% increase of the number of children in need (631,090), since 2017 (further exploration of children in need in Chapter 2). Of these cases, 51% identified domestic abuse as the main cause of concern. In the same year, there was more than 5% increase (53,790) of the number of children who had child protection plans. The most common category for children being placed on a child protection plan was neglect (48%) followed by emotional abuse (35%). These are the two main categories professionals would choose if children were experiencing domestic abuse. The statistics from the DfE (2022) evidence the steady increase of children in need and child protection plans for the last several years. This provides some context as to why this thesis is so timely, as the number of children who receive support from local authority social workers continues to increase, and this is mainly due to issues of domestic abuse.

The Independent Review of Children's Social Care (McAlister, 2022) pulled together a range of statistics which highlights the impact of domestic abuse on children's services. The most consistent factor discovered when social work assessments were completed for children in need, is domestic abuse, and it is identified in 64% of families in which a Serious Case Review had been conducted. It is also relevant in private law cases as 49-62% have found allegations or findings of domestic abuse when the court is asked to decide which parent a child will live with, or have contact

(Domestic Abuse Commissioner, 2021; Cusworth, et al, 2021). In public care proceedings, a national study between 2007-2016 which included 175,280 children, found that 56% of the proceedings were due to domestic abuse being a main concern (Harwin, et al, 2019). Stanley et al (2011b) found that,

> ***"children living with domestic abuse are overrepresented among the children referred to statutory children's services teams…they represent two-thirds of the cases discussed at child protection conferences"*** **(p. 2373).**

Cleaver et al (2011) collected data from cases involving care proceedings and child protection which revealed up to 60% of children who have been placed out of the home are likely to have been victims of domestic abuse. The scale of domestic abuse is significant, and how it impacts on children and families is daunting, and likely to be even more concerning than what the limitations of data collection can present.

Throughout history, the mother is typically the parent who has been responsible for taking on the majority of the caring responsibilities and engaging with professionals about the children (Radford and Hester, 2006). This is often the case even when parents of the children are still together and living together (Radford and Hester, 2006). This has been a societal structure that dates back centuries. Although some families do tend to have more shared parenting roles now, society often sees the mother as the one overseeing the daily care of the children. There has been discussion about the role of mothers in social work practice and how this has been seen as making them take responsibility for protecting their children even in situations where it is clear that men fathers/perpetrators were the reason for the concerns (Laing & Humphreys, 2013; Radford & Hester, 2006; Scourfield, 2003).

MOTHERING IN THE MIDST OF DOMESTIC ABUSE

There has been a substantial amount of research on the expectations that society, and child welfare systems, place on mothers (Brewsaugh, K et al, 2018; Brown et al, 2009; Maxwell et al, 2012; Scourfield, 2003). 'Western gender norms' may also contribute to the 'maternal bias' in which it is seen as the mother's responsibility to be involved with services, such as social services. There are expectations that society has for those who are parents, which often involve the 'traditional' family roles of the mother being the main caregiver. Social workers tend to share these deeply held beliefs when it comes to parenting, and often see the mother as the one caring for the children whilst avoiding the father or seeing him on the peripheral of the family. Scourfield's (2003) UK study found that, in relation to domestic abuse, women were expected to manage the behaviour of her violent partner, and that men were often not part of the work with social workers. Scourfield (2003) also notes the element of fear that social workers have towards men is a deterrent in engaging with them, particularly as most social workers are female. This may also lead to social workers not engaging with men and placing more responsibility onto the mother. Featherstone and Peckover (2007) conclude in their review of the literature that good safety planning for mothers and children should also include the perpetrators, and by ensuring fathers are involved in the interventions, this will improve practice and perhaps outcomes for all involved. As societal norms have changed, and more households have two parents working, fathers are more involved in child care and household chores than before (Brown et al, 2009), however, mothers are still doing the majority of these tasks (Parker and Livingston, 2017). Parker and Livingston (2017) also found that mothers are still seen to be the preferred caregiver to children, and with this comes the responsibility of protecting them.

When considering social work involvement and the fact that the majority of child protection social workers work with mothers of children, it is important to look at how women/mothers are viewed within society, but specifically within the children's services system. There is a common theme that comes out of the previous research, and is consistent within this research, that mothers feel blamed for the abuse they endure from their partner/ex-partner (Humphreys and Absler, 2011; Stanley et al, 2011a). Humphreys and Absler (2011) note the tendency to 'mother-blame' has been a prevailing narrative that social workers have maintained for years. Social workers are in an important position when it comes to domestic abuse cases, and by using their skills and knowledge, they can build good working relationships which allows for optimal support and open communication. However, due to society's view of social workers in England, which is often negative, this does not help to evoke a positive relationship from the start (Featherstone et al, 2016; Leigh, 2017).

The physical harm caused to women due to domestic abuse can range from knife and gunshot wounds, to burns to bruising to asphyxiation. Women are more likely to be injured, suffer repeated assault, and seek medical attention for domestic abuse injuries, whilst many will go untreated. Women have reported that they sometimes do not seek medical treatment due to being fearful of their partner's controlling behaviour (Laing and Humphreys, 2013). Women who were involved in a study by Radford and Hester (2006) found that the women stated the violence had negatively impacted on their mothering. Men were often found to undermine the mother's parenting, which had a significant impact on the mother's confidence. This is

especially true for mothers who are isolated and lack a healthy support network. Cleaver at al (2011) argue that there is a significant research base that mothers who suffer with depression see themselves as not being a good mother. This may not be true, but it is important to consider that this is how women may view themselves, and the importance of trying to rebuild one's self esteem. This is also the case for women who have experienced domestic abuse, and the two can often be linked (Humphreys and Stanley, 2006).

Mental health issues, or substance misuse, or the combination of the two alongside domestic abuse may impact on the mother's ability to be physically present and emotionally available to her children. Understanding these issues, especially when all happening at once, can have consequences for parenting and is key in assessing safeguarding concerns for children (Blythe, Heffernan and Walters, 2010). A study conducted by CAADA (2014) looked at 877 children's case records involving domestic abuse and drew on data collected directly from 331 children. They found that 25% of mothers and 17% of fathers disclosed that they had mental health issues; 13% of mother and 25% of fathers stated problematic use of alcohol and/or drugs. These issues alone can impact on a parent's ability to care for their child, and this only increases when they occur together, and are frequently highlighted in serious case reviews (Murphy and Rogers, 2019 in Horwath and Platt, eds).

Mothers may also be afraid to leave, due to very realistic fears that they and their children will be at higher risk if they leave. The point of separation often places a woman at increased risk of being killed (Humphreys et al 2018; Richards, 2003; Wilson and Daly, 2002), as well as the children (Povey, 2004). Richards' (2003)

completed an analysis of multiagency Domestic Homicide Reviews in London and found that the first two months after separation was when women were at an unusually high risk of being killed by their abusive partner. As women are often given the 'leave ultimatum' by social workers, this means that the women are likely to be at higher risk at the time when social worker become involved, which puts social workers in an important position to support women and try to understand their situation, without casting blame.

The emotional and mental health effects of domestic abuse on women can include distress, fear, anxiety, post-traumatic stress disorder, sleep difficulties and suicide (Jordan et al, 2010; Worrell and Remer, 2003). Post-traumatic stress disorder also includes anxiety, as well as feelings of being ashamed, demoralised, helpless and angry (Jordan et al, 2010). WHO (2013) suggests that an analysis found that women who were subjected to domestic abuse are twice as likely to experience depression. Research (Meltzer et al, 2009; Howard et al, 2009) suggests that there is strong evidence between a woman's experience of domestic abuse and various mental health issues, specifically anxiety and depression. Goldsmith (2018) also adds that women may also self-medicate to manage the stress, and may regularly feel on high-alert as they are living in an environment of ongoing stress and trying to prevent further abuse.

Mothers who have been subjected to domestic abuse, who are then experiencing mental health issues, are in very difficult position. There is concern that the mental health issues could impact on their ability to be available to their children. The emotional impact of domestic abuse can impact on a woman's mental health, and

lead to drug and alcohol use (Humphreys and Thiara, 2003; Minieri et al, 2014). Humphreys and Stanley (2006), reiterate what Stark and Flitcraft (1996) noted, which is that the use of alcohol and other substances can be seen as a way of coping with the abuse, by self-medicating. The issues of alcohol and drugs were not present before they became involved in an abusive relationship. Stark and Flitcraft (1996) found that women were fifteen times more likely to misuse alcohol and nine times more likely to abuse other drugs if they had been subjected to domestic abuse.

Understanding how domestic abuse can impact on a woman, and her parenting, are important to this thesis as it can affect how social workers view the risk to the children, and the mother. This also provides some of the trauma and challenges that women who have been subjected to domestic abuse may be experiencing and it is useful for social workers, and others, to understand this as it can help in considering the best support for her. It is also important to note that domestic abuse will impact on women in different ways, and it will not necessarily negatively impact on their parenting to the extent in which children's services need to view it as a safeguarding issue. Social workers who have a good understanding of domestic abuse may be best placed to understand what support is most useful, and how to work with the mother in an empathetic manner. The next section will look at how domestic abuse can impact on children.

IMPACT OF DOMESTIC ABUSE ON CHILDREN

There have been numerous studies (see for example: Arai et al, 2019; Hester, 2011; Humphreys, 2006; Humphreys et al, 2011; Jaffe, 1990; Keeling and Van Wormer, 2012; Stanley et al, 2011a; Stanley et al, 2011b) about the impact of domestic abuse

on children, and the consideration of safeguarding children living in these situations. Walby and Allen (2004) found that in the UK, women are twice as likely to be at risk of domestic abuse when children are in the household. Throughout the 1990s, research began to develop information which documented the risks to children. For the purpose of this thesis, it is necessary to understand that children can be significantly impacted by being subjected to domestic abuse whether they have witnessed, or heard, their father being abusive to their mother.

Stanley and Flood (2011) conducted a review *Children experiencing domestic violence: a research review* which acknowledges that the impact of domestic abuse on children has become well known and is of interest to social workers and other professionals. The review builds on extensive studies by Humphreys and Mullender (2000), Hester et al (2007), and Holt et al (2008). Even with the multitude of research available, it still seems that professionals working with children are not always aware of the impact experiencing domestic abuse can have on children. It can impact them emotionally, physically, socially and developmentally. However, researchers suggest that this does not necessarily mean the children need statutory involvement from social workers (Edleson, 2004; Lapierre, 2008). I would agree with this, but there are instances in which social work involvement is necessary, but perhaps not in the way it is typically approached as discussed earlier in this chapter. As with women who have been subjected to domestic abuse, children will also be impacted in various ways, and again, it is about finding the best way to support children to work through the trauma they have experienced.

Research showed that children exposed to domestic abuse were more likely to have depression and anxiety (McCloskey et al, 1995) and display symptoms of trauma such as anxiety, mood swings, isolation, hopelessness, confusion, insomnia, or nightmares (Graham-Bermann and Levendosky, 1998). Meltzer et al (2009) conducted a large study in the UK which indicated that behaviour problems were even more profound and were three times more likely to happen to children who lived in homes in which severe domestic abuse took place. This study found that parents who participated in the study reported that 4.3% of the sample of nearly 7865 children had witnessed 'severe domestic abuse', which is the most common reported form of trauma for a child (Meltzer et al, 2009).

McGee's (2000) research, which included 54 children and 48 mothers, found that 71% of children witnessed the physical assault of their mother and 10% witnessed the rape of their mother. This was similar to what McCloskey et al (1995) found in their research, with a substantially larger sample. It included 365 women and 365 children. Two-thirds of the women interviewed reported physical assault involving choking, and just under half of the children reported they witnessed the assault. Rossman's (2001) research found that children who had been exposed to domestic abuse over a significant period of time had significantly worse Post Traumatic Stress Disorder symptoms and behavioural problems.

The impact of domestic abuse on a child's development is important to consider. They may take on caring responsibilities within the family home (Gorin, 2004; Cleaver et al, 2011), which could impact on them engaging with their peers and may cause distraction from schoolwork. Young people in Stanely et al's (2011b) research

found that some of them resented having to 'grow up' in order for their families to 'survive'. The impact of domestic abuse on children and young people differs by developmental stage, which social workers and other professionals should keep in mind. Infants and pre-school children show a delay in their development if they are subjected to domestic abuse; school children may experience difficulties concentrating and managing relationships with peers; whilst adolescents may miss school and become aggressive towards their peers (Stanley and Flood, 2011).

While labelling children as being abused or neglected due to being exposed to domestic abuse is well-intentioned in the government and society's protection of children, this continues to perpetuate a blame narrative to the mother, when she is also a victim of abuse (Johnson and Yudilevich Espinoza, 2018). This is not to take away the harm and trauma that children experience, but it should not be considered in isolation. By supporting the mother, and the father, this is what will help keep children safe.

MAIN AIMS AND RESEARCH QUESTIONS

The aim of this thesis is to begin to conceptualise and understand what takes place when social workers and women who have been subjected to domestic abuse interact with one another, due to safeguarding concerns about the children. It explores the thoughts and emotions of social workers, and mothers, through observations of the encounters as well as interviews. This thesis also considers how mothers and social workers perceive these interactions, specifically in relation to cases of domestic abuse. The aim was to understand the experiences of both mothers and social workers whilst they are actively working with one another, which

is missing from academic literature. This will be considered through a feminist theoretical lens, whilst also considering the emotional aspects through psychodynamic theory and approach. These will be discussed in the next section.

By considering the two theories to underpin this thesis, and the existing literature, the research questions were developed. The research questions are:

- How can interactions between local authority social workers in England and women who have been subjected to domestic abuse be conceptualised and described?
- How do women who have been subjected to domestic abuse experience their interactions with social workers?
- How do social workers experience their interactions with women who have been subjected to domestic abuse?
- How do these interactions impact on decision-making and what constitutes good practice?

THEORETICAL FRAMEWORK

In considering the undertaking of a doctoral thesis, I knew I wanted to research domestic abuse in the context of children and family social work. The impact of the case discussed at the beginning of this chapter had a profound impact on me as a person, as a female, and as a social worker.   Therefore, I wanted to understand what happens between social workers and women who have been subjected to domestic abuse, how these interactions could be described, and how they impact on decision-making. Due to my professional experience, as well as from the research that will be discussed in the upcoming chapter, I am aware that women who are

involved with social workers due to domestic abuse are often given an ultimatum to leave the abusive relationship, or more punitive measures may need to be considered. I am also aware that mothers are the parent who is engaging with the social worker even when they are not the one that has caused the concern for the children. These situations highlight the unequal responsibilities placed on mothers, and how women are likely to feel oppressed throughout these encounters. Therefore, the theoretical framework that underpins this study is feminist theory, and although contradictory to feminist theory, psychodynamic theory has also been considered in order to help make sense of what takes place in the internal world of social workers and women when they are interacting with one another. when social workers and women are interacting with one another.

Feminism

I will discuss feminist theory first, and then move on to psychodynamic theory. Feminism is described by Foster (2018) as challenging the existing beliefs, including political, economic and cultural, to create equal rights for women, and it is through feminism that women's issues began to be seen as important. The first wave of feminists worked tirelessly for women's rights and one of the main changes they initiated was women's right to vote in 1928 in the UK. The work of second-wave feminists gave a name to violence against women, which is what this thesis is focused on. This movement created women's refuges and argued about oppressive legislation, specifically around divorce and custody, which influenced change (Dobash and Dobash, 1987). Dobash and Dobash's (1979) work, focused on the experiences of women in abusive relationships, and it was instrumental in changing legislation. Maguire (1987) discussed how feminism is not just about the universal

oppression of women, but also a commitment to work together to cease all types of oppression. As I wanted to hear from women, but also social workers, who I believe are also oppressed, even though their title portrays a level of power, using a feminist theoretical framework helps to put the spotlight on their "issues, voices and lived experiences" (Hesse-Biber, 2014, p. 3). This also provides an opportunity to listen to the experiences of both, and acknowledge them, and perhaps have some impact on change.

I do not want to provide a negative narrative of social work practice, as there is enough of that in the media, and I truly believe that social workers want to do good, and they want to help. However, local authority social workers are part of the wider system that continues to see the oppression of women through the socially constructed patriarchal society that social workers and women who have been subjected to domestic abuse live in. Feminism and patriarchy are linked, and Arnull and Stewart (2021; Stewart, 2019) discuss, through the work of feminists Betty Friedan (1963), Simone de Beauvior (1953), and Nancy Hartsock (1983), and including components of critical theory (Brookfield, 2016), that as social workers live and work in a patriarchal society, they are also influenced by the patriarchal ideology and structures, which can have a negative impact on mothers. I would also suggest the works of bell hooks (2000a, 2000b) adds further insight into this as hooks has provided influential discussion about feminism, patriarchy, and oppression. Simone de Beauvior's (1953) work focuses on social constructionism and how what women do and their role in society is socially constructed in the patriarchal societies that we live. De Beauvior takes the stance that men and women should be treated as equals and have the same opportunities. Betty Friedan (1963) focused on the domestic

housewives of the 1950s and 1960s, and how women were unhappy trying to live up to the socially constructed idea of what women should be doing (ie. housework and raising children). Friedan (1963) also believed that women should have the same opportunities in paid work as men. This was important work that also highlighted the expectations of women and their role in caring for children, but it only considered white, heterosexual women. This was critiqued by bell hooks (2000b) due to the simplistic scope and the focus on white, middle-class, married women. hooks (2000a, 2000b) stresses the importance of hearing from all who are oppressed, especially those who are more vulnerable and marginalised within society, such as women from working class background, women from ethnically diverse communities and disabled women. Understanding these influential feminists are important in making sense of patriarchal societies and systems in which we live and work. Arnull and Stewart (2021) believe that social workers are influenced by the patriarchal society and systems, this is why oppressive social work practice continues to happen, specifically in cases of domestic abuse. By having an understanding of feminism and patriarchy, and how they are linked, social workers are better equipped to challenge these systems and practices.

As there are many different feminist views, I have not chosen just one, as they also all come with critiques, some of which are highlighted above. What is important to me is that the women, and the social workers, have a space to talk about their experiences and how these are understood in relation to oppression and disadvantage, as this is the only way to implement change in my view. Martin (2003) speaks about the two common points that are highlighted throughout the different

feminist theories, which are to expose both direct and indirect gender inequalities, and to work towards the elimination of them, which is similar to Maguire (1987) as discussed above, who also included accepting that all women are oppressed in some manner. Martin (2003) and Maguire (1987) also argue that everyone should work together to end all oppression. I draw from the various views of feminism with a focus that the best way to learn and encourage change is to hear from those who are oppressed, as they are best placed to help others understand. This is the view that I take throughout this thesis. Throughout this thesis, the voices of the mothers and the social workers will be heard, and their experiences shared to create further knowledge of these relationships.

Psychodynamic Theory

As mentioned above, the theories of feminism and psychodynamic are contradictory to one another. Feminism, as highlighted above, is about ensuring the voices of the women and social workers are heard as they can share their own experiences and have the space to say what they want, which can be empowering. Psychodynamic theory is about the unconscious and the internal world, where interpretation takes place (Ruch, 2010). It has also been critiqued for its patriarchal views, and not considering socio-economic status or culture (Payne, 2005). Despite its criticisms, psychodynamic theory is particularly helpful in the context of this thesis as it helps to understand the intense emotions that are felt by both social worker and mother during the interactions, with consideration given to what is happening before and after the interactions as well (Ruch, 2017). As I am not a psychoanalyst, I do not have a deep understanding of psychoanalysis but as a social worker, I consider the

psychodynamic approach which focuses on the relationships between people, and how someone's past and present experiences impact on those relationships (Bower, 2005). It has its origins through the work of Sigmund Freud, and it has continued to be developed. The core of psychodynamic thinking is on how the unconscious plays a role in human behaviour, whilst considering how our childhood experiences influence behaviour into adulthood (Brearly, 1991; Bower, 2005). Although there are also criticisms to psychodynamic thinking, as it has been considered oppressive (Payne, 2005) and complex to understand (Bower, 2005), it can also be perceptive in making connections to how women and social workers act when they are interacting with one another. Briggs (2005) argues that psychodynamic frameworks can be useful in qualitative research, and indeed in this thesis a psychodynamic method of observation is used to help make sense of the encounters between social workers and women. Rustin (2008) discusses how the theory has become open to wider examination of organisations, groups, social and cultural life. It is also important in understanding relationship-based practice which is important in this thesis (Payne, 2020). Feminist theory and psychodynamic theory can work together to allow for deeper analysis of what happens when social workers and women are interacting with one another, and the tensions and dilemmas that arise whilst attempting to make sense of them. Specific concepts of psychodynamic theory will be discussed throughout the thesis, such as container-contained and defences against anxiety.

SUMMARY AND STRUCTURE OF THE THESIS

The introduction has provided an overview of the scale of domestic abuse, the social work response to domestic abuse, my rationale for undertaking this study, as well as the primary aims of the empirical research and the theoretical framework that has

guided this study. Chapter two will provide a brief overview of the legislation that underpins local authority children and family social work, as well as specific pieces of legislation related to the criminal justice side of domestic abuse. Chapter two will also highlight the existing literature on what social workers actually do when they are interacting with mothers who have been subjected to domestic abuse, and how these interactions are viewed by both women and social workers. The chapter will also consider the gaps in the existing literature, which will be addressed through this thesis.   Chapter three details the methodology that has been used to conduct this empirical research, which also includes ethical considerations and limits of the methodology used, as well as a discussion on data analysis. Chapters four, five and six will highlight the findings from the various methods by discussing the Pre-Encounters, the Encounters and the Post-Encounters. Chapter seven will provide a discussion of the findings, which includes an evaluation of the methods used, an exploration of the limitations, the contribution to knowledge and implications for practice, training, policy and future research. The thesis will end with the conclusion in chapter eight.

CHAPTER 2: LITERATURE REVIEW

INTRODUCTION

In this chapter I will be exploring the existing literature that has been carried out in this field, to show the link between what the most relevant current literature has found, which has helped in the development of the research questions for this thesis. By reviewing the current literature, I was able to consider the gaps in the research and how my research could contribute to the existing literature and inform new knowledge. The first section will focus on the search process for the relevant literature required for this thesis. The next section will provide a brief overview of the legislative context in which statutory social workers adhere to, as well as legislation related to domestic abuse, specifically the most recent piece of legislation the Domestic Abuse Act 2021. The chapter will then move on to discuss the main themes that were identified during the review of the existing literature. This will include the social work response for cases of domestic abuse by considering how social workers view cases of domestic abuse, the 'leave ultimatum', 'failure to protect', and a discussion on the complexities of how social workers manage the needs of mothers and children. Existing literature will also be discussed regarding how mothers view their interactions with social workers in cases of domestic abuse. This includes 'mother blaming', the expectation that mothers can control the abuse and the perpetrator, and how the actions of social workers can become similar to those of the perpetrator. The final section in this chapter will discuss current literature on the importance of social workers building relationships with those they are working with and how this can impact on outcomes.

LITERATURE SEARCH PROCESS

The literature search was completed through the University of East London library and the Tavistock and Portman NHS Trust library to find the most relevant literature related to this thesis. The main search terms used were:

- Domestic Abuse/Domestic Violence/Intimate Partner Violence AND Social Work

- Domestic Abuse/Domestic Violence/Intimate Partner Violence AND Mothers

- Domestic Abuse/Domestic Violence/Intimate Partner Violence AND Children Protection

- Social Work/Child Protection AND Fathers

- Social Work/Child Protection AND Mothers

- Social Work Response to Domestic Abuse/Domestic Violence/Intimate Partner Violence

- Social Work AND Home Visits

- Social Work AND Emotions

- Social Work AND Mother Blaming

I searched journals, books, articles, and websites for domestic abuse services and children's organisations, unpublished materials (ie. PhD), government websites, and news stories. The searches were completed on various databases including EBSCO which provides access to a significant number of journals, JSTOR digital library, ProQuest Central, Wiley Online, Sage publications, and Taylor and Francis publishing, as well as Google Scholar. I also used the references from key sources to support the literature search. The search was an ongoing process, which began at the start of the PhD programme, and was regularly revisited during initial coding stages. Sources provide information mainly from a UK context, as this is where the

empirical research for this thesis was undertaken. However, relevant research from other countries such as the USA and Australia, have been included where appropriate.

LEGISLATIVE CONTEXT

This section outlines the legislative framework that underpins the work of local authority social workers in England and Wales, as well as legislation that relates specifically to domestic abuse within the children and family social work context. These sections help to put into context the statutory role of social workers in children's services, which is important in this thesis as it provides some understanding of what is expected of them, and why they become involved in cases of domestic abuse. The first part will include information on The Children Act 1989, the Adoption and Children Act 2002 which amended the definition of significant harm, and the statutory guidance *Working Together to Safeguard Children (WTSC) (2022).* The section will then move on to discuss the Domestic Abuse Act 2021, the Domestic Violence, Crime and Victims Act 2004, the Serious Crime Act 2015, and the Protection from Harassment Act 1997.

The Children Act 1989

The Children Act 1989 is the overarching piece of legislation that governs children's services and safeguarding children in England and Wales. It was an attempt to bring all childcare law under one specific piece of legislation and was due to a need for the government to respond to a number of high-profile child abuse inquiries which included the deaths of Jasmine Beckford, killed by her step-father in 1984; Tyra Henry, murdered by her father also in 1984; and Kimberley Carlisle, who died at the

hands of her mother and step-father in 1986 (Parton, 1991). Sadly, these are just a

few of the children who were killed by parents or carers that led to new statutory

duties being placed on local authorities to provide support to children and families

and ensure their protection (Carr and Goosey, 2021). There were other pieces of

legislation prior to the Children Act 1989 that considered the safety and needs of

children, but they did not make the point that protecting a child's welfare was more

important than the rights of the parents as strongly as the Children Act 1989

(Brammer, 2020). This also led to the view that the child's welfare was 'paramount'.

The key principles of the Children Act 1989 with regard to supporting families, are

set out in the introduction of the Act, and they include:

- Children should usually be brought up in their own family
- Local authorities, working in conjunction with voluntary agencies, should aim to support families, offering a range of services appropriate to children's needs
- Services are best delivered by working in partnership with parents
- Parents and, commensurate with their ability to understand, children should express their wishes and feelings and participate in decision-making (Department of Health 1989)

This thesis is mainly concerned with Part III and Part V of the Act. Part III, section 17

(*s. 17)*, specifically looks at the "provision of services for children in need, their

families and others", or also known as child in need (CIN). Part V of the 1989 Act is

regarding the protection of children and the "local authority's duty to investigate"

under section 47 (*s.47).* These two sections of the Act are relevant to the thesis as

this is the legislation that decisions are based on as to whether or not children's

services will accept a referral regarding domestic abuse, and if the child is deemed

to be a child in need (*s.17*) or a child in need of protection (*s.47*). With each of

these, prospective timescales are expected to be followed, which are then monitored

through the local authority's Integrated Children's System (ICS).

The ICS is one of many recommendations to come out of the inquiry into the tragic death of 8 year-old Victoria Climbiè, which was meant to 'improve information sharing' yet it has become a means for managers, as well as inspectors, to monitor performance and audit workflow and processes (Peckover et al, 2009; White et al, 2010). The ICS is individual to local authorities, but all the systems have the same role, which is to mandate social workers to record everything they do onto forms that may be complex and often a duplication of work (White et al, 2010). Part of what the ICS is monitoring is the completion of assessments within the specified timescale which is 45 days for single form assessments (DfE, 2022). ICS will also monitor how often a child is visited by the social worker, but the social worker will have to ensure they have ticked the correct box for this to show as a completed task. This puts extra pressure onto social workers to ensure they are 'ticking the boxes' or there may be consequences due to this type of managerial surveillance.

The Children Act 1989 was enacted to safeguard children by ensuring local authorities have provisions for children in need and places a duty on local authorities to promote and safeguard the welfare of children in their area (Diduck and Kaganas, 2012). When referrals are received within children's services, a decision will be made as to whether it meets the threshold for interaction by the local authority, and if so, then the children are allocated to a social worker. This can be challenging as different areas and practitioners may interpret the thresholds differently. Social workers have a legal requirement, and statutory duty, to assess children who are deemed to meet the threshold for state intervention (Johns, 2020).

In order to illustrate the extent of statutory social work involvement, it is useful to provide some context in relation to the statistics. According to the DfE (2022), there were 650,270 referrals received in the year ending 2022, which was an 8.8% increase from the previous year. Additional statistics show that social workers completed 645,070 assessments in 2022, there were 404,310 children identified as being in need, and there were 50,920 children on child protection plans (DfE, 2022). Interestingly, the factors that were identified at the end of the assessments were varied, with the main factor in 160,690 assessments was due to concerns about a parent being the victim of domestic abuse and the main factor in 57,260 assessments was due to concerns about a child being the victim of domestic abuse (DfE, 2022). This provides some context as to the number of assessments that are being completed due to domestic abuse.

Section 17 of the Children Act (1989): Child in Need

A child is 'in need' under *s.17* of the Children Act 1989, when they are unlikely to reach or maintain a satisfactory level of health or development, or if their health or development will be significantly impaired without provision of services (Johns, 2020). Children who are disabled may also meet the criteria to receive support and resources from the local authority under *s.17.* The local authority has a duty under *s.17* to assess any child who is in their area and is considered to be 'in need'. *S.17* is consent based and parents and children can decide they do not want support from the local authority. The majority of children and young people who come into contact with the local authority will receive interventions due to being 'children in need' (DfE, 2022). Local authority social workers who completed assessments under *s.17* have a duty to ensure they seek the views of all involved, including the wishes and

feelings of the children, and that these are considered when recommending support and additional resources (DfE, 2022).

Significant Harm

Significant harm is an important concept for social workers and other professionals to understand as it is the deciding factor of whether or not a child is deemed to be in need of protection under *s.47* of the Children Act (1989), and justifies compulsory intervention in family life in the best interests of the child. According to Johns (2020, p. 67) "the concept of significant harm is very important…not sufficient to prove just that a child suffered some kind of harm…the harm has to be of a degree that indicates some impediment to the children's health, development or welfare". There is no specific basis on which to consider when judging what is meant by 'significant harm' but it would consider the degree and extent of physical harm, duration and frequency of abuse and/or neglect, extent of premeditation, degree of threats and coercion, evidence of sadism, and bizarre or unusual elements in child sexual abuse (DfE, 2022; London Safeguarding Children Partnership, 2022). The definition can be subjective as social workers may interpret it differently, yet they are expected to use their knowledge and assessment skills to determine if the child is experiencing significant harm or is likely to. For a child to be removed from their parents or carers, a social worker will have to prove to a judge in a specialist family court, that the child is suffering or is likely to suffer significant harm under section 31 (*s.31*) of the Children Act 1989 which provides the definition of significant harm. It is also important to consider that there are various levels of harm, and there are times when one traumatic event may constitute 'significant harm', whilst in other circumstances

significant harm may be caused by the impact of a combination of events that have been longstanding (Johns, 2020).

Section 120 (*s. 120*) of the Adoption and Children Act 2002 amended the definition of significant harm in *s.31* of the Children Act 1989 to include the "impairment suffered from seeing or hearing the ill-treatment of another", which would include a child living in a home where domestic abuse was occurring (DfE, 2022; Johns, 2020). It came into effect in England and Wales on 31 January 2005 and demonstrates an awareness by statutory services of the harm that can be caused to children who are exposed to domestic abuse.

Section 47 of the Children Act (1989): Children in Need of Protection

By clarifying significant harm, social workers are able to determine if a referral, or following inquiries from a referral, meets the threshold for a *s.47* child protection investigation (Johns, 2022). This is when the information suggests that a child may be suffering, is suffering, or is likely to suffer significant harm. Local authority social workers have a duty to make inquiries as soon as they have reason to suspect the child may be suffering significant harm, therefore, consent does not need to be obtained from the parents or carers prior to making inquiries or speaking to the child (DfE, 2022). In my view, best practice would be for social workers to gain consent if it is not going to put the child, or anyone else, at further risk. A decision is then made, following the *s.47* inquiries if the child needs ongoing support which the local authority will need to provide under a Child Protection Plan (CPP), or if the child is at such high risk that the child needs to be removed from their parents or carers (DfE, 2022). There may be other instances in which a decision is made that the child is

not at risk of significant harm but would benefit from ongoing support which could be managed under *s.17* child in need.

Working Together to Safeguard Children (2022)

Working Together to Safeguard Children (WTSC) (2022) is statutory guidance that highlights safeguarding children as being 'everyone's responsibility'. It sets out the roles and responsibilities for various organisations and professionals, and importance of multi-agency working to support and minimise harm to children and young people. WTSC provides guidance on the assessment process as well as child protection investigations, and also provides information on timescales for the completion of assessments, and other child safeguarding statutory tasks. WTSC (2022*)* has been updated several times since its implementation in 1999, with a view to inform agencies and professionals how to work together to promote the welfare of children and protect them from harm (Brammer, 2020). Following the death of Victoria Climbiè in 2000, who was tortured and killed by her aunt and her aunt's partner in the London Borough of Haringey, the first major revision to WTSC was made in 2006, and the implementation of the Children Act (2004) took place. The current version of WTSC includes "working in partnership", which invites children and families to give their views about social work services and the plan that is being devised to support them (DfE, 2022). This links in with the Children Act 2004 (s.53) in which it states that social workers should gather the "wishes and feelings regarding the action to be taken with respect to him (the child)". However, there is a discrepancy as gaining the 'wishes and feelings' does not equate to 'working in partnership' and leaves this open to interpretation. Research suggests that when

social workers, children and their families are working together, in partnership, which includes building relationships, outcomes are better (Megele, 2015).

Child Protection Process in England

WTSC (2022) provides some information on the child protection process, referrals, assessments, and timescales. I am unable to cover all the processes and procedures in this thesis, but it is necessary to have some understanding of how children and their families become involved with children's services specifically in regard to domestic abuse cases, and the processes they then become involved with. As discussed in the first chapter, the number of referrals to children's services due to domestic abuse is significant. When *s.*120 of the Adoption and Children Act 2002 amended the definition of significant harm in *s.31* of the Children Act 1989, children's services saw an increase in the number of domestic abuse referrals, with the majority coming from the police (Rivett and Kelly, 2006). If children were in the home, or lived in the home, where an incident of domestic abuse occurred and the police were called, children's services received a notification about the incident form the police (ACPO, 2004). This brought a significant number of children and their families into the realm of children's services, and many were not receiving an intervention, yet their information was being saved on children's services information systems (Stanley, et al, 2011a). This will be discussed in more detail later in this chapter. Stanley et al (2011a) evidenced that duty teams, the intake teams for children's services, became overwhelmed by domestic abuse referrals. Referrals can also be made by a neighbour, family member, or victim may also contact children's services if they are concerned about a child or if they are seeking support. Most children's services have what is known as a Multi-Agency Safeguarding Hub

(MASH), although local authorities may have different names for it. The MASH

consists of professionals from various agencies, such as education, health, police,

as well as others. The information about a child is reviewed by all professionals to

decide if the referral meets the threshold for intervention by children's services

(London Safeguarding Children Procedures, 2022). As discussed above, this would

usually be under *s.17* or *s.47* of the Children Act 1989.

Edleson (2004) and Lapierre (2008) do not believe that a child who has been

exposed to domestic abuse should automatically warrant a referral to the local

authority child safeguarding team, especially if they are then not receiving a service,

but this is now at the discretion of social work managers. There were some

concerns that statutory services were not necessarily the best placed to work with

cases of domestic abuse, unless there was a risk of significant harm to the children.

Local authority children's services teams were not provided with any additional

resources and social work practitioners were not given any advanced training on the

complexities of domestic abuse (Stanley et al, 2010).

All assessments include a variety of tasks that the social worker will need to

complete, which will include speaking to the children (preferably on their own),

speaking to parents or carers, speaking with other professionals, conducting home

visits, analysing the information to determine the level of risk, and what support

should be offered to the child and their family. As discussed above, the social

worker will have 45 days to complete the single form assessment. Once a single

form assessment is completed, often a recommendation is for the family to continue

to be involved through a Child in Need (CIN) meeting where professionals and the

family would meet to discuss any ongoing concerns, what is going well, and what ongoing support is needed. This would be to help minimise the risk increasing to the level that statutory intervention was deemed necessary again. There would be a lead professional, not necessarily a social worker, as it may not meet the threshold for statutory involvement any longer (London Safeguarding Children Procedures, 2022). CIN review meetings would take place, and actions would be monitored. Hopefully, after some time, the family will no longer require ongoing support and the case would be closed (DfE, 2022). However, there may be other instances in which something else happens, that increases the risk, and the case is escalated to a *s.47* (DfE, 2022; London Safeguarding Children Procedures, 2022).

If the decision of the referral is that the child may be suffering significant harm, then it will be investigated under *s.47* and a strategy meeting will be held (DfE, 2022). A strategy meeting includes information from various professionals who are working with the child and their family, such as the police, school, etc, to look at the initial information and decide a way forward. A decision might be made that a Child Protection Conference (CPC) should be held, which would take place within fifteen days of the strategy meeting. The remit of a CPC is set out in WTSC (DfE, 2022), and it brings together the professionals and all relevant information to plan how to minimise the risk of harm to the child, and promote their welfare (Carr and Goosey, 2021). All professionals, the parents, and the children (if age appropriate) will be invited, and it will be chaired for an Independent Reviewing Officer (IRO), who is a social worker and is employed by the local authority (Johns, 202). Following the discussion, and a review of the reports, the IRO will ask each professional if they feel there should be a child protection plan, and if so, under what category (physical

abuse, sexual abuse, emotional abuse, or neglect). The parents do not get a say in this decision, and this can be viewed as oppressive and that their views are not being considered as part of partnership working (Muench et al, 2017). If a child protection plan is decided, then the core group of professionals, parents, and children will arrange a Core Group Meeting, which is lead for the social worker and will be convened in between child protection conferences to ensure the actions from the child protection plan are being actioned, progress is being made, and professionals are taking responsibility for their role (DfE, 2022). A Review Child Protection Conference (RCPC) will then be arranged. In my experience, local authorities have a timescale of around two years as the maximum amount of time a child should have a child protection plan. This is not a statutory timescale, but it is the view that with the support of the professionals, engagement from the family, the risk to the children should be minimised within this timeframe. If not, children's services may seek legal advice to consider next steps (Carr and Goosey, 2021; DfE, 2022). Again, this is a brief overview to provide some context that is necessary in understanding some of the pressures social workers are under in regard to their statutory duties under the legislative framework (see *Working together to safeguard children* statutory guidance 2022 for fuller details). The thesis considers the timescales, tasks social workers need to carry out, as well as the various processes and procedures they need to adhere to, and how these impact on decision making.

DOMESTIC ABUSE LEGISLATION AND POLICY RELATED TO CHILDREN AND FAMILY SOCIAL WORK

There are other pieces of legislation that relate directly to domestic abuse, and the criminal aspects of domestic abuse. Although not directly related to children and

family social work, they are important to consider in how perpetrators and victims are perceived within the criminal justice system. As the police are often involved in cases of domestic abuse that are referred to children's services, it is necessary to consider their role in supporting women who have been subjected to domestic abuse.

Domestic Abuse Act 2021

The Domestic Abuse Act (2021) is the most recent piece of legislation to consider victims and survivors of abuse in the United Kingdom. It is the first piece of legislation that is specifically about domestic abuse, and it created the role of the Domestic Abuse Commissioner for England and Wales. This is a national role who is seen to be an "independent voice" for victims and survivors of abuse (Domestic Abuse Commissioner, 2022) which will be used to work for change and not only to end violence against women and girls, but to also ensure appropriate services are available for everyone affected by domestic abuse (Domestic Abuse Commissioner, 2022). In my view, the implementation of the Domestic Abuse Act (2021) demonstrates an increase in awareness that domestic abuse is not a private issue but one that requires the publics and governments attention. It has also taken the amendment to the definition of significant harm in the Adoption and Children Act (2002) further as it sees children as victims of domestic abuse in their own right, and not merely as witnesses. It also places further responsibility on local authorities such as housing and support,

> **"…places new duties upon local authorities to assist with housing to ensure the safety of the child and parent and to provide support to victims and their children fleeing an abusive relationship"**
> (Harwin and Barlow, 2022, p.6)

However, this also has challenges due to the lack of resources within local authorities for accommodation, which is not part of children's services. As this is a welcomed piece of legislation by many, there is still much work to be done, which my findings will go on to show.

Some of the other key points of the Domestic Abuse Act (2021) are:

- **promote awareness** - putting domestic abuse at the top of everyone's agenda, by introducing a statutory definition which includes economic abuse and recognising children as victims in their own right
- **protect and support victims** - establishing in law the office of Domestic Abuse Commissioner (DAC), introducing a new Domestic Abuse Protection Notice (DAPN) and Domestic Abuse Protection Order (DAPO), and placing a new duty on tier one local authorities to provide support to victims of domestic abuse, in refuges and other safe accommodation
- **hold perpetrators to account** - extending the controlling or coercive behaviour offence to cover post-separation abuse, extending the offence of disclosing private sexual photographs and films with intent to cause distress to cover threats to disclose such material, creating a new offence of non-fatal strangulation or suffocation of another person, clarifying by restating in statute the general position that a person may not consent to the infliction of serious harm and, by extension, is unable to consent to their own death
- **transform the justice response** - helping victims to give their best evidence in the criminal courts through the use of video evidence, screens and other special measures, and ensuring that victims of abuse do not suffer further trauma in family court proceedings by being cross-examined by the perpetrator
- **improve performance** - driving consistency and better performance in the response to domestic abuse including by putting the guidance for the Domestic Violence Disclosure Scheme (DVDS) on a statutory footing and providing for a statutory code of practice relating to the processing of domestic abuse data for immigration purposes (Home Office, 2022)

There are several key points that will impact on families who are working with social workers due to domestic abuse, and as the Domestic Abuse Act (2021) is still new and being implemented, it will take time to see what impact it has on supporting women and children.

Domestic Violence, Crime and Victims Act 2004

The Domestic Violence, Crime and Victims Act (2004) is one that social workers should have some understanding of due to how it relates to restraining orders. This Act states that restraining orders can be placed on individuals by the court, and it also ensures that it is a criminal offence if a non-molestation order is breached (HMG, 2004). It is useful for social workers to understand the law around restraining orders and non-molestation orders as it is something they are often telling mothers they need to obtain.

Serious Crime Act 2015

Domestic abuse campaigners such as Women's Aid and Paladin, sought to make controlling and coercive behaviour a criminal offence, which Section 76 of the Serious Crime Act (2015) now does. Some examples of controlling and coercive behaviours are, and there are others:

- perpetrator controls and monitors the victim's daily comings and goings, and controls what they wear, who they can see, and what they can eat
- perpetrator controls the finances and whether or not the victim can access money, coerces victims into sharing passwords and pin numbers; making victims take out credit cards and/or loans in their name
- checking phone messages, isolating the victim from family and friends, not letting them respond
- intimidation and threats of disclosing information about the victim to others
- using animals and children as a way to control the victim
- prevent the victim from seeking medical advice, access to medication, assistive aids, etc
- perpetrators may threaten women that if the women disclose the abuse, the perpetrators will kill them, their children will be taken away, they will kill or harm the children, family members and/or friends.

Threats may also increase at the point of separation (Stark, 2012; Women's Aid, 2022).

Protection from Harassment Act 1997

Stalking and harassment is viewed as an offence under the Protection from Harassment Act (1997). There is not a statutory definition for stalking or harassment, but it is included in the UK government definition of domestic abuse. Some examples are: following a person, contacting or trying to contact someone multiple times with no response, monitoring email or other means of communication, watching or spying on a person, and other behaviour that causes distress to the victim (Home Office, 2022; ONS, 2021). It may be helpful for social workers to understand what is meant by stalking and harassment as this can be beneficial when completing assessments regarding domestic abuse and considering the level of risk.

The above sections have highlighted some of the important pieces of legislation and policy related to safeguarding children and the criminal justice legislation related to domestic abuse, and a brief overview of the processes when a referral is received by children's services. This has provided some context in understanding how the legal framework underpins the work of the local authority social worker, and the processes and tasks social workers must carry out. The next sections will move on to discuss the main themes that came from the literature search, with considerations to the gaps that were identified.

WHAT DO LOCAL AUTHORITY SOCIAL WORKERS DO?

Social workers have a difficult job as they must manage the care of children and families but also 'control' children and families to help minimise the risk of abuse, neglect and even death. As an academic, when interviewing prospective social work students, they often state that they want to be a social worker because they want to

help others; they care about the welfare of others; have an interest in social justice; and want to try to improve the world, or at least their community. Once they begin placements, students start to see the realities of working in statutory children's services, where the role does not always match with social work values such as 'respecting the right to self-determination', 'upholding and promoting human dignity and well-being', 'promoting the right to participation', and 'challenging unjust policies and practices' to name a few (Social Work England, 2022b). Social workers working for the state welfare system have a duty to engage with the legislative framework which brings in the realities of control, where social workers "intervene in people's lives, sometimes against their will" (Jørgensen, 2019, p. 385). The local authority children's services teams have a task, which is to safeguard children. The implementation of the Children Act (1989) was during a time when there was a shift by the government into social work practice and resources for preventative work were re-distributed to investigative work (Johns, 2020). With this began the critical narrative of social workers which continues today, often due to the media as well as through government inquiries. It is easy to sit back and think about what social workers should be doing, but 'doing' social work is much more challenging. It may be difficult for the general public to understand the nuances and complexities of child protection social work and the difficulties attempting to engage with those who are not welcoming, and perhaps fearful, of the involvement.

Home Visits and Being Mobile

Much of the that social workers do with families takes place during home visits, where the social worker travels to the family home and spends time getting to know them in their own space. How social workers carry out their tasks can vary, but what

is constant is their movement to and from the office (or their own home) to see the children, their mothers, and sometimes their fathers and other carers, which could take place at school, the family's home, or perhaps at an office. This is relevant to this thesis as I wanted to attempt to gain an understanding of how social workers interactions with mothers who have been subjected to domestic abuse could be conceptualised and described, therefore I wanted to understand what happens for social workers before they visit the mother, what happens during the visit, and how social workers feel after the visit. Whilst there has been limited empirical research into home visits, and the journeys for the visits, there has not been specific research on what takes place between social workers and women who have been subjected to domestic abuse who are actively working together. Therefore, it was necessary to understand home visits, and also the importance of the journey to the home visit.

Home Visits

The home environment provides the social worker with useful information about what the home might be like for a child living there. Being mobile is not just about getting to and from somewhere, but also being in the environment of the children and moving around their space. Home visits have become synonymous with social work practice with children and families, and it is an expectation that home visits are completed and that all parts of the home are seen by the social worker. However, what takes place during a home visit is rarely researched. Ferguson (2014, 2016a, 2016b, 2018) has conducted ethnographic research into what happens when social workers visit children and families. His article on home visits (2018) discusses how there is little research on what takes place during a home visit, even though home visits is an essential component of children and family social work. He describes

what Pithouse (1998), Nicholas (2012), and others, have found, and that is the lack of knowledge of what happens during a home visit, when home visits are the bread and butter of child protection social workers. Ferguson (2018) decided it was time to find out what happens when social workers and families come together in the home. His research takes a unique look at this practice by incorporating mobile methods which involves recording, interviewing and following the social worker where they go before, during and after the home visit, and observations and audio recordings of social workers and families. There were 24 social workers involved in this study, which included 87 practice encounters of which 71 were home visits. This is one of the more useful ways of considering what is good practice, and how practice can be improved. Ferguson (2018) found that social workers have to manage the "powerful reverberations within the self" and consider emotions such as anxiety and disgust by reflecting on these experiences (p. 78). There are many challenges that social workers may have to contend with during a home visit, and this is often unknown until they arrive. Ferguson (2018) used methods of mobile and sensory ethnography, which also consider the smells, the feel, the noise, and the overall atmosphere that social workers must negotiate whilst trying to make sense of their experiences and how this relates to the safety of the child. Without observing and analysing what takes place between social workers and those they are working with it is difficult to improve practice. This can also assist in highlighting good practice, which seems to be rarely discussed in relation to local authority social work.

Children and their families usually encounter children's services through a referral by another person or agency due to concerns about a child. Some initial interactions may be done without any prior contact, and known as an "unannounced visit", whilst

some social workers will contact the parents or carers to arrange an initial home visit. These situations can be complex and create anxiety for both social workers and families, and both will have a view of the other one in mind (Briggs, 2018; Salzberger-Wittenberg, 1970). As Ferguson (2014) noticed in his ethnographic research, during home visits, social workers were moving around the house, going into bedrooms, to help assess the level of care that was being provided by the parents. He noted that some social workers went into parents' bedrooms, while others chose not to do this (Ferguson, 2014). Perhaps when the anxiety for social workers was high, they may have tended not to push their way into other areas of the house, or even ask the more personal and sensitive questions. Ferguson (2014) found that social workers tried to achieve a level of 'proportionality' "by not intruding on families any more than was necessary, as defined in accordance with the level and nature of concerns for children" (p. 3), however, this may also be due to social workers not feeling comfortable or confident in asking to see the bedrooms of parents, or other areas of the house.

The work with children and families can take an emotional toll on social workers, as they are exposed to a variety of difficult and unknown situations. The initial contact often takes place when the family is under significant stress or in a crisis (Salzberger-Wittenberg, 1970). Social workers are expected to listen to the details of violent acts, and manage these complexities, day in and day out. Social workers are expected to assess abuse and neglect, which are emotive issues (Cook, 2020). Winter et al (2019) talks about the "emotional labour" of undertaking home visits and the intensity of these encounters. Home visits will evoke emotions for social workers and is a complex event that involves various responses (Howe, 2008). Emotions are

an important part of social work practice and are viewed as a requirement of reasoning, specifically in situations with various complexities and suspicion (Damasio, 2000).

Cook (2020) looked at the emotions that are present during home visits and considers how emotions might impact on professional judgement and how they are used to make sense of the interactions during the home visit, through a psychosocial lens. All of the visits in the study were initial visits, so the social worker had never met the family before. Cook's (2020) study consisted of interviewing eighteen qualified social workers who worked in local authority children and families social work teams. The interviews were conducted by telephone directly following the home visit, in order to acquire the initial thoughts of the social worker. The research found that emotions were used as a resource in beginning to understand the family's situation, and how social workers were able to manage their responses to any difficult situations (Cook, 2020). The study also highlighted that there is a risk in regard to making sense of the encounter if social workers do not have space and support to process the emotions they experienced. This thesis builds on from Cook's (2020) study, as it is also important to consider emotions and interactions when social workers and families have been working together for an extended period of time.

Ferguson et al's (2020) longitudinal, ethnographic study of two local authority social work departments, provides insight into the longer-term relationships between social workers and families, but the focus is not on the emotions of social workers, although it is considered. The researchers undertook nearly four hundred home visits on

fifteen cases, which provides valuable data into the practice of social workers and what happens during home visits.

This thesis builds on the work of Ferguson (2014, 2016, 2018, 2020) by using similar methods in helping to understand what social workers do when they interact with those they are working with, and on Cook (2020) by asking about feelings and emotions directly after the home visit has taken place. Unlike Cook's (2020) study, this thesis also considers the views of the mothers, and not just those of the social worker. This thesis is much more time limited, so it is not longitudinal, but again, it focuses on cases of domestic abuse due to the high percentage of these cases receiving interventions from children's services.

Social Workers Being Mobile

Social workers in children's services spend much of their time on the move, and therefore I felt it was relevant to this thesis to consider how social workers might be feeling, and what they might be thinking, as they travel to, and from the encounter with the mother. Although social workers would tend to travel to the visits on their own, by joining them on this journey, it can provide some insight into how they prepare for the encounter which helps to conceptualise and describe the interactions. This also allowed me to build on from Ferguson's (2014, 2016, 2018) research using mobile methods, and travelling with the social worker.

