Do current approaches to mothers within child protection social work re-victimise women with violent partners?

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Abstract:

This thesis looked to explore both mothers' experiences of child protection social work intervention following an incident of domestic violence and/or abuse (DVA), and social workers (SWs) experiences of delivering this intervention. It sought to determine if oppressive approaches previously found (Douglas and Walsh, 2010) remain and, if yes, understand *why* they continue to be used. This was to identify positive approaches to improve practice. By using a feminist lens to explore the social constructions of each gender, map the patriarchal influences to social work practice since its creation and gather key research into a coherent whole, this thesis uncovers how patriarchy influences child protection social work, and how mothers are held to account to gendered expectations set through patriarchy.

A Participatory Action Research methodology was used and both mothers who had involvement with child protection social work and child protection SWs who delivered the intervention were interviewed. Three data collection tools were created, validated and piloted for the research; 36 interviews were undertaken. There were three stages to data collection and all data was analysed thematically.

Findings include that mothers perceive social work intervention to be threatening, coercive and controlling. Mothers felt blamed by SWs, held responsible for stopping the abuse and controlling their partners. SWs recognised that they held expectations for mothers and often this was to ensure the child's safety, without considering the impact on mothers. It was found that the re-victimisation of mothers occurs due to social work practice that is influenced by a combination of power, social constructions and the SW's approach. Positive practice was identified and recommendations for practice are made.

The original contributions to knowledge this thesis makes includes:
- Including both mothers and SWs in the same research
- The creation of data collection research tools specific to child protection social work practice
- Mapping the patriarchal influences on social work to understand current day practice

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BASW – British association of social workers

CAFCASS – child and family court advisory support service

CIN – child in need

COS – Charity organisation society

CPS – child protection services

CSD – children's services department

DVA – Domestic violence and abuse

FPAR – feminist participatory action research

HCPC – health care professions council

ICPC – initial child protection conference

IDVA – independent domestic violence advocate

KSS – knowledge and skills statements

LAC – looked after child(ren)

LSCB – local safeguarding children's board

MHA – mental health act

MP – member of parliament

MSW – motivational social work

NSPCC – national society for the prevention of cruelty to children

PAR – participatory action research

PCF – professional capabilities framework

SCR – Serious case review

STEM – Science, technology, engineering and mathematics

SW – Social worker

UN – United Nations

WTTSC – working together to safeguard children

1. Glossary

There are a number of terms within the thesis that could be open to interpretation; this glossary intends to ensure that all parties commence reading the thesis with the same understanding. The following definitions demonstrate how I have interpreted and used the terms, and thus represent the meanings understood.

1.1 Oppression

Within The Social Work Dictionary, Barker (2003), defines oppression to be: *"the social act of placing severe restrictions on an individual, group, or institution. Typically, a government or political organisation that is in power places these restrictions formally or covertly on oppressed groups so that they may be exploited and less able to compete with other social groups. The oppressed individual or group is devalued, exploited, and deprived of privileges by the individual or group who has more power"* (pp. 306-307).

1.2 Re-victimisation

In order to define re-victimisation, victimisation must first be defined. The Cambridge Dictionary (2019) defines victimisation as intentionally treating someone unfairly, especially due to their sex, beliefs or race. Therefore to re-victimise is for someone to act in this manner towards the already victimised person. This thesis argues that mothers in violent relationships have already been victimised by their partner/perpetrator, and they are then intentionally treated unfairly because of their sex/gender by the child protection SW, so as such they are re-victimised.

1.3 Domestic Violence and Abuse (DVA)

The government's current consultation response and draft bill - Transforming the Responses to Domestic Abuse 2019 – intends to create a new definition for DVA. Until this is established, the UK government's definition of DVA and abuse is: "any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological

- physical

- sexual

- financial

- emotional" (Home Office, 2012).

Controlling and coercive behaviour is also recognised as a separate offence within Section 76 of the Serious Crime Act 2015. Whilst they are not legal definitions, Home Office (2015) state it is accepted cross-government that:

- **Controlling behaviour** is defined as "a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour."

- **Coercive behaviour** is defined as "a continuing act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."

The term DVA is being used throughout the thesis as opposed to domestic violence, or domestic abuse. This is because within SW there is general discomfort with the term 'domestic violence', which many people (including those using the service) think suggests that an incident has to be physically violent to be considered domestic violence. It is believed that domestic abuse encompasses the range of abusive behaviours more wholly, and encourages victim/survivors to consider their experiences in relation to other types of abuse – not just physical.

Additionally, within the research all participants were asked what terms they use; there was a variety of 'domestic abuse' and 'domestic violence and abuse' answers but no one said domestic violence. Therefore, to represent the participants involved in the research and to feel most relevant to the profession this thesis seeks to change/help, DVA is used.