Womack et al (1990, p. 1) states that the car was an invention that was viewed as a "machine that changed the world". Cars have been viewed as essential in social

work practice with children and families, especially in rural areas and in local authorities that cover a large area (Ferguson, 2009). Social work adverts often state that being a car driver is essential for the role, although this has changed somewhat due to the Covid-19 pandemic and hybrid ways of working and will also depend on the specific area of the country. Social workers could spend many hours a day in their cars, travelling to visits, meetings, transporting children and parents, and the car might also be used as an extension of their office by having lunch there, making phone calls, and answering emails. It might also be a space where social workers can think, reflect, de-stress, and work through feelings of fear, anger, anxiety and worry, as well as joy and satisfaction. Cars are also used as something that is involved in the removal of children from their parents/carers. The car can be used for a variety of situations within social work practice, and social workers rely on them. Ferguson (2010) writes about the therapeutic journeys that take place within the car, and how cars are seen as vital to social work practice. Ferguson (2010) has a similar view to Laureir (2008), as he sees the car as a place in which meaningful conversations can take place, where people with lived experience may disclose personal troubles and the professionals work with them whilst driving. The car can also be seen as a social worker's personal space, and although it can provide social workers with a sense of security, it can also be seen as an invasion of privacy by allowing people with lived experience into their personal space. I remember using my car as a student on placement within a child protection team and how I was often asked to transport children to and from contact with their biological parents. I also reflect on my experience of being a social worker in the UK, and as someone who did not drive in the UK, I grew to appreciate the time on buses, tubes or just walking

to, and from, a visit or meeting. I appreciated the aloneness that it provided me, and that I could reflect and sit with my thoughts and feelings.

I can relate the car to Bowlby's (1988) idea of a 'secure base' as it was something that will be there to return to after time spent with a person with lived experience, even if the service user is not necessarily aggressive or intimidating, but even more so in those situations. The attachment theory concept of the 'secure base' relates to attachment figures, typically the mother, and how stable of a presence she will have in an infant's life (Bowlby, 1988). This infant can go and search their environment but will have a safe, reliable, and predictable place to come back to, and then go again (Bowlby, 1988). Secure attachment comes from internalising a reliable presence as an 'internal working model', which social workers may have with their car (Ferguson, 2009). The car is viewed as a safe space in which social workers might have their lunch, might speak to loved ones whilst travelling to/from the visit, they might put on their favourite music to help them relax or get motivated for what comes next on their schedule. Social workers also use the car as a mobile office, although this may not feel as 'secure' due to the structural organisational issues within local authorities that impact on a social worker's ability to do their job (Munro, 2011). It can be seen as a place for emotional retreat, a place to escape the realities of what they are experiencing (Steiner, 1993). The car may act as a psychic retreat, viewed as a shelter from the "unbearable anxieties" since they may be viewed as rejected, repressed, or split off as they may feel too much of a burden to keep in mind (Armstrong and Rustin, 2015, p. 9). This may come from the anxieties of the job, as well as from the organisation.

Smith (2003) was surprised to find cars and driving as a prominent feature in his study on social work experiences of distress. Most participants were social workers, but some were counsellors. He found that the "car functioned either as the secure base that they (SW) wanted to return to, and/or was the means (literally, the transitional object) that would take them to the base" (p. 157). The seems to stretch Winnicott's (1953) meaning of the transitional object as one might become attached to their car, but not necessarily find it soothing. However, the car may be viewed as a secure base by those who occupy it. One participant in Smith's (2003) study spoke about the car as being a secure base and stated, "as a social worker you rely on your car so much…all your clients know your car…cars are like a comfort zone, a safe place…" (p. 160). The participant went on to say that they do not like taking clients in their car, "you're so vulnerable in that enclosed space…you can't escape anywhere" (Smither, 2003, p. 160). Although the car is seen as a safe space in many ways, it can also be a space in which a social worker can feel vulnerable, as they must concentrate on driving and cannot always be looking at those in the car with them. Another consideration could be that social workers are having to manage strong emotions, which may occur from a challenging encounter with someone they are working with, which could impact on their ability to concentrate on driving.

It is my view that the car could be seen as a place where one sits with their emotions. It is a space in which many conversations can take place between the social worker and a child/ren, the social worker and the parent/s or carer/s, as well as the social worker, children, and parents. Laureir et al's study (2008) looked at the interactions between drivers and passengers. They found that the car was used as a place where various topics were discussed, and many were quite personal. Sheller

(2004) refers to the car as a place where intense feelings are developed and calls this 'auto-emotions'. In the car, people sit side-by-side, or front-to-back; there is no face-to-face arrangements in most cars (Mondana, 2004). Mondana (2004) found that there is a lack of movement one can make in the car, and the car has "become a conversational space". You cannot walk away from the person you are sitting next to, and there is an expectation that communication will take place. In Laureir's (2008) study, there was an abundance of topics that those in the car discussed, and there were rarely long silences. It can also lend itself to an opportunity to discuss complex topics which allow for thoughtful responses. I would suggest that this is because there is less pressure than sitting face-to-face with someone, as there is no eye contact required as the driver must keep their eyes on the road. Automobility (Sheller and Urry, 2000) provides the driver with a 'source of freedom' which Habermas (1992, p. 129) describes as "a sphere of personal freedom, leisure and freedom of movement". It provides the driver with a level of flexibility and control; what directions they take, what speed they drive, what stops they make, what music they listen to and many others.

The car itself can be related to a variety of emotions for social workers, and perhaps for those they are working with. Some professionals do not want to bring children and families they are working with into their car, as they feel it is an invasion of their privacy, yet social workers are going into the homes of those they are working with, and in my experience social workers do not acknowledge that this may feel intrusive to the family. As discussed, cars can be used as 'therapeutic journey' with children and parents/carers, but also as a 'secure' place to be in their space to think, reflect and make sense of the work they are engaging in (Ferguson, 2010), which my

findings will show. I will explore the car journeys further in the methodology chapter, as this is related to the thesis as a time to explore the social workers emotions about the impending interaction they were to have with a mother, as well as planning for the interaction and making sense of the encounter.

SOCIAL WORK RESPONSES TO DOMESTIC ABUSE AND HOW MOTHERS EXPERIENCE THEM

What is missing from the research is that although the majority of social work involvement is due to domestic abuse cases, there is no research conducted like Ferguson's (2014, 2016, 2018) specifically looking at the interactions of social workers and women who have been subjected to domestic abuse. Although there is research on how mothers experience child protection social work, there is only a limited number of studies that focus on domestic abuse. There is an overlap in the main themes that were found in the existing literature, regarding social workers responses to domestic abuse, and how mothers experience them. How social workers respond to situations of domestic abuse can seem simplistic as the narrative is typically that the mother needs to leave the relationship and take the children with her (Douglas and Walsh, 2010), however, it is much more nuanced and complex, which my findings will highlight. Power dynamics play a role in how this narrative is perceived, as social workers are viewed as having power just by their profession, and possibly even more so when working in child protection. This thesis looks at how these responses are experienced by social workers and women in relation to domestic abuse as there is limited research in this area. There is even less research into what takes place between social workers and women who have been subjected to domestic abuse, which is why I felt it was important to observe these interactions

for this thesis. This thesis explores these relationships and interactions in a way that has not been done before. Dominelli (2002) suggests that the best way to improve social work practice regarding domestic abuse is to hear directly from the women themselves and this thesis will provide further findings in which social work practice can be viewed. However, it is also important to include the experiences of the social workers to understand the complexities and nuances of these relationships.

As noted in Stanley and Flood's (2011) review of the research around the impact of domestic abuse on children, social workers have begun to have a better understanding of this, and children are now seen to be victims in their own right (Domestic Abuse Act 2021) which supports the amendment in the Adoption and Children Act (2002) to include witnessing domestic abuse as significant harm. Due to this legislative change that was implemented in 2005, and the number of domestic abuse notifications sent to children's services by the police, statutory duty teams became even more overstretched (Stanley, et al 2011a). This was at a similar time to the financial crash, which led to budget cuts to government services, and fewer resources for charity organisations that supported children and families. However, from the late 2000s, thresholds for social work involvement have become quite high, and social work practice has become more defensive (Leigh, 2017). This is in part due to the changes within child protection legislation and practice being more investigative (Leigh, 2017). Social workers have become aware that if something goes wrong, they will be blamed, and accountability will be placed on them, perhaps even publicly. This can lead to practice that is risk averse and defensive (Leigh, 2017).

As discussed in the beginning of this chapter, and in the introduction, the change to the definition of significant harm in the Adoption and Children Act (2002) increased the number of domestic abuse referrals to children's services teams significantly (Rivett and Kelly, 2006). Stanley et al (2011a) looked at the response from local authority children's social workers on 184 families who were referred by the police due to domestic abuse. The study found that domestic abuse notifications "triggered a service for only 5% of families" which was in the form of an assessment (p. 296). It is useful to acknowledge that this research is now eleven years old, but it remains important as this research was initiated due to the increased number of referrals due to domestic abuse, and domestic abuse is still one of the main reasons for children's services involvement in the lives of children and their families (DfE, 2022). Stanley et al's (2011a) research also highlights how children are becoming known to the child protection system even though they were not receiving a service. During the time of Stanley et al's (2011a) research, when children's services decided not to take any action, this often resulted in a letter being sent to the mother about what domestic abuse support she could access. This evidences the responsibility that was placed onto mothers for the abuse caused by the father, partner or ex-partner, which has not changed over time. Stanley et al's (2011a) did conduct some interviews with social workers working with women subjected to domestic abuse, as well as with women, but not as they were actively working with one another and there is no analysis of what impact the interventions from social workers had on the family.

Stanley et al's (2011a) research also found that there are issues with sending letters to the families. The letters often provided information about resources available but

did so in a way that could be viewed as threatening. For instance, letters often stated that if there were further reported incidents, this would likely result in an assessment by children's services. Previous research has found that women who receive letters from social services may then experience further abuse (Humphreys et al, 2001; Stanley and Humphreys, 2006). It was also found that the majority of those who received letters, were re-referred to children's services due to further incidents (Stanley et al, 2011a). The majority of letters were addressed to the woman, which can then present a view that it is the woman's responsibility and that she has control over the abuse. Their research also found that there was minimal, or not contact, with the abusive partner, who was the reason for the notification to children's services.

In a qualitative study conducted by Witt and Diaz (2019), they used semi-structured interviews to address research questions around social workers' attitudes towards mother's experiencing domestic abuse, and what interventions social workers felt would be helpful. They interviewed nine social workers, with varying levels of experience. The researchers found that social workers did not feel their interventions with women subjected to domestic abuse led to women feeling empowered (Witt and Diaz, 2019). Interestingly, the social workers in their study seemed convinced as to why they used these interventions, which was often due to their responsibility of needing to be child-focused but knew the interventions were disempowering to mothers. One of their participants, a social worker, stated,

> *"if you know that the severity of the domestic abuse is so great, you need that mother and child out of there, and the mother isn't willing to do that, then your hand is potentially forced to the removal of the child. And that's a real dilemma for me because actually it's further punishment to the mother, as a victim" (p. 212).*

The 'leave or else' ultimatum has become the norm for social work practice when domestic abuse is a child safeguarding issue and does not support working in partnership as it is oppressive and not in line with social work values on anti-oppressive practice (Hester, 2011; Humphreys, 1999). In contrast to Lapierre (2008), Witt and Diaz (2019) found that social workers do understand the complexities of domestic abuse and the challenging situation women face. In Lapierre's study (2008) he found that social workers tend to focus more on the weaknesses of the mother instead of her strengths, which ultimately puts more responsibility on her (Lapierre, 2008). The social workers in Witt and Diaz's study (2019) discussed the 'frustration' they feel, which was often linked to the women not recognising their abuse and the impact on the children. The social workers also felt they needed more training, and wanted to have a better understanding of how they can support women (Witt and Diaz, 2019). Social workers have expressed their frustration about the ultimatums given to mothers, and how this goes against social work values (Witt and Diaz, 2019). This is a struggle for social workers and could have a negative impact on how social workers view their professional values (Garrett, 1999), which this thesis identifies.

Hester (2011) notes that women would benefit from an approach that empowers them and helps to rebuild their self-esteem, specifically regarding their role as a mother. Lapierre (2008) discusses the implications of a deficit model in relation to child welfare and domestic abuse, and how a more supportive approach could lead to less blame on the mothers. Within the UK society, mothers are typically held to a higher account of parenting than fathers (Jaffe et al, 2003), which also places a level

of blame onto mothers and takes away responsibility of the abuse from the male

perpetrator. Burrell (2016) proposes, through his analysis of UK and Finland policy

documents related to domestic abuse, that men were seldom identified, and

therefore abuse against women is a "problem without perpetrators" and that men are

seen as not being held accountable (p. 80).

Humphreys and Thiara (2003), along with Tapley (2010) have highlighted that

women who are involved with professionals often feel pressured into leaving the

abuser, even when they do not feel safe to do so. Humphreys and Thiara (2003)

conducted research with women who were engaging with domestic abuse outreach

services, which found that women felt they had to leave the perpetrator before they

were ready and/or without the right support. In my view, this was likely to be without

consideration to the increased risk to women when they leave the abusive

relationship. When women leave the relationship, they are at increased risk of being

killed, or the type of abuse they experience becomes worse (Wilson and Daly, 2002;

Richards, 2003). Tapley's (2010) review of the management of domestic abuse

cases across the UK provides examples of how women feel they are being held

responsible for the actions of their partners. This demonstrates an element of

'blame' by professionals and is a finding in this thesis.

The unfortunate situation is that mothers who are being subjected to domestic

abuse, may suffer from mental health issues (Levendosky and Graham-Bermann,

2001), may become exhausted due to being on high alert constantly (Mullender et al,

2002), and they may also turn to substances as a way of coping with the trauma

(Bostock et al, 2009). These concerns could impact on their ability to be effective

mothers, but what social workers may not be considering is what has led to this, and what support is needed to help the mother through this traumatic time. As Lapierre (2008) states that there should be "less blaming and more supportive practices" put in place to help mothers work through the trauma they have encountered. Humphreys (2010) has called for social work assessments to focus on the interactions and relationships mothers have with their children and ensure it considers the context of the abuse. How mothers try to support and protect their children are often discounted in social work interventions, unless they leave the perpetrator (Mandel, 2010). Instead, they are viewed as 'failing to protect' their children (Humphreys, 2010; Radford and Hester, 2006), which is another form of mother/victim blaming. In Lapierre's study (2010), he found that although mothers were in difficult situation due to the domestic abuse, they aim to be 'good' mothers, and are "devastated to be seen as 'failing' as mothers" (p. 354). This situation plays into the hands of patriarchal society where the responsibility of the violence is not placed where it should be, and the mother is being held responsible for the behaviour of the abuser (Arnull and Stewart, 2021; Heward-Belle, 2017; Stewart, 2019).

An important study in the UK, and one of the few specifically on domestic abuse and mother's experience of social work involvement was conducted by Keeling and Van Wormer (2012). They took a feminist standpoint approach and interviewed seven mothers who had been subjected to domestic abuse, to gather their experiences of their interactions with social workers. The women had either previously been in a refuge or were currently in a refuge. This research did not include the views of social workers. The study used the Duluth Power and Control Wheel (DAIP, 2017)

sections to consider the strategies that were used by social workers and the

perpetrators, and they found that social workers used similar methods as

perpetrators such as threats, blame and coercion (Keeling and Van Wormer, 2012).

Keeling and Van Wormer (2012) found that most of the women did not feel positive

about their interactions with social workers, and that they were often fearful of being

honest about their situation due to a lack of trust, and they did not want their children

to be removed. However, women who planned to leave the relationship, which is

what the social worker wanted to happen, found that they received support from the

social worker and reported a more positive experience with the social worker

(Keeling and Van Wormer, 2012). This highlights the importance of the approach

social workers take in their interactions with women who have been subjected to

domestic abuse.

Stewart's doctoral thesis (2019) built on the work of Keeling and Van Wormer by

involving both social workers and mothers in her Participatory Action Research, and

using the Duluth Power and Control Wheel (DAIP, 2017), as well as a vignette and

open-ended interview questions as the methods of collecting data. Stewart's (2019)

doctoral research used thematic analysis to analyse the data from sixteen mothers

and thirteen social workers in which she found mothers did not have effective

relationships with the social workers, due to some of the social work approaches

resembling those of the perpetrator, such as threats and coercion. Mothers also felt

blamed by the social workers, that they were failing their children and that there were

deemed to be a 'bad mother' because they were involved with children's services

(Stewart, 2019). Stewart (2019) also found that social workers identified behaviours

and approaches were viewed as re-victimising the mother, as they were similar to

the behaviours and approaches used by abusive men. Ladd-Taylor (2004) has also

discussed how if a mother does not leave an abusive relationship, then society sees

her as not being able to be a 'good' mother, even when this could risk her safety,

and the safety of her children. As mothers are often expected to leave the abusive

partner, by social workers, other professionals, and within larger society, they are

held responsible (Buchanan and Moulding, 2021). Mothers are unable to be seen as

a victim of domestic abuse whilst being able to parent appropriately. Although

Stewart's research includes both social workers and mothers, it does not include the

two when they are actively working with one another, nor does it observe the two

interacting with one another as my thesis does.

The research in this thesis builds on Stewart's and Keeling and Van Wormer's work,

as well as Ferguson's research, and Cook's, by including both mothers and social

workers in the study, who are actively engaged with one another, to better

understand and conceptualise what takes place when the two are working together.

This has not been done in this way before and will create original knowledge in this

area. The existing literature discussed above helped in the development of the

research questions and the innovative methods for this thesis.

ABSENT FATHERS

Another theme that was highlighted in the existing literature is the absence of fathers

in social work interventions. This is possibly even more noticeable in situations of

domestic abuse where the father is the perpetrator and therefore the reason for

social work involvement, yet social workers are not engaging with him, which my

findings will highlight as well. Although societal norms have shifted, there is an

ongoing view that mothers take on more of the caring responsibilities, including

being available for appointments and engaging with other professionals, even when

the father is physically available (Johnson and Yudilevich Espinoza, 2018). The

roles within many families continue to take on traditional gender roles. As discussed

earlier in this chapter, and in the discussion about feminism in Chapter 1, the

expectations placed on mothers is significant, and this becomes even more so when

domestic abuse is a factor in the relationship.

As statistics can give some indication of the number of victims of domestic abuse

who are mothers, as well as a number of children who have been exposed to

domestic abuse, it is difficult to estimate the number of male perpetrators who have

caring responsibility for children due to the lack of attention placed on them (Harne,

2005). Scourfield (2003) found in his research that there are expectations placed on

women to manage the violent behaviour of their partner/ex-partner and the aftermath

of their behaviour, such as the ending of the relationship, moving areas, and children

changing schools due to threats and risks of the perpetrator. Featherstone and

Peckover (2007) stress the importance of involvement with men/perpetrators, which

includes safety planning. Within domestic abuse cases, as the typical social work

response is for women to leave the abusive partner, this places the responsibility

onto the mother (Orme et al, 2000). However, this does not necessarily decrease

the risk or make the children safer, when in fact it is known that abuse continues

following separation, it may escalate, and increases the risk of death to the mother

which is supported by empirical research (Lessard et al., 2010) and indeed what

some of my findings demonstrate. Jaffe et al (2003, p. 29) discuss separation and

states that "separation is not a vaccination against domestic violence". Yet, social

workers are rarely engaging with the perpetrators when separation has occurred, and this does not keep children safe (Giddings-Cambell et al, 2013). By limiting the interactions between social workers and fathers, this inhibits the fathers' chances of making positive changes and improving their lives (Maxwell et al, 2012), which could also improve relationships between the father and the children. This also focuses the attention on mothers and blaming them for the abuse the father has committed, and in some cases will continue to commit, as my findings reveal. This is something that women find upsetting and it assists in the creation of mother blaming in the context of domestic abuse and creates an unequal balance of the role of men and women in caring for children.

A Canadian study, conducted by Olszowy et al (2020) found similar outcomes regarding the lack of involvement between social workers and abusive fathers, and highlighted the 'systemic bias' where plans and actions were focused on the parent who was caring for the children, which is typically the mother. In this study, and others, it was also acknowledged that social workers feel more training and knowledge is required to work with the complexities of domestic abuse effectively (Olszowy, et al 2020; Witt and Diaz, 2019). This links to the current thesis by highlighting the responsibility for keeping the children safe is placed onto the mother. This may impact on how social worker's interactions are perceived by mothers, and how social workers understand these interactions and perhaps demonstrates the limit of child protection legislation.

A study conducted in the USA by Johnson and Sullivan (2008), found that when twenty domestic abuse cases were reviewed by the researchers, only seven of the

fathers/perpetrators had been spoken to by a social worker. Stewart (2019) highlights that by not involving fathers comes from patriarchal ideology and allows fathers to be completely invisible from social work involvement, and that this is a "concrete example of accepted male privilege and female oppression" (p. 83). Grundelová and Stanková (2018) consider the best way to engage the father is for the social worker to be encouraging and show the father that his involvement is important, which it is.

When there are concerns of domestic abuse, in which the father is the perpetrator, social workers may also be fearful of engaging with him (O'Sullivan, 2003). O'Sullivan (2003) also reported that it is the danger that the perpetrator has exhibited is the reason why he is excluded from social work interventions. Ewart-Boyle et al (2013) found that social workers who were female were more likely to overlook the perpetrator as they were fearful of them. This is important to consider, especially as 82% of social workers identify as female (Social Work England, 2022), and statistically, there will be a percentage of female social workers who have been subjected to domestic abuse themselves, and this may be another dynamic that social workers must contend with in their work with domestic abuse cases. However, by not engaging with men, it gives men the impression that their behaviour is acceptable and not damaging to their children, and the mother of their children.

Social workers have timescales which they are expected to meet for the completion of the assessment. If fathers are not engaging in the assessment, social workers are likely to complete the assessment without his views or involvement. This means that his behaviour cannot be challenged, and again it suggests that his actions are

acceptable (Farmer, 2006). It also creates a view that fathers are unimportant in keeping their children safe, and again, this goes against creating equality amongst the parents, and could be viewed as being oppressive to the father, as well as perpetuating a patriarchal system where women are solely responsible for the well-being of children. Social workers are then unable to accurately assess the risk they pose to the mother and the children, and therefore the assessment is incomplete. However, research has also shown that if the perpetrator was no longer living in the home, then social workers often have the view that the child is safe (Hughes, et al, 2011; Stanley, et al, 2011a), although this is not necessarily true. Holland (2000) suggests that social worker need to encourage positive relationships with parents and children, and this includes fathers.

HOW RELATIONSHIPS CAN IMPACT ON DECISION-MAKING

This chapter now moves on to discuss relationship-based practice and its importance in social work practice, specifically when the involvement is involuntary. This theme is important in relation to the development of the research questions as an important aspect to understand is how social workers and mothers experience their interactions with one another. The literature suggests that there are challenges in these interactions, and how this can impact on decision-making, which will be discussed in this section.

Following the death of baby Peter Connelly, a review of child protection was conducted by Professor Eileen Munro (Munro, 2012). There was a push to reduce the bureaucracy and paperwork so social workers could return to having more time to spend with children and their families to undertake direct work (Munro, 2012).

Disappointingly this was not implemented due to Michael Gove MP's response that this would be putting parents needs before the needs of children when their needs are often intertwined. Munro (2012) also highlighted that due to the political climate and the ever-growing inequalities within society, child protection social work will continue to struggle to meet the needs of the most vulnerable children. Social workers are in the position of working with those who are often more oppressed and who may feel more shame because of their status within society (Featherstone et al, 2011). This can hinder the working relationships that lead to effective social work practice and is important to consider in relation to how social workers and mothers interact with one another, and how they view this interaction.

Child protection social work, and domestic abuse, can provoke a range of emotions for both the social worker, and the mother. It is important that social workers manage these emotions appropriately or they can become overwhelmed which can then impact on their ability to think and make good decisions (Ruch, 2007a). It can also impact on building rapport between social workers and mother. Social work is based on the relationships that are built between the social worker and those they are working with. It is an important tool, which involves both conscious/external (accommodation, financial situation, quality of life) and unconscious/internal (their 'self', self confidence, unconscious emotional experiences) processes (Ruch et al, 2010). Social workers need to be able to respond to emotions and behaviours, and need to consider trust and empathy, but also authority, which can be challenging to manage.

In O'Connor's (2020) thematic synthesis literature review, involving various countries, she found two key findings that contradicted each other. She found that emotions are an important component, and they assist in making sense of social work practice and engagement with those who are engaging with social work services. She also found that the profession seems unsure as to where the "emotions fit" (O'Connor, 2020, p. 656), and it is important to consider how this can be used within a reflective supervision arena. This thesis identifies the challenges that social workers must manage and the complex emotions that arise before, during and after their interactions with women who have been subjected to domestic abuse.

Child protection work has become more investigative and there is an aspect of inspection that comes into play during home visits (Ferguson, 2014). The amount of time social workers spend with children and their families is not prescriptive, and it is not surprising that the length of the visit, and therefore interactions with children and parents, may be linked to how resistant, or cooperative, they are about social work involvement (Ferguson, 2014). In Ferguson's study, one social worker spoke about how much time they wish they could spend with each parent separately, and together, and then time with children outside of the house, and then to see them all together. Social workers seem to recognise that this is not the reality of what they are able to do and "work with what you've got" (Ferguson, 2014, p. 6). By having limited time to spend with families, this could impact on how the social work intervention is viewed by the family, and it also limits the opportunity for social workers to build effective relationships.

Relationship-based practice is one of a variety of approaches to social work practice, and one that I find to be most useful. Social work practice can be effective when positive working relationships are formed between the social worker and the client. This can be difficult at times, especially during child protection cases, when emotions are running high and there is a risk of children being removed from their parents. I would argue that in most cases, there is still opportunity to form positive relationships, although it can be 'incredibly emotionally demanding' (Ferguson et al, 2020). In research conducted by Ferguson and colleagues (2020), it was found that when 'hostile relationships' were present, the time social workers spent with families was shorter, and happened less often. This could be due to social workers feelings of anxiety, fear, and anger that they had to contend with during such visits. Each time a social worker engages with a mother, father, or child, that interaction should be acknowledged and appreciated, although as highlighted, this can be difficult to attain every time. Megele (2015) suggests that an integrated, psychosocial and systemic understanding of relationships, and relationship-based practice are crucial for social work interventions to be useful and empowering, which are more likely to bring about change that one can sustain. Bion (1962) developed the concepts of 'container-contained' and how this can be useful in relationships between therapist and client, and social workers have also found this to be a useful way of making sense of what happens in their relationships with those they are working with (Ruch, 2007a). This concept was observed during the observations between the women and the social workers in this thesis and considers this psychodynamic concept to help understand the internal world of both. It considers how the social worker acts as a 'container' so when the person they are working with is having difficult feelings, they can give these feelings to the 'container', who will process them and return

them in a way that is more manageable for the other person, which helps them to feel 'contained' (Ruch, 2007a). Therefore, the social worker needs to have the space to be able to reflect so they can help the person manage difficult feelings, which is why reflective supervision is important (Ruch, 2007a). Howe (2010), who applied attachment theory to understanding relationship-based practice, discusses much of what keeps children safe is linked to "the quality of the relationship" between the social worker and the parent/carers (p. 331). Turney (2012) used recognition theory to consider relationship-based practice with involuntary clients, and acknowledges the challenges involved. Turney (2012) felt that by considering recognition theory, this can help parents/carers to feel recognised, or valued, in their own right which helps to have mutuality within the relationship. Recognition theory, in simple terms, is about the relationship between people in which those in the relationship need to be recognised, which includes respect and reciprocity, so that the relationship can work "openly with differences of power" (Turney, 2012). The various concepts help support and build positive working relationships between social workers and those they are working with.

By considering the relationships involving social workers and those they are working with, which many scholars see as being crucial and is described as 'the heart of social work' (Perlman, 1979), 'essential rather than incidental' (Alexander and Grant, 2009), and 'being part of the intervention' (Fewster (2004), brings the relationship to the forefront of social work practice (Hennessey, 2011; Megele, 2015; Ruch et al, 2010). Relationship-base practice builds on the ideas of psychodynamic thinking. Human relationships have many different features and intricacies which involve emotions, memories, and experiences, which can also complicate relationships

(Megele, 2015). It considers the functioning of conscious and unconscious beliefs, and feelings and emotions, based on the experiences that one has been through (Megele, 2015; Ruch, Turney and Ward, 2010). It also considers outside factors, such as power, professional identity, poverty, social exclusion, and political ideology. Hingley-Jones and Ruch (2016) have considered the then current financial hardship, and an increase in 'austere' practice, which could lead to 'emotional distancing and turning a blind eye' to the experiences of service users. This can have significant impact on social workers, and those they are working with. Increase in managerialism affecting social work with children and young people is said to have reduced workers' attention to relationship skills, and has been accompanied by calls from various commentators for a return to relationship-based practice (eg Cooper, 2002, 2004; Howe, 1998). Cooper (2002, 2004) and Howe (1998), along with others, have been proponents of relationship-based practice for many years, and continue to see the significance of it in the complex work that social workers are involved in.

Trust is an important aspect of building positive relationships. The lack of trust is noted by Witt and Diaz (2019) in regard to domestic abuse cases, as their study found that both social workers and women lacked trust in one another. One social worker in their small study spoke about how they are suspicious and trying to 'catch them (service users) out', and this puts barriers in place (Witt and Diaz, 2019). They acknowledge that it would have been useful to discuss with the participants in their study, why they felt mothers might conceal parts of the information, as I suspect it is likely to do with the fear of having their children removed. Without the mutual trust, it will be difficult for social workers to use their skills to empower women in these

situations (Smith, 2001), and for women to feel they can be open about the realities

of their situation. Due to the lack of mutual trust, the relationship between the two

will be impeded (Witt and Diaz, 2019). This may be the case even when social

workers felt they were able to help mothers become aware of their strengths (Witt

and Diaz, 2019). However, in Witt and Diaz's research they did not seek the views

of the mothers, so it is unclear whether the mothers felt the same as the social

workers.

Robbins and Cook (2017) explore the barriers to building trust between social

workers and women who have experienced domestic abuse. The women involved in

their research came from focus groups of women involved in the 'Freedom

Programme'. The Freedom Programme was developed by Pat Craven and is

designed to be a support group for women who have been subjected to domestic

abuse (McGovern, 2012). Williamson and Abrahams (2010) undertook an evaluation

of the Freedom Programme and see the programme as helping to raise awareness

about abuse to the women, and looks at eight abusive behaviours, in a non-blaming

manner. What they found is that whilst domestic abuse is viewed as something

women must manage, rather than trauma they need support with social workers will

continue to have difficulties in developing a trust relationship with women Robbins

and Cook, 2017). This may be due to the 'leave ultimatum' or the fear that their

children will be removed. It is useful to consider that the mothers in Robbins and

Cook's (2017) study may also be engaging with professionals in the voluntary sector

who focus specifically on domestic abuse. Robbins and Cook (2017) discuss the

difference in the approaches between the voluntary sector and statutory services.

> *"Two contrasting approaches to domestic abuse have emerged: one*
> *from the voluntary sector where expertise developed in relation to the*

welfare and rights of women, the other from statutory services where the emphasis is on children protection, risk and investigations" (p. 16).

The women in their focus groups felt more supported and understood by professionals in the voluntary sector, which led to them being able to build up a level of trust, that is often missing in statutory social work (Witt and Diaz, 2019). However, it is necessary to remember that social workers have a legal responsibility that guides their work, whilst staff in voluntary organisations have less stringent procedures to follow and their role is not underpinned by specific legislation which may come across as less threatening. Social workers must manage the challenges of care and control during their work with children and families, and due to their title, there is a level of power and control that is perceived by those they are working with, which is not the same for colleagues in voluntary organisations.

Douglas and Walsh's (2010) study, which was conducted in Australia, demonstrates how the interactions between social workers and mothers can impact on decision-making. Their study involved five focus groups for a total of 32 participants who were social workers. They found that social workers felt more positive about the cases if the mother was viewed as being protective, and the social workers would therefore offer more support, if not, then it was more likely that the children would be removed for their parent's care (Douglas and Walsh, 2010). They also found what other studies (Keeling and Van Wormer, 2012; Johnson and Sullivan, 2008; Stewart, 2019) have found, in which mothers were viewed responsible for the abuse and not protecting their children. These points were also discovered in this thesis and will be discussed in the findings.

Whilst reviewing the literature, I found Hester's (2011) *Three Planet Model* useful as it attempts to find an understanding of some of the systemic problems practitioners may be facing that makes their practice more difficult and could impact on the relationships they build with mothers. Hester (2011) identified three planets, Domestic Violence Planet (victims and perpetrators), Child Protection Planet (child protection and safeguarding) and Child Contract (private law). It assists in conceptualising how the three planets are interlinked, as well as the tensions between them, and how this can impact on service provision. Hester's (2011) research also discusses the frustrations that social workers, other professionals, women and children experience when trying to find long term safe outcomes, as there seems to be systemic issues that impact on practice, due to the formal and informal pressures from the different 'planets' and that women were often "forced to make impossible choices" (p. 850). This is important to consider as I would assume that some social workers will feel pressure from their managers, as well as legally, to enforce 'choices' the women should make, and indeed my research findings accord with this.

SUMMARY

In this chapter, I have provided an overview of the legislative and policy context which underpins the work of local authority social workers, as well as how domestic abuse came to be viewed as a safeguarding issue for children. I have covered the existing literature that has assisted in the development of the research questions for this thesis including themes of what social workers do, how social workers respond to cases of domestic abuse and how mothers experience these responses, the absence of fathers, and the importance of building relationships and how this can

impact on decision-making. The existing literature also provides further insight into the oppressive practices that women who have been subjected to domestic abuse are exposed to by social workers, and that practice is not informed by a feminist viewpoint. Women who have been subjected to domestic abuse and have social work involvement are not viewed as the experts of their situations, and instead feel they are being told what is best for them and their children. Social workers work within a patriarchal system, which includes the legislation that underpins their work, and can became part of the system that uses approaches that feel threatening and coercive to mothers (Arnull and Stewart, 2021). Social workers are also trying to manage complex and traumatic situations, which create a variety of emotions, and require the space and support to discuss them (Ruch, 2007b). By having the space to do this, this can help them be available for the mothers, take in the information and the emotions, and attempt to make sense of the situation. Relationship-based practice is useful to consider in this regard as it would encourage working in partnership and listening to the views of the mother. This can help to improve outcomes for children and families (Megele, 2015), The literature also paints a negative view of how social workers respond to domestic abuse cases, and how mothers perceive their interventions. Although social workers have acknowledged they know their response is not supportive or empowering, the leave ultimatum and mother blame continues to be the typical response mothers receive from social workers (Humphreys and Absler, 2011; Moulding et al, 2015).

The next chapter will discuss the research process and study design. I will discuss why certain decisions were made about the research design and the difficulties encountered in gaining access to participants. I will also link the research design to

my theoretical framework and provide a rationale as to why specific choices were

made.

CHAPTER 3: METHODOLOGY

INTRODUCTION

This chapter will provide a rationale for the design and approach taken for the study. There are various ways in which this study could have been conducted, and justification will be made as to why the chosen research design was deemed appropriate. It is fundamental for thought to be given to alternative designs to ensure the most effective and appropriate design is utilised. The chapter will look at the research questions and my philosophical position which led to the research design and methods. A discussion then takes place, mainly in chronological order, from the beginning stages, gaining access to the sites and participants, and how data was collected and analysed. I will also discuss some aspects that did not go as planned. An essential component of the approach is researcher reflexivity, and I will explain how the importance of my personal and professional history, as well as my values and beliefs, helped to formulate the research process. A discussion on research ethics and the emotional aspect of the research will also be provided.

RESEARCH QUESTIONS

The title and questions that I developed at the beginning of this thesis journey have largely remain unchanged. They were developed in relation to the existing literature and were influenced by the theoretical framework of feminism and psychodynamic approaches associated with relationship-based practice. This thesis aims to develop knowledge and understanding of how social workers and women who have been subjected to domestic abuse experience their interactions with one another.

The overarching research question is:

- How can encounters between local authority social workers in England and women who have been subjected to domestic abuse be conceptualised and described?

The sub-questions are as follows:

- How do women who have been subjected to domestic abuse experience their encounters with child protection social workers?

- How do child protection social workers experience their encounters with women who have been subjected to domestic abuse?

- How do these encounters impact on decision making and what constitutes good practice?

These questions have steered the empirical research and assisted in the choices of the research design.

ONTOLOGY AND EPISTEMOLOGY

It is important to consider my philosophical position which considers ontological and epistemological stances that help to structure the methodological process. Ontology considers how the researcher views the social world, and how the researcher understands reality (Braun and Clarke, 2013). One position is realism, which is described as there being one, single truth, and is traditionally linked with quantitative research (Sarantakos, 2017). The researcher needs to remain objective, and as I have outlined my rationale for undertaking this research, it is not possible for me to remain objective due to my own experiences (Lichtman, 2013). My position is aligned with the constructivist position, where there are multiple realities that are constructed by the research participants, and their experiences (Sarantakos, 2017). The constructivist position is aware of the multiple realities that participants may

have, and indeed I bring in my own interpretations of the data which is subjective (Alexander et al, 2008). This study has been motivated by a need to examine how women and social workers experience one another which could have an impact on the lives of both within their 'social worlds', that of social work and that of the women. Robson and McCartan (2016) would consider this 'real world research' which looks to explore and understand the lived experiences of people and the societies they live in. Cohen et al (2009) discussed that knowledge is both socially constructed and influenced by power relations within society, and that knowledge is "determined by the social and positional power of the advocates of that knowledge" (p. 27). As the participants are social workers and women who have been subjected to domestic abuse, they will have different realities of the situation, which will be influenced by their experiences. In this thesis, truth and reality will not be the same for all participants, as they will depend on the experiences in which they have had (Oakley, 2000). The researcher's role is critical as the reality is also shaped through their lens, which their own experiences impact on (Lichtman, 2013).

I have also considered my own epistemological position, which provides a logical rationale for the methodology and the research methods that were used. The epistemological lens helps to analyse and explain the intricacies that exist in the social world. A feminist standpoint epistemology is congruent with a constructivist ontology as it allows for the exploration of social work practice and process by acknowledging the main principles: knowledge is socially situated, marginalised groups are best placed to share their views on their situations as they are more aware of their place in society, and that the lives of those who are marginalised is where research should begin (Anderson, 2011). There is a desire to focus on

marginalised groups, and although social workers have a perceived power by those they are working with, I would also argue that they could be viewed as marginalised due to the stigma that is often associated with the title. Therefore, I see both social workers and women who have been subjected to domestic abuse as marginalised, but acknowledge social workers are perceived to have power by the women.

Haraway (1988) and Harding (1987) identified three significant feminist epistemologies: 1) feminist empiricism, 2) feminist standpoint theory, and 3) feminist postmodernism. There are certainly overlaps between the three, and differences are also present. Feminist empiricism relates to realism in that there is a reality that researchers can find by separating themselves from the study (Wiggington and Lafrance, 2019). This does not fit with my position, as it is impossible to completely detach oneself from their research. My rationale for doing this research is due to my own experiences, and I cannot pretend to be detached from them. Feminist postmodernism presents that researcher, and their social locations, are naturally part of constructing the knowledge, and that truths are found through the person who is asking the questions and from their own social location (Wiggington and Lafrance, 2019). Feminist standpoint theory, which is the epistemological stance that I take, discusses the debate that we are all 'socially situated', and there is no such thing as a 'neutral, detached observer' (Haraway, 1988, p. 581). Hesse-Biber (2012), along with other researchers (Haraway, 1988; Harding, 1991) abandoned the view that a researcher could be completely "stripped free" from the research process. Feminist standpoint theory highlights the role of research as motivation for social change (Wiggington and Lafrance, 2019). Feminist standpoint theorists ensure that the experiences of individuals are given thought to, but also the specific components of

economics, demographics, etc. This links in well with my research aims, as I am using grounded theory for data analysis to formulate new theory which produces new concepts in how the interactions between social workers and women who have been subjected to domestic abuse view these encounters.

REFLEXIVITY

In the introduction, I explained my personal rationale and motivation in researching this specific topic. It was motivated by the significant number of domestic abuse cases referred to children's services whilst I worked in a front-line child protection team, the scope of violence against women and girls worldwide, and my experience of how domestic abuse cases are often worked with by the systems and structures that local authority social workers work in. To consider how I managed my reflexivity within this research project, it was important to ensure that my own personal and professional experiences did not become the focus, but to explain how they informed the study. It is important to acknowledge these experiences and how I cannot pretend they did not happen, as I cannot remove them from me as a researcher. Reflexivity is important in research, but it is thought to be even more fundamental in qualitative research, specifically ethnography (Hammersley and Atkinson, 2007).

Hesse-Biber (2014) describes reflexivity as a "means of taking a critical look inward and reflecting on one's own lived reality and experiences", which can enrich the research journey. Considering my reality and experiences at each stage of the research project, this helped to maximise objectivity and allow the voices of the participants to be "represented, listened to and understood" throughout (Hesse-Biber, 2014, p. 202). In considering feminist research, reflexivity can also help to

acknowledge the impact of power on the research process, and my own position within it (Leavy and Harris, 2019). Reflexivity is significant in how fieldwork is conducted, which leads to ongoing 'self-discovery' and new insights about the research questions. It allows for careful consideration of the participants, and the interactions with them. For instance, I often wondered how the women were doing, and in particular Ann's situation, so much so that I googled her as I worried about her and the children. I did not find any information on the internet, and I am relieved I did not.

My research questions remained relatively the same since the beginning of the research, although I changed some of the terminology. Originally, I used the term 'experienced' instead of 'subjected to'. I changed this to emphasise domestic abuse was not something the women wanted to experience but something that had been done to them. I was aware, from the start, about some of the powerful emotions that can be provoked by child protection practice and domestic abuse situations, such as worry, concern, fear, and even anger towards the systems that should be supporting the women. This comes from my own experiences of being a social worker, working in child protection, and working with families who have been subjected to domestic abuse. There are enormous pressures on social workers and mothers, from various facets, stemming from society, organisations, other professionals, and pressure that is put on oneself.

Quantitative research has typically concentrated on issues that require the separation of the researcher from the research, whereas qualitative research would suggest this is not possible or truly needed (Fook, 2001). As a researcher, I bring

my own background and identity to my research, and I cannot separate myself from this. I am a white American female. I am not a mother, but I am a stepmother. I am a social worker, who has worked in child protection and with many families who have been subjected to domestic abuse. As previously mentioned, I was a team manager in a front-line child protection team when a mother we were working with was killed by her ex-partner. I was also in a coercive and controlling relationship, which makes me a woman who has been subjected to domestic abuse. Due to these various aspects of my positioning, I came with my own views, and they cannot be extracted. This is not viewed positively from a traditional positivist perspective. In qualitative research, this is addressed through the concept of reflexivity, as this recognises that we have our own thoughts, values, and beliefs, as well as our own ethnicity, race, gender, sexual orientation, class, occupation, family background, and education that plays a role in our research (Kirby and McKenna, 1989). Fook (2001) feels that this can be a real asset to the research, and it has become a "guiding concept" in feminist research (Leavy and Harris, 2019, p. 2013). Feminist scholars also discuss the importance of a "self-reflexive approach" that brings about how power relations shape the construction of knowledge in various situations (Naples and Gurr, 2014, p. 26). Attention needs to be given to power, gender, class and ethnicity, and how these impact on the relationships between researcher and participants. Another researcher may view the data differently due to their gender, class, ethnicity and perception of power which is why it is important to discuss these points, as it can impact on how data is analysed.

As the fieldwork began, I became even more aware of my own experiences and how they may influence how the fieldwork was approached. I constantly thought about

my own experiences as a social worker, about working with domestic abuse, and more specifically about the domestic homicide. Madden (2010) speaks about the 'ethnographic gaze' that researchers bring to the research, specifically the field work. My personal and professional experiences are critical to understanding this, and there is constant checking and understanding that takes place.

My fieldwork took place in two local authorities, neither of which I had had any prior involvement with, although I did know some employees. I was conscious of 'going native' in which I might develop a view that made it difficult for me to maintain a useful distance (Mosse, 1994). Although I have been a social worker in a local authority previously, I was an outsider to these specific local authorities. However, I still felt a connection with the actual work that was taking place. After the visits took place, I would often think about the family and the social worker and remember families I used to work with in similar situations. The situations I was exposed to would sometimes even result in me being unable to sleep because I was worried about the mothers and their children, and their safety. It reminded me of when I worked in front-line child protection, and how I often used to have interrupted sleep due to worry and anxiety about a family's situation, and whether I had made the best decisions.

As a researcher, it is important for me to be aware of these feelings and emotions, and the role they play in how I construct meaning from what I saw and heard when in the field. In order to consider my reflexivity in different ways, I kept notes of what took place on the way to undertake fieldwork, and afterwards, as well as the feelings and emotions that I felt later that day, or the next day. This seemed important in

understanding the aspects of everyday practice and the process that social workers undertake.

I also utilised my supervision, which helped to support me in understanding how the theory supported me in making sense of the data. I also met with a specialist supervisor at the Tavistock and Portman NHS Trust, and have replicated what would take place in a seminar group where I read out the observation account, which we would then discuss. This provided another way in which to consider the observations, and the material I had presented. It also served as a means of discussing some of the content of the interviews and home visits that were emotionally difficult to consider different meanings of the data. I also found presenting my research at conferences as a useful way in which to discuss my initial thoughts about the data. This allowed for questions and feedback from participants around the globe. I recently presented my research to social workers in a local authority and was not surprised to find that they had received very little training about domestic abuse in university, or since they became qualified social workers. They were constantly surprised by some of the statistics and found it difficult to consider alternative ways of working with families who have been subjected to domestic abuse, even though they recognised the current way of working is not supportive of the families and casts blame and responsibility for the abuse on the mother.

The discussion now moves on to explore the research design.

RESEARCH DESIGN AND METHODS

This is a highly important area for research in the context that incidents of domestic abuse constitute the most common reason for child protection social work involvement with families. It aims to understand how I could understand and describe what takes place when social workers and women who have been subjected to domestic abuse encounter one another due to safeguarding concerns. Therefore, it will explore using appropriate qualitative methodologies, key aspects of how social workers engage with women in these circumstances and how women experience social work intervention.

Research Design

To address the research questions, the study had a qualitative design, which allowed me to gather information from those involved in the research through narrative semi-structured interviews and observations, which would generate rich data and new knowledge.

I wanted to focus on the experiences of the social workers and the mothers, and to gain insight into what happens when there is current social work involvement due to domestic abuse. Qualitative research is useful when seeking to explore the lived experiences of participants (Braun and Clarke, 2013). From my initial review of the literature, I was concerned to note that domestic abuse research tends to involve reviewing of files, interviewing social worker and/or mothers, or a combination of the three. I also noticed that when interviews did take place, they did not tend to happen when there is current statutory social work involvement. The female participants are often found through refuges and domestic abuse organisations, not through the local authority. This limits the understanding of the interactions between social workers

and women in a real time situation. My research has generated rich data through in-depth observations of what takes place during interactions between social workers and women who have been subjected to domestic abuse, as well as interviewing both women and social workers.

Methods

The methods selected for this study included mobile interviews, semi-structured narrative interviews and observations. I begin with a brief overview of ethnography.

Ethnography

Ethnography links in with my constructivist stance and being able to examine the various experiences of both social workers and women, and observing their interactions (Denzin and Lincoln, 2011). Therefore, I undertook an ethnographic study which produces rich data of social issues and supports the linking of theory and practice (Floersh et al, 2014). It invites the researcher in to spend time with people, ask questions, listen, and watch, and is compatible for wanting to understand various facets of social work practice specifically related to domestic abuse. Shaw and Gould (2007) discuss how ethnography allows the opportunity to pull the context apart which allows for further discovery of what takes place in practice. Shaw and Gould (2007) go onto discuss how ethnography is appropriate for social work research as it allows for exploratory questions and viewing the 'context' through various lenses such as social work culture, settings, policy and managerial. Anthropologists developed the idea of ethnography in the late 19th and early 20th centuries, and its use within other disciplines has grown ever since (Angrosino, 2007).

Ethnography allows for a wide range of data collection methods which can provide an in-depth study of how people behave in everyday situations (Aktinson and Hammersley, 1998). I acknowledge that meeting with local authority social workers is not an everyday situation for everyone, but part of what social workers do every day involves home visits and meetings with mothers and children, and sometimes fathers. For the women, this was not everyday practice, but for the participants who had long-term involvement with the social worker, I can assume that the interactions that took place did become part of their regular schedule. Social workers will visit some women and children on a weekly basis, some may be more often and some less, depending on the risks and what the current situation is. Observing social workers interacting with women helped me to become immersed into the practices of social workers, and better understand the relationship between the social workers and the mothers. 'Practice ethnography' is an approach that Longhofer et al (2012) refer to when seeking to observe the encounters between social workers and people with lived experience. As I did not embed myself within the social work teams, as one might do when undertaking an ethnographic study, and has been done in other social work studies, for example Whittaker (2014, 2018) and Ferguson (2008, 2011, 2016a, 2016b, 2017, 2018) and Ferguson, et al (2019, 2020). I observed the interactions that took place between social workers and women. Although I did not engage in the interactions as such, I become a part of it simply by being present. This draws on Geerts (1974) work of 'experience nearness', and the psychoanalytic approach to deep reflexivity which considers the relationship between the researcher and participants, as well as focusing on the emotions (Frogget and Briggs, 2012).

The design of the study draws on several modes to collect data. I have drawn on research of Ferguson (2008), who conducted ethnographic research in which he travelled to, and from, home visits with social workers whilst interviewing them. He then observed the home visit with the social worker and the family. The interviews and home visits were audio recorded with consent. When Ferguson (2008) began his work in this way, research into what social workers do had not been done in this way before. This is drawing on a mobility paradigm that allows researchers to gather information about the everyday movements of social workers and encourage the interviews to continue during periods of movement (i.e. walking) (Clark and Emmel, 2010; Sheller and Urry, 2000). Anderson (2004) noted that by being mobile and moving with the participants can change the power dynamics between researcher and participant, which can bring about new knowledge. By combining various research methods, I was able to increase the depth and range of the data that has been analysed.

Floersh et al (2014) demonstrate an understanding of the knowledge that can be gained from ethnographic research, and how it "produces empirically rich case studies of complex social problems, sheds light on contradictions in social policy, attends to change across multiple scales of human action, and assists in the process of translating theory to practice" (p. 4). Although reviewing children's services case records could have potentially provided rich data, this would have been one-sided and would not have allowed for further exploration or for the mother's views to be considered. Therefore, it was important to observe the interactions and combine this with semi-structured narrative interviews, some of which were mobile. These

methods would allow for further discussion about the meaning of what was being discussed or observed, which would allow me to address the research questions.

From the above considerations, I apply three methods: mobile interviews, semi-structured narrative interviews, and observations of the interactions between social workers and women. I will now describe these in further details.

Mobile Interviews: A narrative approach to semi-structured interviews

Interviews were a part of the methods used in the research, which is compatible with ethnography. These involved a narrative approach to a semi-structured interview, as I wanted the social worker and the women to tell their stories. As discussed in Holloway and Jefferson (2008), the narrative approach helps the researcher to appreciate the participants they are interviewing and "stays closer to actual life events than methods that elicit explanations" (p. 304). The narrative approach also links into practice-near research and the psychoanalytic approach to in-depth reflexivity that was discussed above (Froggett and Briggs, 2012).

As I was researching a sensitive topic, and the participants may have felt anxious about being involved in the research, I wanted to use a method which allowed for the flexibility to explore lived experiences. My interview schedule allowed me to start to build rapport with the social workers, but also to provide them with opportunities to ask me questions, as I felt this would help them feel more comfortable in that it was not just me asking questions. The narrative approach to semi-structured interviews allowed for flexibility to ask other questions, and to probe for deeper meaning

(Becker et al, 2012). This helped to gain insight into the lived experiences of the social workers, and their views about the specific situation of the mother.

There are various reasons for choosing mobile interviews. In my research design I thought it was important in researching this topic to consider what social workers do before the encounter takes place. The information I gathered, and what I observed during the car journeys to the home visits and meetings, provided insight into the planning for the visits. This involved thinking about the violence the mother had suffered, as well as the impact on the children. I wondered whether, if I was not present, would they be thinking about the violence in such detail? As this was the first meeting between myself and the social worker, they were providing me with in-depth information about the family, the violence, the risks, and what their plan was for the family. As mentioned above, conducting interviews in this way saves time for the social workers. I also felt that mobile interviews provided a better power balance between the researcher and the participants, and perhaps a less interrogative feel, less formal and more natural. Further rationale for mobile interviews is due to my own experience of working in child protection in an English local authority. I would walk or take the bus to and from home visits and meetings, and I would often use this time to gather my thoughts, reflect on the information I had, the new information I had gathered, and try to make sense of this. Ferguson (2011) has been engaging in research in which mobile methods are used for some time now, and as he states, "the car is central to the mobilities of welfare practices, yet the range of meanings and practice that go on in it has also been virtually ignored in research" (p. 77). It seemed that by conducting mobile interviews with social workers, I could potentially gain insight into how social workers experience home visits, how they feel prior to

and following the visits, and specifically focused on women who have been subjected to domestic abuse. Considering Bion's (1962) psychoanalytic concept of 'containment', I hoped the participants would gain something positive by talking about their experiences and reflecting on them in a space where they felt safe to do so (Ruch, 2018).

Observations

The observations I conducted are similar to the Tavistock infant observation model, which uses a psychodynamic approach to make sense of the internal world of those involved (Bick, 1964; Briggs, 1997; Hingley-Jones, 2011). Although the observations I carried out were not about parent and child, they are about relationships, seeing the encounters face to face, and to consider and develop relevant theory. The model was developed by Esther Bick and has been applied to study other populations and organisations world-wide. It is used in training of various professionals, and many social workers have undertaken infant observation during their studies (Fawcett, 2009). The Tavistock method of infant observation became part of some social work education programmes in the 1980s and 1990s, due to criticism of social workers "failing to see the children they were supposed to be safeguarding" when child death inquiries were held, and social workers had been involved with the family (Hingley-Jones, 2017). The use of the method in social work training is to help social workers reflect (Briggs, 1999) and as social workers become more experienced, they become an 'internal supervisor' (Casement, 1985). I have undertaken this method of observation twice in my previous studies and have also been involved in teaching this method to social work students. It is also a method used in research, and there is an international journal devoted to it (*International Journal of Infant Observation*

and its Applications). The important points are those of attention and positioning; observers keep their mind free and are open to the experience to allow the observer to be in the moment, and as close to practice as possible. During the observation, I did not take any notes so that I could stay focused and keep an open mind to what I was witnessing. Bick believed that notes should not be taken so that this does not intrude on the 'free floating attention…and can be disturbing' (Bick, 1964, p. 38). Free floating attention allows the observer to open their mind "to all experiences impacting or impinging, without privileging any particular kinds of fact or experience, whilst also scanning one's mind for impressions, thoughts and feelings" (Briggs, 2017, p. 102). This allows the observer to capture as much as possible during the session, by experiencing the feelings of those being observed but also the feelings and emotions of the observer to what they have experienced. I felt it was necessary to choose an observation method that provided understanding of how one's feelings and emotions can be explained, and how they impact on what is experienced and what it might reveal about the emotional climate being observed.

As Cooper (2017) writes about the process of psychodynamic observation, he discusses the role of the observer and the impact the observer has on the situation being observed. Cooper (2017) discusses the vast amount of information that the observer might have but may not be aware of as they are part of the unconscious, and the importance of countertransference within the observation that helps to form new insight and learning, as well as data as is the case for this thesis. The intense feelings that the observer experiences are an important aspect of understanding what is taking place. Cooper (2017) goes on to discuss how the observer must be prepared to take in and manage the intense emotions. Psychodynamic observation

is not just what about is being observed, or who is being observed, but also about the observer themselves and the intense emotions they experience from what they are observing.

This type of observation helps researchers to learn about those they are observing, but also about themselves. Varied degrees of emotions can come forward, and the observer must learn to manage this so that it does not interfere (Cooper, 2017). It is often linked with ethnography due to the 'naturalistic' method which helps the researcher become immersed in another person's life. For example, when I attended the two multi-professional meetings, I felt an intense feeling of sadness for both mothers as they were there on their own, listening to professionals talk about their parenting. I thought about how isolating it might have felt for them, and how they should have more active involvement in the conversations.

Semi-Structured Narrative Interviews

Following the completion of the observations with the women, I arranged a time to interview the woman about her experiences of working with social workers. I used a narrative approach to the semi-structured interviews, as I did with the social workers, which has been discussed in more detail earlier in this chapter (Mobile Interviews). These interviews provided an opportunity for the women to bring their views and feelings into the research, and as the study has a feminist theoretical framework, it was crucial to ensure the women were given an opportunity to express themselves. I made it explicit that what they said to me would not be told to their social worker, unless they disclosed something that could put their child, themselves, or someone else at risk. I did not encounter this during the interviews.

THE STUDY

I had expected, naively, that the study would go as planned. This section provides insight into what actually happened, and with some reflection, why certain components did not go as planned, although I was able to use the various methods. However, I had originally set out to also observe a Multi-Agency Safeguarding Hub (MASH) in a local authority to observe decision making on referrals that involved domestic abuse. I was unable to do this, due to difficulties of gaining access, which will be discussed later in this chapter.

Mobile Interviews

When I arrived for the first meeting with the social worker, we discussed the research and went through the consent forms, as we had done over the phone. This gave the social workers time to think about being a participant, and to consider any questions they may have as there would often be a few days in between us speaking over the phone, and meeting in person. Once we went through the consent form and the social worker signed it, we would leave the building and make our way to the car. I incorporated mobile methods during the interviews with the social workers, which took place whilst walking to the car from the office, driving to the home visits, and then back to the office. Mobile discussions with research participants provided further insight into their emotions, reflections, and understanding of the family's situation at that time, prior to, and after, the encounter with the mother. It also took up less of the social workers time as these were all actions they would be doing whether or not they were involved in the research. All mobile interviews with the social workers were recorded and then transcribed.

I was also able to conduct a mobile interview with one of the mothers, who I interviewed as we walked into town from a meeting at the school. I had hoped there would be a room at the school where I could meet with her, as the social worker had said she would stay with the child while I met with the mother. However, the school did not have any spare rooms at that time, and I did not want to miss the opportunity to interview the mother. I was concerned that there may be times when the mothers disengaged, and I wanted to ensure their views and experiences were gathered. The mother gave consent to walk and talk/interview, but she did not want it to be recorded. I was also aware that her young daughter was present, so I considered this when asking questions or probing for further information. I was pleased to be able to do this and wished I had been able to walk and interview all the mothers in this way.

I undertook twenty-one semi-structured narrative mobile interviews with social workers, which took place in the car, on the way to and from the home visit. There were ten completed on the way to the home visit, and eleven completed after the home visit. On one home visit, I met the social worker at the home as she had to do an unplanned visit prior to the one we had arranged, so I was not able to interview her beforehand. As mentioned, I also completed one semi-structured narrative mobile interview with a mother.

Observations

As the observer/researcher, I wrote up the observation after the visit and provided as much detail as possible, ensuring I noted the emotions and other senses that may

have arisen. I also met with a colleague at the Tavistock to discuss the observations, similar to what one would do in a seminar group undertaking an observation seminar. This helps to create a space where I could reflect and attempt to make sense of the conscious and unconscious that I experienced. This was helpful in understanding the emotional responses I had to what was observed.

There are various types of participation one can do when observing participants. In this study, I took on a non-participant observer role within the research. In many ways, it felt as though I was 'shadowing' the social workers, as one might do as a student or a newly qualified social worker. However, I was there as a researcher, with many years of experience as a social worker, manager and academic. Although my role was passive, I was still present and both social worker and the mother knew I was present, and I was aware that this would likely impact on the encounter between the social worker and the mother, which links into reflexivity that was discussed earlier in this chapter.

Once the social worker and I arrived at the home, the social worker would introduce me to the mother. I would then go through the consent form and go through the information sheet, as I wanted to ensure they understood what they were agreeing to. One social worker had informed me that the mother she was working with did not read very well, so I read out the consent form to her. I left paperwork with the mother so she would have my contact details in case she wanted to withdraw from the research. Often at the end of the observation, we would all engage in general conversation and the participants would comment that they had forgotten I was even there, especially if I was not in their line of sight.

I undertook thirteen observations overall. Eleven of the observations were of home visits which involved social workers and women. I also observed one review child protection conference and one core group meeting. I observed two home visits with five women and one home visit with one woman. The observations involved families with varying degrees of involvement with children's services, some had only just become involved with children's services and others had been working with the social workers for several months up to nearly two years.

Semi-Structured Narrative Interviews

Previously in this chapter, I have explained the narrative approach to semi-structured interviews, so I will not revisit it here.

I completed seven interviews with six women, and also one interview with a social worker, none of which applied mobile methods. Four of the interviews with women took place at their homes, one of them took place whilst walking into town from a meeting we had attended, and two took place over the phone. I had hoped to record all of the interviews but only three were audio recorded. Whilst walking into town with one of the mothers, she did not feel comfortable being recorded and I was unsure if the recorder would pick up the conversation with the traffic going by. I wrote the notes up afterwards and gave the mother an opportunity to view them for accuracy which she declined. I interviewed one woman twice; once following the two observations and once following the review child protection conference. I also had a brief interview/discussion with the social worker following the review child protection

conference, which was not recorded. All of the interviews lasted 30-45 minutes. The recorded interviews were then transcribed verbatim.

THE SAMPLE

The participants in the study were local authority social workers and mothers the social workers were currently working with. I had originally planned to have more than six women involved, but due to the challenges gaining access to participants and then the Covid-19 pandemic, as well as the need to complete the thesis within the timeframe, it was decided the interviews and observations provided significant amounts of data.

As stated in the literature review, the majority of children and families involved with children's services social workers is due to domestic abuse. Therefore, there was a high number of social workers and women who could be involved in the research. However, due to the challenges of gaining access and the need to go through various gatekeepers, this was more difficult than expected. The social workers and their managers would then agree on a mother that would be 'appropriate' for the study, so it is important to consider the selection of cases and why they may have been chosen. I had no say in this, except that the main reason for their current involvement needed to be due to domestic abuse. The mothers would then need to agree to be involved.

I spent time with seven social workers from two different local authorities. Six were from one local authority (will be known as LA Country), and one social worker from a different local authority (will be known as LA City). LA Country has a population of

about 1.5 million people (2019), with a slightly higher age group of 65+. Over 90% of LA Country's population identify as White British, whilst LA City had 40% of their population identifying as White British/Other White Background (2016) and has nearly 350,000 people (2017). LA Country covered a much greater area and therefore, it was imperative for social workers to have access to cars. Although the social worker from LA City did drive and used her car for work, she could do her job quite easily on public transport. All the social workers were White British. Six were female and one was male.

It was important to ensure anonymity for all participants and not to name the local authorities. All social workers, mothers and other family members were given a pseudonym that was relevant to their culture, and I ensured the names were different from their true names. There are no specific names of agencies mentioned, although I may mention health or education in a broad term. The risk of identifying participants has been considered throughout this research. I felt fortunate that social workers and mothers agreed to take part and I wanted to ensure their anonymity. However, I acknowledge that if any of the participants read the thesis, they may recognise themselves and therefore, the risk cannot be fully eliminated.

All of the mothers were White British. Of the seven social workers, six were white British and one was of a different ethnicity but had obtained British citizenship. Six of the seven social workers were female. I acknowledge the limitations due to participants being from only a white ethnic background, and this will be discussed further in the analysis chapter. I did not ask for specific information such as age or education. I also did not ask about employment or socio-economic status. However,

of the six mothers, two were in full-time employment in a professional role. Due to

the challenges of obtaining participants, I chose not to be too prescriptive.

Participants	Mobile Interview with SW	Interview with SW	Observation of visit between SW and woman	Observation of child protection conference	Observation of core group meeting	Interview with Woman
Mother: Rachel **Social workers:** Mary and William	2 with Mary 2 with William	0	2	0	0	1 face to face; not recorded as the audio recorder stopped working
Mother: Alison **Social Worker:** Stacey	4	0	2	0	0	1 face to face
Mother: Ann **Social worker:** Megan	4	1	2	1	0	1 face to face; 1 over the phone following the RCPC
Mother: Michelle **Social Worker:** Alice	3	0	2	0	0	1 face to face
Mother: Mya **Social Worker:** Holly	4	0	2	0	1	1 mobile interview; not recorded
Mother: Julie **Social Worker:** Catherine	2	0	1	0	0	1 over the phone
Totals:	**21 Mobile Interviews with social workers**	**1 Interview with social worker**	**11 observations of interactions between social workers and women**	**1 observation of a review child protection conference**	**1 observation of a core group meeting**	**7 interviews with women**

The above table provides information on the data that was collected from the

participants. There were three mobile interviews with Alice instead of four due to her

having to go out on an urgent visit prior to our second arranged home visit so we

agreed that I would meet her at the mother's home. There was only one home visit

with Catherine and Julie, as Julie moved out of the area and the case was transferred before the next home visit was arranged. All the interviews that were audio recorded were transcribed verbatim. The interviews that took place without being audio recorded, were written whilst on the phone with the participant or as soon after the interview as possible. The interview notes were available to participants to review for accuracy, which they declined.

DATA ANALYSIS

The art of analysing data is a crucial part of the research study, and how one does this is significant to the quality of the study. There are various ways in which one can choose to analyse qualitative data that is appropriate (Johnson and Christensen, 2012). I chose grounded theory to analyse the data. Thematic analysis is the most commonly used data analysis for qualitative studies, but I wanted the emphasis to be on generating new concepts and theories. This study has been able to do this by developing new knowledge of how women who have been subjected to domestic abuse experience their encounters with social workers, and how these encounters can be conceptualised and described.

Grounded theory is often used with ethnography, although this is not the case in its original form. Glaser and Strauss (1967) developed grounded theory to assist in the development of new theory. The two disagreed on the issue of being able to remove the researcher's own biases and theories; Glaser felt this should be done, whereas, Strauss said it was impossible. I originally set out to use the adapted form of grounded theory, 2nd generation (Strauss and Corbin, 1990), which Charmaz (2014) has adapted further and refers to it as Constructivist Grounded Theory, which is an

"inductive, comparative, emergent and open-ended approach" (p. 12). Charmaz and Mitchell (2011) use an approach to grounded theory which allows ethnographers to adapt and change grounded theory to heighten the analytic sharpness of their studies. It assumes the existence of many realities, the mutual creation of knowledge by researchers and participants, and aims to provide interpretive understanding of the studied world. Charmaz (2014) acknowledges that the researcher cannot completely remove themselves or what they bring with them, and that our own stories and experiences are how one sees the world and must be accounted for within the analysis. As discussed previously in this chapter, due to my various roles and personal and professional experiences, the data is analysed through my lens. If this research was carried out by someone else, it would be analysed through their lens, and there would be similarities and differences in how the data would be interpreted.

What I did was more congruent to grounded theory lite, which is more suited for small projects, such as this (Pidgeon and Henwood, 1997; Braun and Clarke, 2013). Braun and Clarke (2013) discuss how researchers often set out to complete full ground theory, they often only manage the initial stages which consists of initial coding and the development of concepts. Grounded theory lite is similar to thematic analysis as they set out to find themes/categories that align with one another in different ways (Braun and Clarke, 2013). According to Glaser and Strauss (1967), literature should not be sought before data collection. However, it is incredibly difficult for researchers to not engage with important literature before starting the research. Regarding this thesis, it was necessary to submit a proposal to the doctorate programme which had to include relevant literature. As part of the doctoral

process is ensuring the research is original, I also needed to ensure that my research questions had not been answered before. Therefore, it was not possible for me to carry out pure grounded theory. Chapter 7 will discuss some of the challenges I found in using grounded theory.

The main aspects of grounded theory focus on coding, memo writing, comparative methods and theoretical sampling. Coding is an integral part of the process and Charmaz (2003) developed an alternative view of this and suggests open coding line by line as this helps to keep the researcher's personal views at bay, as much as possible. This is a significant step in the process, which is followed by focused coding which allows for further development of the codes. Grounded theory's purpose is to create theory and encourage the researcher to analyse the initial data while questioning what is missing to further develop the emerging theory, such as collecting further data to fill in the gaps (Charmaz, 2003). Memo-writing assists with this process as it helps to identify the gaps. I used a research journal to write notes, thoughts and questions that arose during data collection. The researcher needs to constantly compare the data, and to start this as soon as data is collected. This is viewed as a continuous process (Corbin and Strauss, 2008; Glaser and Strauss, 1967). Theoretical sampling is an approach by which sampling transpires as the research develops and is constantly narrowed. Theoretical saturation is when this approach continues until the data does not produce any further insights.

The three extracts below provide examples of open coding I completed during the analysis. One is from an interview with a social worker, one is from an observation of a home visit, and one is an interview with a mother.

Extract of Open Coding of Interview with Megan, Social Worker

CODING	INTERVIEW TRANSCRIPT
	K: what did you think about the letter in case of death?
Children worry Dad will kill Mum **High risk of domestic homicide** **'Alleged'—not believing mum** **High level of concern** **CSC and police are very concerned** **High risk**	SW: yeah, so, I think that's something that the children have always worried about and she's always said it's a possibility and actually when the police looked into, quite sadly, with what mum is alleging and what they've read and seen from the medical team they are surprised and fortunately, that it hasn't already happened. We moved them out of the area because they kept talking about domestic homicide, or something domestic DHR or something
	K: yep, domestic homicide review
Made this real for the SW **Children worry Dad will kill Mum** **Children are consistent in their feelings; impact on the children** **Children have witnessed traumatic events** **Impact on children**	SW: and I was thinking this is really serious and actually if the children are saying this, and the second time I met the children and we did house of worries and they put they are afraid that mummy is going to die and daddy is going to kill mummy. And that's been a consistent thought of theirs. They have talked about times when dad has hurt mum and mum's fallen asleep and they've had to sit on her until she wakes up
	K: oh wow
SW worried	SW: oh yeah, so that worry is valid
	K: It certainly seems to be
SW maybe hopeful Mum will now follow safety plan **SW want mum to understand the risk** **Want mum to 'do as she is told'**	SW: yeah…even when I have said to her and said this is what your children are saying, I think hearing it from this other person made it a little more real for her…what I'd really like to do…when the police investigation eventually ends I'd like to get the children's ABE interview tapes for mum to watch, because I think it would be really helpful for her…it might help push her that little bit more
Impact on the children	So yeah, it's what the children have always said…'that they worry that Daddy will kill mummy'

In the extract above, I began to hear about the challenges the social worker was having as she wanted to support the mother but was worried about her being killed by the perpetrator. An extract from a memo about this interview is below.

Memo

> *The social worker seems aware of the impact the domestic abuse has had on the children, but she seems unconvinced that the mother truly grasps this,*

therefore, she wants to show her the Achieving Best Evidence (ABE) interview that was completed with the police. She is worried about the mother and the children and seems to believe that the perpetrator could kill the mother, which must be extremely worrying for the social worker as she feels responsible for what is happening. I am also worried but tried not to let my personal feelings come through during the car journey to the train station.

The next extract is from an observation of a home visit between Holly, the social

work student and Mya, the mother.

Extract of Open Coding of Observation with Holly, Social Worker and Mya, Mother

CODING	OBSERVATION RECORD
Building confidence **Mum low self-confidence** **SW is proud of Mum** **SW should use language mum understands** **Mum low self-confidence** **Mum embarrassed by the activity** **Daughter says positive things about Mum** **Mum focuses on a negative** **Daughter building up Mum's self-confidence** **Impact of DA on Kyle and Veronica** **Mum helping Veronica to understand** **Mum's self confidence** **SW trying to build up mum's confidence** **SW praising mum for being able to ask for support** **SW praising mum for how she interacts with the children** **SW acknowledges what mum has been through** **Mum sees the positive in the situation**	Holly spoke to Mum about her self-esteem and did an exercise with her to get mum talking about the things she is proud of. Mum found this difficult, so Holly started. Holly said she was proud of Mum for her perseverance, but Mum didn't really know what that word meant so Holly explained it and then wrote it in a way that Mum could understand. Mum said she found it hard to say nice things about herself. Holly came up with some other words and then asked Veronica (Mum's daughter) if she could think of something that she is proud of about her Mummy. Veronica said, 'lots of love and cuddles.' Mum smiled and then said, 'well, you told me you hated me the other day'. Veronica looked sheepish (put her head down but looked up with her eyes) and said that she had said sorry, and she gave a cuddle. Mum said, 'yes, that's right you did'. Veronica said that Kyle (Mum's son) always says 'I hate you', and Mum said, 'yes, he does say that a lot, but I don't think he really means it'. They came up with a few other words and then Holly read them back to Mum. She seemed a bit embarrassed and said, 'no one ever says nice things about me'. Holly spoke about how Mum used to not seek support but now she's not afraid to ask people for help, and that she is really proud of her for how she plays with the kids and how well she has done after going through such a horrific time. Mum said that she is much happier, but it was really hard.

The extract above highlights the work that Holly is doing with Mya to build up Mya's self-confidence. Below is an extract from a memo from this observation.

MEMO

> Holly is being very positive in her engagement with Mya, and it seems Mya is not used to this. I'm aware of the long-term domestic abuse Mya has been subjected to and wondered how that has impacted on her self-confidence. Veronica has been honest about what she hears her brother say to Mya, which probably does not help Mya's self-confidence. It was nice to see Mya acknowledging how much happier she is now, but also how hard it has been to get here. The use of reflexivity is useful when going through the observations as it helps to be aware of my own feelings.

The next extract demonstrates some of the coding process from a transcript of an interview I conducted with Allison, a mother.

Extract of Open Coding of Interview with Alison, Mother

CODING	INTERVIEW TRANSCRIPT WITH ALISON (MOTHER)
SW needs to take time to understand **Some SW will go above and beyond** **Depends what SW you have** **Managers making decisions but haven't met the families but have ultimate decision making**	M: So, I don't know. They need to be more understanding. But there are ones who will bend over backwards regardless of what information they've got and then their managers refuse it, well it's there in black and white, that's what is good for the children and the family, and the managers just say no, whilst they're flicking through the paperwork
Mum sees SW as 'foot soldiers' doing the work but ultimate blame on how people are treated are due to management and government **Money and resources impact on support**	K: hmmmm M: so it's not the foot soldiers fault, it's the management and the government K: yeah M: absolutely, how much money is in the pot and what are we going to spend it on K: yeah….and what about women who were in a similar situation to you, do you have any advice for them in working with social workers
Mum blaming herself…'let it go on for 12 years' **Long term relationship and difficult to end it**	M: well, like I said, this is all new to me. A few months ago, I would've just said….well, I don't know…I can't…you know, it's just opened this whole can of worms. As if the person can actually see the signs. I let it go on for 12 years.

Mum feels responsible **Mum blaming herself, others blaming her** **Mum trying to make sense of it; hard to believe that someone who loves you is being abusive** **Very difficult to leave** **Hardest thing she has done is end the relationship** **Concerned about financial impact** **But is pleased to not be in that situation now, although financially it is difficult** **Would rather not have enough food than be in the abusive relationship** **Emotional rollercoaster** **Mum blaming herself** **Mum not herself when with him; maybe to try to manage the abuse** **Mum becoming isolated from family and friends because of abusive behaviour from ex-partner** **Mum in denial about abuse and made excuses for him** **Remembers the positives of the relationship** **Confusing** **Shame**	K: And a lot of people don't know M: yeah, and some do know exactly what's going on and can't get out…people say why didn't you get out sooner, because I thought it was normal. That's what your loved one is doing, and I know it's bizarre, but it gets drummed into your head. Do you know what I mean? So if you know it's happening, you've got to get it out and it's the most hardest thing, the most hardest thing. But being in this position that I'm in now, that was obviously not what I was living like before. That money could be growing here and filling up that fridge, but it's the abuse that followed it. K: mmmm M: but I'd rather go through a bin, I would rather go through a bin for food than have someone poison my mind (PAUSE) K: and you should feel proud that you have left it M: it is a struggle, (chuckles)…I laugh, and it's not something to laugh at, I laugh and I cry, and think how did you let this happen. Anyone else, anyone, abuse me like that, and my god, they'd be in the hospital. Do you know what I mean? But I was like eek (she made herself small), completely different person with him, didn't see it. I thought my friends and family were just going on and on because they didn't like him. I'd be like what are you talking about, and yeah, that's what he's doing, and I'd be like no it's not and making excuses. And when it was great, it was great, and then everyone is like, phew, and people have had enough and the next minute I can't stand him and the next minute I love you to pieces, people just don't understand…

The extract above shows the rollercoaster of emotions that the mother, and probably other women, must contend with when their long-term relationship ends, and the realisation of the abuse she has suffered. An extract from a memo on this interview is below.

Memo

> The mother speaks about how her interactions have been with social workers. She describes the social workers as 'foot soldiers' and that it is the managers who make decisions about families, even though they have never met the family. There is self-blame evident in the interview and how family and friends were telling her about his behaviour, but she made excuses for it. Alison admits some of the struggles she is having, such as with her finances, due to the incident that occurred, as he is no longer giving her any money, and this is a concern for her. It has taken a lot for her to end the relationship, and she is now understanding the abuse she has been subjected to. I felt proud that Alison has not been in contact with her ex-partner, but I worry about the impact of the financial situation. Alison acknowledges how difficult it is to end a relationship with someone you care about, even when they are not treating you well. There are similarities with the interview I conducted with Rachel.

These provide some examples of coding, which then came together in categories, after further coding. The main categories were: Mother Blame and Absent Fathers, Responsibility for the Abuse is Misplaced, Mothers Need Time to Develop Relationships with Social Workers, Care and Control, Working with the Emotions, The Leave Ultimatum and Mothers 'Doing What They Should be Doing'. The coding was useful, although time consuming, in understanding the development of the categories, the links between the different methods, and when considering saturation.

To immerse myself in the data, I transcribed all the audio recorded interviews, and all the field notes from the observations, as well as any other notes I had compiled such as thoughts and feelings after the event. This helped me to constantly think about the categories that were becoming apparent. Following the first interview and observation, I decided I wanted to complete two home visits with the same social worker and same mother as I felt this would provide deeper data. It also meant that the social worker and mother may feel less anxious with someone observing if they had already met me once and it went well. Although I was not able to do this in all

situations, I found it useful to the study. I engaged in intensive reading and listening

of the transcripts between five and ten times (Caillaud and Kalampalikis, 2013).

There were times when I would go for walks, especially during Covid-19 lockdown,

and I would listen to one or two interviews, depending on time. I would then return

home and write down the thoughts, feelings and questions that came through whilst

doing this. In some ways, I was doing mobile analysis as it allowed for free thinking.

I was not distracted by the typing, or the notifications of email, etc but it was just

walking and listening and taking in the information. Later in this chapter, I will

discuss the challenges of re-reading and listening to the interviews and observations

as it is difficult and traumatic, and the acknowledgement that it is people's lives,

which I found upsetting.

REFLECTIONS ON GAINING ACCESS

Through my various roles, I have made many connections in local authorities across

London and various parts of England. As an academic, part of my role was to

engage with social workers in local authorities, and as I had developed some good

working relationships with them, I thought gaining access to research sites and

participants would be easy. I quickly realised that I had been naïve about this and

found that there were many layers I had to go through, and it did not always produce

positive outcomes. In most academic research articles, discussion about accessing

research sites is often minimal which may be perceived that it is not difficult (Grant,

2017). This may be dependent on who the researcher is, previous connections to

the site or senior managers, and what the research methods consist of. I now know

that one of the difficulties of undertaking qualitative research is the issue of gaining

access, and perhaps as I wanted to observe home visits, this may have made it

more challenging. I also learned that there were many 'gatekeepers' to social workers and getting through them was not an easy task (Clark, 2010).

When the data collection stage began, I designed a recruitment sheet (Appendix B), an information sheet for social workers (Appendix C), and an information sheet for women (Appendix D) that provided details about me, the research, the importance of the topic, and how to engage in the research. I sent out the recruitment sheet and information sheet for social workers to local authority contacts, which consisted of workforce development leads, social workers, and senior managers. The first local authority I spoke with was through a staff member I knew. I was given the contact details of the Head of Service, who I contacted, and then someone else from the local authority, who led their domestic abuse strategy contacted me and we arranged a time to meet. I was pleased with how swift the response was, although I was quickly deflated as the local authority did not feel they had time to be involved in the research.

There was a range of emotions I experienced as I heard back from various local authorities, only to feel frustrated and disappointed after attending several team meetings, which only resulted in a few social workers agreeing to participate. Attending the meetings took up a significant amount of time as I was often travelling a round trip of three hours, for a fifteen-minute slot in a team meeting. I was also doing this whilst being a full-time academic, so I had limited availability.

There were times when local authorities would say they would be involved, but I soon realised there were more gatekeepers I had to get through. Leigh et al (2020)

wrote about negotiating access and exploring the presence of the researcher during the fieldwork. They discuss the ongoing complexities of gaining access as it continues throughout the data collection process. Although senior management would agree, I would then have to get through the team managers to get to the social workers, and then through the social workers to engage with the women. I often felt that I was chasing up those I had met via emails and phone calls, without getting much response. Even when the local authorities said yes, there was still significant amounts of time that would pass before something actually happened. This became interesting as I was constantly considering how my feelings about engaging with gatekeepers and the lack of responses was impacting on me, and possibly the prospective participants when I did engage with them.

As the data collection began, I was excited as I had hoped several social workers from these teams would want to be involved. This is not what happened. I was regularly following up with team managers, the domestic abuse worker, and the senior manager to remind them about the research and ask about any potential participants.

I reflected on the team meetings that I attended and was quite surprised by some of the actions of the social workers. At one team meeting, the social workers spoke over me, and I had some strong emotions of frustration and disappointment. At one point I stopped speaking and they did quieten down. I constantly worried about how I might be coming across, as I felt that if they liked me, then they would be more likely to agree to be involved (Adler and Adler, 1987; Burgess, 1984). I was

becoming anxious as I needed to start the data collection, and I worried that I may need to adapt the study.

Cassell (1988) speaks about physical access and social access, which is similar to what happened within the two local authorities who did become involved. Although I had gained physical access, by gaining agreement from senior managers, I did not feel that I was being socially accepted into this group. I was aware of my own frustration, as I had hoped the data collection would come about more freely, and I wondered how my frustration was coming across to the teams I met.

I also reached out to another local authority and met with senior managers there. This is a local authority in which I knew the senior manager and several team managers. They agreed to be involved in the research and a social worker agreed to be involved, and she was working with a mother who had also agreed to be involved. A visit was scheduled, but unfortunately the visit did not take place due to the mother's purse being stolen and she was having difficulty getting home from where she was. The social worker was in contact with me to arrange another visit, and another social worker had also agreed to be involved. Again, I was feeling hopeful but then the Covid-19 pandemic began and 'normality' as we knew it changed and the data collection came to a halt.

Although I know that social workers often feel scrutinised, I hoped that being a social worker myself, and having worked in front-line child protection, would help me gain access. However, I had to go through many different layers of people, and often spoke to people who were not social workers, as the first point of contact. It was

unclear to me what information they were providing to decision makers, and I soon realised I needed to speak with senior managers. However, this rarely happened as I met the 'gatekeepers' who would not actually be a participant in the study, yet they held an important role as 'intermediaries' between myself and the participants (De Laine, 2000; Dowling and Brown, 2009).

Without the social workers, I could not access the women. This provided another layer of gatekeepers. I had to meet with the initial point of contact, then attend team meetings to meet managers and social workers, then wait to hear from them if they were interested in being a participant, and then the social workers would have to ask a mother they were working with if they would be involved. It was like an onion, with many layers that had to be peeled back to get to the next.

I was also aware that I was not the one speaking to the mothers in the first instance, and they may have felt pressured into consenting to the research due to the power dynamics between themselves and the social worker. This can be difficult as the participants, both social workers and mothers, may view the researcher negatively and see me as an invader or spy (Plankey-Videla, 2012).

Although gaining access was difficult, for various reasons, I was able to conduct the study and finally gain access to three sites, although only two were utilised due to Covid-19. I did not have the number of participants I had originally planned, which was due to the time it took to gain access, and then the data collection had to be paused due to the Covid-19 pandemic. However, in discussion with my supervisors, it was felt that saturation of the data had also been met, as the data form the various

methods was producing similar data. Although the number of participants were lower than I had planned, I was still able to gather an abundance of rich data

RESEARCH ETHICS

This section will discuss the ethical issues that were considered at each stage of the process. At the start, it was important to consider the reason for wanting to undertake this research, and to ensure the methods chosen were appropriate. Although domestic abuse is widely studied, it is not studied in the way I have studied it. The interactions between social workers and women who have been subjected to domestic abuse, whilst the two are actively working with one another, has not been studied in this way before. The impact of having social workers involved in family life, and the decisions that are made, has significant impact on the families and therefore, careful and thoughtful research in this area was important (Renzetti and Lee, 1993).

I submitted the ethics form to the University of East London's Research Ethics Committee, and this was completed successfully (see Appendix E for Ethical Approval). This ensured the best interests of the participants was considered and that strategies were put into place to minimise any harm. This was a lengthy process but one that is necessary. Aside from the University's ethics process, the British Association of Social Workers (BASW) code of ethics also guided my research and the methodology to ensure it was in line with social work values and ethics, such as ensuring partnership working, and listening closely to those who use services, as well as promoting the right to participation and being trustworthy.

The local authorities I contacted to seek their agreement to be involved in the research did not seem to have their own ethics committees, although I had assumed they would. However, for this research, it seemed that a group of senior managers decided if they considered it was relevant and ethical for them to participate. Domestic abuse, and the work that social workers undertake, is sensitive in nature, and there are concerns that were rightly discussed. It was important to ensure that all names, organisations, and local authority areas were kept confidential (Lichtman, 2013). This was considered at all points within the data collection. There were some personal details of the participants on the consent forms, and they were kept in confidential locked boxes. The transcripts were saved on university systems and password protected. The typed notes of observations were also password protected, and any hand-written notes were kept in a locked box. It is important to constantly consider this and ensure that any identifying information is removed during the data analysis and writing of the thesis.

Ethical research practice is complex, but the literature often makes it seem simplistic. However, it is people's lives and their stories that are being dissected and it is important that researchers are sensitive to their views and needs, ensure informed consent is received and that they are aware they can withdraw consent. It was important to reiterate the points about consent and voluntary participation, and to allow opportunities for questions, at all points throughout the research process (Hesse-Biber, 2014).

I had a duty to the participants to ensure confidentiality and that their involvement did not cause further trauma. There were concerns that participants would feel

pressured into being involved in the research. As senior managers were deciding if the local authority would be involved or not, they were also deciding which teams might be involved. Following meetings with various teams, team managers would often state which 'case' would be relevant and then ask the social worker to be involved, who in turn had to ask the mother to be involved. I wondered if social workers felt obliged to agree to participate when they were being encouraged to do so by their managers. For the women, I did have concerns that they would feel they had to participate in the research, and if they did not, this might work against them in how the social worker views them. Participants feeling compelled to be involved is specifically important to ethnography, and as children's social work is one of the more highly scrutinised professions, I was aware how this might feel for social workers. Mothers are also scrutinised in their ability to parent and keep their children safe, so they may have some similar feelings to the social workers. I understood that being interviewed and observed might increase the possible anxiety for both social workers and women.

Consideration was also given to the fact that a participant might disclose something to me that could put a child or adult at risk of harm. The women I interviewed might disclose something to me that could cause concern, and I would need to report this to the social worker and possibly other professionals. This was stipulated in the consent form, but I often wondered if this was truly understood by the women. Social workers were also being observed interacting with mothers, and there could have been an instance in which I felt the social worker needed to act on something that happened, or something the mother had said (Waller, Farquharson and

Dempsey, 2016). If the social worker did not act on this, I would then need to raise it with them, their manager, and the research link in the local authority.

There was also a risk that a social worker or a mother might become upset during the interviews, as they may be reliving some of their experiences through talking about it. As a social worker with considerable experience, I felt confident in responding to situations that may arise like this, but I was also mindful that I was there as a researcher and not a social worker. However, I also have a duty as a registered social worker, and therefore I felt it was important to have knowledge of appropriate organisations for signposting, and to also offer a debriefing process if required. Banks (2021) discusses 'ethics of care' or 'an ethic of care', which considers the "emotional responsiveness" and is often linked with feminist views to ethics. I was aware that the study had a sort of built-in debriefing process for social workers, as we could discuss the home visit in the car back to the office. This was not the same for the mothers, although they were provided with information that they could contact me with any questions or concerns.

THE EMOTIONAL ASPECT OF THE RESEARCH

As discussed above in the Reflexivity section, this research is emotionally sensitive. I would suggest that this research has been a process and one that has helped me to better understand myself. Since the domestic homicide took place, I have developed strong views about the processes and procedures that social workers follow, especially in domestic abuse cases. Throughout this study I thought about the children who lost their mother at the hands of their father, as well as the loss of one of my 'second mothers' at the hands of her husband. As I read through the

121

transcripts and listened to the audio recordings, and as I have tried to analyse and make sense of this information and the conscious and unconscious feelings it evokes, it has made me even more aware of the complexities of domestic abuse.

I would attend one home visit with a social worker and mother, and it would impact on my sleep. I felt worried for both the social worker and the mother. I considered how there are expectations that safeguards are put in place to minimise any harm to the participants well-being, yet this is not the case for the researcher. Secondary trauma has often been linked to professionals in the helping professions such as police officers, rescue workers, military personnel, and other frontline workers in emergency services (Brown, 2017; Williamson, et al 2020). I would include social workers in certain organisations and teams in this category of professionals as well. There appears to be little regard given to researchers, specifically those engaging in qualitative methods. Historically, research was felt to be a process in which the researcher did not hold any views, that they were objective and therefore unaffected by the research (Hallowell et al, 2004). Williamson et al (2020) have written about the impact of sensitive research on the researcher, particularly in the area of gender-based violence. The World Health Organisation (WHO) identifies the most common risk for fieldworkers in this area as the "emotional toll of listening to women's repeated stories of despair, physical pain and degradation" (Ellsberg and Heise, 2005 in Williamson et al, 2020). They go on to say that when victim/survivors are given a safe space to talk about their experiences with someone independent, they may share information they have not shared previously which allows them to emit the traumatic details, which could be a relief to the victim/survivors. I would also suggest that social workers may have similar feelings as I was independent of their

organisation, and they were given space to speak about the mother's situation and their own feelings about the work. This could help in drawing deeper research findings.

In my research, I was being told about traumatic events, often from the individuals who experienced it as well as the social workers who had been told the information. I found that I had to limit the amount of time spent reading through transcripts and listening to audio recordings, and ensure regular breaks were taken. Undertaking a PhD can be isolating in itself, and I felt fortunate to have met several other researchers in the area of domestic abuse, which allowed for some comradery, and we could discuss the impact of the data on our own emotional well-being. I utilised my supervisors as well, which was helpful, but in hindsight I should have requested more regular supervision during this time. This made me consider the impact on practising social workers and the impact on their emotional well-being when they are being told about traumatic events, and visibly seeing the trauma daily and sometimes several times a day. I would suggest that it is similar for researcher and social worker that the rewards of trying to make a difference is what continues to keep us involved in this challenging, emotional work. This highlights the importance of reflective supervision in research and practice.

SUMMARY

This chapter has revisited the research questions and aims of the research, and how the selected methods were used to address these questions. It described the qualitative methodology, decisions for undertaking an ethnographic study, as well as mobile methods, narrative semi-structured interviews, and observations to collect

rich data that would attempt to address the questions. The challenges of gaining access and the various gatekeepers were also discussed as this impacted on the number of participants in the study, as well as deciding to eliminate a part of the study. The Covid-19 pandemic also played a role in limiting the data collection process, although it was felt that I was able to reach saturation. There were two local authorities involved in the research which resulted in twenty-one semi-structured narrative mobile interviews with social workers, and one with a mother; eleven observations of home visits, one observation of a core group meeting and one observation of an RCPC; and seven semi-structured narrative interviews with mothers and one with a social worker. Although gaining access was challenging, the persistence resulted in rich data which provided insight into the interactions between social workers and women who have been subjected to domestic abuse, in a way that has not been done before.

I have also discussed the rationale for using grounded theory for data analysis, and why I have chosen Constructivist Grounded Theory as discussed by Charmaz (2014). The importance of reflexivity is highlighted, as well as gaining insight into the emotional impact of researching sensitive topics such as domestic abuse. This was important to consider in relation to the well-being of the participants and to ensure any emotional harm was minimised, which was highlighted in the ethics discussion. The next chapter will provide the findings that were generated through the interviews and observations to begin to address the research questions.

CHAPTER 4: THE PRE-ENCOUNTERS

INTRODUCTION

The next three chapters examine the data collected from the car journeys with social workers, the observations of the interactions between social workers and mothers, and the semi-structured interviews with the mothers. The first Findings chapter will focus on the pre-encounters which will include the initial car journeys that I took with social workers on the way to visit women who they were working with and the semi-structured mobile interviews that were conducted. It will begin with a brief summary of the involvement between the social worker and the mother to provide some useful context. The next chapter will focus on the Encounters, which include observations of what took place whilst the social worker was with the woman. These encounters took place at the home of the woman, whilst two encounters took place during meetings in which other professionals were also present: one at a school and one at the social services office. The final findings chapter will focus on the Post Encounter, which will explore the car journeys after the initial car journey and subsequent car journeys, as well as the semi-structured narrative interviews with the six women. The information in the next three chapters is violent and traumatic, and I feel it is important to note this so the reader can be as prepared as possible. I might suggest not reading it all at once, and to take breaks away from the violence. I also think it is important to consider that many women do not have 'breaks' from the violence. Social workers can have 'breaks' from the violence, but the information in the next three chapters is just a piece of difficult information social workers are being exposed to regularly.

BRIEF SUMMARY OF THE INVOLVEMENT BETWEEN THE SOCIAL WORKER AND THE MOTHER

It is useful for the reader to have some understanding of the background of the situations of the women, as this provides context for the next three chapters. This information was mainly provided by the social workers during the initial car journey to see the mother.

Family Composition and Social Worker	Case Background
Mum: Rachel Social Workers: Mary and William Children: Peter, 8; Kenny, 6; Colin, 4; Helen, 2 Father/Perpetrator: Donald	Social workers have been involved with the family due to Kenny and Colin having profound disabilities. There have been concerns about Donald's controlling behaviour, and aggressiveness to social workers and other professionals. The incident that led to increased involvement due to domestic abuse was when Rachel was attacked by Donald. It happened in the house and was witnessed by Peter. Donald banged Rachel's head with the door as she had tried to lock him out of the house, and she was between the door and the wall. She was knocked out and when she came to, Peter was next to her trying to wake her up. When Rachel phoned the police, Donald was shouting that he was the one being abused, and he was slamming his hand with a drawer to inflict injury. Donald was arrested. Rachel then phoned Mary, and Rachel disclosed the years of abuse she had been subjected to. Donald no longer resides in the family home. The children are on a Children in Need plan.
Mum: Ann Social Worker: Megan Children: Jason, 10; Mya, 9; Dylan, 7 Father/Perpetrator: Mark	Megan has been working with the family for nearly two years due to domestic abuse. Ann and the children have been in a refuge previously. They also went abroad to stay with family, which was encouraged and supported by children's services due to the high risk. They have recently moved out of the local area, although in the same local authority. Ann has suffered violent attacks but has not always disclosed that this was perpetrated by Mark. Her car was found to have a tracker on it, and her work requires her to travel in the area and she has been attacked whilst visiting clients. She has

	recently had to change positions at work so that she is no longer travelling to visit clients. The children have voiced concerns that their father will kill their mother. They have all witnessed traumatic and violent attacks on their mother, we all as seeing visible injuries. Mark is not residing with Ann and the children. The children are on a Child Protection Plan.
Mum: Michelle Social Worker: Alice Children: Sharon, 14 and Lydia, 12 Father/Perpetrator: Arthur	Sharon is receiving support from the local authority due to her anxiety. During her sessions, there were concerns about domestic abuse but there were no disclosures made. The incident that led to Alice's involvement was when Arthur left a suicide note on the kitchen table and went missing, which was after an argument between him and Michelle. He was found by the police, at a pub, with a rope in his bag indicating he had a plan to end his life. It then became known that Arthur was manipulative and controlling, and Michelle disclosed what had been happening. The night of this incident, Michelle took the girls and went to stay with a relative. They were away from the home for several days, and during this time, Arthur broke into the family home, poured bleach all over Michelle's clothes, took a picture of himself inside the house and sent it to Michelle. Arthur was then arrested again. He is not residing with Michelle and the children. The children are on a Child in Need plan.
Mum: Mya Social Worker (student): Holly Children: Kyle, 9; Veronica, 3; and a baby is due soon Father/Perpetrator: Ray, father of Kyle; Paul, father of Veronica; Stephen, father of the unborn	Mya has been in two very high-risk abusive relationships with Ray and with Paul. There has been involvement with children's services on and off for several years. She has also stayed in various refuges. Mya became involved with Holly due to being re-housed in the area after leaving the refuge. Previously, Mya has returned to the abusive relationship and legal meetings had taken place regarding the possibility of removing the children from her care. During one of those times, Paul hit Mya over the head with a bottle whilst she was holding Veronica. Another time he beat her and choked her until she passed out. However, she is currently engaging with services well and there is no indication she is having any contact with the perpetrator. Holly is working with Mya to build up her self-esteem and her

	support network, as she is quite isolated. The children are on Child Protection Plans.
Mum: Alison Social Worker: Stacey Children: Caleb, 16; Lily, 6; Brian, 4 Father/Perpetrator: Richard (father of Lily and Brian)	Stacey became involved with Alison and her family due to a referral about domestic abuse that was sent from the police. Alison, Lily and Brian were at Richard's home and they were all asleep. However, Richard woke Alison up and they had an argument about something he saw on her mobile phone. Richard became physically aggressive and threatened to burn the house down. Lily went into the area where this was happening and witnessed her father physically abusing her mother. Lily has not been sleeping well since then. Alison's relationship with Caleb's father was also physically violent. Caleb had previously been in foster care, but has recently returned home following time in a young offender's institution.
Mum: Julie Social Worker: Catherine Children: Milo, 4 and Tim, 3 Father/Perpetrator: Keith	Catherine has been working with the family for about six weeks, due to a referral that was received from the police about domestic abuse. Julie contacted the police about three significant incidents that took place over a week. Julie was out with friends and there was an argument with Keith when she returned home. She described him as being controlling, and she had a big bruise on her arm although says she fell while she was out. A few days later it was her birthday and another argument happened in which Keith pushed Julie over and kicked her in the back. She called the police and stated that he had punched her, head butted her, and he then left the house. Keith is not currently residing in the family home.

PRE-ENCOUNTERS: THE STORIES

The Pre-Encounters began during email correspondence with the social workers, as they had agreed to be involved in the research. We arranged a time to speak over the phone so I could provide further information, consider the date and time for the first visit, and the social worker would provide brief information about the family's

situation. The social worker contacted me again to confirm the appointment, where to meet, and that the mother had given consent. On the day of the home visit, I would often feel anxious, but excited. I was eager to attend the visits with the social workers and meet the mothers, as this was always the part of social work I enjoyed, albeit with some anxiety as well.

I met the social workers at their office, and we went through the consent forms and I answered any queries. Social workers often seemed apprehensive about being recorded during the car journey, but nonetheless they consented to this. I explained that when we arrive, if the mother decides not to be involved in the research, I would then leave. The social worker and I made our way to the car, and engaged in small talk e.g. about the weather, and how far I had travelled, as well as the social worker apologising for a messy car before we were even in it. This carried on for a few minutes once we were in the car. Four of the seven social workers had the music turned up loud when they turned the key to start the car.

Megan and I got into her car, and as she started the car, there is loud music playing as she continued to speak. This is an extract from my field notes:

> ***I can't hear what she is saying so I ask her if it is ok to turn down the music, and she says yes, of course. However, I had to ask again as it was still quite loud, and I wanted to ensure the recorder was picking up the conversation.* —Field Notes from Car Journey with Megan**

As Megan and I already knew one another, I wondered if this was why she did not automatically turn down the music, and perhaps she was feeling anxious about my presence for the visit. I was also conscious of my own anxiety as I wanted to ensure the recorder was picking up what Megan was saying.

Whilst going on the first visit with Stacey, the music was also very loud when she started the car. She quickly tried to turn it down but was having difficulty doing so.

> ***"Oh, it's a new car and I'm still getting used to it…I'm really sorry about that…I really need to get to know what all the buttons are for". –Stacey, Social Worker***

Stacey may have felt more anxious since she was unable to figure out how to turn down the music straight away. As soon as the car started and the music came on, she apologised and pushed several buttons before the music was lowered.

Alice, another social worker, did not have the music up loud when she started the car, but on the way to her car, she apologised for the state of it.

> ***"Sorry for the mess in the car…I don't often have someone with me". – Alice, Social Worker***

However, the car was very neat and there was no rubbish or other items. I wondered if she had cleaned it because she was having someone in the car with her. Alice commented on how she does not usually have someone in the car with her, which could be her way of communicating that this feels unusual and is provoking some anxiety within her.

I felt the social workers were apologising a lot, and in my view there was no reason for the apologies. Although it was their choice to be involved in the research, they may have felt anxious about someone observing them as it could be viewed as surveillance and scrutinising their work, which mirrors the typical supervision model of current social work practice (Ruch, 2007) and the 'supportive' surveillance social workers do on the families they are working with (Keeling and van Wormer, 2012). However, I am also aware that I do not know how participants were 'chosen' for the

study. As I had met with team managers, and with teams of social workers, team managers may have had certain 'cases' and social workers in mind. Social workers may have felt they could not say no if their manager approached them. This was an important ethical dilemma that was discussed in the previous chapter.

After a few minutes, I would ask about the family we were going to visit, and the social worker would provide me with the situation and what led to their involvement with children's services. The social workers would provide details about how long they had been working with the family, the ages of the children, and other information that they felt necessary or that I asked about.

One of the social workers, Megan, has been working with the family for nearly two years. She is trying to find the address on the sat nav, whilst she told me about the family.

> *"They were on a child in need plan at first and then went on a child protection plan…even though they've lived at this address for a few months, I always have to use the sat nav" she says chuckling. "There is Mum and the three children. They were all living with Dad in (name of area removed) and it was quite a high level of DV that Mum was reporting to various professionals. So there were lots of referrals from hospitals, schools…and the children were reporting things they had seen at home. The oldest is 10, and then a 9yo and 7yo; the oldest and youngest are boys." –Megan, Social Worker*

The social worker was providing some basic information about age and gender of the children, how long she has been working with them, but also acknowledging that she may not need to use the sat nav as she has been going to the address for several months but perhaps using it makes it one less thing she has to think about on the journey. I was aware that the family had moved areas in the last few months, as Megan had informed me of this prior to the visit.

Another social worker, Catherine, had asked about confidentiality when I asked if she could tell me about the family. This was interesting as we had just read through the consent form that she signed before we got into the car. This was in contrast to the other social workers who did not ask, and they seemed to have all read through the consent forms quickly. I felt this may have indicated a high level of anxiety about surveillance, or perhaps she was thinking about social work values and just wanted to confirm that it was ok for her to discuss the family with me. Catherine said she just wanted to "double check". I reassured her that as I was also a social worker, I was also bound by confidentiality. She then proceeded to tell me about the family.