2. Introduction

Child protection SWs approaches to mothers with violent partners have been characterised as punitive, intimidating, blaming and coercive (Keeling and Van Wormer, 2012). Mothers are threatened with the 'leave ultimatum' (leave the abusive relationship or intervention will be increased which could lead to the removal of your child). They are blamed for causing the domestic violence and/or abuse (DVA), and held accountable for allowing their child to be exposed to violence (Douglas and Walsh, 2010). These responses not only disregard previous research into the controlling and coercive nature of DVA, but also statistics that show women and children are at risk of significant, increasing harm and even death when leaving an abusive relationship without support (Women's Aid, 2015).

Alongside this, child protection SWs who use the leave ultimatum in practice report that they are aware that their actions cause harm, but they do not know how else to manage the concern or what they can do differently (Transparency Project, 2018). This shows that the issue is twofold and affects both parties, although the extent of the impact is greater for mothers than for child protection SWs.

The leave ultimatum does not protect the mother and child; it does not hold the father/partner accountable for his behaviour or stress the need to change his behaviour (Lapierre, 2010). The approach has international resonance; it occurs on a daily basis across the UK and in many countries around the world including Australia (Douglas and Walsh, 2010), Canada and the USA (Humphreys and Absler, 2011). Despite previous findings, practice guided by this approach continues. This means that a deeper understanding of *why* the practice occurs is necessary, from both the mother's *and* social worker's point of view, to build a coherent and clear picture (Munro, 1999). Following this, more comprehensive plans can be made to challenge the practice and prevent the oppression of mothers.

To understand the use of the leave ultimatum more fully, SW practice is considered within its theoretical context. Patriarchy, defined and discussed more fully in the literature review, was assumed to be a useful ontological construction.

It was therefore utilised throughout the study in combination with a feminist, social constructionist lens in order to problematize the practice. Although they developed overtime, as is discussed within the methodology chapter, the research was initially guided by three research questions:

1. How do mothers with violent partners experience child protection social work intervention?
2. What are the contributing factors to further empowering practice or re-victimisation in child protection social work from both the social workers' and mothers' perspectives?
3. What recommendations for future practice, suggested by mothers and/or social workers, can be made?

2.1 Research Paradigm

2.1.1 Theoretical framework

The theoretical framework for this thesis is based upon feminist theory and thought. Whilst this research does not draw on a specific strand of feminism, or a single feminist theory, it is guided by aspects of feminist theory, thought and belief, such as Simone De Beauvior's writing around social constructionism (De Beauvior, 1953), Nancy Hartsock's teachings on standpoint feminism and the belief that people are in the best position to make their own revolution (Hartsock, 1983), and Betty Friedan's (1963) work around 'the problem that has no name'. Each theory, particularly Standpoint feminism, has its own criticisms (for further exploration see: Hill-Collins, 1990; Longino, 1993; Humm, 1994; Harding, 2004) and so one specific strand or type of feminism was not followed. Additionally, the research is exploratory; it is the mother's experiences that need to be exposed and understood in terms of the oppression and disadvantage they experience because of gendered expectations in order to create change. Therefore, a combination of feminist thought has been used. Martin (2002) explains that there are many variations in feminist theory, yet they each share two main objectives; to reveal both the subtle and obvious gender inequalities, and to eradicate or reduce such inequalities. Whilst it is explored more fully in the preceding section, it is important to define for the reader what I understand feminism to be; 'the belief that

women should be allowed the same rights, power, and opportunities as men and be treated in the same way, or the set of activities intended to achieve this state' (The Cambridge Dictionary, 2018b).

Additionally, further influence came from by Sylvia Walby (1990) and Gwen Hunnicutt (2009) in order to develop a specific strand of thought in relation to the patriarchal influence on the social work profession and the resultant expectations on mothers. In 1990, Walby theorised patriarchy, and hence the initial parts of the thesis consider her work in detail. This was then combined with Hunnicutt's (2009) work, as Hunnicutt suggests the revival of patriarchy as a theoretical concept or a lens/tool to identify where and how it is utilised in different contexts and environments. Intertwining the ideas of both of these women, namely what patriarchy is and how to identify its presence, forms a theoretical framework that is based upon feminism, gender inequality, patriarchy and the resultant gendered social constructions and expectations. The research therefore used a feminist, social constructionist lens to view all of the different aspects of the research through.