> "*So Mum, Julie, is (age removed) and her husband is (age removed) and they have been married for about four years. They have two children, Milo who turned 3 and Tim is 2, they both had birthdays in (month removed) so there was like a 10-day period when they were both the same age. Mum suffers from anxiety, and she can be quite quiet, and she's really worried about our involvement. They are still together…we received a referral, well it was following Julie calling the police and then the police refer to us and she disclosed three quite significant incidents in the space of a week on the lead up to her calling the police.*"— **Catherine, Social Worker**

Again, the social worker provided information on the ages of the children and the parents' situation. Catherine works in the front-line assessment team and this was her third visit with the mother, so she provided information about how children's services had received the referral, which was because the mother had rung the police. The social worker is also acknowledging the mother's feelings about social work involvement.

As Alice and I continued with small talk, she told me about her impending trip to America, and as I am American, this seemed somewhat of an ice-breaker. Alice

then went on to tell me about the family we were going to see. She had been working with the family for just over three months at the time of this visit.

> *"So this family was previously in (name of another team removed) and they have worked with the family for quite a while, and the concerns were typically about Sharon's mental health as she has quite severe anxiety…she's 14 and has CAMHS (Child and Adolescent Mental Health Service) involvement as well…there is another child, Lydia, who is 12 and she's doing ok at school…there were concerns about domestic abuse but mum had never said anything but there were suspicions". –* **Alice, Social Worker**

Alice provided some background about services that have been working with the family. The use of the word 'suspicions' is interesting as this gives a view that professionals did not believe mum, instead of wondering why mum might not be open about the abuse.

This was quite different from the information that was provided by Mary, the social worker who had been working with the family on and off for three years.

> *"The family have been open to us for about three years, primarily referred to us due to two children having disabilities".*
> *(I asked for clarification that it was not due to domestic abuse.) Mary's response was "no, definitely not".—* **Mary, Social Worker**

Mary wanted it to be clear that the family was not originally referred to children's services because of domestic abuse, but because of the children's disabilities. She went on to talk about how the mother had told the social worker about the father masturbating in the bedroom of one of the children, and some indication of domestic abuse, which led to *s.47* investigation.

It is interesting to consider the language used by Mary who appeared to have a different view of the mother as the mother reported concerns about the father, whereas Alice spoke about professionals being 'suspicious' of mum, and Catherine

being clear that it was the police who referred about domestic abuse, not the mother. This provides a view of some assumptions that are being made at the start.

The social workers provided me with their version of the family's story. I am aware that I only have the 'story' of the family from the social worker, although this is influenced by any history the family might have with children's services, views of other professionals, and information the mother and other family members provided to the social worker. Further parts of the story would be gained during the visits, subsequent car journeys, meetings and interviews with the women.

What I found is that social workers used this time in the car to discuss information they had, reflect on various ideas about what might be going on for the family, and talk about the work they have carried out thus far. They were providing me with what they felt were the facts of the situation. The story would be re-told to me, with its interpretations. I was aware that stories are recreated through those who are telling them, along with their interpretations of what has happened. I would then take in this information with consideration of my own views and experiences. These stories were the perspectives of the social workers but as the interviews with the women subsequently revealed, they were not necessarily the same as the woman's perspective.

These 'stories' involved a high level of physical violence that the social worker had to re-tell. In my field notes, I would often comment on how this must feel for the social worker, as in many ways it mirrors what the mothers are doing, retelling the violence repeatedly to various people including professionals. The space during the car

journey allowed the social workers time to recount the violence, and the risks, consider what their plan was for the impending visit, as well as contemplate how they would like the 'story' to unfold.

The social workers revealed emotions as they told the stories, through the way they spoke, body language and facial expressions. During the car journey, I asked the social workers about the feelings and emotions they were experiencing as they shared the story and as we made our way to the family home. Allowing social workers an opportunity to share these feelings, as we travelled to see the family, provided insight into how they have experienced their interactions with the mother and other family members, as well as other experiences they had before the car journey (Ferguson, 2016a). This helps to gain an understanding of how social workers experience their interactions with women who have been subjected to domestic abuse, and perhaps how the feelings and emotions impact those interactions and how, in turn, impact decision making. What takes place during the pre-encounter can stir emotions in social workers that may impact on how they interact with the women, and could determine what information they take in, and what they do not. Even pre-arranged visits with families the social workers know could raise anxiety and/or fear, as there is still an unknown element about what might happen. It is also important for social workers not to become complacent, because although home visits are routine for social workers, they can still be full of complex situations and emotions. Social workers may often go from one home visit to another, without much time to digest and reflect what took place on the first one. If it was a difficult visit, with high emotions and conflict, it may be more challenging for the social workers to truly be present for the next family. Ferguson's (2008, 2010,

2018) research includes the pre-encounters as he travelled to the home visits in the car with the social worker, but his focus is on what takes place during the home visit. I felt it was important to understand the emotions social workers were having prior to the interaction with the women, and why, as this could shed light on what information social workers are able to absorb during the interaction. The stories, as well as the emotions, address the research questions and I have identified themes which will be discussed. The main themes from the data are thinking about the violence, planning for the session, and the emotions of social workers using psychoanalytic concepts such as defences against anxiety.

THINKING ABOUT THE VIOLENCE

As the focus of the research is on domestic abuse, all the cases had social work involvement due to domestic abuse, although one family had long-term involvement due to two of the children having disabilities, but there were current concerns about domestic abuse. As mentioned above, the level of physical abuse and control that the six women were subjected to was high, in that there was a high level of physical abuse, sexual assault, emotional abuse, verbal abuse, stalking and coercive and controlling behaviour, as well as economic abuse. The landscape of child protection is one of complex situations and as discussed in the literature review, it cannot be viewed simplistically. The extracts below contain descriptive details about the level of physical, emotional and sexual violence, as well as manipulation and control, that the six women were subjected to by men they were in long term relationships with and had children with. This is not easy to read, nor easy to think about, yet it is important to consider how it might feel if you are the social worker who is deemed

responsible for the family by society and the local authority, as well as feeling a level of professional, and personal, responsibility for the family.

Mary has been working on and off with Rachel and her family for some time. She is a senior social worker with over twenty years of experience, who became involved with the family when concerns began to arise about domestic abuse and the father's behaviour, and a child protection investigation was initiated.

> ***"About a year ago, Mum called the other social worker regarding domestic abuse and also that Dad was masturbating in the children's bedrooms…the oldest child had made comments about violence and Daddy pushing Mummy'…then about six weeks ago, I had a message at 8 am from Mum saying she'd been attacked by Dad and she needed help getting the kids to school…he had knocked her out and she had an injury to her head"—Mary, Social Worker***

Similar to the level of violence Mary spoke about, Megan, who has been working with Ann and her family for nearly two years, talked about ongoing incidents of physical violence as Ann had been attacked outside of the family home. The children are on child protection plans. Ann is not living with the perpetrator and was moved to a different area within the borough by children's services.

> ***"In (year, redacted)), there was an incident that the oldest child described as 'Daddy hurting Mummy with a knife'…the children have been concerned that Daddy is going to kill Mummy and that she is going to die…when Mum started engaging with the police, the risks seemed to increase as she is now being attacked during work, trackers have been found on her car…he was arrested for raping her behind a petrol station and he said 'you need to stop this or else' (calling the police)…I've witnessed her having two miscarriages…she's had bruises, broken bones, black eyes…"—Megan, Social Worker***

This demonstrates a high level of stalking as well as rape, intimidation and control, which has been unremitting. As discussed in the literature review, stalking is a risk factor that is often viewed as not serious (Scott, Lloyd and Gavin, 2010), although it

is now a specific criminal offence. Megan felt it was serious and was frustrated with

police responses.   Megan was concerned about Ann and the children, and she was

also able to talk about her frustration with the ongoing situation.

> *"So Mum's engagement with us has been…..sort of….well, she appreciates the support but she is also quite angry because the pressure is on her. As the Mum has to do everything. They've been on a child protection plan for more than 18 months which is a long time to make yourself available for visits and at one point I was visiting every week. She has to go to these meetings. He doesn't go to the meetings and doesn't have to listen to all of this. I think she feels the pressure is all on her"*—**Megan, Social Worker**

In another situation, Alice, a social worker who has been working with Michelle and

her two daughters for nearly four months, not only had to consider the domestic

abuse, but she also needed to think about the mental health of the father, and the

impact of these various factors on the children. One daughter had been working with

another service due to a high level of anxiety. Although there were concerns about

domestic abuse, there had not been any disclosures. Alice explained how she

became involved with the family.

> *"About four months ago, there had been an argument and Dad left a suicide note and went missing. When he was found, there was a rope in his bag and his intention was to end his life. We became involved and found out how manipulative he was and controlling and it came out what had been going on for years. Mum then took the girls to stay with her mother, and whilst they were gone, Dad broke into the house, took pictures of himself in the house, and sent them to her…he also poured bleach all over her clothes."* –**Alice, Social Worker**

Alice had to think about the violence and intimidation, as Megan did, but Alice was

also aware of the mental health issues of the father/perpetrator, and the anxiety one

child was already experiencing, which would be exacerbated by the current situation.

In contrast to Megan and Alice, Holly is working with Mya, who has not had a recent

incident of abuse, but she has had two extremely violent relationships and has had

social work involvement in three different local authorities on and off for nearly ten years. She is currently 24 weeks pregnant and has two children. Holly began working with Mya when she left a refuge and was rehoused in the area. The risk appeared to be low concerning the father of the oldest child, as there has been no contact for some time. However, the father of the youngest child was also extremely violent, and the children were subjected to this. There is currently a five-year restraining order in place. Mya has been in and out of refuges and this is the first time she has not returned to Paul. Previously, Mya and her children were in a refuge for about six months when she was rehoused, and social workers found out she was still in a relationship with Paul. Mya and the children then returned to a refuge and were rehoused in this area four months ago. Holly described the level of violence and control he had within the family.

> ***"He wouldn't allow her to cook, she couldn't tell the kids she loved them or show them any affection, he had complete control over everything she did…extreme physical violence, hit her in the head with a bottle, another time he beat and choked her until she passed out." –Holly, Social Work Student***

The children are on a child protection plan. Mya's situation evidences a high level of coercive control as well as physical violence. Coercive control can infuse fear and terror into women, even without physical violence, as the threat is often all that is needed for the perpetrator to have power and control (Dutton and Goodman, 2005; Stark, 2007). Mya was subjected to years of abuse and trauma, and this is something that Holly had to keep in mind whilst working with her. Holly's focus was building up Mya's self-confidence and supporting her to set boundaries and consequences. Holly's hope was that this would also minimise the chance of Mya becoming involved in another abusive relationship. Mya also had a very limited support network and when it is time for her to go to the hospital to deliver the baby,

there is no one who can look after the children. Holly is also working with Mya to build up a support network.

Whereas the previous families had been working with social workers for at least three months, Stacey was on her way to meet Alison for the first time. She had received the referral but was irritated that there had been a delay in allocating the case and she was unsure why. The incident had taken place a few weeks ago and the referral came from the police. Stacey provided some information she had from the referral.

> *"The relationship seems to be on/off. Mum was at his place and the kids were asleep upstairs. Dad woke Mum up and there was an argument, and he became physically aggressive and threatened to burn the house down…the daughter is now struggling to sleep…it's positive that Mum did ring the police."*—**Stacey, Social Worker**

Stacey went on to speak about a previous domestic abuse case where the dad set the house on fire, whilst the mother and children were inside. Fortunately, they escaped and survived. This would be a situation that Stacey will not forget and is likely to come up in her mind with other cases.

Similarly, to Stacey, Catherine works in the front-line assessment team and this was her third visit to see Julie. Catherine explained how she became involved with the family after Julie called the police following three significant incidents in one week.

> *"Mum was out with friends, and they had an argument when she got home…he was being really controlling and she had a big bruise on her arm, although she said she fell. Then it was her birthday and there was a big row and he pushed her over and kicked her in the back. Then a few days later, when she called the police, it was because he had punched and head-butted her. He left when she called the police and there are now bail conditions that he can't contact her".* —**Catherine, Social Worker**

These brief extracts provide a little information about the stories the social workers are regularly hearing, reading, and trying to make sense of. They are needing to think about the violence to consider the risks and what interventions might be effective. This can put social workers under immense emotional pressure, and they require appropriate outlets and processes to manage these overwhelming situations (Bower, 2005). This may be in the form of reflective supervision that is not overly managerial and allows social workers a safe space to discuss their emotions (Staempfli, 2020). However, this could also be the social workers simply informing me of the family's situation, as one of the first questions I ask is for the social worker to tell me about the family we are going to visit. As I sometimes struggled to stay in my position of researcher, I felt there was more to these conversations than just the social worker providing me with information to give context to the visit. It would place me into the role of manager/supervisor, which I am probably more comfortable in, although I was not offering advice nor assisting in any decision making.

FEELINGS AND EMOTIONS

Whilst the social workers shared the stories of the families, their emotions and feelings also became apparent to me. One of the questions I asked the social workers was how they were feeling about the visit. Although I could sense some of their emotions, by their tone, facial expressions and hand gestures, most social workers found it difficult to speak about them or did not want to. They did not directly answer the question at first, and some of them never answered the question directly but they would skirt around it and deflect from the question. Social workers have long been taught the importance of managing their emotions through professional boundaries, and not wanting to seem unprofessional (Damasio, 1999; Schwarz,

2000). This is interesting to consider as I also believe this depends on the context and setting. As I previously worked in a newborn intensive care unit, if an infant passed away, it was not unusual for me to shed a few tears when sitting with the family of the infant. This was not viewed as unprofessional. However, it would be viewed as unprofessional if a social worker in child protection cried whilst removing a child from their parents. Both situations bring up emotions and they are both incredibly difficult situations, but the context is different.

Regarding this study, social workers have to manage their emotions when with families but should be able to express their emotions when they are not. Grant (2014) discussed the importance of social workers having permission to discuss their emotions and how this can 'enhance' decision-making. Social workers may avoid the question about their emotions as a defence against anxiety, although it may also be because they are used to going on home visits on their own, listening to loud music, and perhaps enjoying the time alone in the car. As participants in the study, they now have a stranger in the car, asking them about their feelings, which may feel quite unnatural.

At times, I would probe further and ask what feelings or emotions the visit or the family's situation provoked in them. Although social workers should be receiving regular supervision I wondered if they were given the space to talk about their feelings or if it was more of a surface 'how are you' to fill in the agenda item of 'well-being', as research shows supervision is case management focused (Ruch, 2007a). I felt social workers were surprised to be asked about their feelings and it was something they appeared to avoid with me. Understanding the emotions of social

workers helps to appreciate how they experience their interactions with the mothers, and possibly how the feelings and emotions impact those interactions as well as decision-making.

However, Mary, the social worker who had been working with the family for around three years, was able to speak about her feelings. She was of the view that they (social services and other professionals) must do everything they can to support the mother and children she is working with. Rachel has ended the relationship with her husband, after many years of abuse that she hid from everyone. Mary sees this as a crucial stage in her involvement with the family and describes feeling "passionate".

> *"I'm feeling passionate about this case…it's the highest package of care I have ever asked for and we got it! I told them (senior managers), it has taken a lot for this woman to take herself out of a 14-year relationship where she has been totally dependent on him, had every bit of self-esteem removed and she's got nothing….it's so important for me that we do the right thing right now, but I also know resources are an issue…she really needs support and we are here and we can do it".—* **Mary, Social Worker**

It was refreshing to feel Mary's passion and her determination to do "the right thing right now. Mary wanted to help Rachel and her children and showed compassion for how difficult it must have been for Rachel to finally leave the relationship. Mary had been a strong advocate for Rachel and the children. My field notes indicate how pleased I was to hear how the social worker had advocated for the family, and senior managers listened.

Mary had also informed me on the way to the visit that most social workers refused to work with this family due to the father's aggressive behaviour, and that he would constantly make complaints about social workers. Mary told me she was "not afraid of him". Rachel and her family were the only family in the study who had long-

standing social work involvement before the domestic abuse became apparent. Therefore, an established relationship between the mother and the social worker was already present. I often wondered what it meant to Rachel that Mary did not stop working with the family when the father complained about her, as other social workers had, and how Rachel perceived Mary's interactions with Donald, the father of the children. Mary had stated that she was "not afraid of him" and was not going to allow his aggressiveness to get to her, and although I am unsure if this is true or not, it may have empowered Rachel in how she had managed since leaving Donald. Rachel may have felt understood and valued in her relationship with Mary, or she may have become dependent on professionals. This was something I would keep in mind when I observed the home visit and the interactions between them.

Similarly, to Mary, Megan was able to speak about her emotions in working with Ann and her family. However, her emotions were more about anxiety, although she may have also felt passionate. She spoke about when the children's father was still around, she would get "extremely nervous" as she was concerned about her safety as well as the mother and children. Megan explained the situation with the Mark, the father.

> *"Dad strongly dislikes me and he's told me 'you're fucking useless' and I'd get extremely nervous because he did make threats and comments about me so that was kind of nerve-wracking".—Megan, Social Worker*

She described a time when she had witnessed an incident between Ann and Mark, which she then had to report to the police. Mark was already on bail, and Megan was then included in the bail conditions stating Mark could not have contact with her because of the incident and his threats against her. This made it impossible for her to attempt to engage with him, although it was also somewhat of a relief to Megan.

She stated that the team manager would attempt to contact Mark, but this was minimal. Megan spoke about how her emotions depend on what is happening at the time. Megan finds it "frustrating because there is only so much that we can do" and she does not feel it is right to force Ann and the children to move completely out of the area. Her frustration is with the system and organisation, more so than it is with Ann.

Megan also feels a level of responsibility for Ann and her children. Megan stated that she had advocated for the children so legal proceedings would not be initiated as she does not feel removing the children from Ann's care is going to make any of them safer. This also leads to the ongoing views of 'failure to protect' by the mother (Moulding et al, 2015), and the self-blame that accompanies this action, as discussed in the literature review. The blaming of mothers for failing to protect their children in domestic abuse situations is a statutory child protection discourse that has been embedded within the system for many years (Humphreys and Absler, 2011). Social workers recognise this discourse, although it may not be spoken about. Again, I felt a sense of pride to hear another social worker talk about advocating for the family, although it was a worrying situation of high risk due to the nature of the stalking, control and physical violence that had taken place.

Megan had been working with Ann for over 18 months, and there is a high level of concern among Megan and other professionals. She wanted to speak to Ann about the safety plan and remind her that she had agreed to change her phone number, which she still had not actioned. Ann's children are on child protection plans and changing her phone number is part of the plan as well as part of the safety plan that

was agreed upon during MARAC (Multi Agency Risk Assessment Conference). She

also wanted to discuss the non-molestation order with Ann as the current one is

expiring, and they need to ensure there is no lapse between them. Megan also

acknowledged that Ann had met up with the perpetrator several times, but that she

feels this is Ann's way of trying to manage the risk.

> ***"So Mum has gone and met Dad quite a few times, and you know we
> have paid for them to move and to get private rented accommodation
> and we sent them abroad and we paid for that, just to get them out, and
> so we need them to follow the safety plan but I think the way that Mum
> sees it is that she is managing the risk…she will say that if she doesn't
> go to him, he's going to come to her, so I believe that she is managing
> the risk and sees it as protecting her children. He used to say things
> like…she would show me the texts…I'm going to burn the house down
> and I don't care if you and the kids are in it, so if he's going to make
> those threats, she will not risk him turning up at the house…there was
> talk about taking it to a legal planning meeting and escalating it, but it
> does feel a bit like blackmail". –Megan, Social Worker*

This extract is filled with many emotions that Megan has been having for a significant

amount of time, such as frustration, fear, and concern. Interestingly, Megan also

mentioned that she has supervision and receives good support from her manager. I

later wondered, and wished I had asked, if the supervision was reflective and if she

felt it provided a safe space to discuss her fear and anxiety about this family's

situation. The perpetrator had put trackers on Ann's car, which is a high level of

control and stalking. There is also a view that children's services have spent a lot of

money on moving the family out of the area, that Ann should, therefore 'do as she is

told' and perhaps be grateful for this and 'play the game properly', a sort of 'we've

done this for you, now you should do as we have asked', which could be linked to

what Megan was saying about 'blackmail'. I appreciated Megan's insight into why

Ann may not be adhering to the safety plan. Megan also comprehends that

escalating the case to a legal planning meeting does not reduce the risk to Ann or

the children and may do the opposite. This highlights the similarities that have been found in previous research of the coercion and threats by the perpetrator correlating to the coercion and threats by social workers (Keeling and Van Wormer, 2012). Social workers' actions are seen as threats and Ann understands there will be consequences if she does not do what she is told to do.

In contrast to Megan, Stacey was on her way to meet Alison for the first time. She also spoke about this visit being an "important window". She already had a view of Alison because Alison had contacted the police after this incident, which Stacey viewed as positive. She spoke about domestic abuse cases being the team's "bread and butter" and was "feeling ok" about the visit. There seemed to be a correlation between the fact that Alison had phoned the police, which is viewed as "doing the right thing" and having a more positive view of how the interaction with the mother might go.

This was like Alice's view of Michelle's situation, as she stated she felt "more reassured" because Michelle is doing what is expected of her. The systems, or organisations, decide what mothers should be doing such as leaving the perpetrator and engaging with services.   If the mother is doing this, then some of the social worker's anxiety may be alleviated, rightly or wrongly.

> *"To be honest, I think when the Mum is protective and doing what she should be doing, I feel more reassured…it's the cases I find difficult when Mum isn't willing to leave the relationships and our hands are tied, and we are trying to make it as safe as it can be".*—**Alice, Social Worker**

This statement also shows a level of frustration with mothers when they remain with the perpetrator and perhaps Alice feels she has no other option besides a child

protection plan or removing the children. Alice needs to ensure she is doing something to minimise the risk to the children, and as the social work response has been that the mother needs to leave the abusive partner, if she has not done so, this may leave social workers and organisations, feeling anxious and uncertain, and engaging in risk averse practice.

Reassurance of the risk being minimised to the mother and the children provided a sense of relief to the social workers and made them less fearful and anxious as highlighted in the extract above. However, I found myself wanting to warn them that this could be a false sense of security. I considered Ann's case in which she was not living with the perpetrator any longer but there were ongoing physical assaults on her, and what research is clear about is that when women leave abusive relationships, they are at risk of the violence increasing (Mahoney, 1991). Therefore, I was not as reassured as the social worker appeared to be.

When I asked Catherine how she was feeling about the visit, she did not state an emotion. Instead, she spoke about what she planned to do. When I probed further, she still did not answer the question but spoke about the number of domestic abuse cases the team has, and how she planned to write the assessment the following day. I was aware that Julie had cancelled this visit three times and that the deadline for completing the assessment was quickly approaching. I wondered if Catherine might have been feeling anxious as she had limited time to complete the assessment within the timescales, and what the consequence was for an out-of-date assessment. It took me back to when I was a team manager and every month I had

to meet with the Director to go through the performance indicators, and then I was expected to speak with the social workers who had not completed assessments within the timescale. A feeling of dread came over me as I thought about that experience, and how the focus was on the timescale and not the quality of the work. This is explored further throughout the Findings chapters.

THE INTERVENTION PLAN

Social workers discussed their plan for the home visit. I found this to be related to both the violence the mother had been subjected to, as well as the emotions they were feeling. Home visits themselves can be described as a type of intervention that takes place between social workers and those they are working with, in the home of the person with lived experience. Home visits are an expectation of the profession, especially within areas of safeguarding, as they provide further insight into the family's situations as social workers obtain a glimpse into the family's world. Ferguson (2008, 2010) highlights the "profound sensory experiences in home visits" which include smells, sights, and flavours (Muzicant and Peled, 2018). When I think about home visits, I can still picture some of the homes I have visited, the dirty alleyways, or high-risk block of flats with a strong smell of urine in the lift. It is crucial to consider how these factors also play a role in the emotions of the social workers.

Most social workers in the study planned to discuss the safety plan as part of the work during the visit. Six of the seven social workers spoke about safety planning, and I felt this could give social workers a false sense of security. The main part of the safety plan was that the mother is not having contact with the father and that the mother is engaging with the social worker and other agencies. However, this does

not necessarily make a situation safe. As previously discussed in the introduction and literature review, this often increased the risk to women (Mahoney, 1991). Therefore, it does not indicate the mother's risk has been minimised, which was highlighted in Ann's situation, who was being stalked and attacked by the perpetrator or his friends.

Three social workers spoke about a 'window of opportunity' which Stacey described as a time to build rapport, show the mother they are there to support her, believe her, and help improve her situation. They understood the abuse was not the mothers' fault and did not want to be seen as casting blame onto the mothers. Social workers would consider what information they needed to gather or to clarify, and how they planned to do this, whilst thinking of how to do this in a non-accusatory manner.

Mary spoke about the 'window of opportunity' and acknowledged how difficult it was for Rachel to decide to leave a long-term relationship with the father of her children.

> ***"It has taken a lot for Mum to leave this relationship and if we don't support her, we push her back into the arms of him…it's really important that we do the right thing now". —Mary, Social Worker***

Mary viewed this as the 'window of opportunity' to demonstrate to Rachel that she was there to help her through this traumatic time. Mary did not feel the children should be on child protection plans since Rachel was no longer with the perpetrator and she was engaging in the work with professionals, 'doing what she should be doing'. I was somewhat surprised by this as I considered the Domestic Homicide Review recommendations from the case I was involved with, as it had concluded that the children should have been on a child protection plan, which I continue to

disagree with. In some ways, this felt validating to me, as it is a situation that I often reflect on.

William, a social worker also working with Rachel, had plans to go through the Duluth Power and Control Wheel and the various types of perpetrators (Duluth, 2017). The Duluth Power and Control Wheel was developed by a group of professionals to use with both victims and perpetrators of domestic abuse, to help educate others about domestic abuse (DAIP, 2017). The wheel offers a variety of tactics that a perpetrator may use, which can help victims understand that the behaviour they are experiencing from the perpetrator is indeed domestic abuse. William felt by showing Rachel the wheel, this would assist her in understanding the relationship she was in, as well as what to think about for any future relationships. Catherine also planned to "do some domestic abuse work" and go through the Duluth Power and Control Wheel (DAIP, 2017) as a way of 'helping' Julie see the signs of domestic abuse. Catherine was concerned that Julie did not understand what domestic abuse was and wanted to do an exercise about the five senses to ***"try to see if she has insight into how this might impact the children"***. In both situations, I felt this might be perceived by the mothers as blaming, and I was aware that neither of these social workers were doing direct work with the fathers. Therefore, the responsibility continued to be placed on the mother. I could appreciate why social workers were using this tool, as it was something tangible that could help mothers visualise their experiences, and also consider the impact on the children. The system within which the social workers were employed would want to know that the mothers understood domestic abuse and could show insight into the impact on the children, and this was a way to 'evidence' direct work with the

mothers. However, I was not convinced the system was concerned about the impact on the mother in the way it should be, as the focus from the legal framework that underpins the practice of children and family social workers, is that the child is paramount.

Catherine spoke about the plan following the completion of the assessment as she is recommending the family continue to be supported through a CIN plan.

> *"I really do want her to engage in a child in need plan and I've arranged the initial CIN meetings so that's another thing I'm going to do on this visit is try to get her to engage in that".* **–Catherine, Social Worker**

As Catherine had previously described the mother as "difficult to engage", it seemed that she hoped to cover a lot in this home visit. Catherine had described the mother as having mental health issues and feeling very anxious about her involvement, so I was concerned that she would not give Julie the time she needed to talk through everything. This relates to concerns that social workers become more focused on meeting performance indicators than the main task of working with children and their families (Broadhurst et al, 2010a). Integrated Children's Systems (ICS) have made the child protection system more bureaucratic, and less about building supportive relationships. The ICS is the IT systems that children's services use to audit and place control on the processes that social workers must follow, which is then used to track their work and alert them to the timescales they are expected to adhere to, and performance management may then be discussed in supervision and management meetings (Broadhurst, et al, 2010a).

In contrast to social workers who were focused on 'doing domestic abuse work' with the mother, Holly was working on building relationships within the family, as there were concerns about Mya's son, Kyle's behaviour towards his mother. Holly felt Mya had low self-confidence and this was something else they were working on. We had stopped at a corner shop to pick up some fruit, as Holly planned a family activity of making a fruit salad as this would involve all family members and it is also healthy eating. Kyle came into the shop whilst we were in there and he gave Holly a big smile when he saw her. He bought soda and a bag of crisps and helped us pick out fruit for the fruit salad. He rode his bike home, and we met him at the flat. Once we were back in the car, Holly spoke more about the plan for the session.

> *"So what I've been trying to do is some different family activities to try to help with the relationships and at the end say things that they are proud of and what they love about each other, and then in between that, so I would do a few sessions like that, and then one to one sessions with Mya about building up her confidence".* **–Holly, Social Worker**

Holly is conscious that there will be a new baby in the family soon and she is wanting to help build up the relationships for several reasons. She worries about how both children will react as more of Mya's attention will go towards the baby, and there are concerns about Kyle being out and about on his own as he will not listen to Mya when she tells him to stay in. By building up the relationships, Holly is hoping some of this will change.

During these conversations, I found a lack of discussion about safety planning with the perpetrators. None of the social workers spoke about speaking to the perpetrators about what they were going to do to minimise the risk to their children, and the mother of their children. This correlates with previous research about the invisibility of fathers in social work assessments (Brandon et al, 2009; Ewart-Boyle et

al, 2013; Neale, 2018; Scourfield and Coffey, 2002) and I would add even more so with cases of domestic abuse.

Whilst thinking about the family's situations, and their stories, I acknowledge that the social workers will not have all the information. They are receiving information about the father from the mother, the children, and other professionals they have encountered. How the stories are constructed could be a way of the various parties defending against anxiety and fear. In the initial car journey, there was minimal mention of the father, and when he was spoken of it was about the domestic abuse. He was not spoken about in his own right. A picture, or story, was given to me which formed unpleasant images in my head.

SUMMARY

This chapter has explored key components in this ethnographic study of conversations and emotions of social workers before a home visit with a mother who has been subjected to domestic abuse. Their involvement in the lives of these women was due to safeguarding concerns for their children as they have been exposed to domestic abuse. I have explored some key factors of the emotional and practical aspects of what social workers think about as they travel to do their job. Social workers shared the stories of the mothers and their families, which consists of factual and emotional, information provided to me by the social workers. Social workers gather information from various sources, which will then be influenced by their own experiences and how they have made sense of the information. This in turn is shared with me, as I then make sense of the information through previous

experiences, research and theory. It is interesting to consider that no one has the full truth of the story, and information will always be influenced by outside factors.

Social workers shared with me their plan for the visit and what they hoped to achieve. Many of them planned to discuss domestic abuse as a way of helping the women to gain an understanding of what constitutes domestic abuse and to allow them to identify patterns within their relationship. The purpose of this was to help them identify domestic abuse in the hopes they would not become involved in another relationship that is abusive or return to the abusive ex-partner. Some social workers chose to do this by going through the Power and Control Wheel (DAIP, 2017). One social worker discussed her plan to do an exercise that incorporates the five senses, which she hoped would help the mother acquire an understanding of how domestic abuse might impact children. There was a focus on helping mothers understand what domestic abuse is, show insight into this and how it impacts on their children.

Some of the social workers found it difficult to talk about the emotions they were having whilst driving to the home visit. If the mother was viewed by social workers as 'doing what she should be doing', social workers expressed a feeling of reassurance which would come across as having more empathy towards the mother. As discussed in this chapter, social workers are working with a high level of violence, fear, and risk, and I would highlight that this is only one family on their caseload. To think about this in a wider context, it makes sense that social workers employ various defences to reduce their fear and anxiety. The projection of their experiences and corresponding feelings in conversation with me are received, which I can take in and

hold with them (O'Sullivan, 2018). There is a range of unconscious defence

strategies, as well as organisationally constructed social defences that are present.

CHAPTER 5: THE ENCOUNTERS

INTRODUCTION

This is the second of the three Findings chapters. In this chapter, I will explore what takes place when social workers interact with women who have been subjected to domestic abuse. This chapter aims to begin to understand what takes place during home visits, specifically between the social worker and the mother. It will focus on the emotional and social aspects that social workers and women live through and afford an in-depth look at how they each make sense of what is happening. This provides an opportunity to begin to understand how social workers and women perceive one another, and how this is experienced. These encounters play an important role in decision making due to what the social workers observe, the information they are (or are not) provided with, what risks and protective factors are perceived, and the relationships. I would also proceed to say that the emotions of both mothers and social workers influence how this encounter is felt and that they influence decision-making.

Firstly, I will provide some insight into home visits and their importance in social work. There were eleven home visits, as well as two meetings, a core group meeting that took place at a school and a review child protection conference (RCPC) that took place at the social services office. Both meetings involved other professionals from education and health. For the meetings, I met the social worker at the venue.

Following a brief discussion about the emotions that may be experienced when conducting home visits, specifically the initial home visit, I will then focus on what

happens during home visits and meetings. Observing home visits and meetings

provided important data that gives a view into the work social workers actually do, as

well as the body language and unconscious emotions that may emerge during the

encounters. What I witnessed during the observations involved social workers doing

their job. This entailed taking in factual information as well as emotional information

and how at times, social workers found it difficult to digest this information. The

gathering of information involves various facets such as social workers listening to

the mother's experiences of violence, as well as other family history, and observing

what is around them. This leads to the discussion about feelings and emotions,

specifically anxiety and fear, as well as concern and empathy that I observed. What

also became clear was the absence of the 'risky father' and how the social workers

focused on the mothers. These are the themes that will be addressed throughout

this chapter, and extracts from the observation notes will be provided.

ENCOUNTERS: INITIAL THOUGHTS

As discussed in the literature review, home visits are an integral part of social work

(Ferguson, 2010; Winter and Cree, 2016) and are likely to be the most important

exercise in statutory children and families social work (Satiel, D and Lakey, R, 2020).

In five of the six cases, the social worker had been working with the women for

various amounts of time, from four weeks to nearly two years. One social worker,

Stacey, was meeting the mother for the first time, and I joined her for this initial

meeting. Salzberger-Wittenberg (1970) writes about how the initial interactions

between the social worker and the mother are "greatly influenced by the attitude"

each of them brings to the meeting, which may include both fearful and hopeful

expectations of what is to come (p. 3). This is part of pre-transference in that there

are feelings and emotions occurring even before the actual encounter takes place. It is a new experience for both, and although they will know one another after the initial meeting, each interaction they have should be treated as a new interaction (Salzberger-Wittenberg, 1970). Stacey described working with cases of domestic abuse as her team's "bread and butter", so she likely has preconceived views in mind. The mother Stacey is meeting, Alison, has also had previous involvement with social workers, in which her oldest child went into foster care; therefore, Alison will also likely have preconceived views in mind. Although Salzberger-Wittenberg (1970) suggests treating each interaction as a new interaction, she appreciates that it is impossible to not keep the previous interactions and information in mind. Social workers need to hold previous information in mind, as well as what their interactions were like and also information from other professionals. This could be information they have been told, observed or read in case records and written reports. This helps social workers to consider the risks and inform decision making, as well as helping to plan for the next interaction.

In each of the encounters I observed between the social worker and the mother, there seemed to be preconceived views and hypotheses in mind as they discussed the family's situation with me during the car journey. Both social worker and the mother may experience a range of emotions, including fear or anxiety, due to different variables and the complexities of the situations. As mentioned above, Salzberger-Wittenberg (1970) acknowledges that it is not possible to go into the encounters without a view, without emotions, and without any prior knowledge. Both social worker and mother will need to understand and experience why they have

become involved with one another, as it is not often that mothers seek out local authority social workers for support.

THE ABILITY TO DIGEST FACTUAL INFORMATION VS EMOTIONAL INFORMATION

The responsibility of children's services social workers is to safeguard children and young people. There are timescales that have been set by government policies in which they are expected to gather information by speaking to children and carers, as well as other professionals, to help them decide if a child is at risk of significant harm. I observed social workers doing direct work with mothers, gathering further information, and attempting to make sense of what information was being given to them. In some situations, I felt this was done well, whilst at times it felt procedural, that they were gathering information to write the assessment.

In the extract below, I was observing the interaction between Mary and Rachel. When we entered the home, I felt the house was dreary and not 'warm' as it was sparsely decorated, blinds were drawn and there were no lights on. I was aware of the risk due to domestic abuse, and that may have been why the blinds were drawn, as the perpetrator had family who lived nearby. One child was eating bread off the floor, and if anyone noticed this, they did not react to it. There were also two carers present and one was sweeping the floor right next to the child but did not attempt to distract him from doing this. I had feelings of sadness as I observed this. I also knew the child was diagnosed with a significant learning disability, according to the social worker, and I wondered if no one reacted as he was calm. It also did not last long, as he then moved off the floor and onto the sofa near his mum. I wondered if

Mary had seen this before as she had worked with the family for quite some time and did not feel it was relevant in the overall scheme of the situation. In other parts of the observation, Mary appeared to take in information from Rachel as they discussed transport to school for the children, transport for Rachel to a medical appointment, as well as updates on how the children were doing. In my observation notes I recorded the following:

> ***Mary and Rachel spoke about how Tommy used to go to Rachel for a quick cuddle when Donald (father) was still in the home, but now he will go for a long cuddle and smile each time. (I wondered if this was because Tommy felt more clingy after what he had witnessed, as he was constantly going to Rachel for a cuddle during the visit). Rachel explained that Peter worked with one of the male carers building Legos for almost two hours, and how Donald would have never spent that much time with Peter. Mary asked about Hayley, and Rachel stated that she is always smiling and making eye contact, whereas before, she used to just scream when anyone went near her. (Observation Notes 1-A)***

In the extract above, Rachel is telling Mary about some of the improvements she has noticed in the children, and Mary has been able to observe some of this for herself. Whilst Rachel spoke, Mary would smile and nod which would encourage Rachel to continue to speak. I felt pleased that Rachel was able to see the progress the children were making, and how she was managing without Donald. It was satisfying to see Mary praise Rachel, just by nodding and giving her space to speak, which seemed to build Rachel's confidence. Although I had only just met Rachel, I found myself feeling proud of her for the strength she has had in leaving Donald and caring for four children, two with significant disabilities, and she seemed determined to do this and not return to a relationship with him. As she has seen the progress in the children, which Mary is praising her for, this helps her to commit to not returning to that relationship. This also helps Mary in making decisions about her ongoing involvement with the family. In discussing this observation with a colleague at the

Tavistock, it seemed that I may have expected a more negative interaction between Mary and Rachel, and that I was pleasantly surprised by the positive interaction I observed.

In contrast to Mary and Rachel, the next extract demonstrates how the social worker, Stacey, engaged in the first visit with Alison. Stacey had explained in the car that she planned to go through what the assessment would entail, discuss agency checks, and discuss a safety plan. However, Stacey only discussed that she had to complete an assessment, but did not state the timeframe for it, what the assessment was about, and what Alison could expect. I wondered if this was because as soon as we entered the home, Alison started talking and was quite animated. We had to interrupt her so I could go through the consent form and discuss the research. Her daughter also happened to be home from school, which Stacey was not prepared for. I knew Alison had previously been involved with children's services, and I wondered if Stacey thought Alison would already have some understanding of the process. I also thought maybe social workers are not particularly good at explaining the assessment process, as it could cause anxiety for both the social worker and the mother, so it is skimmed over or avoided as it can place the social worker in a position of control, rather than care.

Social workers were aware of discussing sensitive information when children were present. As in the above extract, Stacey had planned this initial visit when she knew the children were at school. However, when we arrived, Alison stated that Lily was unwell, so she was at home. This could have impacted Stacey deciding to ask Alison further questions about Caleb, her eldest son, as he was also home. Alison

did talk about the incident that led to the referral to children's services. Stacey had

brought a copy of the referral and Alison read through it and agreed that is what had

happened. Alison provided further detail to this story, which I wrote about in my

observation notes.

> ***She was animated whilst talking about what had happened, running her fingers through her hair constantly. She said she was at the ex's with the children and the ex was looking through her phone (controlling) whilst she was asleep. He found that she'd been seeing someone else and grabbed her by the hair and pulled her onto the floor and was hitting her. He then stopped but then started again, and he pulled her outside and she hit her head on the concrete pavement. Alison said he has only been violent three times (I didn't believe this). The first time he threw Alison up against the wall in the lounge (she pointed to it) and hit her head. The second time she told him to change Lily's nappy and he told her to do it because he works, and she just sits at home all day. He then grabbed her by the hair and pulled her out of bed. (This made me feel sad for Alison and the children) She did mention she kicked him out after that, however, it seems this has been on/off for many years. Stacey was nodding whilst Alison spoke, but she did not ask any follow-up questions. (Observation Notes 5-A)***

During the visit, Alison mentioned that Caleb had been violent towards her in the

past, which is one reason there was previous social work involvement. This

information, along with the fact that there were four people, and a large dog, in a

small two-bedroom flat, made me feel heavy-hearted as no one would be able to

have any space to themselves, and then there is the domestic abuse situation which

will likely be causing upset within the family. Stacey found out that Caleb had

recently come back into the family home after being released from prison. Stacey

asked Alison why Caleb had been in prison, and Alison stated, ***"knives or***

something". I wondered why Stacey did not ask for further clarification about this,

as this could increase the risk in the family home. I found in the observations that

some social workers only focused on information that was directly related to

domestic abuse and did not look at the situation holistically. When I attended a

subsequent visit with Stacey to see Alison, Stacey did not have much more information about Caleb as his social worker had been on long term sick leave. It gave the impression that the situation with Caleb was not important, although during a further visit, as soon as Stacey and I entered the flat, Alison started talking about the stress of having Caleb home, how there is no space, and she was concerned he is selling drugs, and that it was *"all too much…the kids, the house, everything!"* Stacey sat and listened and then asked if Lily was not sleeping well. I felt this was dismissive and did not acknowledge Alison's stress levels or how she was feeling. This was then met with Alison answering abruptly "it's gotten worse". Stacey was then discussing the organisations that can support Alison, but Alison felt that they just wanted her to go into a refuge which she did not want to do. The social worker for Caleb had also come to visit recently and Alison was frustrated with her as she felt that she just kept telling Caleb to get a job or get into education, and Caleb is not interested in doing either. She made another comment "I feel like I'm going crazy". I observed Stacey listening to Alison, but I was unsure if she was taking in the anger and anxiety Alison was projecting into Stacey. I reflected that Stacey may have been filled up with undigested feelings, and if so, she would be unaware of what might be going on, unconsciously, for her. I was unsure if she was able to think about this in a meaningful way (Ruch et al, 2018). I was conscious that just prior to the visit, Stacey had met with an Ofsted inspector for 1.5 hours, which she had described as "nerve-wracking" and that she "was sweating something horrible" and proceeded to put on some spray deodorant before we got out of the car. Stacey had spoken about the anxiety she felt, and the frustration, from having Ofsted in the team and then having one of her cases scrutinised by them and was then faced with the stress and anxiety of another person. This may have impacted Stacey's ability to be

fully present for the emotional information from Alison. Throughout the visit, it seemed Alison was struggling more with her current financial situation than the domestic abuse situation, although I felt they were certainly related. Alison had alluded to Richard not giving her money for the children because she would not be intimate with him. This is controlling and coercive behaviour and it could be a reason Alison would return to him. In my view, it was important for Stacey to consider the impact of the financial situation but she may not have been able to do this at the time due to being unable to consider her own feelings about what was being projected into her.

I was also aware that Stacey had planned for this to be the last visit and she would be writing the assessment. I considered the impact of Stacey not raising some of the concerns and was perhaps being more focused on completing the assessment within the timescales, as Ofsted had just spoken to her about timescales. As it appeared Alison was not in contact with the perpetrator, Stacey may view this as Alison 'doing what she should be doing' concerning the domestic abuse incident, but not getting the ongoing support that Alison required.

Similarly to Stacey, Catherine was also focussed on completing the assessment. The first, and only observation I completed with Catherine was when she was visiting Julie for the third time. Catherine had made it clear in the car that she planned to write the assessment the following day so she had a clear plan for the visit. I felt that Catherine was pre-occupied with sticking to her plan so she could write the assessment. Julie has two young boys, Milo, 4 years old and Tim, 3 years old, who were both at home, although Tim was sleeping when we arrived.

The home had a strong smell of cleaner that felt overwhelming to me but Catherine commented on how nice it smelled, as we walked into the home…the home was sparsely decorated, the curtains were drawn and it was rainy outside so it was quite dark in the kitchen where we sat. Milo was walking around with no pants on and there was a training potty sitting on the kitchen floor. **(Observation Notes 6-A)**

I was surprised that Catherine did not mention anything about Milo and potty training, even to ask how it was going. After some initial conversation, Catherine discussed the Power and Control Wheel (DAIP, 2017) with Julie and then moved on to the next part of her plan which was to go through the five senses. Catherine had explained in the car that she wanted to do an exercise with Julie which might help her think about the impact of domestic abuse on children by going through the five senses, sound, taste, touch, sight, and smell. Catherine mentioned on the way to the visit that Julie had said the children had not witnessed anything, so Catherine wanted Julie to think about what the children may have heard, seen, etc using the different senses. It was to help explain that just because children may not have been in the room when something happened, that does not mean they do not know what is taking place. Just before Catherine began this exercise, the younger son woke up and now both young boys were present. This made it more difficult for Catherine to complete this exercise.

Tim cuddled up on Mum's lap with his sippy cup and kept looking at Catherine and me. He seemed suspicious! Catherine did her best to carry on with the work she had planned and went through the 5 senses to help Mum think about what it might be like for the boys. I thought it was an interesting exercise, and I could see the purpose, but I wondered how it felt for Julie as I was assuming Catherine did not do this exercise with the perpetrator/father. Julie would pause and give thought to Catherine's questions and she seemed to think about how the incidents may have felt for the boys. When Catherine spoke about what the boys may have heard, Julie acknowledged they may have heard shouting and crying. Catherine asked about what the boys may have seen and Julie stated they may have seen a bruise on her. Julie spoke quietly and looked at the boys as she spoke. Catherine explained to Julie that she felt the family would benefit from ongoing support, and also the court date is approaching. Catherine asked Julie what her plans are if the bail

conditions are lifted. Mum said that maybe she and Dad could then talk and start to rebuild trust again. Mum wants him to admit what he has done and if he doesn't she said she is unsure what will happen. Catherine seemed surprised by this as she nodded with raised brows. I was surprised as Julie's actions seemed the opposite of how Catherine had previously described her. **(Observation Notes 6-A)**

Although I would suggest that Catherine was able to gather a significant amount of information, I felt Catherine seemed more focused on 'getting the job done" than engaging attentively with Julie. Catherine did present with a calm demeanour and spoke softly, but she was constantly writing in her notepad which I found distracting. I also considered how this must have been for the two young boys as Catherine and Julie were discussing some sensitive topics and I had two thoughts about this. Firstly, did Catherine feel that as they were quite young, maybe they did not understand what was being discussed, secondly, was Catherine so focused on completing her assessment that she was determined to discuss these concerns? This is something that social workers regularly have to contend with, and with time constraints and timescales, it seems that Catherine did what she needed to do. Julie had also cancelled several appointments so Catherine may have thought this was an opportunity that she did want to miss. These are the dilemmas social workers will have to work through whilst the encounter is taking place, and when government timescales are a strong focus of the local authorities, social workers may choose to meet the timescale over what would be in the best interest of the family.

Similarly to Catherine, Alice was also planning to close the case when I attended the second observation between her and Michelle. Alice had informed me this would be her final visit, and when we arrived, Michelle spoke about her concerns for her daughter and how things were worse. There had been a CIN meeting and all of the

professionals were pleased with how things were progressing and Alice stated "Mum is doing everything she can do" so they were closing the case. Alice was coming to say goodbye to the girls and Mum. However, when we arrived, Michelle explained that one of the girls had just gone out with a friend and the other one was upstairs in her room. Michelle went on to explain her ongoing concerns.

> ***Mum then went on to say how things have got worse with Lydia and she was self-harming. The SW asked, in a not very empathetic way, what she was doing, and Mum said she was cutting. SW then asked if they were deep or superficial, which I felt could have been done in a more empathetic manner. (I felt the SW was not taking this seriously, possibly because she wanted to close the case) I wondered if the SW was a bit annoyed that this was her last visit to the family, it was a Friday afternoon, just before a bank holiday and she had hoped it to be short and sweet and she could go home before 5 pm! And now she had the mother saying things were worse. Mum did ask the daughter who was home to come downstairs and she did. The child didn't say anything, besides saying she was fine about seeing her Dad that weekend and that she thought they were going to the park. She then went back to her room. The SW had been working with the family for five months and I felt disappointed that this was the ending the SW had with them.*** **(Observation Notes 3-B)**

In this observation, it seems that Alice was not able to take in the emotional information about the young person's self-harming getting worse. Alice also was not able to have a proper ending with the children, which she seemed fine with as she did not mention anything about this being disappointing. From Alice's view, CAMHS were involved, and the ongoing concerns were being supported by them, so the case would no longer meet the threshold for her team's involvement. However, I felt sad and disappointed that Alice did not acknowledge the challenges Michelle was having in regard to the mental health concerns for her daughter. This could be viewed as a defence against anxiety as Alice wanted to close the case and had planned for this to be her last visit. If further concerns were raised, this would alter Alice's plan and due to timescales could have caused her further stress and/or anxiety.

168

During the first observation with Holly and Mya, Mya's two children Kyle, 9 years old

and Veronica, 3 years old were also present. Holly had been working on activities

the family could do together, as there were concerns around neglect, as well as the

historic domestic abuse. This activity involved making a fruit salad together, as it

also incorporated healthy eating. I felt some important information came out of this

interaction.

> ***Mya got out some plates and a dish to put the fruit salad in. She also
> got out knives and gave Veronica a knife suitable for a young child.
> Veronica took the knife and immediately put it to her neck and said
> something about cutting her throat. I was taken aback by this and quite
> shocked. Mya responded and told Veronica not to ever do that and if
> she did it again, she'd take the knife away. Kyle held the knife and said
> to his sister that it's important to hold the knife down and away, so it
> doesn't hurt you if you fall and it won't hurt anyone else. Mya
> commented that was right.*** (Observation Notes 4-A)

During this observation, Holly did not say anything when Veronica took the knife to

her throat. I was surprised that she did not acknowledge that what Mya and Kyle

had said to Veronica was good, instead she remained quiet and carried on with the

task of making the fruit salad. I felt a sense of relief at Mya's response as it showed

good parenting and that she was concerned about Veronica's safety. I wondered if

this situation was too difficult for Holly to take in, as this may have been a defence

against fear as it was easier for Holly to ignore this than to allow herself to go to

these feelings.

Similarly to the extracts above, Megan seemed to me to be unable to take in the

difficult emotional information from Ann. However, Megan and Ann have been

working together for nearly two years. In the first observation with Megan and Ann,

Megan spoke about the safety plan and another referral to MARAC due to the

ongoing assaults on Ann. This next extract demonstrates the challenges social

workers face when being forced to contend with difficult information that could

provoke unpleasant emotions.

> ***Megan asked Ann what happened in court today. Ann explained that Mark couldn't control himself and was becoming agitated and aggressive so court was adjourned for two months. (I noticed Megan did not have a reaction to this, as I expected her to comment how frustrating that must be, as this continues to be dragged out). Ann went on to say that someone at the court told her she should look into a letter upon death in case something were to happen to her. Megan responded with "well, maybe you should" in a tone that sounded somewhat accusatory to me. (I was shocked by Megan's response…it felt like an 'I told you so') The two briefly spoke about something else, and then Ann brought up the letter upon death again, and this time, Megan responded by saying, in a calm voice, "this is something that the children have always worried about, and this is why engaging with the safety plan, MARAC, contacting the police, are all important". They then went on to discuss the seriousness of the situation and the concerns that the children have always had about their Daddy killing Mummy. Ann's mood seemed to change and she spoke about how she does worry about him killing her sometimes. The SW allowed Mum to have time to think about this, and perhaps give herself time to take it all in as well. The two were then able to be more attuned to the risks and how they need to work together to minimise the risk of anything worse happening.***
> **(Observation Notes 2-A)**

I wondered if it was something they had spoken about, in more depth, previously, as

they have worked together for almost two years. At the start of this conversation, it

was as if Megan could not allow herself to delve into this reality as it was too

frightening to consider, but also that Ann is reluctant to think about the unpalatable

realities of the situation. When Ann brought it up again, it seems that Megan was

able to recover and respond this time, which is an important aspect of relationship-

based practice. From the conversation in the car, I knew that Megan was worried

about Ann and the children and that she was feeling 'frustrated' as she was unsure

what else they could do for the family.

It made me feel uncomfortable because of the significant level of violence in the recent attacks, and the violent history, Ann being killed by Mark could be a reality. I felt sad and concerned for both Ann and Megan, as I worried about how Megan would manage if something did happen to Ann, and I worried about Ann's ongoing safety and how after all of this time, she was still being physically assaulted. I also thought that Megan's response "well, maybe you should think about that" was in a way telling Ann that Megan thinks about the risk to Ann regularly and if she would follow the safety plan maybe the risks would decrease, which would help Megan more tolerable of the anxiety (Armstrong and Rustin, 2015). Megan is worried about Ann but is angry and frustrated that Ann does not appear to be doing everything she could do to protect herself and the children. Megan expressed her frustration about this situation on our way to the visit, and also before and after the child protection conference.

This observation was discussed with a specialist supervisor at the Tavistock, and it was highlighted that the domestic homicide had deeply impacted on me and that I did not want Megan to go through that. I knew Megan prior to her participation in the research and there seemed to be an element of wanting to protect her from further trauma. There may have also been a level of Ann projecting her frustration into Megan, and as I was also present, I may have been taking in some of the frustration but due to our different roles and responsibilities, I may have been able to take in the frustrations and reflect on them and is an example of 'container-contained'. Whereas Megan was caught up in the complexities and emotions and may not have been able to take in the emotions in the way I was. However, I also believe that Megan was able to recover and be more available the second time Ann brings up the

letter upon death. Ann may also have been projecting into Megan the first time she

mentioned the letter.

In a contrasting situation to Megan, William seemed open to the emotional language

when he was interacting with Rachel. William went to visit Rachel the second time I

accompanied a social worker to the family. He had also been working with the

family, as there were two social workers involved, although Mary was starting to

have less involvement as it was felt the level of risk was decreasing. When William

visited, there were no children at home, so the home was less chaotic, and it

seemed more appropriate to discuss some of the sensitive topics. They began the

visit by discussing practical things such as William taking Rachel to her next physio

appointment. They then began discussing the Power and Control Wheel (DAIP,

2017).

> ***William moved to a seat closer to Rachel as he began to talk about the
> types of perpetrators, (William had brought information with him that
> described the types of perpetrators) which is what he had planned to do
> during the visit. Rachel's eyes welled up several times during this
> conversation. One point that struck me was when they were looking at
> The Dominator, and part of this was about sexual control. Rachel said
> she was never raped by Donald but that he would often not take no for
> an answer. Donald made her do things she didn't want to do and she
> did them so he wouldn't hurt her. She also mentioned times when he
> would make videos and Rachel said it makes her sick thinking about
> that now. William was calm and listened to what Rachel had to say, and
> gave space for silence. William then advised her to talk to her solicitor
> and the IDVA (Independent Domestic Violence Advocate) as he would
> not want Donald to distribute these videos to anyone. He said he didn't
> know for sure, but in his view, what she was describing is rape. Rachel
> had tears in her eyes and said she could understand why he would say
> that and that this has made her look at things differently. William
> acknowledged Rachel's feelings and gave her permission to be upset
> about this.* (Observation Notes 1-B)**

In this observation, William was able to take in the 'emotional information' that

Rachel was able to release during their encounter. I saw two people engaged in a

difficult conversation in which one was sharing incredibly personal information, and the other was able to hold this information and allow them both space to take in what was happening. I felt pleased that Rachel felt she could open up to William about this and you could see in her face and eyes how difficult this was. She was beginning to accept what had gone on in her relationship with Donald and that it was not her fault.

Although William was not casting blame on Rachel, I felt that going through this information could make her feel responsible for what she, and her children, had endured. I wondered why William had not been more informative with Rachel about why he was going through the Power and Control Wheel (DAIP, 2017) with her and to reinforce that he was not blaming her. I think it is inevitable that mothers will feel guilty about what has happened, even if the social workers are not blaming them outright. By having social workers involved in their families, most families will feel scrutinised, and the social worker is blaming them for something that is not going well within the family. Mothers will often blame themselves for what is viewed as them not protecting their children from violence and have spoken about the guilt they encounter (Moulding, et al, 2015).

Social workers were listening and gathering 'the facts', information about what took place since the last time they met, updates on how the children were doing, updates on court cases, as well as information they were able to collect from the direct work they undertook. Nonetheless, my observations also describe moments in which the social workers did not appear to be able to acknowledge, process, or make sense of the feelings and emotions of the mothers. There was a disconnect between doing

the tasks of gathering factual information and assessing risk, and not doing the tasks which involve 'emotional information'. I see emotional information as information that helps social workers understand how mothers are feeling, what they are worried about, how these feelings are impacting on them, and how it impacts on the children. This should support the social workers in analysing the information to consider what support can be put in place to help mothers, and children, work through this difficult situation. This information is as important as factual information as it also assists in understanding the risk that the mother believes to be true and also plays a role in decision making.

FEELINGS AND EMOTIONS EXPERIENCED BY SOCIAL WORKERS AND MOTHERS

The taking in of information that social workers are expected to absorb brings upon them a range of emotions, and at times they seemed unable to acknowledge and process these emotions. The range of emotions I observed during the home visits and meetings included empathy, anxiety, concern, fear, and anger whilst making sense of the information about violence and risk they were being exposed to. Mothers are having to re-tell traumatic experiences and are likely to have anxiety and apprehension about social work involvement. I would suggest that the social workers and the mothers, were both experiencing a series of emotions that manifested in various ways during the observations.

Many of the observations described above bring various emotions with them. For instance, when Megan and Ann spoke about the letter upon death that was mentioned in court, I felt there was a range of emotions that both Megan and Ann

were feeling, such as the anxiety and fear around the fact that the risk to Ann is high

and there are concerns that she could die at the hands of her ex-husband. Megan

was the only social worker who expressed her feelings of "frustration and worry"

about this family's situation. Megan was able to articulate this to me, which was also

projected back to Ann when Ann brought up the concern that she could be killed. I

felt there was a high level of anxiety about Ann's situation, which I also observed

during the RCPC. During the meeting, you could see a wound and stitches covering

Ann's entire forearm and part of her neck. The IRO, who chaired the meeting, spoke

about his worries about something worse happening to Ann. Ann's response was

"well I'm not dead yet", which none of the six professionals in the room

acknowledged. The IRO also decided that the next RCPC should be held within

three months instead of six because the IRO is

*"really worried…things have to change for these children and this mum and I
don't want to find out anything worse has happened to her".* **–IRO
(Observation Notes 2-C)**

When I was waiting in reception for the social worker to arrive for the RCPC, I

noticed one of the professionals for the meeting arrived and when she was asked to

write down the registration number for her car, she asked the receptionist if it was

okay not to include it as she *"didn't want Mum to have it"*. Following the RCPC, I

stayed in the room with the social workers. The IRO spoke about the first time the

IRO had met the father, Mark.

> *"He was spitting when he spoke and had a very red and angry face…I
> could tell he was trying to control himself and it wouldn't surprise me at
> all if Mark followed her or had someone else do it".* **–(IRO, Observation
> Notes 2-C)**

The IRO had also made a comment which identified feelings of anxiety. The IRO

asked me if I was sure I was not from the Daily Mail, as he has dreams that *"they*

will infiltrate".

The observations from the home visits and meetings which include Ann describe the anxiety and fear of the professionals. Although removing the children from the mother's care might reduce the risk to them, in my opinion, it would not reduce the risk to the mother which in turn leaves a level of risk for the children. The impact of being away from their mother also has to be considered. Interestingly, the IRO and the new social worker were commenting that something needed to change, which I also felt placed blame onto Megan, that after nearly two years the risk has not decreased so somehow it must be Megan's fault. There was a significant amount of blame, as well as fear, anger, anxiety and frustration taking place throughout the observations, as well as concern and worry, and the defences of all involved were clear to see.

I found myself constantly thinking about Ann's situation and the work that Megan had been doing with the family. Just writing about this makes me feel anxious. I often wondered what had happened to this family. The children have certainly been impacted by what had occurred and the ongoing expectations and responsibility placed on Ann seemed unfair.   I considered container-contained and how I did not feel that Megan was being contained, nor were other professionals (Bion, 1962). Megan and the other professionals required useful containment that would allow them to oversee their emotions, and those projected onto them by others (Ferguson, 2009; Hughes and Pengelly, 1997; Ruch 2007). Hughes and Pengelly (1997) discuss the importance of process reflection and being able to recognise the conscious and unconscious processes that impact on practitioners. This supports what Ruch (2007) found in her research on the importance of 'holistic containment' in

children and family social work which promotes reflective practice. Holistic containment refers to containment taking place in all aspects including emotional, organisational and epistemological containment. This is also similar to what Ferguson (2009) found in his research of what social workers do in everyday practice. It would be impossible to contain all of this anxiety, but by having a space to talk about it could be beneficial. Megan was not able to take in some of the difficult information during the moment, and it was clear that senior managers were concerned about the length of time the children had been on a child protection plan. It was as if that was more important than what was going on for Ann and her family, as well as for Megan. Megan had not been a qualified social worker very long and this was a particularly complex case. From my perspective, Ann and Megan were frustrated with one another, or perhaps with the wider system in which they found themselves located. I honestly was not convinced that anyone was feeling contained regarding the abuse that Ann had endured, and was still experiencing. I had feelings of concern that Megan was having to carry the complexities of this situation. As discussed above, I had feelings of wanting to protect Megan, possibly due to the fact that I knew her before she participated in the research. This came out when I discussed this observation with the specialist supervisor at the Tavistock.

ABSENT FATHERS

All six of the mothers I met were no longer living with the perpetrator at the time of the social worker's involvement. Therefore, there were no fathers involved in any of the observations. Although I was aware of the risk posed by the fathers, there was minimal discussion about them during the home visits, and even in the RCPC and the Core Group meeting. Although I was not surprised, I found it intriguing that they

were viewed as absent, although they were the actual reason for social worker involvement. What I did observe was the mothers and social workers providing information about the father. Mothers would provide further information about the violent acts and control they had suffered from the father. The social workers would sometimes share information with the mother about the father, such as when Alice told Michelle that Arthur was not wanting to engage in any type of support, and when Catherine informed Julie that Keith had not accepted any responsibility and denied any abuse took place.

In other situations, there was talk of the father but it was in relation to what he had done such as when social workers discussed the Power and Control Wheel (DAIP, 2017). Social workers used this as a tool to "help mothers understand domestic abuse in the hopes they would not return to the perpetrator or engage in a relationship with someone abusive in the future" (DAIP, 2017). Although this could lead to victim blaming, depending on how the social worker communicates to the mother why they are using the tool, it could also be useful in helping the mother to acknowledge that they had been raped, they had been emotionally abused, and had minimised the violence. The way in which social workers communicate, and the language they use, are critical in the encounters.

There were also times when the mothers would provide information to the social workers about the perpetrators. Alison provided Stacey with information about her ex-partner as she attempted to make sense of what had happened and try to find a reason for his violence and control.

> ***Mum (Alison) says she knows a lot of this is because of her ex's childhood. His Dad used to beat him and his siblings and his Mum. She***

says she told his Mum part of this is her fault as she should support Alison and realise what her son is doing because she's been through it too. (Observation Notes 5-A)

As the research was designed with the focus to be on how mothers and social workers encounter one another, I speculated this may be why social workers chose these particular mothers to be involved in the research. Another hypothesis could be that social workers were less anxious in their interactions with mothers, especially if the perpetrator was not around, so they were more comfortable having a stranger observe in these situations. In hindsight, I could have asked the social workers about this. It is worthwhile to reflect on how distant the fathers seem to be, yet the children are involved with children's services due to the violence associated with them. They were often spoken about as if they were an outsider, or as Goffman (1956) speaks about the actors who are off-stage and meet with others independently.

SUMMARY

In this chapter, I have focussed on social workers 'doing the job' and taking in, or not taking in, factual and emotional information. This provides insight into what information social workers are exposed to, what emotions it might provoke in them, and how they manage or do not manage this during encounters with women. Social workers were presented with multitudes of information, some of which is incredibly emotive and difficult, and this research focussed on only one of their families. The amount of information social workers are expected to absorb daily is astounding, and it is important to consider what they can retain, specifically around emotional information.

One of the central themes that has been highlighted in the processing of the emotional information. Complex emotions are in place during the observations, with the hopeful, yet fearful, expectations of both the social workers and the women. The chapter has discussed the different information that may come into the social workers' mind, which is difficult to think about. My experience of how the emotionality affected me and pulled me into different directions gives pause for thought as to how the emotional experiences may affect assessments and decision-making. The psychodynamic concept of container-contained is useful in understanding this, as social workers often act as the container for a mother who is expressing their frustrations or fears, whilst trying to take and make sense of these emotions and at the same time, managing the distress they may be experiencing (Ruch, 2018).   These are important components of relationship-based practice that Ruch et al (2018) discuss. By considering the concept of container-contained, social workers may be able to engage in reflective processing of these emotions during the moment and manage the feelings that may be projected into them by the mothers.

It is also important to note the absence of the fathers in the home visits. In all the cases involved in the research, the mothers were all living apart from the perpetrator. This was typically due to bail conditions and restraining orders, which prohibited (although may not stop) them from being together. During home visits and statutory meetings, the fathers were only discussed in ways that described the risks to the children and the mother, but there were never any actions they were expected to engage with. This amplifies the responsibility placed on mothers for something out of their control. All the children were currently living with their mother, with only two of the sixteen having supervised contact with their father. The fathers were the

reason for social work involvement, yet they were left out of the encounters and were

only spoken about as an outsider to the situation.

CHAPTER 6: POST ENCOUNTERS: INTERVIEWS WITH SOCIAL WORKERS AND WOMEN AFTER THE ENCOUNTERS

INTRODUCTION

This chapter aims to consider how the encounters between the social worker and the woman, as well as the woman and other professionals, were experienced by both the social worker and the woman. One of the main themes in this section is how the social workers attempted to make sense of the factual and emotional information they were being given. This includes making sense of the emotions, as although some of the social workers seemed unable to take in the emotional information during the encounter, they were able to talk about it directly following the encounter. It is important to consider my role in this as a social worker, former team manager, academic and researcher. I often felt I was being pulled out of the role of researcher, and into the role of manager/supervisor, or perhaps that of another social worker. They may have felt it was easier to speak with me about what had taken place, as I had also been present, but also because I was not their manager/supervisor. For the seven social workers, and from my own experience, most home visits are completed by just the social worker, on their own. Therefore, it was unusual for them to have someone else who had been a part of the encounter who they could then discuss the encounter with. I sensed some of the social workers felt they benefitted from the discussion directly after the visit, with someone who had shared the experience. One social worker, Holly, said as we arrived back at the office after a home visit, *"that's my inner thoughts and my musings, back and forth, my deepest reflections"*.

The final Findings chapter focuses on the post-encounters which includes the car journeys and mobile interviews with social workers after the initial car journey, as well as brief conversations with social workers following a Core Group meeting and a Child Protection Conference. Another crucial component is the semi-structured interviews with the mothers. As discussed in the methodology chapter, the interviews took place by various means; two were over the phone and not audio recorded, one took place whilst the mother, her young daughter and I walked together from the Core Group meeting into town and it was not audio recorded; and four took place in the mother's home and these were audio recorded.

MOBILE INTERVIEWS WITH SOCIAL WORKERS

Making Sense of the Encounter: Facts and Emotions

The discussions in the car following the encounters consisted of thinking aloud about what had just taken place during the visit, which included information from the mother's stories, the emotions of both the mother and the social worker, and what had been observed. The social worker would reflect on this information and contemplate how it relates to what they already knew. The social workers would often discuss other domestic abuse cases as a way of looking for similarities and differences that would aid them in the next steps and decision making.

They would consider various hypotheses of what might be happening for the family. Although not typically discussed, until I asked, social workers also pondered the emotions they experienced. The extracts from the observations, as well as the interviews during the car journeys, and post-encounter, provide thick data to highlight these points. The work that social workers are engaged in takes skill, and they

consider potential risks as well as the strengths, and what support they family may need. They spoke of other domestic abuse cases, which helped them make sense of the current case by increasing or decreasing their concerns, based on other experiences. The 'making sense' process helps to formulate the story and consider any gaps that require further exploration.

When it was felt that mothers were not "doing what they should be doing", this led to more unfavourable emotions for the social workers such as fear, anxiety and worry. Social workers who felt the mothers were forthcoming with information seemed to leave the visit feeling more optimistic about the family's situation. They also viewed the mothers more favourably and their perceptions of the risks were then reduced. Social workers used their emotional responses to help make sense of the information, which therefore impacts decision making. Certain emotions, such as anxiety, may be due to something that took place which has made the social worker more concerned, and try to understand why. This demonstrates how emotions are linked to perceptions about the information that feeds into decision making.

Social workers who had been working with the mother for longer periods of time seemed to take on a feeling of responsibility for what was happening. Mahoney (1991) states that when women leave a violent relationship, their risk of violence increases, as does their risk of being killed. Therefore, staying with the perpetrator can be protective but this is not the view taken by social workers or within society. If the mother is still having contact with the perpetrator, social workers view this as a risk and in some situations, the professionals will assess this as a 'failure to protect' the children.

In Ann's situation, it was strongly believed by the social workers and professionals who attended the RCPC, that she is still having contact with the perpetrator. Megan, the social worker, is deeply concerned about Ann and the children. She also understands that Ann may be having contact with the perpetrator to try to manage the risk to herself and the children. However, as the children have been on child protection plans for over 18 months, the organisational view is this is too long and therefore, something more needs to happen. This is when the organisation might cast blame onto the social worker that she has done a bad job if the risks to the children remain. Organisations are also suffering from anxiety and engage in defences against anxiety behaviours (Hinshelwood and Skogstad, 2000), which can also then impact on those who work within the organisation.

During the RCPC, the IRO decided to have the next RCPC in three months instead of six months due to the concerns,

> *"because I'm really worried and things have to change for you (speaking to the mother) and your children"*.

Following the RCPC, I spoke with the social workers and IRO.

> *"My boss is monitoring this case and wants to know why progress isn't being made…removing the children doesn't feel right, but what do you do? Those children are being exposed to significant violence when they see their mother with injuries like she had today"* --IRO, Observation Notes 2-C)

Megan felt she had a good relationship with Ann, but there was a level of frustration and anger that she felt due to the ongoing risks. Megan expressed her feelings about this and was unsure what else she could do. During the RCPC that I observed there was a position amongst professionals that Ann was not being honest and therefore this was 'neglectful' to the children. This was also related to the fact that

Ann was not following the safety plan, which also included Ann changing her phone number.

> *"I worry about the safety plan, although she was quite 'yeah yeah, I'm going to change my number', we've had this conversation lots of times and I get it that it's not a quick thing to do and it's not easy and you have to notify people but I do worry that she's not being truthful and we can't work or discuss that to any length because she's not saying 'this is the reason I'm not changing my number'".—Megan, Social Worker*

It was felt that if Ann was being truthful then Megan could work through this with her, and Megan may then feel less anxious about the situation. In this situation it is important for Megan to consider why Ann may not be telling the full truth of the situation.

Megan and I spoke about the letter upon death that Ann had mentioned, once we were in the car. I asked Megan what she thought about that, and she explained that the police have told her they are surprised Ann has not been killed by Mark. Ann has also said it is a possibility and the children have always expressed worry that this might happen. Megan was able to talk about the high level of concern about Ann being murdered but did not talk about her emotions concerning this, which is likely a defence mechanism, so she spoke about what others thought. Megan may have been feeling fear, anxiety or even anger and her response could be a way of trying to protect herself from the painful thought (Bower, 2005) or that she was unable to protect the mother and children from violence. Megan was realistic in that,

> *"unless something drastically changes, the risk is always going to remain, unless he goes to prison and is convicted for a long time, which we know is unlikely to happen".*

The responsibility for the safety of the children lies with Ann and with Megan, although they both feel that it is the father/perpetrator's responsibility to change his behaviour to minimise the risk.

Another potential view could be linked to the public accountability that could be involved if something were to happen to Ann and the children, as the social worker and the local authority would feel the impact of the blame. This also leads to the social worker's feelings of responsibility for the mother and children. The media has placed the blame on social workers when something happens to a child, such as death (Leigh, 2017), although this is not often the same level of blame if a mother is killed. Many people will know the names of Victoria Climbie, Peter Connelly, Daniel Pelka and Arthur Labinjo-Huges who were children killed by their parents and carers, but most will not know the names of Caroline Crouch, Mumtahina Janet, or Clare Court who were all killed by their partners or ex-partners. All three women had children, but the media attention was minimal.

An interesting part of this family's situation was that part of the safety plan was for Ann to ring the police if anything happened. The police had told Megan they were surprised that the ongoing incidents with Ann had not resulted in her death, yet two months later they told Megan they were considering charging Ann with wasting police time as the information Ann gave to the police did not match the injuries, or CCTV footage. The police did not attend the RCPC and therefore were not part of the conversations around the safety of Ann and the children. Ann felt the police were not taking her situation seriously, and as they did not attend the RCPC, this may have imbedded this view further for her. The other professionals who attended the RCPC were aware of the police's view, but Ann was not. I felt this contributed to a narrative of Ann not being honest and therefore professionals were not trusting of what she said. Ann had a non-molestation order which was being broken by her ex-

husband, or his acquaintances. When Ann rings the police, she does not feel that they take her seriously or that any action is taken against the perpetrator. Ann admits that she does not always ring the police, and this is because when she does, she feels there is no action taken. It appeared that the more Ann was attacked by her ex-husband or his associates, the more she was blamed for what happened. In my conversations and observations with Ann and Megan, I felt Megan was committed to supporting Ann and the children, but Megan is aware the responsibility seems to fall onto Ann, especially as the professionals have not been able to engage the father in any support.

A few weeks following the RCPC, I was provided with an update from Megan as I had planned to attend the next RCPC. However, there had been some developments, and due to some comments by the mother, it was decided that I should not attend the meeting and Megan was no longer having any involvement with the family. The situation had been escalated by social work managers as they felt the mother was not protecting the children, and as there were ongoing concerns about the impact on the children, a legal planning meeting was going to be held with a view that the children will be removed if the agreement is not followed. Megan spoke about her frustration at no longer being involved with the family, as she feels the new social worker will recommend the children be removed, and it will be another professional the children and Ann will have to get to know. However, Megan spoke about how this made her feel.

> *"I feel relieved, as mum was saying she knew where I lived and also my sibling and not that I think she would do something but it also doesn't feel nice". –Megan, Social Worker*

I felt I was being pulled into the emotions of Megan as I was disappointed for her as I felt I understood her commitment to the family, and perhaps she was disappointed that the risk to the children, and to Ann, had not decreased during the time she had been working with them. I also got the impression that other professionals, including social workers, may have thought Megan was beginning to collude with Ann. They did have a complex relationship, in which Megan had witnessed and listened to many of Ann's personal and traumatic experiences. Megan had mentioned to me that she sometimes felt Ann saw her more as a friend than a professional, and she acknowledged Ann may share more information with her than with family and friends.

In contrast to Megan and Ann, Catherine had only been working with Julie for a short time. Catherine seemed more concerned before the visit and had even spoken about Julie being 'difficult to engage' as we drove to the visit. I was surprised Catherine had approached Julie to be in the research, and that Julie had agreed. The statement 'difficult to engage' made me wonder why Julie would want someone else coming to her home if she was not wanting to engage with the social worker. Interestingly, my observation of Julie was different from Catherine's as I felt Julie was fearful of social work intervention, so she may have avoided interactions with Catherine. However, after the visit, Catherine felt more reassured about Julie's engagement and that she would engage in a CIN plan. Catherine was pleased with the level of information she was able to gather from the visit.

> *"…she was just a lot calmer, ummmm, when I initially saw her it was still very new, I think like a week, and then I saw her at a meeting, I think she felt….she got quite defensive because it was all of the professionals there…and even though we weren't being accusatory or anything like that, we were just being quite laid back and really trying to involve her and a really strengths-based approach, I think she just works it up in her*

***head whereas today I thought she was quite engaging and…quite
welcoming of the things that I brought up for us to talk about today…I
thought she showed good insight into the impact and I know that she is
aware and I think for me, that makes my assessment more positive….we
often work with women in situations like hers and they only tell you
about the parts of the story that they want to tell you, but at least she is
being honest that something has happened and it's not okay".—***
Catherine, Social Worker

Catherine felt that Julie was more insightful about the interaction they had during this

visit. Catherine viewed this as a level of compliance, but I think there should be

further reflection on why Julie might not be telling her everything. During the car

journey after the visit, Catherine provided me with further information about the

incidents.

***"…there was a bruise on the arm…the weekend she had gone to a
festival with some friends, and she said she did get drunk, and he really
wasn't happy about that and is it borne from being worried about her
welfare, or borne from jealousy or lack of trust or the fact that she's out
having a good time and he's not…there is a number of things it could be
and if her going out with her friends is going to cause arguments, then it
is going to isolate her because it will stop her from wanting to go out
with friends"***—**Catherine, Social Worker**

These conversations demonstrate how Catherine is trying to make sense of the

information she just obtained, whilst also bearing in mind the information she already

had and thinking about other cases of domestic abuse. The fact that Catherine felt

Julie showed insight provides Catherine with a more positive view of the situation,

and therefore her assessment will be more positive. It seemed Catherine was trying

to understand the abuse, perhaps because this might help her in providing some

direct work with the father. These discussions are a means of Catherine making

sense of the information but could also be viewed as victim-blaming. I felt it was

more of a means of looking at the information and considering various analyses

about what has happened. It can be viewed as being Julie's fault she went out and

then drank too much, which then resulted in her husband being abusive. If she had

not been out, this would not have happened, and therefore casts blame onto the victim. However, whilst Catherine is making sense of the information she has, she recognises that Julie should be able to go out and she is concerned that this situation may impact on Julie's decisions to spend time with friends in the future, which would be isolating for Julie. It could be seen that Julie would not want to do something that is perceived to provoke her husband to become violent. Whilst Catherine was making sense of the family's situation, I thought it was interesting that she did not make any comments to me about the dreariness of the house or that the child was walking around without pants. However, I think she was more focussed on the domestic abuse, which was the reason for her involvement. This was also not the first visit, so these observations may have come up in other conversations between the two.

As Catherine was focusing on the domestic abuse, Holly's involvement with Mya was focused on building relationships within the family, supporting Mya to set boundaries and increasing Mya's self-confidence. Holly hoped this would minimise Mya becoming involved in further abusive relationships, as she had been in two high-risk relationships in which she experienced significant physical violence, emotional abuse, and control. Mya is not currently in a relationship, so there is not an imminent risk to Mya or the children.

There are concerns about how the children have been impacted by what they have witnessed, and the school have highlighted some concerns for Mya's son. I also noticed that there was minimal discussion about the state of Mya's home. It is quite cluttered, and one room is so full of clothes, toys, etc that no one can sleep in there.

The son is sleeping in one bedroom and Mya and her daughter are sleeping on the sofa. This was also discussed at the core group meeting, but I did wonder if this was being discussed between Mya and Holly during other interactions. I was intrigued that Holly did not discuss this when we were in the car. However, Holly did acknowledge that previously care proceedings had been initiated.

> *"It was really bad and Mum was drinking and struggling with her mental health due to what she was going through in the relationship, kids weren't going to school, home conditions were really bad, so there were a lot of worries but she is coming through the other side".* —Holly, Social Work Student

Holly was talking through this as a way of making sense of Mya's situation and how the situation had improved. She had compassion and empathy for Mya's situation and wanted a positive outcome for Mya and the children.

> *"I really like Mya, she's lovely and I really feel for her and I admire her for many different things and she's a really strong lady and has persevered through so many difficult things".* —Holly, Social Work Student

Holly's statement describes the compassion and responsibility that she feels for Mya. Holly was working on Mya's self-confidence so perhaps she would pick and choose what to focus on that would not be viewed as negative by Mya. It may also be that Holly did not want to encroach any more than necessary in Mya's life and needed to consider what was deemed to be necessary in relation to the concerns for the children (Ferguson, 2014). Holly was concerned about the impact on Kyle as he would often call his mother "stupid" and not listen to the boundaries she attempted to put into place. Holly stated that Mya's last partner often made derogatory comments to her, as she cannot read very well and as previously stated (in Chapter 4), he would not allow her to show warmth and love to the children. The domestic abuse Mya and her children were subjected to impacts the relationship Mya has with her

children even when she is no longer with the perpetrator (Radford and Hester, 2006; Thiara and Humphreys, 2017).

Similarly to Holly, Stacey's empathy and compassion for Alison's situation came through when she was making sense of the interaction. On the way to the second visit, I was accompanying Stacey to see Alison, Stacey spoke about how she planned to close the case after this visit. However, her view changed after the visit. Alison was upset and stressed during this visit, and she was making statements like **"it's making me crazy"** and **"it's just all too much"**. This was also after Stacey had spent the morning with an Ofsted inspector which left her feeling anxious and blamed when she was asked why they do not aim to complete assessments in a shorter timeframe, even though they are allowed 45 days. Stacey expressed relief in being able to leave the office as **"it's like a bunch of cats just going up and down and looking around desks"**. During the visit, it seemed that Stacey was not able to take in the emotions that Alison was projecting onto her. At first, I was concerned she had turned a 'blind eye' to the hopelessness that Alison was disclosing (Parkinson, 2017). However, in the car when Stacey was trying to make sense of what she had just encountered, she acknowledged the difficulties Alison is experiencing.

> **"I don't know what it is, not necessarily that she's been avoiding professional support but maybe she just feels so overwhelmed she's not ready to take it all in, she's depressed and when you're depressed you don't want to do these things, you want to stay in bed and have someone fix it for you, but unfortunately as an adult, unfortunately, there isn't someone that does that for you".—Stacey, Social Worker**

Stacey was able to take in more of the factual and emotional information than I anticipated, and she was trying to make sense of it. She wondered why Alison had

said she had not heard from some of the organisations that Stacey had made referrals to. Stacey went on to say how hard it must be for Alison and how she needs someone to **"take the reins"** although she is not sure what Alison truly needs because Alison is not sure herself. She then acknowledges the reality of this **"it's sad to see parents feeling like that"**, and perhaps there is then a level of responsibility that Stacey takes on as she does not want parents to feel that way yet there is a limit to what she can do for them. It was satisfying to see how Alison felt able to be open and honest with Stacey about how she was feeling, which in turn made Stacey re-think what her recommendation would be for this family. Domestic abuse was a real concern, but so was Alison's mental health, the emotional well-being of the children, the situation with the older son, and the financial position which was certainly putting a strain on the family as Alison felt she was struggling to buy food, buy petrol, pay for gas and electricity. This became a priority for Alison, yet it took some time for Stacey to understand this. It could be that Stacey was more concerned about the impact of the domestic abuse than the issues around finances, but I felt the financial stress Alison was under could lead her back into contact with her ex-partner. Toews and Bermea (2017) report that over 75% of abused women experience economic abuse after leaving the relationship, which Alison has experienced as her ex-partner is not providing her with any money for the care of the children. He also had Alison take out credit cards and catalogue cards in her name that he then used, which she is responsible for paying. These are two methods perpetrators use to control the mothers (Nikupeteri and Laitinen, 2015), and is something that Stacey needed to consider.

Father Frustration and Fear

When social workers spoke about the father, I often felt there was an element of fear and frustration. Social workers recognised that the responsibility was being placed onto the mother, but perhaps were unsure what else to do. Alice spoke about this, in reference to domestic abuse cases in general.

> *"I find it really difficult when mom is doing everything she can do, but Dad isn't so the kids go onto plans (CP) and actually it doesn't seem fair…we often know we won't get anywhere with Dad so the only person we can rely on is the mom in most cases…it's frustrating, really frustrating, because Mom is doing EVERYTHING she needs to do but Dad isn't doing anything. It's frustrating for both moms and social workers I think"—Alice, Social Worker*

Alice also spoke about Arthur, the ex-husband of Michelle.

> *"He is very manipulative. He comes across as someone you would not want to upset or say the wrong thing to. I can imagine how controlled she must have felt by him"—Alice, Social Worker*

Her statements describe someone that she may not want to engage with and might be concerned what would happen if she said something that upset him. Alice also spoke about how Arthur did not want to engage in any programmes regarding his behaviour and alcohol use, and she stated how he needs to be ready to engage so she would not push it. Although there is truth to that, I thought about the mothers and how they do not seem to get a choice in engaging in support that is offered by the social workers. Mothers often feel they do not have a choice, but that they are coerced into engaging or there are consequences if they do not (Keeling and Van Wormer, 2012).

Megan spoke about her frustration regarding the situation with Ann and Mark, but I felt it resonated with other cases as well. She has worked with the family for some time, but the risk is increasing, and Megan has found that a real challenge.

> *"I find it quite frustrating because there is only so much that we can do…what if he finds out where they are living, what can we do? She doesn't want to change her job, and I get that, as I think it's a big part of her identity, and without changing everything, he will likely find her and then what do we do?—Megan, Social Worker*

Megan also identifies the limits of what she feels she can do to help Ann and the children, but is also fearful of what could happen, which could be that Ann is killed. The risks have been discussed openly so everyone is aware that this could be the reality, yet Megan seems to express her frustration that more is not being done to protect Ann. In further conversation, Megan is worried that senior managers will decide the children need to be removed from Ann's care and Megan does not agree with this, but as she states above, she is unsure what to do. I did wonder if Megan was receiving the level of support and reflective supervision that she required around this family's situation.

In another case, Mary spoke of her feelings about Donald, the ex-partner of Rachel. She previously spoke about how Donald had threatened other social workers and professionals, but that she "wasn't afraid of him". However, she seems to understand the power that he had within the family home and the level of risk he presents now that has been taken away from him.

> *"He rings all the time. He's either calm and trying to engage us or he's screaming and making threats. This man was powerful for a very many years and all of the sudden has had that power taken away from him and I can sense that he's feeling out of control like that and I think and feel, and I've shared with the police and the DA worker, and I think that makes him much more dangerous…she's massively at risk"—Mary, Social Worker*

Although Mary states she is not afraid of Donald, this may be a defence against fear and denying her true feelings about this man. It is good that she understands the risk, especially after the separation has happened. Mary, and William, who is also working with Rachel, have worked with other services to put in protective measures such as fireproof mailbox, spotlights outside of the house, and reflective covering on the windows so no one can see in.

William spoke about how Donald attempts to manipulate him when they speak.

> ***"When I speak to him, he tries to manipulate me and he will say things like, I just want to see my children and start to cry and stuff like that. I tell him I understand that, but we need to work through all of this, and he'll say, yeah, I know you understand because you are a man…and I'm thinking, hold on, we aren't mates". —William, Social Worker***

William also discussed how Donald will call him and make threats that he is going to take the children, and how he always reports it to the police as he feels this is something that Donald might attempt to do.

Social workers Megan, Stacey, and Ellie spoke openly about other domestic abuse cases they were currently working with or had previously worked with, specifically about the father. This was integral in how they made sense of the current situation, as they spoke about violence other mothers had been subjected to. Megan spoke about a domestic abuse case in which the father rang her whilst he was standing on a roof saying he was going to jump off because he had been told he could not be around his children. He did jump, but fortunately he survived. Megan spoke about how she then had to chair a core group meeting, which she sat in but felt she was not "really present". Stacey spoke about the referral of Alison's children, in which it

stated the dad had threatened to burn the house down. She informed me she had a case where the father threatened this, and he did it, *"set the house on fire with the mother and his children inside"*. Luckily, they were able to get out of the house in time. Ellie spoke about another case she currently had in which the mother is pregnant and due to give birth any day, and just recently the mother left the house in the middle of a rainy night. She was picked up by the police who were able to get her into a refuge. The mother does not speak English but stated her partner had tried to strangle her. Ellie was disappointed that within 24 hours, the mother had returned to the partner. When Ellie spoke to him, she stated that he tried to blame the mother, and her anxiety about giving birth, and that's why she left the house in the middle of the night because she thought she was in labour. He said it had nothing to do with any abuse and he denied being abusive towards his partner. Ellie wanted him to take some responsibility, but he did not.

Another social worker, Alice, spoke about another domestic abuse case and how the father has made her feel. He is not supposed to be in the area, but he rang the office and asked for a social worker. It seems he does not know her name, but she stated that he described her exactly, and she has never met him.

> *"He's obviously been lurking around the house or something…it has creeped me out a little bit to be honest…he is lingering around and I don't like that…it's scary". —Alice, Social Worker*

In Alice's situation, she admits to being fearful of the father due to the fact that he described her to a colleague, and she has never met him, which may mean he is stalking her, or his ex-partner and has seen Alice at the house. This will likely impact on her view of him, and possibly on how she views other fathers who have perpetrated domestic abuse.

The social workers were using information from past and present cases to make sense of the information and consider patterns of behaviour that may help in assessing the level of risk, as well as interventions that might be useful. This continues to build the family's story and put together the pieces.

To end this section, I found what Holly said about working with fathers as absolute honesty and may reflect what other social workers feel.

> *"I do find it easier to work with the mothers…feels easier to just ignore the guy and hope he goes away and then do the work with the woman"—Holly, Social Work Student*

Holly went on to say that she is doing her dissertation on working with perpetrators in domestic abuse cases and she knows the importance of it, but I found it refreshing that she was honest about how she finds working with them challenging.

SUMMARY

This section has explored the conversations that take place with social workers directly following their interaction with the mothers. What has emerged is how social workers reflect on the factual information and the emotional information to make sense of what is happening for the family. The emotional information that social workers are expected to contend with leads to situations in which they are unable to digest these difficult emotions that mothers are projecting into them. This can impact on decision making as social workers often view mothers who are "doing what they should be doing" in a most positive light and minimise the risks to the mother and the children. However, this is not always true and social workers need space to reflect and talk about the extreme emotions. Social workers considered other cases of

domestic abuse with the current case, which helped them to make sense of the family's situation in which they processed intuitively and analytically, and emotions played an important role. As stated, it is unusual for social workers to have another person in the car with them to discuss what had just happened. I often felt that my role was to be that of supervisor, as the social workers discussed the intricacies of the situation and reflected on what they had just experienced. However, my role was researcher, and I struggled at times not to fall into the role of supervisor.

It was clear that all of the social workers had planned interventions with a purpose but these did not always happen in the way they had planned but they were able to adapt and use the time with the mother effectively. There were times when different situations occurred, such as a child being home sick from school, which meant the social worker was careful about the discussion she had with the mother. They were able to do this and still have an interaction that seemed meaningful and productive that offered further factual information and emotional information.

INTERVIEWS WITH MOTHERS

I conducted semi-structured interviews with all six of the women. One woman was interviewed twice, once following the two home visits and once following the RCPC. The women all stated that they did not feel it was awkward when I attended the home visit or meeting with the social worker. They hoped their experiences would help other women. The themes that arose from the interviews were blame, relationship building and placing the responsibility where it belongs, with the father/perpetrator. The information from the mothers should be viewed as their realities and how they view their experiences with social workers. Some information

from the observations and the interviews with the social workers will be included which help to provide further insight into the stories.

Being Blamed vs Self Blame

When statutory social workers become involved in a family's life, there is an element of blame that comes into play as there is a suggestion that a family is not coping and needs support (Featherstone et al, 2016; Leigh, 2017). This should not be viewed negatively, but it is, especially as mothers are typically the parent who is doing most of the parenting and alongside this comes mother blaming (Lapierre, 2010). This is congruent with the patriarchal society in the UK, as mothers are held responsible for the care of their children, and when there is a divergence, as viewed by society, mothers are viewed to be at fault (Davies and Krane, 1996; Romagnoli and Wall, 2012). This has certainly been the case when threatening and unsafe situations arise. The blame placed on mothers has been long-standing, as it is a societal expectation that mothers love and care for their children and that they would do anything to protect them from harm (Lapierre and Côté, 2011). Although during my observations and interviews with social workers, there was no open conversation about blame, yet it could be suggested in the topics the social workers discussed, how questions were asked, and communication style. All the mothers felt responsible for what their children had endured, and they blamed themselves for being in the relationship. Just by having social workers involved in their family life, the mothers felt responsible for the violence. As there is a push for women to leave abusive relationships, this sets a precedent that they are to blame and if they do not leave, there are consequences from the social workers and the system they work in (Wilkins and Whittaker, 2018).

What I found when interviewing the mothers is that they felt blamed by the social workers, and they blame themselves. One mother, Mya, said that a previous local authority social worker made her feel that it was all her fault because they started care proceedings and said they were going to take her children away. This is part of Mya's story, and links with the work that Holly was implementing with Mya. Holly wanted to work on building up Mya's confidence and although Mya says Holly "keeps telling me it isn't my fault" she still feels it is. Michelle, Ann, and Julie all spoke about how they feel they have done something wrong if social workers are coming to their homes. Mya said it makes her feel like she is a "terrible mum". Alison mentioned how she *"let it (the domestic abuse) go on for 12 years"* which demonstrates a level of blame she is placing on herself. She also acknowledges that *"getting out of that relationship is the hardest thing, the most hardest thing I have ever done"*. There is something in these conversations that come from how social workers are placed and seen within society, as well as the patriarchal societal views of mothers. It is interesting to consider how, when things go wrong in child protection, it is the social workers who get blamed by the public, whereas the person who actually committed murder goes through a court process and is not publicly shamed (Brandon et al, 2009; Rose and Barnes, 2008). This is then mirrored in practice when mothers are being blamed for something they did not do but are viewed as making poor judgements.

Ann spoke about how she has also felt blamed for what has taken place. She feels strongly that social workers need to place the blame where it belongs, which is with

the perpetrator. Her children are on child protection plans under the category of neglect. She spoke about her experiences of child protection conferences.

> *"The last CP conference was awful…three hours of being ripped to shreds in front of 8, 9, 10 professionals and they're all judging me…I came out in tears…and if I don't do as I'm told then they threaten to take my children away".***—Ann, Mother**

She went on to say how she feels the system and process is abusive in itself, "feels abusive in some ways…they have the control…it's like I've passed the control from him to someone else…I feel like social services is controlling me". This is similar to what is highlighted in Smithson and Gibson's (2017) research in which mothers felt dismissed and ambushed during child protection conferences. Ann went on to say that I should come to the next one to *"see how they treat me"*, and after agreement from all parties, I did attend the next CPC, which is discussed in Chapter 5. In conversations with Megan, Ann's social worker, Megan spoke about how she feels the blame is placed on Ann and that the expectations placed on her are unfair. Social workers and mothers feel that the system does not support the mothers in the way it should, nor does it hold the right people to account. The complexities of domestic abuse are significant, and it appeared that social workers often felt more at ease if the mothers did leave the abusive relationship, and social workers seemed to view this positively in relation to minimising risk.

Ann went on to say that she feels social services has put all the blame on her, and that perhaps they are right, *"I should've stopped it"*, whilst also recognising that she is trying to come to terms with what has happened in her relationship. This was echoed by Rachel who stated,

> *"I know it's my fault they've (the children) had to go through this and no children should have to watch their Mum get hurt…but I now know what was happening".***—Rachel, Mother**

Michelle, another mother, commented on how she now *"looks back at my mistakes"* regarding being in the relationship. She associated the stigma of having social workers involved in her life as meaning she is a "bad mum". At one point, soon after social work involvement began, there was an incident that led to Michelle and her daughters going to stay with her mother in a one-bedroom flat, out of the area. Michelle talked about how this was not a good arrangement and they wanted to go back home but the social worker (not Alice) said if they went back home, social workers might have to take the girls from her because she would be putting them in danger. Michelle spoke about her feelings and how she felt overwhelmed by it all in the beginning and that she was being punished for what the girls' father had done. She even thought about taking them home and not telling the social worker and that this situation *"made me want to lie to them"*.

It is interesting to consider the level of trust or mistrust that might also be present, and how this plays into the blame the mother feels. Ann spoke about how professionals often say "alleged attack" which she takes to mean they do not believe what she is saying and therefore, it is her fault. Mothers spoke about the importance of the language that social workers and other professionals use when speaking with them as well as in written correspondence. By telling mothers if they have contact with the perpetrator, if they do not leave the situation, or if they do not "do as they're told" and the consequence being the removal of their children, it is not surprising that mothers may not be completely honest, which may be a means of being protective and managing the risk. Mya spoke about how she could not tell the (previous) social worker what was happening because if she did, *"he (perpetrator) would beat me*

more and I was worried he'd kill me". She had a scar on her head from when he smashed a bottle over her head. This incident took place after she left a refuge and returned to the perpetrator. However, after this incident, she went back to a refuge and it was shortly after that she began to open up and she acknowledges that she feels better for doing so.

Building Relationships: "We just need time"

The importance of building a relationship, and for social workers to have the time to do this, was a theme from the interviews with the mothers. Social work is based on the relationships that are built between the social worker and those they are working with. Relationships are an important tool that involves both conscious and unconscious processes (Ruch, 2010). O'Connor (2020) considers "combining the views of social worker as relationship-based, and emotions as relational constructs provides a useful analytical lens" (p.649). Social workers need to be able to respond to emotions and behaviours, specifically trust, empathy, and authority, which can be challenging.

All six of the mothers spoke about how social workers need to spend time building relationships with mothers in their situation. One mother, Michelle, spoke about how difficult it is to say aloud what has been happening, especially when she felt she was in some way responsible for the abuse. I would suggest feelings of shame, as well as stigma, which Michelle spoke about.

> *"Nobody wants to go into work and say we have social services looking at me. It's not something that anyone wants and my children have seen it as a very negative thing... I think there is this negative stigma around social workers, if I'm honest... there is a part of you that it's another person you are going to have to say it out loud to, because saying it out loud isn't pleasant" –Michelle, Mother*

As discussed in the literature review, the stigma of social work involvement plays a role in how mothers, and those within society, view it. What was positive is that all of the women said they found social work involvement useful, with Rachel saying *"I don't know what we would do without social services, they have gone above and beyond for us".* Interestingly, this is the mother who had been involved with social workers for a few years due to her children's level of disability and receiving support. An established relationship between the mother and the social worker was already present when the incident that led to the arrest of the perpetrator took place. It could be suggested that due to the relationship, Rachel found it easier to be open about what had been happening, although she still had concerns the children might be removed. Both social workers working with Rachel acknowledged that if it had been a different social worker or a different manager, Rachel and her family may have had a different experience. Instead, it would seem that Rachel is reliant on the social workers, as evidenced when they are her first point of call when something happens. For instance, when she fell off her horse, she rang Mary before calling 999. Following the horrific incident in which Rachel was knocked unconscious due to Donald banging her head against the wall with the door, Rachel rang Mary after phoning the police. Although this could be viewed as Rachel being too dependent on social workers, there is also a level of trust and a relationship that has been established.   The long-term work with the social workers was welcomed by Rachel and she valued their input.

Alison had varying opinions about the social workers she had met over the years. She has had previous involvement and she stated that she got on well with most of

them, but she sees them as *"foot soldiers" who come in and then "run off to their managers who read through some papers and make decisions…and I just try to comply"* as Buckley et al (2011) discuss in their research in which mothers feel they must do as they are told. Alison stated that she liked working with Stacey, as *"she seems nice"*, but she was not sure if Stacey's involvement had made any difference. She felt that there was a lot of talk about *"making referrals for this and that"* but then that is just more people Alison was expected to engage with. Alison felt that one organisation wanted her to go into a refuge, but because she did not want to comply, she felt the organisation *"didn't feel I was that scared so they weren't interested in doing anything else"*. I appreciate this is Alison's view, but it is important to consider how this communication came across.

The mothers recognised that although they felt blamed for what had happened, once they opened up to social workers, they felt better.

> *" Now I look at them (social workers) as a positive thing, my children don't, but I do, and I don't think I would have persevered with it and gone through it if it wasn't for them. I think that's the good thing about them being involved as they will always push for what is in the best interest of the children. So that forces the mother, who will love their children even more, to do the right thing."*—Michelle, Mother

In the extract from Michelle, above, she acknowledges the support from the social worker, but it is interesting that she also places the responsibility onto herself, as the mother.

Mya spoke about how it has been difficult working with social workers, especially as there was a time when the plan was for the children to be removed and placed into care. However, she now reflects on that time and states that *"it was a big relief when I did finally open up to the social worker"*.

They stated feeling overwhelmed, especially at the beginning as it was all new and social workers did not always explain what they were there to do. This could be one reason mothers felt blamed, as they found it confusing at first due to the lack of clarity and a distrust in what was happening. Within the child protection arena, if children are placed on child protection plans due to domestic abuse, this comes under the category of neglect or 'failure to protect', which has negative connotations and suggests the mother is at fault. The placement of responsibility needs to change in order for social workers to build relationships with mothers.

Similarly to Michelle and Mya, Julie also stated she appreciated the support but it has made her feel *"guilty and that it is all my fault"*. She does not feel the support has made her life better, but it has helped her understand more about domestic abuse. She stated, *"they make an opinion about you and your parenting within an hour of meeting you"*. Julie said that she would not ask the social worker for anything because she worries the social worker will judge her if she does. I felt disappointed when Julie said this, although I was not surprised. Julie stated that she has not felt supported by Catherine.

> *"She just comes and asks questions and then writes in her book".*—
> Julie, Mother

I found this interesting as this is how I felt when I observed the home visit. I felt Catherine was focussed on completing the assessment, and there was a lot of writing in her notebook. However, in discussions with Catherine after the home visit, her empathy for Julie's situation came across. It may be that Catherine is concerned about completing the work on time, and this comes across to Julie in a way that seems Catherine is unsupportive. Julie may also be projecting some of her feelings

about the situation into Catherine. Julie is likely to see me in a different way than she sees Catherine, and I would suggest that she was giving me some of her difficult feelings, so that I could hold them and given them back to her in a way she could manage them, like the concept of 'container-contained'. There is evidence (Broadhurst et al, 2010a; Parton, 2008; White et al, 2010) that indicates social workers have become more concerned about the bureaucratic timescales that have been put in place than building the relationship with the mother, as social workers tend to spend more time in the office than they do with the families they are working with. Julie has only met Catherine three times and Julie echoed what other mothers said, which is that it takes time to build up the courage to talk to a stranger about something as difficult as domestic abuse.

> *"We need someone to support us to help us through these difficult situations, that's what we need…not someone to make us feel guilty".—* **Julie, Mother**

By having more time to build the relationship between mothers and social workers, mothers may feel more able to be open and honest. One mother, Mya, also commented that *"sooner or later the social workers will find out anyways, so you might as well tell them the truth"*, which was echoed by the other mothers. However, this may be due to the perceived threats made by social workers.

Mothers also spoke about CIN meetings, core group meetings, and child protection conferences. All of the mothers involved in these processes found them overwhelming. Mya spoke about how she feels at child protection conferences.

> *"…they don't let me talk, I don't feel listened to, I don't feel I can challenge them…lots of professionals talking about me like I'm not in the room".* –**Mya, Mother**

I observed a core group meeting involving Mya and although Mya feels that is not as bad as the child protection conference, I felt similarly to her in that there was a lot of talking about Mya and her children without professionals engaging her in the conversation. I am aware that Mya needs to build up her self-confidence and these meetings can feel intimidating, even to social workers. I know I often felt anxious about them, and Megan spoke about how anxious they make her. Social workers, and other professionals can support mothers to be more engaged in discussions and decision making.

Julie attended a meeting with the nursery and the social worker which she described as "overwhelming". She went on to say how she has anxiety and she did not know what to expect. Catherine spoke about this meeting during our conversation and she spoke about how the professionals tried to take a strengths-based approach and not blame Julie, but she was aware Julie found it difficult. Catherine is also wanting Julie to engage in a CIN plan but Julie feels she does not know what it means but says she will do it if it means they will not take her children away. This does not help build constructive relationships.

Ann stated that child protection conferences made her feel ***"like the worst mum in the world…a terrible mum"*** which resonated with how Michelle described feeling ***"like a rubbish mum"*** following a child in need meeting. One of the reasons for these feelings was related to the number of professionals who were hearing sensitive and personal information about the mothers and their families and making judgments on the care of their children. These processes could be viewed as

casting a level of blame which could impede on the relationships the mothers are able to build with the social workers, and other professionals.

Place the Responsibility Where it Belongs…With the Perpetrator

It should not be a surprise that the mothers were frustrated by how they perceived social workers placing the responsibility for the abuse onto them, with minimal interaction with the fathers/perpetrators. When I spoke to the social workers about their engagement with the fathers, 6 of the 7 social workers had met the father. Holly had not met the man who perpetrated violence against Mya as it was not recent, there was a 5-year restraining order in place, and there was no suggestion that Mya was having any contact with him, nor had she had any contact with him for almost a year.

Western gender norms contribute to the "maternal bias" in which it is seen as more of the mother's responsibility to be involved with services (Brewsaugh, K et al, 2018; Brown, et al, 2009; Maxwell, et al, 2012; Risley-Curtiss & Heffernan, 2003; Scourfield, 2003). There has been a substantial amount of research about the expectations placed on mothers, by society as well as in the child protection system. Much of the work that is done with mothers is encouraging them to leave the abusive partner, instead of working with the father to stop his violent behaviour (Brewsaugh, K et al, 2018). However, 'separation is not a vaccination against domestic violence' (Jaffe et al, 2003, p. 29) and further empirical research indicates that abuse continues following separation, and it may escalate (Lessard et al, 2010; Radford and Hester, 2006) and may even result in the perpetrator killing the woman

(Humphreys et al, 2018; Richards, 2003; Wilson and Daly, 2002; Women's Aid, 2022).

Mothers described feelings of frustration that the responsibility for the violence their children had been exposed to was placed on them, and not the perpetrator. Ann had strong views about this, and how she is expected to be available for the various meetings, engage with programmes, and attend child protection conferences for something her ex-husband had done.

> *"I have to do all these things…appointments, meetings, freedom programme, court but he's done nothing…absolutely nothing and it isn't fair…it's like they are trying to say it isn't my fault, yet I'm expected to do all of these things and if I don't there are consequences, like taking my children".* **–Ann, Mother**

Julie spoke about the meeting with professionals she had to attend but her husband was not expected to attend.

> *"…their father didn't have to attend the meeting, but I had to and if I hadn't, that would have looked bad".*—**Julie, Mother**

Ann spoke about how the professionals want her to change her phone number so the perpetrator cannot contact her. However, she feels they should delete her number from his phone. She states, *"why is it all on me and then it's that I'm breaking the safety plan if I don't do it"* which indicates it is her responsibility to stop Mark from contacting her.

The mothers often spoke about how they want their ex-partners to "get the help they need", as they would like them to be able to have a relationship with their children. Alison spoke about how her ex-partner needs support with his drinking, and she feels "he is the way he is because of his childhood" but then felt that she was making excuses for him. She knows support has been offered to him, but he refused.

"I'd like him to sort himself out. He needs some help. It would be the best thing for him. The childhood he had was terrible. Terrible. He'd have a belly ache when he was 6 years old, and feel like you're going to vomit and like 2am in the morning, and he'd have to tip toe because if he woke his dad, he'd get it. And he'd be throwing up and his dad would be, oh my god. This is what he told me. I said, your dad is like an animal, an animal. I remember when his Mum broke down when they first divorced and she moved out of the marital home and it all came out, and she told me and her Mum, who were unpacking, and say the severe things he used to say to her, do to her….he's got a shotgun, he's got a licence and all that…threatened to blow her head off, threatened to blow her legs off and she believed him because he was such a monster. And then to have the audacity to turn around and make it like it's all rosy, and he's just not aware, he's not aware of what he's done. Even the words. The things he's said is so damaging. He's said things in front of the kids and me. The things he's done to the kids. (PAUSE) But…he's not a nasty person, but it's just how he was brought up and he doesn't know any other way. So hopefully he will get some support and he'd be able to have a better relationship with his kids."—**Alison, Mother**

This was also the situation with Michelle's ex-partner. The social worker encouraged him to attend a perpetrator programme, which he refused. Interestingly, the social worker commented that there was no point in him attending if he was not ready to acknowledge what he had done.

"He was really closed off, they (social worker) did try, they really did try. He was of the mind that he was never in any wrong and even now he has no interest in them (social services) and I have tried to tell him that they are trying to help, but he saw them as the bad guys from the start. And to be fair, they did try, and wanted to help him, in my point of view, and they tried to offer him some solutions, but he didn't feel he did anything wrong. I also felt that he was quite aggressive and abrupt with them…I wouldn't expect anything less from him….from his point of view it's their (social worker) fault that me and the girls are not with him…he doesn't take any responsibility at all, not at all…the social worker tried to put him on a programme, a drink programme and a perpetrator programme, but he only went for a little while, and he told them he was going but he weren't…you can walk a pony to water but you can't make it drink"—**Michelle, Mother**

However, if the mother had not engaged in the support offered, there would have been consequences. This was something social workers acknowledged as well, and those who spoke of this felt conflicted by the decisions that were being made and

how this did not always match with social work values. The mothers acknowledged that there are consequences if they do not engage, but there are different rules for the fathers, which is unfair. They also do not want this cycle of violence to continue with other women. Ann's ex-husband had previous partners and she knows there was significant domestic abuse as well. She is aware that her ex-husband is in a new relationship and although this upsets her, she also does not want another woman to go through what she has been through. This was similar to Rachel, whose ex-husband was in a new relationship with a woman who has children, and she was concerned about them. The mothers knew their ex-partner had not changed as they were not taking any responsibility or engaging with any type of support that had been offered. William, one of the social workers working with Rachel, stated that children's services was trying to find out the name of Donald's new partner so they can find out if she had any children, which would then initiate a referral for an assessment by a social worker.

It was clear from these six situations that social workers were having minimal engagement with the perpetrators, yet they were seeing the mothers and children regularly. Ann mentioned how Megan has been seeing her almost weekly for nearly two years. Yet the social worker had met the father 5-6 times. In the beginning, there would be two child protection conferences as the parents could not be in the same room. The one held for the father was often just the father, the social worker, and the IRO, which is very different from sitting in a room filled with professionals as they all went around the room discussing their concerns. However, it seemed the separate conference for Mark was no longer taking place, and professionals were

not putting pressure on him to make changes to help minimise the risk to his children.

Ann felt there should be a ***"more equal approach to what each one of us is supposed to do"***, as this would seem "fairer" and not place all the responsibility and the expectations onto the mother. Limiting the interactions between social workers and fathers inhibits the fathers' chances of making positive changes and improving their lives. It also focuses the attention on mothers and blames them for the abuse the father has committed. By not placing the responsibility where it belongs, it assists in the creation of mother blaming in the context of domestic abuse, and perpetuates societal roles for mothers and fathers for the children.

SUMMARY

This section brings out the voices of the mothers and how they experience their interactions with social workers. The section explores how social workers are perceived and what mothers feel they need from social workers. All six of the women felt blamed for the violence caused by their ex-partner. This was the case even when social workers were telling mothers it is not their fault. Having social workers involved with their families casts a level of blame on the mothers as it is viewed that they are not protecting their children from harm. The blame comes from social workers, and their managers, but also from the patriarchal systems and society within which we live.

Social workers need to spend time building relationships with the mothers. Mothers acknowledge how difficult it is to talk about something so personal, and something

that they are ashamed of, to a stranger, let alone someone who they perceive to have the power to remove their children. They want social workers to have the time to spend with them to develop trust and assure the mothers they are there to support them. By engaging in relationship based practice, mothers are more likely to feel social workers are providing them with a safe space to be open and honest. What was positive is that the women spoke about feeling better once they did open up, even though they found it scary.

Mothers feel that making men take more responsibility for what has happened would help them feel more supported, and less blamed, by the social worker. They are often overwhelmed with the entire situation, and then the safety for themselves and their children is placed with them. Mothers were expected to engage in all of the support that is offered to them, engage in home visits and meetings, leave the perpetrator, engage in court proceedings, and deal with the loss of their relationship, when the fathers had no expectations placed on them. Mothers who were attending meetings such as child protection conferences or child in need meetings were frustrated that the father was not expected to attend, yet they had to be present and listen to professionals discuss their concerns. They described the unfairness of the system, and that if they did not engage it looked unfavourable on them. This also links into decision making about the risks to the children, as it is often viewed that if the mother is not engaging then the children are at higher risk.

The next chapter will provide a critical evaluation of the thesis.

CHAPTER 7: DISCUSSION OF FINDINGS
Critical Evaluation of the Thesis

INTRODUCTION

In this thesis I set out to conceptualise and describe how local authority social workers and women who have been subjected to domestic abuse experience their encounters with one another. The purpose of this chapter is to provide a critical evaluation of the research study, which involves discussing whether, and to what extent, the aims of the study have been addressed. The chapter is structured into five sections with the first section returning to the research problem, discussing the research questions and the application of the innovative research method, and will be followed by the second section which is an evaluation of the method. The third section will provide a discussion of the key findings and how these enhance the current literature. Section four will explore the limitations as well as how the study has contributed to knowledge. The final section of this chapter will discuss the implications for practice, training, policy, and future research.

RETURNING TO THE RESEARCH PROBLEM AND RESEARCH QUESTIONS

I first want to return to why I chose to research this important topic. As discussed in Chapter 1, and throughout, the typical response to domestic abuse cases by local authority social workers, is to engage with the mothers and provide the 'leave ultimatum'. A key finding from the literature review was that there is limited social work engagement with the fathers/perpetrators, and mothers are seen as 'failing to protect' their children from harm if they stay in the relationship, or return to it, which is oppressive to women and sees the parenting role as unequal with the responsibility for protecting children placed on the mother (Moulding et al, 2015). I

have continued to be disappointed that this topic has not received the attention it should, as it is one of the main reasons children are referred to children's services for social work involvement. It is clear from the literature review that research which is now over a decade old has highlighted the concerns of how social workers respond to mothers in domestic abuse cases, yet the response has continued. Since this study began, the Domestic Abuse Act 2021 has been implemented and children are now viewed as victims of domestic abuse in their own right (HMG, 2021). This enhances the Adoption and Children Act 2002 in which the definition of significant harm was amended to include witnessing the harm of others, which constituted children living in home where domestic abuse occurred as a child safeguarding issue. The aim was to study how social workers worked with women who had been subjected to domestic abuse. Although there is legislation that underpins the work of local authority social workers, and research, as highlighted in the literature review, reports the high levels of domestic abuse cases within the child protection arena, there is a significant gap in the literature which is research of social work practices when social workers are interacting with the mothers in domestic abuse cases. There is also a gap in understanding the dilemmas and conflicts social workers and women experience in the course of their routine work. To address these gaps, this led to the research questions:

1. How can interactions between local authority social workers in England and women who have been subjected to domestic abuse be conceptualised and described?

2. How do women who have been subjected to domestic abuse experience their interactions with local authority social workers?

3. How do local authority social workers experience their interactions with women who have been subjected to domestic abuse?

4. How do these interactions impact on decision making within local authority children's teams?

These questions required methods that facilitated generating the type of data needed, i.e. close up experiences of the interactions and practices of social workers with the women, and detailed discussions with the women of how they experienced social work interventions. Therefore, the interactions between social workers and mothers were studied through an innovative combination of observations, mobile interviews, and semi-structured narrative interviews. Now I will review and evaluate how these methods served the purposes for which I applied them.

APPLICATION OF THE METHODS

The methodological approach adopted to attempt to address the research questions, and the gap in the literature, was a qualitative methods approach utilising ethnography. This is detailed and discussed in Chapter 4. Through an innovative research design consisting of observations, mobile interviews and semi-structured narrative interviews with social workers and mothers, I was able to generate usable data, as evidenced in the findings chapters, and this chapter will demonstrate how these add to the literature. This approach offered an opportunity for social workers and mothers with lived experience of social work intervention to share their experiences in their own words, and for the observations to provide an opportunity for me, as the observer, to experience the deeper emotions that the women and social workers do not express, or perhaps they cannot express. By allowing for in-depth narrative interviews with mothers, this can also be viewed as employing an

anti-oppressive approach to the study which also considers a feminist stance. The data collected, and analysed, from these methods has produced three chapters (Chapters 4, 5, 6) of rich empirical data, on various topics, which will be assessed below in how these add to the literature regarding what social workers do when they interact with women who have been subjected to domestic abuse, and the women's experiences of these interactions.

As discussed in the methodology chapter, the research questions did not alter during the research process, except the terminology used, although in hindsight I believe further adjustments to the research questions would have been beneficial. I will discuss this further below. The research design did not happen in the way I had originally planned, and it was adapted as needed, with the main changes being in the number of participants, which was decreased from the original plan, and omitting the observations of a MASH team to observe decision making on domestic abuse referrals. Although I did not have as many participants as I had originally planned, the quantity and quality of the data that I did collect and analyse did allow me to generate categories that helped in addressing the research questions. The data was carefully considered, and the categories were reaching saturation, and therefore it was not about the number of participants, but the quality of the data from those participants (Charmaz, 2014). The results from the research were not intended to be generalisable nationwide, but as I have used grounded theory, I have been able to generate theories that help to conceptualise what happens when social workers and women who have been subjected to domestic abuse interact with one another.

As discussed above in this chapter, as well as in the Methodology chapter, the sample size was much smaller than originally planned. In the beginning, I planned for twenty social workers and twenty women, which was then decreased to ten of each. However, I was able to gather a significant amount of data from the seven social workers and six women who participated in the study. If there had been more participants, I believe it would have been too extensive for this thesis.

In hindsight, I should have focused on a smaller number of participants in the beginning as this may have also made it more clear to local authorities how many social workers I was hoping to have involved. I have learned a lot about the challenges of qualitative research, specifically around gaining access to participants and that more time should have been planned for this. Due to the connections I had with local authorities, I thought it would be easy and instead I found myself frustrated with the lack of response and the amount of time spent attending various meetings talking about the research trying to recruit participants. However, I also appreciate how it may feel for social workers to have a stranger observe their practice when they are often scrutinised within their organisations and society more broadly.

EVALUATION OF THE METHODS

It is important to consider the methods I chose to address the research questions, and to evaluate their appropriateness. This section will discuss the three qualitative methods that were utilised, which were mobile methods, observations and semi-structured narrative interviews. This section also consider the use of grounded theory which was used for data analysis.

Mobile Methods

I will begin with the mobile methods which incorporated semi-structured narrative interviews with the social workers whilst travelling to and from the home visit or meeting with the mother. This was chosen, as discussed in the Methodology chapter, for two reasons. Firstly, by conducting the interviews whilst social workers were travelling to undertake a home visit, which is something they had to do whether they were participating in the research, was because it would not take up any extra time. I am aware that social workers are busy and have many tasks they need to complete, so taking an hour out of their day for an interview would take up more of their time. Interviewing them whilst they travelled was an efficient way to gather their views and thoughts and provided some insight into what they might be thinking about as they travel to meet the mother. However, I was also aware that if I was not in the car, they might be thinking about something quite different but perhaps by discussing the case in the car with me, it may have provided them with some time to reflect on the family's situation and what their plan was for the visit, which is what I found in the data.

Secondly, by conducting interviews as we travelled, I felt this provided a more balanced power dynamic that was less interrogating as an interview might feel if we were sitting across from one another in an office setting. As social workers are regularly on the move to see children and families, it may have felt more natural to the social workers to have a conversation with someone else, albeit a stranger, in the car.

The data I gathered from the mobile interviews was rich and did provide a significant amount of data to assist in addressing the research questions. The mobile interviews with social workers were recorded and I was able to listen to the interviews repeatedly which supported the data analysis. Whilst listening to the interviews, I realised there were times when I did come out of the role of researcher, and moved into more of a supervisor role, perhaps because it is a role I am more comfortable and familiar with. This happened more after the initial car journey and interview, as the social worker and I had already met and had encountered one of the mother, whom they were working with, together. It may also have been a way for me to deal with my own anxiety and worry about some of the observations and information I had been a part of.

Observations

I set out to undertake the observations by using an adaption of the Tavistock infant observation model, which is used to observe relationships with an open mind so that the observer can experience the feelings of those they are observing (Bick, 1964; Briggs, 1997; Hingley-Jones, 2011). As per the model, I did not take notes whilst the observation took place and I attempted to not engage in the encounter between the mother and the social worker. I was able to complete a process recording of the observation soon afterwards which helped in capturing what took place. I felt the observations helped to gain further information about what social workers do when they engage with women who have been subjected to domestic abuse, in a way that has not been researched before. Again, the observations provided a considerable amount of rich data that has helped to address the research questions. This gave great insight into what takes place between social workers and women, as well as

some of the feelings and emotions that are being displayed, and how this is managed by the social worker.

I have questioned whether I should have used a different observation method, where I would have taken written notes and audio recorded the observations. However, I felt the Tavistock model allowed for greater understanding of the relationships, without being obscured by note writing. I also wondered if audio recording the home visits would have felt more like surveillance to the social workers and the mothers. Although I am aware that my presence will have an impact on the interaction, if I had been audio recording the visit, this may have impacted even more on how the two related to one another. By being present, yet not taking notes or audio recording the interaction, I felt this may be seen as less intrusive to the participants. The process recording, I undertook also allows for my experiences to be conveyed, including the emotions and thoughts, which are important in the overall analysis of the data and in addressing the research questions. These are represented throughout Chapter 5.

The original design was that I would meet with a specialist supervisor from the Tavistock and Portman NHS Trust to discuss the observation, to correspond with the Tavistock model. However, I was only able to do this with four of the thirteen observations, partly because of the Covid-19 pandemic and also due to the colleague leaving the Tavistock. As time constraints were impacting, I was not able to continue with this aspect which then minimised my use of the psychodynamic approach, which I also came to accept was something I was not as comfortable with as I had originally thought. I do not think this has had a negative impact on the data analysis but feel it is important to note. If I had been able to discuss all the

observations with the specialist supervisor from the Tavistock, this would have added further richness to the analysis of the observations. However, the four observations I was able to discuss in detail also supported my thinking in the other observations. I was able to use this method as a way of reflecting on the emotional experiences, which link with the concept of 'container-contained'. The concept of defences against anxiety and pre-transference were also useful, but that is the extent of the psychodynamic approach that was applied.

Semi-Structured Narrative Interviews

The semi-structured narrative interviews were useful in gathering deep meaning to the conversations with the women. It allowed for flexibility in such that they could also ask me questions, and I hoped this made them feel more comfortable. I did not ask specific questions about the abuse the mothers had experienced, but they would often offer further information to what had been discussed during the observations, or from what information I had received from the social worker. I was interested in how they viewed their experiences of interacting with a local authority social worker, which I also felt was a means of being less oppressive as it gave the mothers a voice. The interviews provided opportunities to explore the lived experiences of mothers subjected to domestic abuse who are actively involved with social workers, often viewed as a marginalised group, and supported a feminist approach to the research.

As I reflect on the research design, this is an area that I wish I had designed differently. As I only interviewed the mothers once, apart from one mother who was interviewed twice, this seemed to make their voice less important than that of the

social workers. However, I believe that the data gathered from these interviews was useful and they seemed open to sharing their views about their experiences with social workers, as I wondered if anyone had ever asked them before. Although I was concerned that the mothers may feel they could not be honest about their views, as they may have thought what they say would impact on the case, I did not get this impression, although it is important to consider this. If I was designing the research now, I would plan to interview the mother prior to the visit and after the visit, just as I did with the social worker. In saying this, I am also aware that this may have presented its own challenges, as the mother would have to make herself available to me more than just once, and I found it challenging to arrange the interviews with the mothers at times. I wanted the interviews to be face-to-face as I felt this would be more supportive to the mother, but after the Covid-19 pandemic, I would consider virtual interviews in any future research. This might feel less intrusive to the mother. Perhaps in any future research, mothers could be given an option of how they wish to participate in the interview.

Grounded Theory

By utilising grounded theory lite for the data analysis, this allowed for greater exploration of the data which produced new concepts and theory. As discussed in Chapter 3, I set out to use Charmaz's (2014) adaptation of grounded theory, which acknowledges that the researcher cannot be completely objective as "we construct our grounded theories through our past and present involvements and interactions with people, perspectives, and research practices" (Charmaz, 2006, p.10). I bring my own experiences, views, and knowledge which cannot be removed, and it is important to acknowledge this and how this can impact on the analysis. Throughout

the process, I understood that I was not using pure grounded theory as developed by Glaser and Strauss, but a grounded theory lite version of Charmaz's constructivist grounded theory which Braun and Clarke (2013) feel is quite common when researchers of small projects set out to use full grounded theory (Pidgeon and Henwood, 1997). By immersing myself in the data collected from the various innovative methods, I was able to complete initial coding and memo writing, which led to further sorting and refinement. I then completed final coding and the development of the final categories. I believe that the lite version of constructivist grounded theory was a useful way of analysing the data of a complex situation between social workers and women who have been subjected to domestic abuse.

In Chapter 3, I provided extracts from the coding of an interview transcript with a social worker, an interview transcript with a mother, and a process recording of an observation of a home visit. This demonstrated some of the codes that emerged through the data from the various methods. The table below provides an example of some final coding that took place, which formed the final categories and supported the overall findings of the thesis. As mentioned previously, the data from the different participants, and through the various methods, were producing similar codes and it seemed as though saturation had occurred, so although there were issues impacting on the number of participants, this did not seem to impact on the overall categories that were produced.

EXAMPLE OF CODING AND BUILDING CATEGORIES

FOCUSED CODES   **CATEGORIES**

-Mothers being blamed
-Mother feels
responsible
-Shame
-Self-Blame
-Guilt
-Place responsibility
where it belongs
-Minimal contact
between SW and father
-Mothers do not feel
believed
-Mothers are fearful of
social work and
perpetrator
-Social Worker
responsibility to
safeguard children
-Social Worker
frustration with system
response
-Social Workers taking
in the violence
-Social Workers
digesting emotions
-Social Workers
empathy about mother's
situation

-Mother blame
-Absent Fathers
-Mothers need time
to build trusting
relationships with
social workers
-Care and control
-Social Workers
working with
emotions
-Leave ultimatum is
social work
response
-Mothers 'doing
what they should be
doing'
-Social Workers
making sense of the
facts and emotions
-Emotional impact
on researcher

I found grounded theory challenging, and although there are clear steps to follow, it

was difficult in managing and ensuring I had completed certain steps before moving

on to the next. When I first began, I found I would have time to spend on the

process, but then due to work commitments, I may have to leave it for several days,

or longer, before coming back to it. I am sure this is an issue for other researchers

as well, and as I have not used other means of analysis, I am unable to say how

grounded theory compares to others in regard to coming back to the data after time

away. However, there were also many aspects that I found useful, such as

immersing myself in the data which allowed me to find creative ways of listening to

the audio recorded interviews such as going for walks during the Covid-19

lockdowns or on public transport. I found I noticed different aspects of what was

being said when I was away from my computer, and without pen and paper. I would

then ensure I had time to review the corresponding observation notes which allowed

for further coding and category building, and the overall findings, which are

discussed in the next section. I also found it useful to begin analysis as soon as I

had data, but as there were challenges in obtaining participants, there could be

significant amount of time when I was not analysing data, and I regularly had to

check the method to ensure I was following it as best as possible. Lichtman (2013)

discusses how the concepts and theories that come forward through grounded

theory may not be strong, but they are able to be woven into existing literature which

is evident in the section below.

FINDINGS

Several themes were identified whilst undertaking the literature review, which I relate

to the research findings below. I have approached the findings through a feminist

and psychodynamic theoretical framework. By utilising a feminist theoretical lens, I

have attempted to ensure the views of the mothers were heard, alongside those of

the social workers, as they are important and deserving of attention. It also highlights that patriarchy and feminism are linked, and by using a feminist lens the inequalities are recognised and considerations of how to challenge oppressive social work practice can be identified. Although I have not used a specific stance on feminism, I have used a combination of feminist thought, through the works of hooks (2000a, 2000b), Harding (1987), Friedan (1963) and Harstock (1983), and I had a preference for how Maguire (1987) and Martin (2003) view feminist theory, as they acknowledge that women do face oppression, the importance of understanding their experiences of oppression, and a commitment to work together to end all forms of oppression. A feminist lens also assisted in ensuring a feminist ethic of care to the participants in the study (Leavy and Harris, 2019). This places a focus on ensuring all participants are listened to and that what they have to say is treated with respect. In gaining the women's views about their interactions with social workers, and also gaining the views of social workers, I was considering current practice trends with women who have been subjected to domestic abuse and how these are experienced by both parties.

As discussed previously, I have also used psychodynamic theory, and although this can be viewed as contradictory to feminist theory, it supports the observation model in which I was trying to make sense of the relationships and interactions between social workers and women who have been subjected to domestic abuse. Psychodynamic theory allowed insight into the internal working and emotional world of social workers and mothers, and the complex situations that they were both facing (Blewett, 2018). I used the work of Bower (2005), Briggs (1997), Cooper (2017) and Ruch (2007, 2018) in considering the concepts of 'container-contained' and defences

against anxiety, as well as relationship-based practice which draws on psychodynamic theory, which have been explained previously.

The findings can be divided into three main headings which address the research questions. They are how do women who have been subjected to domestic abuse experience their interactions with local authority social workers, how social workers experience their interactions with the women, and how these interactions impact on decision making. I then look to describe and discuss how I have experienced their interactions which helps to address the overarching research question as to how these interactions can be conceptualised and described.

How Women Experience Their Interactions with Local Authority Social Workers

In order to attempt to conceptualise and describe the interactions between social workers and women who have been subjected to domestic abuse, the use of semi-structed narrative interviews were used with the women. The findings suggest that women found it useful to open up to social workers even when they were fearful of repercussions, women felt blamed for the abuse and for what their children had endured even though the social workers were not explicitly stating this, women felt the responsibility was not placed on the fathers as it should be, and women felt there was limited time to develop relationships with the social workers which made it difficult to open up in the beginning. These findings will be discussed and highlight how it contributes to the existing literature.

Mother Blame and Absent Fathers

This study suggests, in contrast to other studies (Keeling and Van Wormer, 2012; Stewart, 2021), that although the women did not want to engage with social workers, they found it useful when they did open up and speak about the abuse. The women spoke about how they felt blamed, and that all the responsibility was placed on them, but they also found the involvement of social workers useful in helping them understand more about domestic abuse. This was a finding I was surprised by, although pleased to find and I would suggest that this is linked to the psychodynamic concept of container-contained as the mothers felt contained by the social worker and were allowed to express their emotions which were returned to them in a more manageable form (Ruch, 2007a). This may not have happened in every encounter, but it does help in making sense of the relationships between the social workers and the mothers. Social workers are in a privileged position in domestic abuse cases, as one social worker, Stacey stated, there is a 'window of opportunity' to engage with the women, and from this study it seems the women felt they were able to do so. One mother, Rachel, explained that she did not know what she would do without social workers, although she worried the social worker would remove the children, she was grateful for them. Michelle also spoke about how the involvement from Alice was positive although the responsibility was placed on her. This is new knowledge that can contribute to the existing literature, and although it is a small-scale study and not to be generalised, I felt it offered some hope.

Although there are positive highlights about the interactions, mothers still felt blamed for the involvement of social workers and that the responsibility was on them. What came through in this research was that mothers felt blamed by social workers for

various things, such as not abiding by the safety plan, not changing their phone number, not leaving the relationship sooner, as well as having all the responsibility for safeguarding their children placed upon them. The responsibility of the abuse being placed onto the victim has been discussed in existing literature (Neale, 2018; Holt, 2016, Hester, 2011; Lapierre, 2008, 2010; Douglas and Walsh, 2010; Keeling and Van Wormer, 2012; Wilson, 1998; Stewart, 2021), and although the mothers did not mention that the social worker explicitly stated they blamed the mother for what was happening, the mothers felt this due to the fact that social workers were involved.

The patriarchal systems within which social workers work, and live, are placing the blame on mothers and making them feel responsible for something that is out of their control. The impact of domestic abuse is not being minimised here, but it is important to reiterate that the person who has control over the abuse is the one causing the abuse, and that is the father. The mother should not be held responsible for changing the father's behaviour (Robbins and Cook, 2017), nor should she feel responsible for his behaviour. By placing the blame on the mother, this creates an unequal balance regarding which parent is responsible for caring for, and safeguarding, their children, which confirms the use of feminist theory to make sense of these patriarchal assumptions that are often embedded in systems and attitudes.

By having limited contact with the fathers, this indirectly places a level of blame and responsibility onto the mother and creates an oppressive situation. The mothers in the study spoke about the lack of engagement social workers had with the fathers. Although in this thesis, social workers spoke about engaging with the fathers, this

was limited. It is positive that social workers were engaging with fathers, but it is something that must continue throughout social work involvement and not be superficial. The focus tends to go towards the mother as the children are in her care, and domestic abuse is viewed as a child protection issue. As the parent who is caring for the children, therein lies the responsibility on the mother. As discussed in the literature review, although societal views have changed, if an issue arises in a family, the blame is often placed with the mother, especially if it involves parenting and protecting the children.

The data in this study did contradict some of the current literature as all seven of the social workers had met with the father, so they were not completely absent. There was one father, who is the father of an unborn baby that is not the perpetrator of domestic violence. The social worker, Holly, had met this father, but not the fathers of the other children who were both violent and controlling to the mother as there had been no contact between the fathers and the children or mother for an extended period of time. One mother, Michelle, mentioned how the social worker had made several attempts to encourage the father to engage in support the social worker was offering, but that the father did not accept it. It seemed that in the two cases in which the social worker had only recently met the mother, the social worker was also attempting to engage with the father. The case with Megan and Ann, in which Megan had been working with the family for nearly two years, it seemed that Megan was not having much contact with the father at this point in the involvement. I would suggest this is due to the father not engaging, and he also made threats to Megan which resulted in an injunction at one point. In the beginning of Megan's involvement, there were separate child protection conferences for the parents, but

this was no longer happening. In all the cases, it was clear that fathers were not as involved in the social work process as the mother, and there were different expectations placed on the mother as the children were in her care. Although social workers were attempting to engage with the fathers, and mothers were aware of this, mothers still felt more should be done for fathers to engage in the assessment and there should be consequences if they do not. The fact that social workers had limited contact with the fathers, provides a level of actualisation that the safety of the children is the mother's responsibility and with it, casts an element of blame, which is similar to what other researchers have found such as Douglas and Walsh (2010), Lapierre (2010), Stanley et al (2011a), Keeling and Van Wormer (2012) and Arnull and Stewart (2021).

What is interesting is that the consequence for the mother is that the children will be removed if they are not engaging in the work. However, the data from the research indicates that none of the children were currently living with the father, and only two fathers were having supervised contact with their children, although it was sporadic. Therefore, social workers may feel there are no significant consequences they can impose on the father in the way they can with the mother. I am not proposing that social work interventions should involve consequences, but this indicates that language that is used with mothers is different than what is used with fathers, and some equality between the two should be considered. This is new knowledge that can contribute to the existing literature about how mothers and fathers are positioned within social work with children and families.

Responsibility for the Abuse is Misplaced

The data from the mothers suggest that they felt the responsibility for the abuse was placed on them by professionals, and not where it should lie, which is with the perpetrator. Burrell (2016) discusses how violence against women is often viewed as an issue which only includes the woman and not the perpetrator, which places the responsibility of the abuse onto the woman. This occurs in practice when social workers are actively engaging with the mothers, but not the fathers, which was highlighted in this thesis. This also places a level of guilt on to the mother, which corresponds with existing literature (Moulding, et al 2015). Without accountability, the perpetrators of abuse to the mothers in this study may view their abusive behaviour as acceptable and that they can carry on with this behaviour, which is similar to what Smith and Humphreys (2019) have found in their research.

The data reinforces what is in the current literature, as the mothers consistently spoke about how the perpetrator has not had the same involvement with social workers as they have had. Mothers also felt that the fathers were able to say no to recommended support, whereas the mothers felt there were consequences if they did not accept the recommended support. Megan also spoke about how she sometimes feels that they (children's services) are 'blackmailing' the mothers to do as they were told, and this did not correspond with social work values and ethics. This was highlighted in the conversations with social workers as well, as they felt 'more positive' when the mother was engaging and 'doing what she should be doing'. One social worker, Alice, even spoke about how she did not want to push the father into attending a perpetrator programme because he did not feel he was ready to do so. However, Michelle, the mother, mentioned how she did not have a choice in

whether she engaged with recommended support. Although the existing literature

(Humphreys and Absler, 2011; Stanley, 1997; Stanley et al, 2011a) goes back many

years, this thesis provides similar findings. Unfortunately, it seems that practice is

not moving forward, which is disheartening.

When parenting is called into question, it is not typically the father's parenting, as

there remains societal views that mothers are expected to be the main caregiver

(Hobbs and Rice, 2013; Lapierre, 2010). The 'good mother' standard, as discussed

by Stewart (2020) makes it impossible for mothers as they are expected to control an

abusive partner, whilst no responsibility is placed upon him, which continues the

oppression of women.

***Mothers Need More Time to Develop Trusting Relationships with Social
Workers***

Three of the six mothers who participated in the research felt they had good

relationships with the social workers. Interestingly, although not surprising, is that

two of the three who were unsure about their relationship with the social worker were

the two who had only recently began having interactions with the social workers.

Mothers felt that building relationships were important and that they needed more

time to do so. All six of the mothers felt social workers should devote more time to

developing the relationships because they needed to feel they could trust the social

worker enough to open up about the abuse. This data supports current literature

from Ingram and Smith (2018) and Witt and Diaz (2019) which is discussed in the

literature review.

Mothers also felt overwhelmed by what was being asked of them by social workers, as well as having to deal with the loss of the relationship with the children's father, the safety of themselves and their children, and the upset of the children (Arnull and Stewart, 2021). Michelle spoke about how, in the beginning, it was all quite overwhelming with the various meetings, and the expectations that were placed on her by social workers. Julie felt that she did not have a good understanding of what was happening with the social worker, as she felt it had not been explained. She also discussed how she feels quite anxious every time the social worker comes to the home, as she continues to worry that the children will be taken away from her. This is similar to the existing literature from Neale (2018) in which she found mothers felt the social workers expectations left the mothers feeling overwhelmed.

When considering the role that gender plays in how women experience their interactions with social workers, it has been useful to use feminist theory as a guide. Society, due to patriarchal views, places the responsibility of caring for children on women, and therefore, blame will find itself whether it has been named explicitly or not (Grundelová and Stanková, 2018). As has been discussed in the existing literature, traditional views about gender roles and what is expected of mothers and fathers continue to be held within children's services, and that any concerns within the family are typically down to the mother to rectify (Turney, 2000; Scourfield and Coffey, 2002; Lapierre, 2010; Ewart-Boyle, Manktelow and McColgan, 2013; Grundelová and Stanková, 2018; Stewart, 2019).

Trusting relationship (Ingram and Smith, 2018) are important so mothers feel they can be open and honest with social workers. All six of the mothers in this thesis

stated that they felt better when they were able to open up to the social worker, although there was a layer of mistrust present. This correlates with the existing research from Witt and Diaz (2019) and also considers the importance of relationship-based practice (Ruch, 2007) as discussed in the literature review. One mother, who was being treated for anxiety, stated that she felt so anxious about meetings with the social worker, she would often reschedule them. In turn, the social worker saw this as the mother being 'difficult to engage', when it would have been better for the social worker to build a relationship with the mother and gain and understanding of why the mother was rescheduling the meetings. In this situation, the social worker had a timeframe in which she had to complete the assessment. With statutory timescales for work to be undertaken, this can impact on social workers time and availability to engage in relationship-based practice, even though research shows that by building good relationships, positive outcomes are more likely (Ruch, 2007a). Mothers expressed a need for social workers to devote the time to getting to know them and the children, as well as the perpetrator. Mothers felt they needed time to develop the relationship, to open up to social workers, to be less fearful that social workers would remove their children, instead of being told what to do. One mother felt judgements about her parenting were being made within an hour of meeting her. Social workers are often pushed to be concerned about performance indictors and timescales, whilst mothers need time to build trust with the social workers. Without trust, social workers and mothers will find it difficult to build relationships and work together in a meaningful way (Witt and Diaz, 2019). Data from the interviews with mothers suggest they want social workers to understand that their actions often come from fear and anxiety, not because they are being dishonest. These emotions may be due to fear and anxiety of involvement

with social workers or fear of repercussions from the perpetrator, as discussed by Mya and Ann, two of the mothers in the study. Mothers worry that if they are open and honest, this will work against them which corresponds with what Hughes et al (2016) found in their study. When social workers outwardly told the mothers how well they were doing, this was likely to increase a level of mutual trust as it provided optimism for both. This also helps the mother see the social worker as someone who cares and understands the complexities of the trauma she has been living through (Behnia, 2008).

How Local Authority Social Workers Experience Their Interactions with Women who have been Subjected to Domestic Abuse

As discussed in the literature review, social workers have a challenging job in which they manage the care of children and families but also have an element of power and control to attempt to minimise the risk of abuse and neglect. Social workers regularly must straddle the line between care and control, whilst also managing the emotional aspects of the complex work.

Care and Control

Local authority social workers have a duty to engage with the legislative framework, and there are times when they are expected to become involved in people's lives even when it is not wanted (Jørgensen, 2019). This was highlighted in the data from the interviews with social workers, as well as the observations of the home visits, and even in some of the interviews with mothers, which is similar to what is found in the current literature. The findings suggest that social workers, such as Megan, Holly, Mary, Mya and Stacey, acknowledged the difficult situation the mothers were

in who they were working with. The empathy they had for the women came through in the interviews and observations. Mary spoke about her passion and how she felt it was their (children's services) responsibility to support Rachel, but also stated how she would have to seek legal advice if Rachel returned to a relationship with the perpetrator. Mary and Samuel also acknowledged the challenges that Rachel had as she was now looking after four children, two with significant special needs, and she had a broken leg. Mary spoke about how she had requested a high package of care, as carers were needed in the family home so the children would not have to go into foster care.

Stacey spoke about how Alison was having a difficult time with everything she was going through, such as the domestic abuse, financial issues, overcrowded housing, and behavioural issues from one of the children following the domestic abuse incident. She acknowledged how difficult it must be for Alison, but also spoke about how she needed to write the assessment to keep it in timescales. This was similar to what Catherine spoke about in her work with Julie, as during the observation Catherine seemed determined to gather as much information as possible so she could complete the assessment. However, Catherine also discussed in the car journey how this situation must be challenging for Julie as she is now looking after the two young boys on her own.   Holly spoke about how she felt bad for the situation that Mya was in but was also concerned about the impact of the domestic abuse on the children. She wanted Mya and her family to have a positive outcome, and there was a new baby on the way. The data suggests the conflict that social workers contend with in relation to care and control, their desire to help others versus the organisational demands placed on them through policies and legislation.

Social workers live and work in patriarchal societies, which undoubtedly support oppressive practices without even being conscious of this (Arnull and Stewart, 2021; Sinai-Glazer, 2016; Morley and Dunstan, 2016). The legislation in which social workers are expected to adhere to has been created through a patriarchal society and government, and it places the power of protecting local authority social workers, yet they are also expected to build effective relationships with those they are working with which may feel like a contradiction at times. Stewart (2019) mapped a patriarchal society has influenced social work and therefore how they respond to domestic abuse cases. Hunnicutt (2009) and Oakley (2018) discuss how society is so entrenched in patriarchal ideology that those who live in the society can become immune to seeing it. This is similar to what happens with the social work response to domestic abuse cases, in that the leave ultimatum has become the norm and is rarely questioned. However, in this thesis, and in the work of Witt and Diaz (2019), social workers are aware of this response and that it is not empowering, nor does it align with social work values. Therein lies the contention of care and control that social workers have to manage.

Working with the Emotions

Social workers had to use emotional containment to be able to 'hold' the harsh realities of the violent acts they had to listen to, as well as the emotions of the mothers, the fathers, and the children, and those of other professionals. By displaying containment, this demonstrated good practice on the social worker's part. This came through in several of the observations I undertook, and although there were times when I was unsure how the social worker was managing the difficult

feelings, the majority of the time they were able to recover. This corresponds with what is in the current literature (Briggs, 1997; Holloway and Jefferson, 2012; Ruch, 2007) about the concept of 'container-contained', which was developed by Bion (1962). If social workers are contained, and are able to help contain those they are working with, this helps the feelings not become too overwhelming. This data is similar to what Ferguson (2018) found in his research which also involved car journeys with social workers.

In this thesis, the concept of 'container-contained' was apparent when social workers took in a significant amount of violence and tried to make sense of it in relation to safeguarding, whilst also being able to take in the information and consider any risks. Social workers took in the emotions of the mothers, thought about it within their 'container', and were then able to return it in a more tolerable form (Briggs, 1997; Ruch, 2007). This helped to be able to name the feelings and allowing the social workers more capacity to think about them. The data that was collected through the interviews and observations with Megan and Ann provides good examples of container-contained that was prevalent throughout. The findings suggest that there was anxiety and fear, not just from Megan but other professionals at the RCPC where Megan also had to utilise 'container-contained'.

Further data supports the use of defences and psychodynamic theory as a means of helping social workers make sense of the factual and emotional information. The data from the car journeys following the visits, suggests that social workers were able to debrief about the visit, with someone in the visit, which is a rare situation for social workers. This could be viewed as me providing a level of containment for the

social workers, or it could be merely the social worker feeling they should discuss it because we were in the car together. Regarding containment, it could be linked to what Ruch (2007) explains as 'holistic containment' which promotes reflective practice and refers to containment taking place in all aspects including emotional, organisational and epistemological. Ruch (2007) explains that emotional containment is most like what Bion developed by being aware of secure relationships and their importance. These relationships, in this thesis, could be the social worker and the mother, the social worker and the researcher, the mother and the researcher. When the relationships are not secure, it can impact on a person's ability to think and cope with challenging situations, which social workers face regularly (Ruch, 2007). Organisational containment is linked to how social workers practice. By having organisational containment, social work managers provide the 'container' for the social worker which allows them to work positively within the organisation (Ruch, 2007). Ruch (2007) explains epistemological containment as a way of making sense of the complex situations that social workers must contend with, and this can be done through the relationships social workers have with their colleagues, within their teams, and with their managers. It allows for the 'undigested material of practice encounters' to be shared with colleagues in a safe space that allows for processing of the information (Ruch, 2007, p. 676). The concept of holistic containment supports reflective practice, and in turn, relationship building between social workers and those they are working with.

Organisations are also suffering from anxiety and engage in defences against anxiety behaviours (Hinshelwood and Skogstad, 2000). Decisions are made without having all the information, which can create a level of anxiety especially in the light of

SCR's where decisions made by social workers are scrutinised and then play out in the media. This was highlighted in the data when Stacey spoke about her morning with Ofsted and how she felt 'scrutinised' and found it 'nerve wracking' yet she was then expected to go discuss abuse and violence with a mother. The RCPC in which Megan and Ann were involved with, the IRO asked if I was from the Daily Mail and how they dream that they will 'infiltrate'. Both of these examples demonstrate the level of surveillance and scrutiny, but also the anxiety that social workers have to manage. By considering Ruch's (2007) idea of holistic containment, the importance of organisational containment is presented with the examples above.

Blame and responsibility was also felt by the social workers. In the study, Megan felt blame from other professionals that Ann's children had been on child protection plans for nearly two years, and although the attacks on Ann were not happening as often, they were more violent. A new social worker was being assigned and the IRO's manager was regular asking about this case, which signifies a level of anxiety felt within the organisation, and by both Megan and Ann. The new social worker even commented, "let me have it (the case)" which indicated that once the case was hers, she would make something happen. I worried that it would be removing the children, which I knew Megan did not feel was the right thing to do.

How do the Interactions between Women and Social Workers Impact Decision Making in Cases of Domestic Abuse?

In regard to decision-making in cases of domestic abuse, there seems to be limited options as the long-standing response is that women need to leave the abusive relationship and take the children with her. This goes hand in hand with what the

data found in this research, and that social workers feel a sense of relief when the mother is 'doing what she should be doing'. These findings will be discussed below.

The Leave Ultimatum

The typical decision-making response in domestic abuse cases by social workers is that the woman needs to leave the abusive partner and take the children with her. If the mother does not do this, then the children may be removed from her care. Although these conversations were not explicitly discussed between the social workers and the mothers during the observations, it is something that social workers spoke about with me, and something that mothers knew and also discussed in the interviews. Michelle had been told in the beginning of social work intervention that if she returned to the family home, the social worker may need to consider removing the children for their own safety. Mya conveyed a similar discussion with a previous social worker, in which the local authority did begin care proceedings to remove the children, so she was aware of the consequences of decisions. This finding suggests that there is a level of coercion and threat that goes on within the interventions, and how the mother engages with this will have a bearing on decision making. This corresponds with existing literature from Keeling and Van Wormer (2012), Neale (2018), Stewart (2019) and Stewart and Arnull (2022). Whereas it is important for the mothers to be active participants in the plan for them and their families, this is not what was found to be the case in this study. Mya spoke about how she did not feel involved in the child protection conferences, and this was observed during the core group meeting. If mothers are engaged in the plan and feel they have a choice of what interventions should be carried out, it is more likely that the plan will be successfully carried out (Forrester et al, 2007). Instead, the mothers felt as though

they were told what to do, and even when they had built up positive relationships with the social worker, they still worried their children would be removed.

Although the leave ultimatum has been the typical response by social workers in domestic abuse cases for many years, this research, along with the existing literature, suggests this is not the best way to safeguard the mother or the children, and it does a disservice to the father, yet it continues (Calder, 2004; Fusco, 2013). I would suggest that this relates to the patriarchal society in which the child protection legislation was developed, as discussed by Stewart (2019) and Stewart and Arnull (2022). However, social workers, their managers, and the local authorities should consider social work values and look for ways to empower and better support mothers in situations of domestic abuse.

Mothers 'doing what they should be doing'

There was evidence from the data to suggest that social workers felt more positive about the situation if the mother was 'doing what she should be doing', which meant if she had left the abusive partner and was engaging with the social worker. Social workers viewed the mothers more favourably and their perceptions of the risks were that they had been reduced, which is similar to current literature from Johnson and Sullivan (2008). One social worker, Alice, acknowledged that when mothers are 'doing what they should be doing' she was less worried about the family and felt 'reassured' that the mother would continue to abide by the 'rules'. However, what years of research has found is that when women leave violent relationships, the violence increases and they are at greater risk of being killed (Humphreys et al,

2018; Richards, 2003; Wilson and Daly, 2002; Women's Aid, 2022). Yet, the leave ultimatum continues to be the main response from social workers.

The data suggests that social workers attempted to make sense of the situations the mothers were in, and this was done by considering the previous information they held, what they observed, and other information they acquired throughout their involvement. They would also consider other domestic abuse cases as they were able to triangulate the information they had gathered, which informed decisions. This links with current literature about decision making in children's services carried out by Whittaker (2018).

In Ann's situation, in which she was continuing to be attacked, although it was not quite clear who was attacking her as she would sometimes report it as a stranger, but the views amongst professionals, including the police was that the 'strangers' were either the perpetrator or associates of the perpetrator. However, these attacks were viewed as though this was additional evidence against the mother that she was not protecting the children, which, in my opinion should be viewed as the mother and the children needing further protection. This also supports current literature as Ann was viewed as a 'bad mother' as the professionals felt she was at fault, and as she was not fully adhering to the child protection plan, she was not doing what she should be doing (Douglas and Walsh, 2010; Swift, 2015). Swift (2015) discusses how 'bad mothers' are seen to be unable to meet the needs of their children, and as Ann's children are on child protection plans under the category of neglect, this portrays Ann in a negative manner.

It is also interesting to note that many of these points could also be viewed as the mother's way of trying to safeguard her children and minimise the risk; perhaps she fears that leaving will increase the risk (Humphreys et al, 2018; Richards, 2003; Wilson and Daly, 2002; Women's Aid, 2022), or by being able to have some contact with the abuser she feels she is able to understand what he might do and how she might be able to mitigate this. However, these actions are viewed as 'failure to protect' the children when it comes to statutory children's services, and therein lies the blame, shame, and guilt that mothers discussed.

Reflection on the Findings

From the various methods, I have been able to collect a large amount of rich data that has produced similar, as well as contrasting findings to the existing literature. As discussed previously, the original theoretical framework was that of psychodynamic theory which gradually changed throughout the study and feminism became more prominent. However, the psychodynamic method of observation, along with the concepts of 'container-contained' and defences were useful in considering various ways of looking at, and thinking about, the data. The two theoretical approaches contradict one another, yet, they were useful in combining for this study design and provided rich data, especially with the observations.

The construction of patriarchy and its links with feminism became more powerful due to the knowledge gained through researching the topic, as well as during the analysis, that social workers are given a perception of power through various means such as legislation and by having Social Work England as a professional regulatory body. This power, whether real or not, gives mothers the view that if they do not

engage with social work involvement, there is a risk of losing their children. It also provides social workers with leverage in participation by mothers, yet it is felt coercive and controlling by the mother, whereas the participation should be led by developing positive working relationships through empathy and trust, as highlighted by the mothers.

As the blame ultimatum has been highlighted in this research, as well as in numerous other studies (Douglas and Walsh, 2010; Humphreys and Thiara, 2003; Keeling and Van Wormer, 2012; Neale, 2018; Stewart, 2019; Stewart and Arnull, 2022; Tapley, 2010), it is important to consider the parallels between the emotionality of the encounters that are felt by both social workers and mothers, and the bureaucracy that social workers had to manage, and mothers would have felt. Blame, shame, and guilt are felt by both social workers and mothers, but the sources are different. Mothers feel this from social workers and other professionals, as well as within society; whereas social workers may feel some of this from the mothers, but also within the bureaucratic organisational structures they work in. Social workers within this research discuss the pressures they feel about meeting timescales and complying with procedures and government targets as well as feeling pressure from society, which was indeed earlier identified by Broadhurst et al (2010b).   This also links in with the moral context that social workers may struggle with when feeling as though they are attributing blame (Broadhurst, et al, 2010a) to women who have been subjected to domestic abuse, just by engaging with them. Whilst I was working as a team manager in child protection, senior management decided to form a triage meeting that took place a few times a week between the duty social work manager from our team and the manager from a domestic abuse

organisation. This was due to various reasons such as the high number of domestic abuse referrals that were received weekly, but also because it was felt that children's services were not the right agency to liaise with every mother who had been subjected to domestic abuse. Joint decisions would be made about which agency was best placed to contact the mother, depending on the level of risk, historical information, and current situation. Not only did this help to strengthen the working relationship between children's services and the domestic abuse organisation, it also ensured that mothers were being contacted by those who were specialists in domestic abuse. The situations that were deemed high risk would then be contacted by both agencies and a joined-up approach to safeguarding was then enacted. In my view, this was good practice that should be common practice within local authorities and should be part of the Multi Agency Safeguarding Hub's practice.

I feel it is important to note that what the findings also indicate is that there is good social work happening. Although social workers are seen to engage in mother blaming, I would suggest that this is more to do with the organisational issues, which have been constructed through patriarchal systems (Stewart, 2019; Stewart and Arnull, 2022), and not because the social workers actively blame the mother. What I observed, and what I heard from social workers and mothers, was passion and concern for the mothers and children they were working with. Social workers had gone above and beyond and were able to build good working relationships in the hope of minimising the risk to the mother and the children. This was comforting to me as a social worker, and somewhat surprising to be honest. There is research that suggests social workers do not build good relationships and that mothers have

negative views about their interactions with social workers, but this was not what was found in this small-scale research study.

LIMITATIONS OF THE STUDY

Above, I have highlighted the main findings and discussed them in relation to existing research. In considering the overarching research question, how can interactions between local authority social workers in England and women who have been subjected to domestic abuse be conceptualised and described, this thesis has not quite demonstrated how to do this, yet through the innovative methods, I have found that the use of psychodynamic concepts has provided a way to conceptualise and describe what happens when social workers and women who have been subjected to domestic abuse, interact with one another. However, the limitation is that I was able to discuss four of the thirteen observations with a specialist supervisor at the Tavistock, and I believe that discussing all thirteen would have added further depth to the analysis. What the findings indicate is that the study was able to highlight the tensions and dilemmas that local authority social workers face when working with cases of domestic abuse. As the framework moved more towards feminism and further away from psychodynamic thinking, this would have been useful to consider in regard to the main research question.

The sub-questions were relevant and overall, I feel I was able to address them. I was able to gather rich data about how both the women and the social workers experienced their interactions with one another, and the observations of close-up social work practice supported the data from the interviews. The ethnographic

design of the study allowed for the data to be informed by the everyday practice of social workers, and the experiences of women who have been subjected to domestic abuse who are actively involved with social work interventions, which has not been done in this way before. The study used data from observations and interviews, which helps to confirm the findings, and provides a constant process by which information from one can be followed up by the other. As I was unable to observe a MASH team to see how they made decisions on domestic abuse notifications, I could have amended the final sub-question about decision making. However, I felt I was able to gain some insight into this through the conversations with the social workers, and also through the observations, as the social workers attempted to make sense of the information. Although the study did not go as planned in some aspects, which impacted on all of the research questions not being fully addressed, there is still valuable and original knowledge that has been gained which can contribute to existing literature.

Although I was pleased to be able to do two visits with five of the six women, and their social workers, as this provided further insight into the relationships between the two, as well as making sense of the information which informed social workers decisions, I would like to have followed these cases throughout the time the social worker was involved. However, due to time constraints and the amount of time involved in gaining access, this would not have been possible, but it is something to consider for future research.

Another limitation was the study participants, all of whom were white British, and six of the seven social workers were female. Therefore, the study cannot provide

discussion on mothers or social workers from the black and ethnic minority communities, although from previous research it is likely that mothers from BAME communities would have similar views about their experiences with social workers and may possibly find it even more challenging due to the understanding of cultural backgrounds.

Regarding social workers being participants, it was unclear how it was decided if a social worker would be involved. In some instances, I felt it was a team manager encouraging a specific social worker to be involved due to a domestic abuse case they were working with that the manager felt would be appropriate for the research. Due to the challenges of gaining access, I did not turn anyone away even though I would have liked to have had a more diverse participant group. I had planned to have ten mothers involved, but when I reached six, the Covid-19 pandemic hit the UK which halted ethnographic research for some time. Due to time limitations, a decision was made to do no further data collection, but consideration was also given to saturation that was occurring with the data that I had already obtained, so it was not felt it was necessary to pursue further participants.

The data collected is from a small part of the world of social workers, as well as from the experiences of women who have been in abusive relationships. Fieldwork conducted at other times, even with the same mother and social worker, would likely provide variations on the findings. As the Covid-19 pandemic changed the way social workers were working, and more social workers are doing hybrid working (mixture of home and office working), I may have found it more difficult to complete interviews with social workers on car journeys, but it would have been easier and

less time consuming to arrange observations of home visits if some of them were being completed virtually. However, this would not have provided the same level of data as part of the observations are about using the senses to take in everything and consider any emotions that may be provoked. It would also limit what I was able to observe as a video camera would have been focused on whoever was speaking, whereas in person, the observer is able to look around and notice much more of the environment. By using a version of the Tavistock model of infant observation, I was able to be fully present to take in what I was observing and also feeling, which is why the model does not use note-taking during the observation (Bick, 1964).

Throughout undertaking the thesis, I have considered what I would do differently. I felt that the mothers' voice was not as strong as that of the social worker, as I did not spend as much time with the mothers. In considering further research in this area, I would be interested in speaking with mothers before the visit with the social worker to gather their views and emotions about what they were going to experience, and I would speak with them following the interaction as well. Although I spoke with the mothers, I feel it would have been beneficial to do this after each interaction.

Overall, the study has been able to contribute new knowledge to the area of how social workers and mothers who have been subjected to domestic abuse encounter one another. The methods used to collect data proved useful and allowed me to be a part of these lived experiences by observing the everyday practice of social workers working with women in cases of domestic abuse. The interviews with social workers in the car going to and from the home visit, provided insight into the difficult, violent and scary situations that social workers had to work with, and allowed for

some conversation about their feelings and emotions. Although not part of the study, and something I had not given thought to beforehand, the interviews with social workers after the meeting with the mothers, acted as a debrief which provided a level of reflection that I believe was useful for their practice.

As stated above, the research questions could have been amended as the theoretical framework evolved. This led to the research questions being only partially addressed, but there are still useful findings that contributes to the existing literature. Research into the interactions between social workers and women who have been subjected to domestic abuse has not been conducted in this way before, and it is important that future studies to further understand and develop knowledge about social work practice in relation to domestic abuse cases is conducted using a similar approach. As discussed above, by having the opportunity to discuss the observations with a specialist supervisor which allowed for deeper reflection of what might be happening between the social worker and the mother, as well as for the researcher, adds a level of depth to the analysis and in developing knowledge about social work practice. For future studies, it would be important to have this session for all the observations.

IMPLICATIONS FOR SOCIAL WORK PRACTICE

Throughout the thesis, several recommendations for social work practice and policy have come to light. Through the recommendations highlighted, including those from mothers, there is hope that even small change can take place which will minimise the oppression felt by mothers when they are working with social workers due to domestic abuse.

Recommendations for Social Work Practice, Training and Policy:

- Ensure that mothers, fathers, and children understand what it means to have involvement with social workers due to domestic abuse. This could include information sheets, in various languages, which provide guidance around the process of assessment, what Child in Need and Child Protection means, as well as facts and statistics about domestic abuse. Information on supporting organisations should also be provided such as Women's Aid, Refuge, and the NSPCC. Information for children should be child-friendly and age appropriate. The information sheet could be discussed during the initial contact, to ensure that all parties are clear of the expectations and the process as this helps to create partnership between the social worker and the family members.

- Robust training on the complexities of domestic abuse should be mandatory for all social work students, qualified social workers, and all levels of management within local authority children's services teams. This could involve professionals from other agencies as well, as the response to domestic abuse should be multi-agency. This can help professionals look at their own views about domestic abuse, and feminism, the oppression of women and patriarchal views should be an essential component of the training. Domestic abuse is part of gender violence against women and girls and should also be considered more broadly. I would also suggest that domestic abuse in same-sex relationships should also be part of the training.

- Children's services social work teams should utilise a model of practice in which decisions about domestic abuse cases are made jointly with specially trained staff from domestic abuse organisations. This could help to minimise the domestic abuse referrals assigned to children's services but more importantly, it will provide a more appropriate service for families where domestic abuse is occurring. I would go even further to say that the teams should have qualified social workers who are specially trained as Independent Domestic Violence Advocates working within the teams to co-work domestic abuse cases and be involved in decision making processes.

- The leave ultimatum and mother blaming should be eliminated. This does not encourage partnership working and places the responsibility of the abuse onto the mother. Through specialist domestic abuse training, social workers, and managers of all levels, can gain an understanding of the reasons why a mother may not leave the relationship, as this can increase the risk, including the risk of death, to her and the children. Training also needs to be rolled out with managers and senior managers, and discussions need to take place to consider less oppressive ways of working with mothers who have been subjected to domestic abuse. Social workers and other professionals can consider the language they use when speaking with women who have been subjected to domestic abuse to use language that is empowering and supportive.

- Fathers need to be involved in the assessments. Mothers are often the only parent who is part of the social work process and therefore social

workers are not assessing the actual risk of the abusive behaviour by the father. Fathers need to be challenged, held responsible for the abusive behaviour and there should be consequences. Social workers and their managers need to consider ways of engaging with violent men, with consideration of professional views about domestic abuse and parental roles in raising children.

- A robust multi-agency response is required when women leave the relationship, as this is when women are at risk of the abusive behaviour increasing and at higher risk of being killed. This could also help to build the relationships between women and professionals and create a more trusting relationship that fosters empowerment instead of creating a relationship based on mistrust and blame. Local authorities, along with other agencies, such as health, police, and education need to work together to support women during these frightening and traumatic situations.

Recommendations from Mothers to Social Workers

As part of the semi-structured narrative interviews conducted with the six mothers, I asked them about their views on the interactions they had with social workers and if there was anything they could recommend that would improve those interactions. It is important to highlight their recommendations as this also supports improving social work practice.

- Fathers should be involved in the assessment, and they should be visited regularly by the social worker. If the father is having contact with the children, the social worker should ensure that visits with the

father are taking place when the children are present to observe his interactions with them.

- Social workers should tell mothers the abuse is not their fault. Mothers want to hear this, and as they will blame themselves, and feel it is their fault there is social work involvement, it would help empower mothers to be told it is not their fault.

- Social workers need to understand why the mother might not do something the social worker has asked as this might be a way of the mother trying to manage the risk to herself and the children. Social workers should not use threats to get mothers to do something they have been asked to do, as this does not create a relationship of trust.

- Mothers wants social workers to spend more time getting to know them so they can build up trust which would help the mothers be more open about what is happening. Mothers felt better when they did open up but it was scary as they were worried the social worker would take their children away.

- Mothers would like social workers to spend time explaining the process. Mothers are aware that social workers are used to the various meetings but mothers are not, and they need time to take in the information. This should be revisited as it can all feel quite overwhelming in the beginning and mothers might not remember what has been discussed previously.

Recommendations for future research:

- Further research is needed to consider the impact of social work involvement on mothers and children who have been subjected to domestic abuse. It is important that the voices of both women and social workers are heard and listened to as this is an effective way to consider practice improvements.

- Fathers should be involved in the research relating to domestic abuse and social work. By not involving them, we continue to 'let them get away with it' and to think their behaviour is not a concern. This could provide significant insight into their views about their role in parenting, their role in the family, as well as their views about women. By engaging fathers in research, further practice improvements could be achieved.

- Further research using the Tavistock model of observation and psychodynamic theory would be useful, and I would suggest that all observations be discussed with a specialist supervisor to add depth to the analysis of the data collected from observing the social worker and the women together. This helps to understand the internal workings of the social worker and the women, which can highlight difficult emotions that may be impacting on the working relationship.

DISSEMENATION OF THE RESEARCH

After the completion of the PhD programme, I plan to disseminate the findings and recommendations where possible through publications, presenting at conferences, and through training and social work education. Early on in the PhD process, I

presented at several conferences and used the knowledge I gained in the educating

social work students on domestic abuse. I have also presented on the challenges of

gaining access to research participants. When I complete the PhD programme, I

plan to provide feedback to the two local authorities involved in the research, and to

use this as a means of training social workers on the complexities of domestic

abuse. I would also like to present the findings to other local authorities and perhaps

do some work with social workers around their views about domestic abuse and

gender roles within the family. As my passion for the topic has grown throughout the

PhD process, I would also like to work with women who may be engaging with

domestic abuse organisations (i.e. Women's Aid) who are involved with children's

services due to domestic abuse as an advocate to help them navigate through the

system whilst supporting them. This could be useful to the women and the

organisations.

- **The Social Work Research Collective Ethnography Themed Event, June 2021 (on-line)**
  Presenter: The Obstacles of Ethnography and Social Work: the challenges of gaining access

- **Social Work Education Conference—Cardiff, July 2020 postponed to July 2021 (online) due to Covid-19**
  Presenter: Developing an Understanding of the Interactions between Child Protection Social Workers and Women who have been Subjected to Domestic Abuse

- **European Conference for Social Work Research—Bucharest, Romania—April 2020 postponed to May 2021 (online) due to Covid-19**
  Presenter: Challenges of Accessing English Local Authorities to Explore Social Work Practice with Women who have Experienced Domestic Abuse

- **European Conference on Domestic Violence—Oslo, Norway—September 2019**
  Presenter: *Developing an Understanding of the Encounters between Child Protection Social Workers and Women Victims of Domestic Abuse*

- **Early Career and PhD Social Work Research Conference—Cardiff, May 2019**

Presenter: Developing an Understanding of Encounters between Child Protection Social Workers and Women who have Experienced Domestic Abuse

- **Enhancing the Visibility of Early Career Researchers in Social Work Conference—Manchester, November 2018**
Presenter: Let Me In! The challenges of gaining access to what social workers do

SUMMARY

The aim of this chapter was to provide a critical analysis of the findings from the three previous chapters. The theoretical framework of feminism provides support in understanding the analysis, and the patriarchal society and organisations discussed also assist with the analysis. Although contradictory, the psychodynamic framework provided depth to the analysis of the observations, and I would suggest the two frameworks can work together.

There have been studies conducted on what social workers do, and numerous studies on domestic abuse, but there are limited studies that involve both. What I set out to do, which was successful, was to gain insight into how social workers, and women who have been subjected to domestic abuse, experience their interactions with one another. By utilising a range of methods, which provided rich data, I have analysed significant amounts of data to highlight the tensions and dilemmas social workers and women face during these interactions. I have been able to conceptualise and describe what takes place when social workers and women who have been subjected to domestic abuse interact with one another, and the theoretical framework of feminist theory and psychodynamic theory have assisted in answering the research questions. As with all research studies, there are strengths

and limitations, which I have also outlined. This also discusses the original

contribution to knowledge this thesis has provided.

The chapter has also discussed the recommendations for social work practice,

training and policy. Mothers were also asked for their recommendations which are

also presented.

The final chapter will conclude the thesis by discussing the challenges of undertaking

the research study, and the emotional aspect of researching traumatic experiences.

CHAPTER 8: CONCLUSION

INTRODUCTION

This thesis is my original contribution to knowledge which has helped me to develop an understanding of what takes place when local authority social workers and women who have been subjected to domestic abuse interact with one another. The research design is innovative and rich data was found and analysed which helps social workers, mothers, academics, and other professionals begin to develop an understanding of the tensions and dilemmas that both social workers and mothers face when they encounter one another.

In this final chapter I want to provide a final reflection. This includes the challenges of undertaking a doctoral study, the emotional aspect of researching traumatic experiences, and what I have learned throughout this process.

FINAL REFLECTION

When I started working in academia, I did not envisage doing a PhD. I obviously did not need a PhD to be successful at becoming a social work lecturer, so why would I want to go through the PhD process. However, through the encouragement of colleagues, I began my PhD studies in early 2016, and although it has been a challenging seven years, I am pleased to have decided to do it.

As discussed in the introduction, my passion for the topic comes two-fold, one for the loss of a dear friend's mother due to domestic abuse and two for the loss of a mother who the front-line team I managed was working with when she was killed by her partner. My years as a front-line child protection social worker and manager

provided insight into the high numbers of domestic abuse cases that were coming into our team, and I did not think this specific local authority was receiving higher numbers than others. The process and procedures of legislation and policy seemed to guide our involvement with the mothers, and as I look back on that time, I feel ashamed that I was not challenging our interactions with mothers, and that fathers were kept on the periphery. I think sometimes when one finds themselves in the midst of child protection teams, autopilot can set in and social workers do as they are told to do, similar to what mothers do when they are told to do something by the social worker. When it came time to submit the PhD proposal, I knew this is what I wanted to research. I had also heard Harry Ferguson speak at a conference in 2014, and I was keen to learn more about his work and how he used such innovative methods for his research. This also provided me with considerations for how I would conduct the study.

When I began my PhD studies, I was working full time as a social work academic, and I knew it would be a challenge to manage the workload and my studies. As discussed in the methodology chapter, I was surprised at the length of time it took for me to gain access to local authority social workers and women they were working with. Due to working full-time, it was difficult for me to find time to attend visits with social workers, but I was fortunate to have supportive colleagues at the time who would step in and cover my teaching if possible. I had planned for the majority of the data collection to take place during the summer months as my schedule was more flexible to attend visits. Unfortunately, this is not what happened, and I found myself frustrated and feeling anxious about the methods I had selected and wondered if I would need to change them. I eventually was able to join social workers on visits,

and I found this exciting and a relief. My favourite part of social work is spending time with the families, so it was an honour to be a part of the interactions between the social worker and the mother. The data collection was still slow, but it was happening, and then Covid-19 hit and the data collection was halted. Although I had wanted to have more participants, in hindsight, I am glad I did not as I already had a significant amount of data and in discussion with my supervisors, understood that saturation was occurring.

The process of analysis then began, and this is when I truly realised the emotional impact of what I had seen and heard, and how my own experiences could resurface. I was unrealistic in thinking about the number of transcripts and observations I could read through and put into categories in a day, as it was hard and difficult information to hear and read. During the data collection stage, I often spoke about the cases I had observed and how they would keep me awake at night, but as I was not responsible for them in the way the social workers were, this was short-lived. During the data analysis, I found myself more isolated, possibly due to Covid-19 and being at home, as I had also left my full-time job in the summer of 2021. I found myself wondering about the women, and if they were all alive and what had happened in their involvement with the social workers. I am appreciative of the other PhD students, and academic colleagues, as we provided support for one another.

Throughout the PhD process, I have felt that both issues I highlight above are not spoken about often enough. Research involving gender-based violence, as well as many other topics, evoke difficult emotions in the researcher and it should be supported effectively through the academic institution. The challenges of gaining

access was not something that was spoken about when I was at the design stage of the study, which possibly gave me a naïve view that it would be easy. I have become more aware of both challenges now, and it is something that I would like to address in future publications.

These have been important learning points for me that I will take away from this experience. Although I felt I had a good understanding of domestic abuse and social work, the research and learning throughout my PhD studies has challenged me and continued to equip me in these areas. This is useful for further training and presentations and in educating social workers and social work students.

The last point I would like to make is that this research has provided me with opportunities to observe good social work practice. It was never my intention to join in the negative narrative of social workers. I am a social worker, so why would I want to do that? I am passionate about social work and passionate about ending violence against women and girls. This PhD gave me the opportunity to study both, and while I did that, I was able to see seven social workers who cared about the women they were working with and who could also acknowledge the bureaucratic organisational constraints they faced in supporting the mothers and the children. They just need the right environment to use their skills and knowledge in a less oppressive way that supports the mothers. I am not suggesting my research will do that, as I know it is not going to change the world of child protection social work. However, through ongoing dissemination, social workers and future social workers may feel confident enough to challenge decision-making and to support them in their interactions with women who have been subjected to domestic abuse.

CONCLUSION

This research has looked at the tensions and dilemmas that social workers and mothers contend with when they are interacting with one another during situations of domestic abuse. I hope that colleagues in various settings can take something from this study and use it to improve their knowledge and inform practice, and that it allows them to be open to the fact that women who have been subjected to domestic abuse are not intentionally limiting the information they provide to social workers, or other professionals, but that they may be doing it out of fear to minimise and manage the risk to themselves and their children. How social workers engage with the women is crucial, and by being supportive and not casting blame, directly or indirectly, this helps to set the tone for ongoing work which can help keep children and mothers safe from perpetrators of domestic abuse.

REFERENCE LIST

ACPO (ASSOCATION OF CHIEF POLICE OFFICERS) (2004) *Guidance on Investigating Domestic Violence.* London: Association of Chief Police Officers/National Centre for Policing Excellence. Available at: https://vpajathinktank.org/wp-content/uploads/2018/general/Investigating_Domestic_Violence.pdf (Accessed 15 June 2021).

ADLER, PATRICIA AND ADLER, PETER (1987) *Membership Roles in Field Research.* London: Sage.

AKE, J., AND ARNOLD, G. (2016) A brief history of anti-violence-against-women movements in the US. In Renzetti, C., Edleson, J., and Kennedy Burgden, R. (eds) *Sourcebook on Violence Against Women.* Thousand Oaks, CA: Sage Publications, pp. 3-24.

AKTINSON, P. AND HAMMERSLEY, M. (1998) *Ethnography and participant observation. Strategies of Qualitative Inquiry.* Thousand Oaks: Sage, pp. 248-261.

ALEXANDER, V.D., THOMAS, H., CRONIN, A., FIELDING, J. AND MORAN-ELLIS, J. (2008) Mixed Methods In Gilbert, N. (ed.) *Researching Social Life*. London: Sage, pp. 125-144.

ANDERSON, E. (2011). Feminist epistemology and philosophy of science. In *Stanford Encyclopedia of Philosophy Online.* Available at: https://plato.stanford.edu/entries/feminism-epistemology/ (Accessed 12 April 2022)

ANGROSINO, M. (2007) Doing *ethnographic and observational research.* SAGE Qualitative Research Kit. London: Sage.

ARAI, L., SHAW, A., FEDER, G., HOWARTH, E., MACMILLAN, H., MOORE, T.H., STANLEY, N. AND GREGORY, A. (2021) 'Hope, agency, and the lived experience of violence: A qualitative systematic review of children's perspectives on domestic violence and abuse'. *Trauma, Violence, & Abuse,* 22(3), pp. 427-438.

ARMSTRONG, D. AND RUSTIN, M. (2015) Introduction: revisiting the paradigm. In Armstrong, D. and Rustin, M. (eds.) *Social Defences Against Anxieties,* Routledge: Abingdon, pp. 1-23.

ARNULL, E. AND STEWART, S. (2021) 'Developing a theoretical framework to discuss mothers experiencing domestic violence and being subject to interventions: A cross-national perspective'. *International Journal of Crime, Justice and Social Democracy,* 10(2), 113-126.

BANKS, S. (2021) *Ethics and Values in Social Work (5th edn).* New York, NY: Bloomsbury Press.

BECKER, S., BRYMAN, A., and FERGUSON, H. (eds) (2012). *Understanding research for social policy and social work, 2nd ed.* Bristol: Policy Press.

BEHNIA, B. (2008). 'Trust development: A discussion of three approaches and a proposed alternative'. *British Journal of Social Work,* 38(7), 1425–1441.

BICK, E. (1964) 'Notes on infant observation in psychoanalytic training', *International Journal of Psychoanalysis*, 45, pp. 484-486.

BION, W.R. (1962) *Learning from Experience.* London: Heinemann.

BLEWETT, J. (2018) Navigating contested professional identities, in Bower, M. and Solomon, R (eds) *What Social Workers Need to Know: A Psychoanalytic Approach.* London: Routledge, pp. 13-27.

BLYTHE, B., HEFFERNAN, K., AND WALTERS, B. (2010) 'Best Practices for Developing Child Protection Workers' Skills: Domestic Violence, Substance Abuse, and Mental Health Training'. *Revista De Asistenta Sociala,* (2), p. 51-64.

BOSTOCK, J., PLUMPTON, M. AND PRATT, R. (2009) 'Domestic violence against women: understanding social processes and women's experiences.' *Journal of Community and Applied Social Psychology,* 19(2), pp. 95-110.

BOWER, M. (2005) Psychoanalytic Theories for Social Work Practice. IN BOWER, M. (Ed.) *Psychoanalytic Theory for Social Work Practice.* Abingdon: Routledge.

BOWER, M. AND SOLOMON, R. (eds) (2018) *What Social Workers Need to Know: A Psychoanalytic Approach,* Abingdon: Routledge.

BOWLBY, J. (1988) *A Secure Base: Parent-Child Attachment and Healthy Human Development.* London: Routledge.

BRAMMER, A. (2020) *Social Work Law (5th ed).* London: Pearson.

BRANDON, M., BAILEY, S., BELDERSON, P., GARDNER, R., SIDEBOTHAM, P. and DODSWORTH, J., 2009. *Understanding Serious Case Reviews and Their Impact: A Biennial Analysis of Serious Case Reviews 2005–2007. Research report DCSF-RR129.* London: DCFS.

BRAUN, V. AND CLARKE, V. (2013) *Successful Qualitative Research: a practical guide for beginners.* London: Sage Publications.

BREARLY, J. (1991) A Psychodynamic Approach to Social Work. In Lishman, J. (ed) Handbook of Theory for Practice Teachers in Social Work. London, Jessica Kingsley Publishers.

BREWSAUGH, K., MASYN, K.E., AND SALLOUM, A. (2018) 'Child welfare workers' sexism and beliefs about father involvement'. *Children and Youth Services Review,* 89, 132-144.

BRIGGS, S. (2018) 'Observation, containment, countertransference: the contribution of psychoanalytic thinking to contemporary relationship-based social work practice'. In Briggs, A. (ed) *Waiting to be Found*. London: Routledge, pp. 271-286.

BRIGGS, S (2017) Working with Troubled Adolescents: observation as a key skill for practitioners, in Hingley-Jones, H., Parkinson, C and Allain, L (eds) *Observation in Health and Social Care: applications for learning, research and practice with children and adults.* London: Jessica Kingsley, pp. 101-120.

BRIGGS, S. (2005). Psychoanalytic research in the era of evidence-based practice. In Bower, M. (ed) *Psychoanalytic Theory for Social Work Practice: Thinking under fire.* London: Routledge, pp. 15-31.

BRIGGS, S. (1999) Links between infant observation and reflective social work practice, *Journal of Social Work Practice,* 13(2), pp. 147-156.

BRIGGS, S. (1997) *Growth and risk in infancy.* London: Jessica Kingsley.

BROADHURST, K., HALL, C., WASTELL, D., WHITE, S., AND PITHOUSE, A. (2010a) Risk, Instrumentalism and the Humane Project in Social Work: Identifying the *Informal* Logics of Risk Management in Children's Statutory Services, *British Journal of Social Work,* 40, 1046-1064.

BROADHURST, K., WASTELL, D., WHITE, S., HALL, C., PECKOVER, S., THOMPSON, K., PITHOUSE, A. AND DAVEY, D. (2010b) Performing 'initial assessment': Identifying the latent conditions for error at the front-door of local authority children's services, *British Journal of Social Work*, 40(2), 352-370.

BROOKFIELD, S. (2016) So Exactly What is Critical About Critical Reflection? In Fook, J. et al (eds) *Researching Critical Reflection and Research: Multidisciplinary Perspectives.* New York: Routledge, 2016, pp. 11-22.

BROWN, L., CALLAHAN, M., STREGA, S., WALMSLEY, C., AND DOMINELLI, L. (2009). 'Manufacturing ghost fathers: The paradox of father presence and absence in child welfare'. *Child and Family Social Work,* 14(1), 25-34.

BUCHANAN, F., AND MOULDING, N.T. (2021) 'Mothering during domestic abuse: Protective agency as a force for change'. *Qualitative Social Work*, *20*(3), pp.665-680.

BUCKLEY, H., WHELAN, S. AND CARR, N. (2011) ''Like waking up in a Franz Kafka novel': Service users' experiences of the child protection system when domestic violence and acrimonious separations are involved'. *Children and youth services review*, *33*(1), pp.126-133.

BURGESS, R.G. (1984) *In the Field. An introduction to field research.* London: Routledge.

BURRELL, S. (2016). 'The Invisibility of Men's Practices: Problem representations in British and Finnish Social Policy on Men's Violences Against Women'. *Graduate Journal of Social Science,* 12(3), 69-93.

CAILLAUD, S. AND KALAMPALIKIS, N. (2013). Focus Groups and Ecological Practices: A Psychosocial Approach. *Qualitative Research in Psychology,* 10(4), 382-401.

CALDER, M.C. (2004) *Children living with domestic violence: towards a framework for assessment and intervention.* Lyme Regis: Russell House.

CARR, H. AND GOOSEY, D. (2021) *Law for Social Workers (16th edition).* Oxford: Open University Press.

CASEMENT, P. (1985) The internal supervisor. *On learning from the patient*, pp.29-56.

CASSELL, J. (1988) 'The relationship of observer to observed when studying up'. *Studies in Qualitative Methodology,* 1(89), pp. 89-108.

CHARMAZ, K. (2006) *Constructing grounded theory: A practical guide through qualitative analysis.* Thousand Oaks, CA: Sage.

CHARMAZ, K. (2014) *Constructing grounded theory.* Los Angeles: Sage.

CHARMAZ, K. (2003) 'Grounded Theory', in Smith, J.A. (Ed), *Qualitative psychology: A practical guide to research methods,* pp. 81-110. London: Sage.

CHARMAZ, K. AND MITCHELL, R.G. (2011) Grounded Theory in Ethnography, in Atkinson, P., Coffey, A., Delamont, S., Lofland, and Lofland, L (eds) *Handbook of Ethnography.* London: Sage Publications, pp. 160-174.

CLARK, A. AND EMMEL, N. (2010). Using Walking Interviews. Available at: https://eprints.ncrm.ac.uk/id/eprint/1323/1/13-toolkit-walking-interviews.pdf (Accessed 10 September 2019).

CLARK, T. (2010) 'Gaining and Maintaining Access: Exploring the Mechanisms that Support and Challenge the Relationship between Gatekeepers and Researchers'. *Qualitative Social Work,* 10(4), pp. 485-502.

CLEAVER, H., UNELL, I. AND ALDGATE, J. (2011) *Children's needs-parenting capacity: child abuse, parental mental illness, learning disability, substance misuse and domestic violence.* The Stationery Office.

COHEN, L., MANION, L. AND MORRISON, K. (2011) *Research Methods in Education (7TH edn).* Abingdon: Routledge.

COOK, L. (2020) The home visit in child protection social work: Emotion as a resource and risk for professional judgement and practice, *Child and Family Social Work,* 25, pp. 18-26.

COOK, L. (2017) Making Sense of the Initial Home Visit: The Role of Intuition in Child and Family Social Workers' Assessments of Risk, *Journal of Social Work Practice,* 31(4), pp. 431-444.

COOPER, A (2017) Soft Eyes: observation as research, in Hingley-Jones, H., Parkinson, C and Allain, L (eds) *Observation in Health and Social Care: applications for learning, research and practice with children and adults.* London: Jessica Kingsley, pp. 177-199.

CO-ORDINATED ACTION AGAINST DOMESTIC ABUSE (CAADA). (2014) In plain sight: effective help for children exposed to domestic abuse, CAADA's 2nd National Policy Report. CAADA.

CORBIN, J. AND STRAUSS, A. (2008) *Basics of qualitative research: Techniques and procedures for developing grounded theory.* Thousand Oaks, CA: Sage.

CUSWORTH, L., HARGREAVES, C., ALROUGH, B., BROADHURST, K., JOHNSON, R., GRIFTHS, L., AKBARI, A., DOEBLER, S. AND JOHN, A. (2021). *Uncovering private family law: Adult characteristics and vulnerabilities (Wales).*

DAMASIO, A. (2000) *The feeling of what happens.* Heineman: London.

DAVIES, L. AND KRANE, J. (1996) Shaking the legacy of mother blaming: No easy task for child welfare, *Journal of Progressive Human Services,* 7(2), pp. 3–22.

DE BEAVOUIR, S. (1953) *The Second Sex.* Reading: Cox and Wyman.

DE LAINE, M. (2000) *Fieldwork, participation and practice: Ethics and dilemmas in qualitative research*. London: Sage.

DENZIN, N.K. AND LINCOLN, Y.S. (eds) (2011). *The Sage handbook of qualitative research*. London: Sage.

DEPARTMENT FOR EDUCATION (2022) *Working Together to Safeguard Children: Statutory Guidance on interagency working to safeguard and protect the welfare of children.* Norwich: The Stationary Office.

DEPARTMENT OF HEALTH (1989) *An introduction to the Children Act 1989.* London: HMSO.

DIDUCK, A. AND KAGANAS, F. (2012) Family *Law, Gender and the State (3rd edn).* Oxford: Hart Publishing.

DOBASH, R.E., DOBASH, R.P., CAVANAGH, K. AND LEWIS, R. (2004) 'Not an ordinary killer—Just an ordinary guy: When men murder an intimate woman partner'. *Violence against women,* 10(6), pp. 577-605.

DOBASH, R.P., DOBASH, R.E., WILSON, M. AND DALY, M. (1992) 'The myth of sexual symmetry in marital violence'. *Social problems*, 39(1), pp.71-91.

DOBASH, E. AND DOBASH, R. (1987) The response of the British and American Women's movements to Violence Against Women. In Hammer, J. and Maynard, M. (eds) *Women, Violence and Social Control.* MacMillan Press LTD, pp. 169-180.

DOBASH, R. AND DOBASH, E. (1979) *Violence against wives: a case against patriarchy.* Shepton Mallet: Open Books.

DOMESTIC ABUSE COMMISSIONER (2023) Available at: https://domesticabusecommissioner.uk (Accessed 12 April 2022).

DOMINELLI, L. (2002) *Feminist Social Work Theory and Practice.* London: Red Globe Press.

DOWLING, P. AND BROWN, A. (2009) *Doing Research/Reading Research: Re-Interrogating Education (2nd edn).* Abingdon: Taylor and Francis.

DOMESTIC ABUSE INTERVENTION PROGRAM (2017) *Understanding the Power and Control Wheel*. Domestic Abuse Intervention Program. Available at: https://www.theduluthmodel.org/wheels/

DOUGLAS, H. AND WALSH, T. (2010) *Mothers, Domestic Violence, and Child Protection.*

DUNN, J. (2005) 'Naturalistic observations of children and their families' in Greene, S. and Hogan, D. (eds.) *Researching Children's Experience: Approaches and Methods*. London: Sage, pp. 87-101.

DUTTON, M.A. AND GOODMAN, L.A. (2005). Coercion in intimate partner violence: Toward a new conceptualization, *Sex Roles*, 52, pp. 743-756.

EDLESON, J. (2004) Should Childhood Exposure to Adult Domestic Violence be Defined as Child Maltreatment Under the Law? In Jaffe, P., Baker, L. and Cunningham, A.J. (eds) *Protecting children from domestic violence: Strategies for community intervention.* The Guilford Press.

EWART-BOYLE, S., MANKTELOW, R. AND MCCOLGAN, M. (2013) 'Social work and the shadow father: lessons for engaging fathers in Northern Ireland'. *Child & Family Social Work*, 20(4), pp.470-479.

FARMER, E. (2006) Using research to develop child protection and child care practice. In Humphreys, C. and Stanley, N. (eds). *Domestic Violence and Child Protection.* London: Jessica Kingsley Publishers, 2006, pp. 124-136.

FAWCETT, M. (2009) *Learning Through Child Observation (2ⁿᵈ edn).* London: Jessica Kingsley Publishers.

FEATHERSTONE, B., FRASER, C., ASHLEY, C. AND LEDWARD, P. (2011) 'Advocacy for parents and carers involved with children's services: making a difference to working in partnership?'. *Child & Family Social Work*, 16(3), pp. 266-275.

FEATHERSTONE, B., GUPTA, A., MORRIS, K. AND WARNER, J. (2016) 'Let's stop feeding the risk monster: towards a social model of 'child protection''. *Families, Relationships and Societies,* 7(1), pp. 7-22.

FEATHERSTONE, B. AND PECKOVER, S. (2007). 'Letting them get away with it: fathers, domestic violence and child welfare'. *Critical Social Policy,* 27(2), pp. 155-298.

FEMICIDE CENSUS (2020) Available at: https://www.femicidecensus.org/wp-content/uploads/2022/02/010998-2020-Femicide-Report_V2.pdf (Accessed 10 November 2020)

FERGUSON, H. (2018) 'Making home visits: creativity and the embodied practices of home visiting in social work and child protection'. *Qualitative Social Work,* 17(1), pp. 65-80.

FERGUSON, H. (2017) 'How children become invisible in child protection work: Findings from research into day-to-day social work practice'. *British Journal of Social Work*, 47 (4), pp. 1007-1023.

FERGUSON, H. (2016a) 'Researching Social Work Practices Close Up: using ethnographic and mobile methods to understand encounters between social workers, children and families, *British Journal of Social Work,* 46, pp. 153-168.

FERGUSON, H. (2016b). Observing Social Work Practice: Using ethnographic and mobile research methods with SW and service user, in Hardwick, L., Smith, R., and Worsley, A (eds) *Innovations in Social Work Research: Using Methods Creatively.* London: Jessica Kingsley, pp. 140-154.

FERGUSON, H. (2014) 'What social workers do in performing child protection work: evidence from research into face-to-face practice'. *Child and Family Social Work,* 21(3), pp. 283-294.

FERGUSON, H. (2011) *Child protection practice.* Basingstoke: Palgrave Macmillan.

FERGUSON, H. (2010) 'Walks, home visits and atmospheres: Risk and the everyday practices and mobilities of social work and child protection'. *Child and Family Social Work,* 14(4), pp. 471-480.

FERGUSON, H. (2009) 'Performing child protection: home visiting, movement and the struggle to reach the abused child'. *Child & Family Social Work,* 14(4), pp. 471-480.

FERGUSON, H. (2008) 'Liquid social work: Welfare interventions as mobile practices'. *British Journal of Social* Work, 38(3), pp. 561-579.

FERGUSON, H., LEIGH, J., COONER, T.S., BEDDOE, L., DISNEY, T., WARWICK, L. AND PLUMRIDGE, G. (2020) 'From snapshots of practice to a movie:

Researching long-term social work and child protection by getting as close as possible to practice and organisational life'. *The British Journal of Social Work*, 50(6), pp.1706-1723.

FLOERSCH, J., LONGHOFER, J. AND SUSKEWICZ, J. (2014) The use of ethnography in social work research, editorial, *Qualitative Social Work,* 13(1), pp. 3-7.

FOOK, J. (2001). Identifying expert social work: Qualitative practitioner research, in Shaw, I. and Gould, N. (eds) (2007) *Qualitative research in social work.* London: Sage, pp. 116-133.

FORRESTER, D., KERSHAW, S., MOSS, H. AND HUGHES, L. 2007) 'Communication skills in child protection: how do social workers talk to parents?' *Child & Family Social Work,* 13 (1), pp. 41-51.

FOSTER, J. (2018) Key Feminist Theoretical Orientations in Contemporary Feminist Practice. In Grant, L. and Butler-Mokoro, S. (eds) *Feminist Perspectives on Social Work Practice: the intersecting lives of women in the 21st century.* New York: Oxford University Press, pp. 33-58.

FRIEDAN, B. (1963) *The Feminine Mystique.* New York: W. W. Norton and Company.

FROGGETT, L. AND BRIGGS, S. (2012) 'Practice-near and practice-distant methods in human services research'. *Journal of Research Practice*, *8*(2).

FUSCO, R.A. (2013) '"It's hard enough to deal with all the abuse issues": Child welfare workers' experiences with intimate partner violence on their caseloads'. *Children and Youth Services Review,* 35 (12), pp. 1946-1953.

GARRETT, P. (1999) 'Mapping childcare social work in the final years of the twentieth century: A critical response to the looking after children system'. *British Journal of Social Work*, 29, pp. 27-47.

GEERTZ, C. (1974). 'From the native's point of view: On the nature of anthropological understanding.' *Bulletin of the American Academy of Arts and Sciences*, 28(1), pp. 26-45.

GIDDINGS-CAMPBELL, K., JOSS, C., MACGILLIVRAY, J., MCKIVETT, C. AND ROBBINS, K. (2013) Briefing *paper: Failure to Protect in Intimate Partner Violence.* Briefing paper ed. University of Victoria.

GLASER, B. AND STRAUSS, A. (1967) *The discovery of grounded theory.* London: Weidenfield and Nicolson.

GOFFMAN, E. (1956). *The presentation of self in everyday life.* Bantam Doubleday Dell Publishing Group.

GORIN, S. (2004) *Understanding what children say: children's experiences of domestic violence, parental substance misuse and parental health problems.* London: Jessica Kingsley Publishers.

GRAHAM-BERMANN, S.A. AND LEVENDOSKY, A.A. (1998) 'Traumatic stress symptoms in children of battered women'. *Journal of interpersonal violence,* 13(1), pp. 111-128.

GRANT, L. (2014) 'Hearts and minds: aspects of empathy and well-being in social work students, *Social Work Education,* 33, pp. 338-352.

GRANT, A., 2017. "I Don't Want You Sitting Next to Me" The Macro, Meso, and Micro of Gaining and Maintaining Access to Government Organizations During

Ethnographic Fieldwork'. *International Journal of Qualitative Methods*, *16*(1), pp. 1-11.

GRANT, L. AND BUTLER-MOKORO, S. (2018) Introduction: Women in the Twenty-first Century. In Grant, L. and Butler-Mokoro, S. (eds) *Feminist Perspectives on Social Work Practice: the intersecting lives of women in the 21st century.* New York: Oxford University Press, pp. 1-15.

GŘUNDĚLOVÁ, B., AND STANKOVA, Z. (2018) The Shadow Fathers in Social Work with Families: Barriers to Whole-Family Working. *British Journal of Social Work*, 0, pp. 1-19.

HABERMAS, J. (1992) *The structural transformation of the public sphere: an inquiry into a category of bourgeois society*. Cambridge, MA: MIT Press.

HALLOWELL, N., LAWTON, J. AND GREGORY, S. (2004) *EBOOK: Reflections on Research: The Realities of Doing Research in the Social Sciences.* UK: McGraw-Hill Education.

HAMMERSLEY, M. AND AKTINSON, P. (2007) *Ethnography: Principles in practice.* 3rd edn. London: Routledge.

HARAWAY, D. (1988) Situated Knowledges: The Science Question in Feminism and the Privilege of Partial Perspective. *Feminist Studies,* 14(3), pp. 575-599.

HARDING, S. (1987) *Feminism and methodology: social science issues.* Milton Keynes: Open University Press.

HARDING, S. (1991) *Whose science? whose knowledge?: thinking from women's lives.* Milton Keynes: Open University Press.

HARNE, L (2005) Researching Violent Fathers. In Skinner, T., Hester, M. and Malos, E. (eds) *Researching Gender Violence: Feminist Methodology in Action.* Cullompton: Willan Publishing, pp. 167-187.

HARTSOCK, N.C.M. (1983) The Feminist Standpoint: Developing the Ground for a Specifically Feminist Historical Materialism. In Harding, S. and Hintikka, M.B. (eds) *Discovering Reality; Feminist Perspectives on Epistemology, Metaphysics, Methodology, and Philosophy of Science.* Dordrecht: Springer, pp. 283-310.

HARSTOCK, N.C.M. (1997) The Feminist Standpoint: Developing the Ground for a Specifically Feminist Historical Materialism in Nicholson, L. (ed) *The Second Wave: A Reader in Feminist Theory,* London: Routledge, pp. 216-240.

HARWIN, J. AND BARLOW, C. (2022) 'The co-occurrence of substance misuse, domestic abuse, and child maltreatment: Can Family Drug and Alcohol Courts play a part?'. *Front Psychiatry.*

HARWIN, J., ALROUH, B., GOLDING, L., MCQUARRIE, T., BROADHURST, K., AND CUSWORTH, L. (2019) *The contribution of supervision orders and special guardianship to children's lives and family justice.* Centre for Child and Family Justice Research. https://www.nuffieldfjo.org.uk/wpcontent/uploads/2021/05/SGO_FinalReport.pdf (Accessed on: 20 March 2022).

HESSE-BIBER, S. (2014) 'Feminist Approaches to In-Depth Interviewing' in Hesse-Biber, S.N. (eds) *Feminist Research Practice: a primer 2nd ed,* Thousand Oaks: Sage Publications, 2014, pp. 182-232.

HESSE-BIBER, S. (2012) Feminist research: exploring, interrogating, and transforming the interconnections of epistemology, methodology, and method. In

HESSE-BIBER, S. (ed) *Handbook of feminist research: Theory and praxis, 2ⁿᵈ ed,* Thousand Oaks, CA: Sage Publications, 2012, pp. 2-26.

HESTER, M., 2013. 'Who does what to whom? Gender and domestic violence perpetrators in English police records'. *European Journal of Criminology*, 10(5), pp.623-637.

HESTER, M. (2011) The Three Planet Model: Towards and Understanding of Contradictions in Approaches to Women and Children's Safety in Contexts of Domestic Violence. *British Journal of Social Work,* 41(5), pp. 837-853.

HESTER, M. (2007) *Making an impact: Children and domestic violence: A reader.* London: Jessica Kingsley Publishers.

HEWARD-BELLE, S. (2016) 'The diverse fathering practices of men who perpetrate domestic violence'. *Australian Social Work,* 32, 374-389.

HINGLEY-JONES, H. (2017) From observation, via reflection, to practice: psychoanalytic baby and young child observation and the helping professions. In Hingley-Jones, H., Parkinson, C. and Allain, L (eds) *Observation in Health and Social Care: Applications for Learning, Research and Practice with Children and Adults,* London: Jessica Kingsley Publishers, 2017, pp. 1-25.

HINGLEY-JONES, H. (2011) 'An exploration of the use of infant observation methods to research the identities of severely learning-disabled adolescents and to enhance relationship-based practice for professional social work'. *Infant Observation*, 14(3), pp.317-333.

HINSHELWOOD, R.D. AND SKOGSTAD, W. (Eds) (2000). Observing Organisations: Anxiety, Defence and Culture in Health Care (1st ed.). Routledge.

HOBBS, M. AND RICE, C. (2013) *Gender and Women's Studies in Canada; Critical Terrain.* Toronto: Women's Press.

HOLLOWAY, W. AND JEFFERSON, T. (2008) The free association narrative interview method. In Given, L.M. (ed) *The SAGE Encyclopedia of Qualitative Research Methods.* Sevenoaks, CA: Sage, pp. 296-315.

HOLT, S., BUCKLEY, H. AND WHELAN, S. (2008) 'The impact of exposure to domestic violence on children and young people: A review of the literature'. *Child abuse & neglect,* 32(8), pp. 797-810.

HOME OFFICE (2022) *Domestic Abuse Act 2021-Statutory Guidance.* Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attach ment_data/file/1089015/Domestic_Abuse_Act_2021_Statutory_Guidance.pdf (Accessed 12 April 2022).

HOME OFFICE (2016) *Domestic Homicide Reviews: key findings from analysis of domestic homicide reviews.* Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attach ment_data/file/575232/HO-Domestic-Homicide-Review-Analysis-161206.pdf (Accessed 15 December 2022).

HOME OFFICE (2012) *Definition of Domestic Abuse (online).* Home Office. Available at: https://www.gov.uk/government/news/new-definition-of-domestic-violence (Accessed 15 December 2022).

HM GOVERNMENT (2021) *Domestic Abuse Act 2021.* The Stationary Office. Available at: https://www.legislation.gov.uk/ukpga/2021/17/contents/enacted

HM GOVERNMENT (2015) *Serious Crime Act 2015.* The Stationary Office.

Available at: https://www.legislation.gov.uk/ukpga/2015/9/contents/enacted

HM GOVERNMENT (2004) *Domestic Violence, Crime and Victims Act 2004.* The

Stationary Office. Available at:

https://www.legislation.gov.uk/ukpga/2004/28/contents

HM GOVERNMENT (2002) *Adoption and Children Act 2002.* The Stationary Office.

Available at: https://www.legislation.gov.uk/ukpga/2002/38/contents

HM GOVERNMENT (1997) *Protection from Harassment Act 1997.* Available at:

https://www.legislation.gov.uk/ukpga/1997/40/contents

HM GOVERNMENT (1989) *Children Act 1989.* The Stationary Office. Available at:

https://www.legislation.gov.uk/ukpga/2021/17/contents/enacted

HM INSPECTORATE OF CONSTABULARY (2015) *Increasingly everyone's*

business: A progress report on the police response to domestic abuse. HMIC.

Available at: https://www.justiceinspectorates.gov.uk/hmicfrs/wp-

content/uploads/increasingly-everyones-business-domestic-abuse-progress-

report.pdf

HOLLAND, S. (2000) 'The assessment relationship: Interactions between social

workers and parents in child protection assessments'. *British Journal of Social Work,*

30 (2), pp. 149-163.

HOLLWAY, W. AND JEFFERSON, T. (2012) *Doing Qualitative Research Differently.*

London: Sage Publications.

HOOKS, B. (2000a) *Feminism is for Everybody: Passionate Politics.* Pluto Press.

HOOKS, B. (2000b) *Feminist Theory: from margin to center (2nd edn).* London: Pluto Press.

HOWARD, L.M., TREVILLION, K., KHALIFEH, H., WOODALL, A., AGNEW-DAVIES, R. AND FEDER, G. (2009) 'Domestic violence and severe psychiatric disorders: prevalence and interventions'. *Psychol Med,* 40(6), pp. 881-893.

HUGHES, L. AND PENGALLY, P. (1997) *Staff Supervision in a Turbulent Environment: Managing Process and Task in Front-line Services.* London: Jessica Kingsley Publishers.

HUGHES, J., CHAU, S. AND POFF, D.C. (2011) '"They're not my favourite people": What mothers who have experienced intimate partner violence say about involvement in the child protection system'. *Children and Youth Services Review,* 33(7), pp. 1084-1089.

HUGHES, J., CHAU, S., AND VOKRRI, L. (2016) 'Mothers' Narratives of Their Involvement with Child Welfare Services'. *Affilia,* 31(3), pp. 344-358.

HUMPHREYS, C. (1999) 'Avoidance and confrontation: social work practice in relation to domestic violence and child abuse'. *Child and family social work*, *4*, pp. 77-87.

HUMPHREYS, C. AND ABSLER, D. (2011) 'History repeating: child protection responses to domestic violence'. *Child and Family Social Work,* 16(4), pp. 464-473.

HUMPHREYS, C. AND MULLENDER, A. (2000) *Children and Domestic Violence.* Dartington: research in practice.

HUMPHREYS, C. AND STANLEY, N. (2006) *Domestic violence and child protection: Directions for good practice*. London: Jessica Kingsley Publishers.

HUMPHREYS, C. AND THIARA, R. (2003) Mental health and domestic violence: 'I call it symptoms of abuse'. *British journal of social work*, *33*(2), pp.209-226.

HUMPHREYS, C., DIEMER, K., BORNEMISZA, A., SPITERI-STAINES, A., KASPIEW, R. AND HORSFALL, B. (2018) *More present than absent: Men who use domestic violence and their fathering.*

HUMPHREYS, C., THIARA, R.K. AND SKAMBALLIS, A. (2011) 'Readiness to change: Mother-child relationship and domestic violence intervention'. *British Journal of Social Work,* 41(7), pp. 166-184.

HUNNICUTT, G. (2009) 'Varieties of Patriarchy and Violence Against Women'. *Violence Against Women,* 15 (5), pp. 553-573.

INGRAM, R. AND SMITH, M. (2018) *Relationship-based practice: emergent themes in social work literature* [online]. Iriss. Available at: https://www.iriss.org.uk/resources/insights/relationship-based-practice- emergent-themes-social-work-literature

JAFFE, P.G. (1990) *Children of battered women.* Newbury Park: Sage.

JAFFE, P.G., LEMON, N.K., POISSON, S.E. AND POISSON, S. (2003). 'The effects of children's exposure to domestic violence: A meta-analysis and critique'. *Clinical child and family psychology review,* 6(3), pp. 171-187.

JOHNS, R (2020) *Using the Law in Social Work (8th ed),* London: Sage/Learning Matters.

JOHNSON, B. AND CHRISTENSEN, L. (2012) *Educational Research.* 4th edn. Los Angeles: Sage.

JOHNSON, S. AND SULLIVAN, C. (2008) 'How Child Protection Workers Support or Further Victimize Battered Mothers'. *Affilia,* 23 (3), pp. 242-258.

JOHNSON, L. AND YUDILEVISH ESPINOZA, S. (2018) In Grant, L. and Butler-Mokoro, S. (eds) *Feminist Perspectives on Social Work Practice: the intersecting lives of women in the 21st century.* New York: Oxford University Press, pp. 107-130.

JORDAN, C.E., CAMPBELL, R. AND FOLLINGSTAD, D. (2010) 'Violence and women's mental health: the impact of physical, sexual, and psychological aggression'. *Annual review of clinical psychology,* 6, pp. 607-628.

JØRGENSEN, S. (2019). 'Exploring emotional aspects of care and control in social work with children and families-a single case analysis of conversation'. *Journal of Social Work Practice*, *33*(4), pp.385-402.

KEELING, J. AND VAN WORMER, K. (2012) 'Social worker interventions in situations of domestic violence: What we can learn from survivors personal narratives?' *British Journal of Social Work,* 42(7), pp. 1354-1370.

KIRBY, S. AND MCKENNA, K. (1989) 'Experience, Research.' *Social Change: Methods from the margins,* p. 61.

LADD-TAYLOR, M. (2004) 'Mother-Worship/Mother-Blame: Politics and Welfare in an Uncertain Age'. *Journal of the Association for Research on Mothering,* 6 (1), pp. 7- 15.

LAING, L., HUMPHREYS, C. AND CAVANAGH, K. (2013) *Social work and domestic violence: Developing critical and reflective practice*. London: Sage.

LAPIERRE, S. (2010) 'Striving to be 'good' mothers: abused women's experiences of mother'. *Child Abuse Review,* 19(5), pp. 342-357.

LAPIERRE, S. (2008) 'Mothering in the context of domestic violence: the pervasiveness of a deficit model of mothering'. *Child and Family Social Work,* 13, pp. 454-463.

LAPIERRE, S. AND Côtè, I. (2011) "I made her realise that I could be there for her, that I could support her": Child protection practices with women in domestic violence cases. *Child Care in Practice*, 17(4), pp. 311–325.

LAURIER, E. (2004) 'Doing Office Work on the Motorway'. *Theory, Culture and Society,* 21(4/5), pp. 261-277.

LAURIER, E., LORIMER, H., BROWN, B., JONES, O., JUHLIN, O., NOBLE, A., PERRY, M., PICA, D., SORMAIN, P., STREBEL, I. AND SWAN, L. (2008) Driving and 'Passengering': Notes on the Ordinary Organization of Car Travel, *Mobilities,* 3(1), pp. 1-23.

LEAVY, P. AND HARRIS, A. (2019). *Contemporary feminist research from theory to practice.* The Guilford Press.

LEIGH, J. (2017) *Blame, culture and child protection.* London: Palgrave Macmillan.

LEIGH, J., DISNEY, T., WARWICK, L., FERGUSON, H., BEDDOE, L. AND COONER, T.S. (2021) Revealing the hidden performances of social work practice: The ethnographic process of gaining access, getting into place and impression management. *Qualitative Social Work,* 20(4), pp. 1078-1095.

LEVENDOSKY, A.A. AND GRAHAM-BERMANN, S.A. (2001). 'Parenting in battered women: The effects of domestic violence on women and their children'. *Journal of Family Violence,* 16(2), pp. 171-192.

LESSARD, G., FLYNN, C., TURCOTTE, P., DAMANT, D., VÉZINA, J.F., GODIN, M.F., PARADIS, F., DELISLE, R., ALCEDO, Y., JUNEAU, L. AND ROCK, L. (2010)

'Child custody issues and co-occurrence of intimate partner violence and child maltreatment: controversies and points of agreement amongst practitioners'. *Child & Family Social Work*, *15*(4), pp.492-500.

LICHTMAN, M. (2013) *Qualitative research for the social sciences*. SAGE Publications.

LONDON SAFEGUARDING CHILDREN PARTNERSHIP (2022) *London Safeguarding Children Procedures and Practice Guidance.* Available at: https://www.londonsafeguardingchildrenprocedures.co.uk

LONGHOFER, J., FLOERSCH, J. AND HOY, J. (2012) *Qualitative methods for practice research.* Oxford University Press.

MADDEN, R. (2010) *Being ethnographic: A guide to the theory and practice of ethnography.* London: Sage.

MAGUIRE, P. (1987). *Doing participatory research: A feminist approach.* Amherst, MA: The Center for International Education, School of Education, University of Massachusetts.

MAHONEY, M.R. (1991)Legal images of battered women: Redefining the issue of separation. *Michigan Law Review*, 90(1), pp.1-94.

MANDEL, D. (2010) 'Child welfare and domestic violence: Tackling the themes and thorny questions that stand in the way of collaboration and improvement of child welfare practice'. *Violence Against Women*, 16(5), pp.530-536.

MARTIN, J. (2003) Feminist Theory and Critical Theory: Unexplored Synergies. In Alvesson, M. and Willmott, H. (eds), *Studying Management Critically.* London: Sage, 2003, pp. 66-91.

MAXWELL, N., SCOURFIELD, J., FEATHERSTONE, B., HOLLAND, S. AND TOLMAN, R. (2012) 'Engaging fathers in child welfare services: A narrative review of recent research evidence'. *Child & Family Social Work,* 17(2), pp. 160-169.

MCALISTER, J. (2022) *Independent Review of Children's Social Care: final report.*

MCCLOSKEY, L.A., FIGUEREDO, A.J. AND KOSS, M.P. (1995) 'The effects of systemic family violence on children's mental health'. *Child development,* 66(5), pp. 1239-1261.

MCGEE, C. (2000) *Childhood experiences of domestic violence.* London: Jessica Kingsley Publishers.

MCGOVERN, P. (2012) *Sonas: an evaluation of the Sonas Freedom Project: September-December 2011.* Available at: https://freedomprogramme.co.uk/docs/sonas.pdf (Accessed 15 December 2022)

MEGELE, C. (2015) *Psychosocial and Relationship-based Practice.* St. Albans: Critical Publishing.

MERRIAM, S.B. AND TISDELL, E.J. (2016) Designing your study and selecting a sample. *Qualitative research: A guide to design and implementation,* 67(1), pp. 73-104.

MERRIAM-WEBSTER DICTIONARY (2022) *Definition of 'victim' and 'survivor'.*

MELTZER, H., DOOS, L., VOSTANIS, P., FORD, T. AND GOODMAN, R. (2009) 'The mental health of children who witness domestic violence'. *Child & Family Social Work,* 14, pp. 491-501.

MINIERI, A.M., STATON-TINDALL, M., LEUKEFELD, C., CLARKE, J.G., SURRATT, H.L. AND FRISMAN, L.K. (2014) 'Relationship power as a mediator of intimate partner violence and mental health issues among incarcerated, substance-misusing women'. *International journal of offender therapy and comparative criminology,* 58(3), pp. 303-319.

MOONEY, J. (2000) *Gender, violence and the social order.* Basingstoke: Macmillan.

MORLEY, C., and DUNSTAN, J., 2016. Putting Gender Back On The Agenda In Domestic And Family Violence Policy And Service Responses: Using critical reflection to create cultural change. *Social Alternatives,* 35 (4), 43-48.

MOULDING, N.T., BUCHANAN, F. AND WENDT, S. (2015) Untangling Self-Blame and Mother-Blame in Women's and Children's Perspectives on Maternal Protectiveness in Domestic Violence: Implications for Practice, *Child Abuse Review,* 24(4), 249-260.

MUENCH, K., DIAZ, C. AND WRIGHT, R. (2017) 'Children and Parent Participation in Child Protection Conferences: A Study in One English Local Authority', *Child Care in Practice,* 23(1), pp. 49-63.

MULLENDER, A., HAGUE, G., IMAM, U.F., KELLY, L., MALOS, E. AND REGAN, L. (2002) *Children's perspectives on domestic violence*. Sage.

MUNRO, E. (2012) *The Munro Review of Child Protection. Progress report: Moving towards a child centred system.* London: Department of Education.

MURPHY, M. AND ROGERS, M. (2019) Working with Adult-Oriented Issues. In Horwath, J. and Platt, D. (eds) *The Child's World (3rd edn): The Essential Guide to Assessing Vulnerable Children, Young People and their Families.* London: Jessica Kingsley Publishers.

MUZICANT, A. AND PELED, E. (2018) 'Home visits in social work: from disembodiment to embodied presence', *British Journal of Social Work*, 48, pp. 826-842.

MYHILL, A. (2017) 'Measuring domestic violence: Context is everything.' *Journal of gender-based violence,* 1(1), pp. 33-44.

MYHILL, A. (2015) 'Measuring coercive control: What can we learn from national population surveys?' *Violence against women,* 21(3), pp. 355-375.

NAPLES, N.A. AND GURR, B. (2014) Feminist Empiricism and Standpoint Theory: Approaches to Understanding the Social World. In Hesse-Biber, S.N. (ed) *Feminist Research Practice: A Primer (2nd edn).* Thousand Oaks, CA: Sage, pp. 14-41.

NEALE, J. (2018) Abused women's perceptions of professionals' responses: valued support, or collusion with perpetrator?, *Journal of Gender-Based Violence, 2(3), 411-427.*

NICHOLAS, J. (2012) *Conducting the Home Visit in Child Protection*. Maidenhead: Open University Press.

NICHOLAS, S., POVEY, D., WALKER, A. AND KERSHAW, C. (2005) *Crime in England and Wales 2004-2005. Home Office Statistical Bulletin.* London: Home Office Research, Development and Statistics Directorate.

NIKUPETERI, A. AND LAITINEN, M. (2015) 'Children's Everyday Lives Shadowed by Stalking: Post separation Stalking Narratives of Finnish Children and Women'. *Violence Victimology*, 30(5), pp. 830-45.

NRPF NETWORK (2022) *Immigration status and entitlements.* Available at: https://www.nrpfnetwork.org.uk/information-and-resources/rights-and-entitlements/immigration-status-and-entitlements (Accessed 15 December 2022).

OAKLEY, A. (2000) *Experiments in Knowing: Gender and Method in the Social Sciences.* Cambridge: Polity Press.

O'CONNOR, L. (2020) How social workers understand and use their emotions in practice: A thematic synthesis literature review, *Qualitative Social work, 19(4), 645-662.*

OFFICE FOR NATIONAL STATISTICS (2022) *Domestic Abuse in England And Wales: Overview: November 2022* (online). Office for National Statistics. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwalesoverview/november2022

OFFICE FOR NATIONAL STATISTICS (2021) *Domestic abuse prevalence and trends, England and Wales: year ending March 2021 (online).* Office of National Statistics. Available at: Domestic abuse prevalence and trends, England and Wales - Office for National Statistics (ons.gov.uk)

OFFICE FOR NATIONAL STATISTICS, 2018. *Crime in England and Wales: year ending March 2018* (online). Office for National Statistics. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/yearendingmarch2018

OLIVER, R., ALEXANDER, B., ROE, S., AND WLASNY, M. (2019) *The economic and social costs of domestic abuse.* London: Crown.

OLSZOWY, L, JAFFE, P.G., DAWSON, M., STRAATMAN, A.L. AND SAXTON, M.D. (2020) 'Voices from the frontline: Child protection workers' perspectives on barriers to assessing risk in domestic violence cases'. *Children and Youth Services Review*, *116*.

ORME, J., DOMINELLI, L. AND MULLENDER, A. (2000) 'Working with violent men from a feminist social work perspective'. *International Social Work*, *43*(1), pp. 89-106.

O'SULLIVAN, L. (2003) 'Engaging with Male perpetrators of Domestic Violence: An Exploration of the Experiences and Perspectives of Child Protection Social Workers'. *Critical Social Thinking: Policy and Practice,* 5, pp. 111-131.

O'SULLIVAN, N. (2018) 'Creating space to think and feel in child protection social work; a psychodynamic intervention', *Journal of Social Work Practice,* 33(1), pp. 15-25.

PARKINSON, C., ALLAIN, L AND HINGLEY-JONES, H. (2017). Observations for our Times. In Hingley-Jones, H., Parkinson, C. & Allain, L. (Eds.), *Observation in health and social care: Applications for learning, research and practice with children and adults*. London: Jessica Kingsley, pp. 9-20.

PARTON, N. (2008) 'Changes in the form of knowledge in social work: From the 'social'to the 'informational'?'. *British journal of social work*, 38(2), pp.253-269.

PAYNE, M. (2005) *Modern Social Work Theory.* Lyceum Books.

PECKOVER, S., HALL, C. AND WHITE, S. (2009) 'From policy and practice: The implementation and negotiation of technologies in everyday child welfare'. *Children and Society,* 23(2), pp. 136-148.

PERLMAN, H.H. (1979) *Relationship: The Heart of Helping People,* Chicago: The University of Chicago Press.

PIDGEON, N AND HENWOOD, K (1997) Using grounded theory in psychological research. In Hayes, N (Ed) *Doing qualitative analysis in psychology.* Hove, UK: Psychology Press.

PITHOUSE, A. (1998) *Social Work: The Social Organisation of an Invisible Trade.* London: Routledge.

PLANKEY-VIDELA, N. (2012) 'Informed Consent as Process: Problematizing Informed Consent in Organizational Ethnographies'. *Qualitative Sociology,* 35, pp. 1–21.

RADFORD, L. AND HESTER, M. (2006) *Mothering through Domestic Violence*. Jessica Kingsley Publishers, London.

REFUGE (2022) *What is abuse?* Available at:

https://www.nationaldahelpline.org.uk/en/What-is-abuse

RENZETTI, C.M. AND LEE, R.M (1993) *Researching sensitive topics.* Newbury Park, CA: Sage.

RICHARDS, L. (2003) *Findings from the Multi-agency Domestic Violence Murder Reviews in London—Prepared for the ACPO Homicide Working Group.* London: London Metropolitan Police. Available at: https://www.dashriskchecklist.co.uk/wp-content/uploads/2022/02/Findings-from-the-Domestic-Homicide-Reviews.pdf

RISLEY-CURTISS, C. AND HEFFERNAN, K. (2003). 'Gender biases in child welfare'. *Affilia*, 18(4), pp. 395-410.

RIVETT, M. AND KELLY, S. (2006) 'From awareness to practice': children, domestic violence and child welfare'. *Child Abuse Review: Journal of the British Association for the Study and Prevention of Child Abuse and Neglect*, 15(4), pp.224-242.

ROBBINS, R. AND COOK, K. (2018) ''Don't even get us started on social workers': domestic violence, social work and trust—an anecdote from research'. *The British Journal of Social Work*, *48*(6), pp.1664-1681.

ROBSON, C. AND MCCARTAN, K. (2016) *Real world research*. Wiley Global Education.

ROMAGNOLI, A. AND WALL, G. (2012) ''I know I'm a good mom': Young, low-income mothers' experiences with risk perception, intensive parenting ideology and parenting education programmes'. *Health, Risk & Society*, 14(3), pp. 273–289.

ROSE, W. AND BARNES, J. (2008) *Improving Safeguarding Practice: A Study of Serious Case Reviews 2001-2003.*

ROSSMAN, B.B. (2001) *Longer term effects of children's exposure to domestic violence.*

RUCH, G., TURNEY, D., AND WARD, A. (2018) *Relationship-Based Social Work: Getting to the Heart of Practice, 2nd edn.* London: Jessica Kingsley Publishers.

RUCH, G., TURNEY, D. AND WARD, A. (2010) *Relationship-Based Social Work: Getting to the Heart of Practice.* London: Jessica Kingsley Publishers.

RUCH, G. (2018) Theoretical Frameworks Informing Relationship-Based Practice pp 37-54 in Relationship-Based Social Work: Getting to the Heart of Practice, 2nd edn. London: Jessica Kingsley Publishers.

RUCH, G. (2007a) Reflective practice in contemporary child-care social work: The role of containment, *British Journal of Social Work,* 37(4), pp. 659–680.

RUCH, G. (2007b) "Thoughtful" practice: Child care social work and the role of case discussion, *Child and Family Social Work,* 12(4), pp. 370– 379.

RUSTIN, M. (2008) For Dialogue between Psychoanalysis and Constructionism: A comment on Paper by Frosh and Baraitser, *Journal for the psychoanalysis of culture and society,* 13 (4), pp. 406-415.

SAFELIVES (2014) *Frequently asked questions: Multi-Agency Risk Assessment Conferences (MARAC).* SafeLives. Available at: https://safelives.org.uk/sites/default/files/resources/MARAC%20FAQs%20General%20FINAL.pdf (Accessed 15 December 2022).

SAFELIVES (2015) *Insights Idva national dataset 2013-14: Adult independent domestic violence advisor (Idva) services.* SafeLives. Available at: https://safelives.org.uk/sites/default/files/resources/Insights%20Idva%20national%20dataset%202013-2014.pdf (Accessed 15 December 2022).

SALTIEL, D. AND LAKEY, R. (2020) Analysing invisibility: The decision-making ecology and home visits, *Child and Family Social Work,* 25, pp. 37-44.

SALZBERGER-WITTENBERG, I. (1970) *Psycho-Analytic Insight and Relationships: Kleinan Approach.* London: Routledge & Kegan Paul.

SARANTAKOS, S. (2017) *Social research*. Bloomsbury Publishing.

SCHWARZ, N. (2000) 'Emotion, cognition, and decision making'. *Cognition and Emotion,* 14, pp. 433-440.

SCOTT, A.J., LLOYD, R., AND GAVIN, J. (2010). The influence of prior relationship on perceptions of stalking in the United Kingdom and Australia. *Criminal Justice and Behavior*, *37*, 1185-1194.

SCOURFIELD, J. (2003) *Gender and Child Protection.* London: Palgrave.

SCOURFIELD, J. AND COFFEY, A. (2002) 'Understanding Gendered Practice in Child Protection', *Qualitative Social Work,* 1(3), pp. 319-340.

SHELLER, M. (2004) Automotive Emotions: feeling the car, *Theory, Culture and Society,* 21(4/5), pp. 221-242.

SHELLER, M. AND URRY, J. (2000) The City and the Car, *International Journal of Urban and Regional Research,* vol 24, 4, pp. 737-757.

SINAI-GLAZER, H. (2016) 'Who Else Is in the Room? The Good Mother Myth in the Social Worker–Mother Client Encounter'. *Social Policy & Society,* 15 (3), pp. 351-367.

SMITH, M. (2003) Gorgon, cars and the frightful fiend: representations of fear in social work and counselling*, Journal of Social Work Practice*, 17(2), pp. 154-162*.*

SMITH, J AND HUMPHREYS, C. (2019) 'Child protection and fathering where there is domestic violence: Contradictions and consequences'. *Child & Family Social Work*, 24, pp. 156-163.

SMITHSON, R. AND GIBSON, M. (2017) 'Less than human: a qualitative study into the experience of parents involved in the child protection system'. *Child & Family Social Work*, 22, pp. 565-574.

SOCIAL WORK ENGLAND (2022b). *Social Work in England: Emerging Themes report published.* Accessed at: Social Work in England: Emerging Themes report launched - Social Work England

SOCIAL WORK ENGLAND (2022a) *Social Work England: Professional standards.* Accessed at : https://www.socialworkengland.org.uk/standards/professional-standards/

STAEMPFLI, A. (2020). *Knowledge Briefing: PSDP—Resources and Tools: Enabling evidence informed practice.* Research in Practice.

STANKO, E.A. (2000) 'Unmasking What Should Be Seen: A Study of the Prevention of Domestic Violence in the London Borough of Hackney'. *International Review of Victimology,* 7, pp. 227-242.

STANLEY, N. AND FLOOD, S. (2011) *Children Experiencing Domestic Violence: A Research Review.* Dartington: research in practice.

STANLEY, N., MILLER, P., RICHARDSON FOSTER, H., AND THOMSON, G. (2011a) *A Stop-Start Response: Social Services' Interventions with Children and Families Notified following Domestic Violence Incidents.* The British Journal of Social Work, 42(2), pp. 296-313.

STANELY, N., MILLER, P., RICHARDSON FOSTER, H., AND THOMSON, G. (2011b) *Children's experiences of domestic violence: Developing an integrated response from police and Child Protection Services.* Journal of Interpersonal Violence, 25(12), pp. 2372-2391.

STANELY, M., MILLER, P., RICHARDSON FOSTER, H. AND THOMSON, G. (2010) *Children and families experiencing domestic violence: police and children's social services' responses.* NSPCC.

STARK, E. (2007) *Coercive control: How men entrap women in personal life*. Oxford, UK: Oxford University Press.

STARK, E. (2012) Looking Beyond Domestic Violence: Policing Coercive Control, Journal of Police Crisis Negotiations, 12(2), pp. 199-217.

STARK, E. AND FLITCRAFT, A. (1996) *Women at risk: Domestic violence and women's health.* Sage Publications.

STEINER, J. (1993) A theory of psychic retreats. In Finkelstein, S. and Weiss, H. *The Claustro-Agoraphobic Dilemma in Psychoanalysis*. London: Routledge, pp. 113-125.

STEWART, S. (2019) *Do current approaches to mothers within child protection social work revictimize women with violence partners?* [Unpublished thesis, Nottingham Trent University].

STEWART, S. AND ARNULL, E. (2022) 'Mothers, Domestic Violence, and Child Protection: The UK Response'. *Violence against Women,* pp. 1-22.

STRAUSS, A. AND CORBIN, J.M. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. Thousand Oaks, CA, US: Sage Publications, Inc.

SWIFT, K., 2015. Motherhood. In Wright, J. (ed), *International Encyclopedia of the Social & Behavioral Sciences.* 2nd ed. Oxford: Elsevier, pp. 881-886.

TAPLEY, J. (2010) Working together to tackle domestic violence. In Pycroft, A. and Gough, D. (eds), *Multi-agency working in Criminal Justice: control and care in contemporary correctional practice.* Bristol: Policy Press, pp. 137-154.

THIARA, R. AND HUMPHREYS, C. (2017) 'Absent-presence: the ongoing impact of men's violence on the mother-child relationship', *Child and Family Social Work, 22*, pp. 137-145.

TOEWS, M.L. AND BERMEA, A.M. (2017). "I was naive in thinking, 'I divorced this man, he is out of my life'": A qualitative exploration of post-separation power and control tactics experienced by women'. *Journal of Interpersonal Violence, 32*(14), pp. 2166–2189.

TRANSPARENCY PROJECT (2018) *How Do Family Courts Deal with Cases About Children Where There Might Be Domestic Abuse? A guidance note for parents and professionals.* Available at: https://www.transparencyproject.org.uk/wp-content/uploads/DA-GUIDANCE-NOTE-v2-DEC-18.pdf

TURNEY, D. (2000) 'The feminising of neglect', *Child and Family Social Work*, vol. 5, pp. 47 - 56.

UNITED NATIONS OFFICE ON DRUGS AND CRIME (2021) *Killings of women and girls by their intimate partner or other family members: Global estimates 2020.* UNODC. Available at: https://www.unodc.org/documents/data-and-analysis/statistics/crime/UN_BriefFem_251121.pdf

UNITED NATIONS WOMEN (2022) Facts and figures: Ending violence against women. Available at: https://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures

WALBY, S. AND ALLEN, J. (2004) *Domestic Violence, Sexual Assault and Stalking: Findings from the British Crime Survey. Home Office Research Study 276.* London: Home Office Research, Development and Statistics Directorate.

WALBY, S. AND TOWERS, J. (2017) 'Measuring violence to end violence: mainstreaming gender.' *Journal of gender-based violence,* 1(1), pp. 11-31.

WALLER, V., FARQUHARSON, K. AND DEMPSEY, D. (2016) *Qualitative social research.* London: Sage.

WESTMARLAND, N. (2015) *Violence Against Women: Criminological Perspectives on Men's Violence*, Abingdon: Routledge.

WHITE, S., WASTELL, D., BROADHURST, K., AND HALL, C. (2010) 'When policy o'erleaps itself: The 'tragic tale' of the Integrated Children's System, *Critical Social Policy,* 30(3), pp. 405-429.

WHITTAKER, A. (2014) 'Professional judgment, practitioner expertise and organisational culture in child protection: An ethnographic study', unpublished Ph.D. thesis, Tavistock Clinic/UEL

WHITTAKER, A. (2018) 'How Do Child-Protection Practitioners Make Decisions in Real-Life Situations? Lessons from the Psychology of Decision Making', *British Journal of Social Work*, 48, pp. 1967-1984.

WIGGINGTON, B. AND LAFRANCE, M.N. (2019) 'Learning critical feminist research: A brief introduction to feminist epistemologies and methodologies', *Feminism & Psychology,* 0(0).

WILKINS, D. AND WHITTAKER, C. (2018) 'Doing child-protection social work with parents: what are the barriers in practice?', *British Journal of Social Work*, 48 (7), pp. 2003-2019.

WILLIAMSON, E. AND ABRAHAMS, H. (2010) *Evaluation of the Bristol Freedom Programme.* Bristol: University of Bristol.

WILLIAMSON, E., GREGORY, A., ABRAHAMS, H., AGHTAIE, N., WALKER, S.J. AND HESTER, M. (2020) 'Secondary trauma: Emotional safety in sensitive research'. *Journal of Academic Ethics*, 18(1), pp. 55-70.

WILSON, M. AND DALY, M. (2002) *Homicide.* New York: Aldine de Gruyter.

WINNICOTT, D.W. (1953) 'Transitional Object and Transitional Phenomena'. *International Journal of Psychoanalysis,* 34, pp. 89-97.

WINTER, K. AND CREE, V. (2016) 'Social work home visits to children and families in the UK: A Foucauldian perspective', *British Journal of Social Work,* 46, pp. 1175-1190.

WINTER, K., MORRISON, F., CREE, V., RUCH, G., HADFIELD, M. AND HALLETT, S. (2019) 'Emotional Labour in Social Workers' Encounters with Children and Their Families', *British Journal of Social Work,* 49, pp. 217-233.

WITT, L. AND DIAZ, C. (2019) 'Social worker's attitudes towards female victims of domestic violence: a study of one English local authority'. *Child and Family Social Work,* 24(2), pp. 209-217.

WOMACK, J., JONES, D. AND ROOS, D. (1990) *The Machine That Changed the World: The Story of Lean Production, Toyota's Secret Weapon in the Global Car Wars That Is Now Revolutionizing World Industry*. Free Press, New York.

WOMEN'S AID. (2022) *Definition of Domestic Abuse.* Women's Aid. Available at:

https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/

WOMEN'S AID. (2015) *Why don't women leave abusive relationships?* Women's

Aid. Available at: https://www.womensaid.org.uk/information-support/what-is-

domestic-abuse/women-leave/

WORLD HEALTH ORGANIZATION (2021) *Devastatingly pervasive: 1 in 3 women*

globally experience violence. Geneva and New York: WHO. Available at:

https://www.who.int/news/item/09-03-2021-devastatingly-pervasive-1-in-3-women-

globally-experience-violence

WORLD HEALTH ORGANIZATION (2013) *Global and regional estimates of violence*

against women: prevalence and health effects of intimate partner violence and non-

partner sexual violence. Geneva: WHO. Available at:

https://apps.who.int/iris/bitstream/handle/10665/85239/9789241564625_eng.pdf

WORRELL, J. AND REMER, P. (2003) *Feminist perspectives in therapy:*

Empowering diverse women (2nd edn). Hoboken, NJ: Wiley.

APPENDIX

A-Interview Schedules

SOCIAL WORKERS
Prior to the visit
1. Tell me about the family we are going to see today.
2. How are you feeling about the visit today?
3. (If they have been working with the family for awhile) What has your work been like with this family?
4. Why are you visiting them today?
5. Who is in the family? What about the father/boyfriend/perpetrator?
   Prompt: Does he have contact with the children? How is this arranged?
6. Is the perpetrator still in the family home?

After the visit

1. So how do you think that went?
   Prompt: what feelings are you having?
   Are you thinking you've accomplished what you set out to do, or not? Can you say more about that?
2. (relate to content of visit): can you say what you were most struck by in this meeting?
   Prompt: was there anything new? And what?
   What most concerned you?
   What were you most encouraged by?
3. What are your next steps?
   Prompt: are these immediate/urgent or to do in due course?
   How does this add to the long term plan? (ie. changes in the family)
4. Did you accomplish what you wanted to accomplish today?
5. What changes have you seen with this family?
6. What would you like to see happen for this family?
7. Is there anything else you would like to add?

MOTHERS
1. How are you feeling now, after the observation(s)?
2. Who and/or what provides support to you when you need it?
3. What do you feel are some of the difficulties in seeking support?
4. How would you describe your interactions with social workers?
5. How many social workers have you worked with?
6. What has been the most positive experience of working with social workers?
7. What has been your most difficult experience of working with social workers?
8. If social workers are going to be involved, what can they do to make it a more positive experience for you, and other women who might be in a similar situation?
9. What advice would you give to women, who are in a similar situation to you, who have social work involvement?
10. Is there anything else you would like to add?

Recruitment Information Sheet
Research into the relationships between social workers and women who've experienced domestic abuse

Who am I? I'm Kim Detjen. I've been a social worker for over 20 years. I work full time as a senior lecturer in social work at the University of East London and am also a PhD student. I continue to keep my hand in practice as an independent social worker and off-site Practice Educator.

What am I doing? I am researching the interactions and relationships between child protection social workers and women who've experienced domestic abuse. Child protection social workers have a legal duty to be involved in domestic abuse cases when it is deemed there is a risk of significant harm. The majority of cases referred to children's services involve domestic abuse. Therefore, it is important to consider what the women feel are effective interventions and to hear the voices of women and social workers.

Who is this information for? It is for social workers who are working with domestic abuse cases within the local authority.

What are the aims of the research? The research seeks to find out about the relationships between child protection social workers and women victims of domestic abuse, how they both experience these interactions.

What makes this research different? This research will include a range of methods ('walking' interviews and observations) to gain a more in-depth understanding of the relationships between social work and women service users than other research has achieved. The approach of getting as close to practice as possible will allow the voices of the social workers and the women to be heard in a new way.

Why get involved? It is important that the voices of social workers and women who've experienced domestic abuse are heard and listened to. As social workers, we know that the system can sometimes be difficult for the women to work alongside due to their own fears. These are often very complex situations. You should get involved so we can hear one another's voices and consider what makes the interventions as effective as possible. I am interested in learning from good practice. This is for the betterment of all involved.

What will you need to do? I'd like to be involved, as a researcher, on one of your cases involving domestic abuse. I want to interview you on the way to, and from, the visit to the woman so I can understand your plans and feelings about the casework. With your consent, these interviews would be recorded. I also want to observe the visit between you and the woman/family, and then I will arrange a time to interview the woman at a later date. I will observe and will not get involved in any other way. I would like to do this on two different

occasions with you, and the same woman, as this helps to get an understanding of how the relationship between the social worker and the woman develops. I would only interview the woman once, which would take place at some point after the two visits/observations.

Why might I be concerned about this type of research? I'm very aware that social workers often feel that their practice is being scrutinized, and you may be apprehensive about being involved should you feel I may have other motives besides what I have told you. That is not the case. I am truly interested in learning more about social work practice with domestic abuse cases, and doing this with integrity. If you agree to take part, you can change your mind at any time and I will delete the information related to you.

What will happen with the information you gather? The data (recordings, observation notes, and written transcripts) will be kept in accordance with the University's Data Protection Policy.
The research will be part of my PhD. It will also be used in research papers for publications, presented at conferences, and in my teaching on the social work programmes.
If any safeguarding concerns were highlighted during the interviews with the women, this would need to be discussed with the social workers. If concerns were raised about the social worker's practice, this would be discussed in an open and transparent manner with the social worker and their manager.

Confidentiality: Your name, local authority, and other identifying information will be kept confidential and will be anonymised.

What will I gain from being involved in this research? You will have the opportunity to have your voice heard about working with women who have experienced domestic abuse, and have input into improving practice and making children and families safer. Participants in this kind of research often report that they learned a lot from the opportunities to reflect on, and discuss, their practice. I would also be happy to provide a session to the organisation about the findings of the research and how this might contribute to working with families experiencing domestic abuse in the best possible way. When I finish my PhD, I would be happy to give you a copy if you would like one.

Please contact me, or my PhD Director of Studies, Dr Stephen Briggs, if you have any questions.

Thank you,

Kim Detjen   Professor Stephen Briggs
k.detjen@uel.ac.uk   s.briggs@uel.ac.uk
07590037595   02082234266

C-Information Sheet and Consent Form for Social Workers

Information Sheet for Social Workers
University of East London
Stratford Campus, Water Lane, London E15 4LZ

Research Integrity
The University adheres to its responsibility to promote and support the highest standard of rigour and integrity in all aspects of research; observing the appropriate ethical, legal and professional frameworks.
The University is committed to preserving your dignity, rights, safety and wellbeing and as such it is a mandatory requirement of the University that formal ethical approval, from the appropriate Research Ethics Committee, is granted before research with human participants or human data commences.

The Principal Investigator/Director of Studies
Professor Stephen Briggs
UEL, Centre for Social Work Research, Cass School of Education and Communities
Water Lane, London, E15 4LZ
s.briggs@uel.ac.uk
0208 223 4266

Student researcher
Kimberly Detjen
UEL, Cass School of Education and Communities, Social Work
Water Lane, London, E15 4LZ
k.detjen@uel.ac.uk
0208 223 2981
07590037595

Consent to Participate in a Research Study
The purpose of this letter is to provide you with the information that you need to consider in deciding whether to participate in this study. You can withdraw your consent anytime and refuse to answer any questions. It is important to note that once data analysis has taken place, it may not be possible to withdraw consent.

Project Title
Developing an Understanding of the Encounters between Child Protection Social Workers and Women Victims of Domestic Abuse

Project Description
This research project aims to develop knowledge and understanding of how child protection social workers (SW) work with women who have been domestically abused. This is a highly important area for research as incidents of domestic abuse (DA) constitutes the most common reason for child protection social work involvement with families. It aims to understand what happens in this work to discover what is good practice.

The research involves observing social workers and women victims of domestic abuse during routine meetings between them. The researcher will interview the social workers, to and from the visits with the women. The interviews will include open questions about their feelings and reflections on the case and the interaction with the family. The interviews will be audio recorded. The social worker has the right to pause or terminate an interview at any time. The researcher will observe the home visits that take place between the social worker and the women. The observations are likely to take place where the woman is residing, but may also take place in the social work office.

Participants will be contributing their time, as well as allowing the researcher to have insight into the intimate lives of women victims of DA and also the professional lives of social workers. Women would be allowing me to come into their homes and observe their interactions with social workers, which could entail some very personal and difficult conversations. Social workers would be allowing me to observe their practice, which can be difficult as they may find this intrusive and as though I am critiquing their practice. This is not the purpose of the research. The information gathered from the interviews will be handled in accordance with the University's Data Protection Policy. It will be transcribed and analysed.

Participants may experience distressing or thought provoking feelings, and I will ask participants if they are experiencing any of these feelings during the interview. If this is the case, I will discuss how they may be supported.

Social workers may feel that their practice is under scrutiny and wonder if there is another motive to the research. It is important for social workers not to feel targeted and that their participation, or decision not to participate, will not impact on their employment. I am aware that social workers are also very busy and that being involved in this research could take up time they do not have to spare. However, as the interviews are taking place to and from the visits, which they would be attending even if they are not participating in the research, the amount of time the research will take should be minimal.

The other risks include the loss of private information.

The social workers may want to discuss the research with their supervisors, as it may be a useful tool for reflection.

I have an enhanced Disclosure and Barring Service check that was completed in 2018.

Confidentiality of the Data

I will type my notes from the observations and transcribe the interviews. These will be stored on a password protected UEL computer using a numbered key to protect confidentiality. Once the interview has been transcribed, the tape will be erased. When the research study has been completed the data will be retained in accordance with the University's Data Protection Policy. The data will be available only to members of the

research team. Confidentiality of all stored data can be subject to legal limitations e.g. freedom of information enquiries.

I will protect the confidentiality of the participants in written form, and in any conference reports, by using pseudonyms and removing any identifying information. Anonymised quotes from the interviews may be used in publications and future research.

This is a small study with few participants, which can make it more difficult to fully protect their confidentiality. I will take every step to minimize the risks of recognition and I will ensure the participants have the opportunity to read and comment on any report involving the interview. If the interviews involve information about risks of imminent harm to anyone, I will need to ensure with the participant that these are acted upon appropriately and the relevant authorities may need to be contacted.

Location

The observation part of the research will be carried out in the women's homes or where they are residing at the time, or in the social workers' offices.

I will interview social workers on our way to and from the visit. This may be in the social worker's car, walking on the street, etc.

Remuneration

N/A

Disclaimer

Your participation in this study is entirely voluntary, and you are free to withdraw at any time during the research. Should you choose to withdraw from the programme you may do so without disadvantage to yourself and without any obligation to give a reason. Please note that your data can be withdrawn up to the point of data analysis – after this point it may not be possible.

University Research Ethics Committee

If you have any concerns regarding the conduct of the research in which you are being asked to participate, please contact:

Catherine Fieulleteau, Research Integrity and Ethics Manager, Graduate School, EB 1.43 University of East London, Docklands Campus, London E16 2RD (Telephone: 020 8223 6683, Email: researchethics@uel.ac.uk)

For general enquiries about the research please contact the Principal Investigator on the contact details at the top of this sheet.

Consent Form for Social Workers
UNIVERSITY OF EAST LONDON

Consent to Participate in a Programme Involving the Use of Human Participants.

Developing an Understanding of the Encounters between Child Protection Social Workers and Women Victims of Domestic Abuse

Director of Studies   **PhD Student Researcher**
Professor Stephen Briggs   Kimberly Detjen

Please tick as appropriate:

	YES	NO
I have the read the information leaflet relating to the above programme of research in which I have been asked to participate and have been given a copy to keep. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and the procedures in which I will be involved have been explained to me.		
I understand that my involvement in this study will consist of audio recordings. I agree to the use of audio recordings.		
I understand that my involvement in this study, and particular data from this research, will remain strictly confidential as far as possible. Only the researchers involved in the study will have access to the data. *(Please see below)*		
I understand that maintaining strict confidentiality is subject to the following limitations: The number of participants will be small and therefore, anonymity can be more difficult. However, every attempt will be made to ensure confidentiality and anonymity. If any risk of imminent harm is identified, I understand that the appropriate authorities may need to be contacted.		
The use of quotes may be used in publications, teaching, and conference presentations. They will be anonymized and pseudonyms will be used.		
The participants will not be named in any publication.		
The research findings will be disseminated via PhD thesis, as well as publications and conference presentations.		
I consent to the use of this data being used in future research.		
It has been explained to me what will happen once the programme has been completed.		
I understand that my participation in this study is entirely voluntary, and I am free to withdraw at any time during the research without disadvantage to myself and without being obliged to give any reason. I understand that my data can be withdrawn up to the point of data analysis and that after this point it may not be possible.		

I hereby freely and fully consent to participate in the study which has been fully explained to me and for the information obtained to be used in relevant research publications.		

Participant's Name (BLOCK CAPITALS) …………………………………………………………….

Participant's Signature ……………………………………………………………………………..

Investigator's Name (BLOCK CAPITALS) …………………………………………………………….

Investigator's Signature ………………………………………………………………………………

Date: ………………………….

D-Information Sheet and Consent Form for Women

Information Sheet
<u>University of East London</u>
Stratford Campus, Water Lane, London E15 4LZ

Research Integrity
The University adheres to its responsibility to promote and support the highest standard of rigour and integrity in all aspects of research; observing the appropriate ethical, legal and professional frameworks.
The University is committed to preserving your dignity, rights, safety and wellbeing and as such it is a mandatory requirement of the University that formal ethical approval, from the appropriate Research Ethics Committee, is granted before research with human participants or human data commences.

The Principal Investigator/Director of Studies
Professor Stephen Briggs
UEL, Centre for Social Work Research, Cass School of Education and Communities
Water Lane, London, E15 4LZ
s.briggs@uel.ac.uk
0208 223 4266

Student researcher
Kimberly Detjen
UEL, Cass School of Education and Communities, Social Work
Water Lane, London, E15 4LZ
k.detjen@uel.ac.uk
0208 223 2981
07590037595

Consent to Participate in a Research Study
The purpose of this letter is to provide you with the information that you need to consider in deciding whether to participate in this study. Your decision to participate in this study will not have any impact on the support you receive from your social worker. You can withdraw your consent anytime and refuse to answer any questions. It is important to note that once data analysis has taken place, it may not be possible to withdraw consent.

Project Title
Developing an Understanding of the Encounters between Child Protection Social Workers and Women Victims of Domestic Abuse

Project Description
This research project aims to develop knowledge and understanding of how child protection social workers (SW) work with women who have been domestically abused. This is a highly important area for research as incidents of domestic abuse (DA) constitutes the most

common reason for child protection social work involvement with families. It aims to understand what happens in this work to discover what is good practice.

The research involves observing social workers and women victims of domestic abuse during routine meetings between them. The researcher will also interview the social workers, to and from the visits with the women. The interviews will include open questions about their feelings and reflections on the case and the interaction with the family. The interviews will be audio recorded. The observations are likely to take place where the woman is residing, but may also take place in the social work office. It is recognised that all of the women involved will have children, as that is the reason for their involvement with children's services, and the children are likely to be present during the observations. As the research is not specifically about children, the mother can agree for the child to be present during the observation.

Interviews will also take place with the women and they will be audio recorded. This will take place at some point after the observation, and will be at an agreed time and venue. It will not take place on the same day as the observation. The interviews will last approximately one hour. The interview will consist of open questions about the woman's experience and also their reflections on their meeting with the social worker. The information gathered from the interviews will be handled in accordance with the University's Data Protection Policy. It will be transcribed and analysed.

Participants will be contributing their time. As the woman will already be engaging with social worker, the time they contribute to the research should be minimal. They will also be allowing the researcher to have insight into the intimate lives of women victims of DA and also the professional lives of social workers. Women would be allowing me to come into their homes and observe their interactions with social workers, which could entail some very personal and difficult conversations.

Participants may experience distressing or thought provoking feelings, and I will ask participants if they are experiencing any of these feelings during the interview. If this is the case, I will encourage them to discuss their concerns/feelings with their social worker. They will also be provided with a list of available resources that they may contact for additional support.

The other risks include the loss of private information.

I have an enhanced Disclosure and Barring Service check that was completed in 2018.

Confidentiality of the Data

I will type my notes from the observations and transcribe the interviews. These will be stored on a password protected UEL computer using a numbered key to protect confidentiality. Once the interview has been transcribed, the tape will be erased. When the research study has been completed the data will be retained in accordance with the University's Data Protection Policy. The data will be available only to members of the

research team. Confidentiality of all stored data can be subject to legal limitations e.g. freedom of information enquiries.

I will protect the confidentiality of the participants in written and in any conference reports by using pseudonyms and removing any identifying information. Anonymised quotes from the interviews may be used in publications, teaching and conference presentations.

This is a small study with few participants, which can make it more difficult to fully protect their confidentiality. I will take every step to minimize the risks of recognition and I will ensure the participants have the opportunity to read and comment on any report involving the interview. If the interviews involve information about risks of imminent harm to anyone, I will need to ensure with the participant that these are acted upon appropriately and the relevant authorities may need to be contacted.

Location
The observation part of the research will be carried out in the women's homes or where they are residing at the time, or in the social workers' offices. The interviews of the women will occur at a time and place convenient for her. This could be her home, her current residence, or the social work office. This will be dependent on any safety risks to the woman.

Remuneration
N/A

Disclaimer
Your participation in this study is entirely voluntary, and you are free to withdraw at any time during the research. Should you choose to withdraw from the programme you may do so without disadvantage to yourself and without any obligation to give a reason. Please note that your data can be withdrawn up to the point of data analysis – after this point it may not be possible.

University Research Ethics Committee
If you have any concerns regarding the conduct of the research in which you are being asked to participate, please contact:

**Catherine Fieulleteau, Research Integrity and Ethics Manager, Graduate School, EB 1.43
University of East London, Docklands Campus, London E16 2RD
(Telephone: 020 8223 6683, Email: researchethics@uel.ac.uk)**

For general enquiries about the research please contact the Principal Investigator on the contact details at the top of this sheet.

Consent Form for Women
<u>**UNIVERSITY OF EAST LONDON**</u>

Consent to Participate in a Programme Involving the Use of Human Participants.

Developing an Understanding of the Encounters between Child Protection Social Workers and Women Victims of Domestic Abuse

Director of Studies   **PhD Student Researcher**
Professor Stephen Briggs   Kimberly Detjen

Please tick as appropriate:

	YES	NO
I have the read the information leaflet relating to the above programme of research in which I have been asked to participate and have been given a copy to keep, if it is deemed to be safe to do so. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and the procedures in which I will be involved have been explained to me.		
I understand that my involvement in this study will consist of audio recordings. I agree to the use of audio recordings.		
I understand that my involvement in this study, and particular data from this research, will remain strictly confidential as far as possible. Only the researchers involved in the study will have access to the data. *(Please see below)*		
I understand that maintaining strict confidentiality is subject to the following limitations: The number of participants will be small and therefore, anonymity can be more difficult. However, every attempt will be made to ensure confidentiality and anonymity. If any risk of imminent harm is identified, I understand that the appropriate authorities may need to be contacted.		
The use of quotes may be used in publications, teaching and conference presentations. They will be anonymized and pseudonyms will be used.		
The participants will not be named in any publication.		
The research findings will be disseminated via PhD thesis, as well as publications and conference presentations.		
I consent to the use of this data being used in future research.		
It has been explained to me what will happen once the programme has been completed.		
I understand that my participation in this study is entirely voluntary, and I am free to withdraw at any time during the research without disadvantage to myself and without being obliged to give any reason. I understand that my data can be withdrawn up to the point of data analysis and that after this point it may not be possible.		

I agree for my child/ren to be present during the observation. I understand that my child/ren are not the participant(s) in this research.		
I hereby freely and fully consent to participate in the study which has been fully explained to me and for the information obtained to be used in relevant research publications.		

Participant's Name (BLOCK CAPITALS) ……………………………………………………………….

Participant's Signature …………………………………………………………………..

Investigator's Name (BLOCK CAPITALS) …………………………………………………………..

Investigator's Signature ……………………………………………………………………

Date: ………………………….

E-Ethics Approval

Dear Kimberly,

Project Title:	**Developing an Understanding of the Encounters between Child Protection Social Workers and Women Victims of Domestic Abuse**
Principal Investigator:	**Professor Stephen Briggs**
Researcher:	**Kimberly R Detjen**
Reference Number:	**UREC 1617 48**

I am writing to confirm the outcome of your application to the University Research Ethics Committee (UREC), which was considered by UREC on **Wednesday 22 March 2017.**

The decision made by members of the Committee is **Approved**. The Committee's response is based on the protocol described in the application form and supporting documentation. Your study has received ethical approval from the date of this letter.

Should you wish to make any changes in connection with your research project, this must be reported immediately to UREC. A Notification of Amendment form should be submitted for approval, accompanied by any additional or amended documents: http://www.uel.ac.uk/wwwmedia/schools/graduate/documents/Notification-of-Amendment-to-Approved-Ethics-App-150115.doc

Any adverse events that occur in connection with this research project must be reported immediately to UREC.

Approved Research Site

I am pleased to confirm that the approval of the proposed research applies to the following research site.

Research Site	Principal Investigator / Local Collaborator
Participant's home, social work office or at the University	Professor Stephen Briggs

Approved Documents

The final list of documents reviewed and approved by the Committee is as follows:

Document	Version	Date
UREC application form	2.0	23 April 2017
Participant Information sheet - Social Workers	2.0	23 April 2017
Consent form – Social Workers	2.0	23 April 2017
Participant Information sheet - Women	2.0	23 April 2017
Consent form - Women	2.0	23 April 2017
Debrief sheet	1.0	23 April 2017
Research advert	1.0	3 March 2017
Interview Schedule for Women	1.0	3 March 2017

Approval is given on the understanding that the UEL Code of Practice in Research is adhered to.

The University will periodically audit a random sample of applications for ethical approval, to ensure that the research study is conducted in compliance with the consent given by the ethics Committee and to the highest standards of rigour and integrity.

Please note, it is your responsibility to retain this letter for your records.

With the Committee's best wishes for the success of this project.

Yours sincerely,

Fernanda Silva
Administrative Officer for Research Governance
University Research Ethics Committee (UREC)
Email: **researchethics@uel.ac.uk**

Dear Kimberly,

Application ID: ETH2223-0085

Original application ID: UREC 1617 48

Project title: Developing an Understanding of the Encounters between Local Authority Social Workers in England and Women who have been Subjected to Domestic Abuse

Lead researcher: Ms Kimberly Detjen

Your application to Ethics and Integrity Sub-Committee (EISC) was considered on the 21st December 2022.

The decision is: **Approved**

The Committee's response is based on the protocol described in the application form and supporting documentation.

Your project has received ethical approval for 4 years from the approval date.

If you have any questions regarding this application please contact your supervisor or the administrator for the Ethics and Integrity Sub-Committee.

Approval has been given for the submitted application only and the research must be conducted accordingly.

Should you wish to make any changes in connection with this research/consultancy project you must complete 'An application for approval of an amendment to an existing application'.

Approval is given on the understanding that the UEL Code of Practice for Research and the Code of Practice for Research Ethics is adhered to.

Any adverse events or reactions that occur in connection with this research/consultancy project should be reported using the University's form for Reporting an Adverse/Serious Adverse Event/Reaction.

The University will periodically audit a random sample of approved applications for ethical approval, to ensure that the projects are conducted in compliance with the consent given by the Ethics and Integrity Sub-Committee and to the highest standards of rigour and integrity.

Please note, it is your responsibility to retain this letter for your records. With the Committee's best wishes for the success of the project.

Yours sincerely,

Fernanda Pereira Da Silva

Administrative Officer for Research Governance

GLOSSARY

There are a number of key terms, processes and professional roles that are mentioned throughout this thesis. This section will provide a brief overview of them.

Child in Need Plan (CIN)

A Child in Need (CIN) Plan comes under section 17 of the Children Act 1989 and therefore has a lower threshold than a child protection plan. The CIN plan is not a statutory plan and families can choose whether they want to take part in it or not. It can offer additional services that a child may benefit from to minimise harm and help them reach their maximum ability (DfE, 2022).

Child Protection Plan (CPP)

A Child Protection Plan (CPP) comes under section 47 of the Children Act 1989 and there are clear procedures set out in statutory guidance. When a child is seen to be suffering, or likely to suffer, significant harm, an initial child protection conference (ICPC) is held where professionals decide as to whether the child meets the threshold for significant harm, and if so, then it is decided under which category (neglect, emotional abuse, sexual abuse, or physical abuse) (Johns, 2020). Core group meetings are then held to ensure the child is progressing and to consider the level of risk. Review Child Protection Conferences (RCPC) are then held regularly to bring all professionals and the family together to consider the ongoing safety of the child and the progress that is being made on the plan (DfE, 2022). This is not a voluntary service, and if families do not engage in the process, the local authority will seek legal advice (Johns, 2022).

Domestic Homicide Review (DHR)

A Domestic Homicide Review (DHR) is a "review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by a person to whom they were related or with whom they were, or had been, in an intimate personal relationship, or a member of the same household as themselves" (Home Office, 2016). The review includes professionals from various agencies to gain a full picture of the situation and their involvement. It is a statutory requirement for a DHR to be completed by the local area when a domestic homicide has taken place and meets the above criteria (Home Office, 2016). They provide useful information about domestic homicides and what knowledge can be gained to consider future learning and how to best protect victims and prevent domestic homicides from happening (Home Office, 2016).

Independent Reviewing Officer (IRO)

Independent Reviewing Officers (IRO) chair child protection conferences, as well as meetings involving children who are looked after by the local authority. Their role was established in the Adoption and Children Act 2002, and part of their role is to ensure the wishes and feelings of the child are being heard, as well as challenging the local authority for long delays or concerns about how a plan is progressing. (DCSF, 2010). Although they are seen to be independent, they are social workers and are employed by the local authority in which the social work teams sit. However, they are separate from the case holding social work teams which should allow for constructive challenge (BASW, 2013).

Multi-Agency Risk Assessment Conference (MARAC)

MARAC is a meeting where high risk domestic abuse cases are discussed and information is shared amongst professionals from various agencies such as children's services, local police, health, housing, probation, domestic abuse charities, and others who may hold important information. The group of professionals then discuss ways to increase the safety of the victim so there is an action plan that is collaborative. The main focus of MARAC is to work together to minimise risk to the adult victim (SafeLives, 2014).

No Recourse to Public Funds (NRPF)

A person who is subject to immigration control is not able to access public funds, which is defined in section 115 of the Immigration and Asylum Act 1999 (NRPF Network, 2022).

Private Law

This sits under the Children Act 1989 and is an area of law that deals with contested residence and contact arrangements for children when their parents have separated. It is a dispute between family members that does not involve the local authority (Johns, 2020).