This thesis seeks to identify and uncover where patriarchal ideology, thought and expectations influence social work practice, in order to further understand the driving motivations of gendered practice. Challenging or seeking to recognise such great power structures and ideologies is a tenet of critical theory (Brookfield, 2016). Brookfield (2016) explains that critical theory "describes the process by which people learn to recognise how unjust dominant ideologies are embedded in everyday situations and practices. These ideologies shape behaviour and keep an unequal system intact by making it appear normal" p16. It could therefore be argued that in seeking to identify how unjust dominant ideologies, such as patriarchy, are embedded in everyday practice, this thesis is based upon critical theory. However, Martin (2002) explains that feminist theorists use gender as the centre of their analysis, whilst critical theorists prioritise class. Both theories consider gender, class, race, ethnicity; but it is what is central to the theory that is important here.

Sinai-Glazer (2016) explains that previous research has given little consideration to how SWs are people who have been exposed to the values, beliefs, and

expectations held for each gender within the society in which they were raised (Morley and Dunstan, 2016), and so it is pertinent to consider this throughout the work. This thesis will argue that through ensuring dominant ideologies, specifically patriarchy, remain prevalent in UK society, child protection SWs unknowingly and unquestioningly work in a system that harms those they interact with. Through being exposed to the dominant ideology of patriarchy in the form of broadly accepted beliefs, they are taught to believe that the economically unequal, sexist society they live in continues in this manner as it is in the best interests of all who live within it (Brookfield, 2016)– just as everyone else within the same society believes. This results in SWs perpetuating practice that harms those they work with, especially mothers, whilst believing it is the right thing to do. In this sense, both the mothers experiencing the social work intervention that holds them accountable for another person's violence, and the social worker enacting the intervention, are victims of the state.

2.1.2 Ontology and Epistemology

Complementing the feminist, social constructionist lens, the driving ontology throughout this thesis is interpretative in that meaning and truth do not just exist in the world; they are created by the subject and their interactions (Wahyuni, 2012). This viewpoint recognises that 'truth' and 'reality' is impacted upon by that person's experiences and so varies between individuals (Oakley, 2000). These truths are not set and can be evolved and re-interpreted (Becker and Bryman, 2012).

In line with the ontological approach, the epistemological stance is constructivist in that it is believed knowledge comes to light through how the individual constructs and understands the situation and the values they place on it (Wahyuni, 2012); that knowledge is a social reality as opposed to something that is external and can be found or discovered (Bryman, 2016; Gray, 2017). With that in mind, multiple opposing and contradictory yet equally valid accounts can exist; there are numerous 'truths' and 'realities' (Gray, 2017).

The interpretivist ontology and constructionist epistemology adhere and fit well with the overall feminist nature and approach to the research. Additionally, it is necessary for me to declare my position.

2.2. Positionality

As a person, and therefore also in the researcher role, I believe I am shaped by the experiences I have had in life, and the opinions, values and morals that guide me (Lykes and Hershberg, 2012). Without a clear understanding of what makes me who I am as a person, or what thoughts and guiding ethos I have, these influences may have an impact on the research I undertake or the way in which I analyse data. It feels important to start with a quote from Reinharz (1992);

"Feminism is a perspective, not a research method" (p.240).

I believe that men and women should be equal. I believe that we should live in a society where opportunities are equal for people regardless of sex, colour, race etc., where women are safe and able to make choices without the fear of reprisal and retaliation, where value is acknowledged. I believe that women are disadvantaged within western society due to gender roles, social constructionism/control and patriarchy. Whilst there have been a number of advances for women's rights in some countries, this is reversed in others. For example, when the Republic of Ireland made it legal for women to obtain an abortion (BBC, 2018), politicians in America were looking to repeal Roe vs. Wade which would remove women's right to obtain an abortion (Scheindlin, 2019). In a society that places such expectations on women in order to control them, Carol Hanisch (1970) becomes pertinent;

"the personal is political".

My experience in social work is within both child protection and children in care teams. There were many occasions within social work where I was put in a position of oppressing mothers, fathers, and children, and I felt like I had no choice but to comply. Many of the social work practices I found myself using were learnt from my peers and managers, in a very 'this is what we do' manner; they were not challenged, they were just accepted. Even when these practices felt wrong and I asked what else could be done, no one knew - another option had not been considered or used. This was when I knew that I could not continue to undertake

work that made me feel like I was doing more harm than good, and I would need to find a way to change this.

2.3 Overview of thesis

The thesis must start by exploring the theoretical underpinnings of the work; namely an exploration of how feminism is inextricably linked to patriarchy and trying to conceptualise one without the other proves the discussion irrelevant. Therefore, both concepts are considered in combination with one another, before the social constructions of each gender are reviewed. Additionally, the construction of violence and how UK society responds to it will be explored. Through developing an understanding of how UK society constructs each of these different aspects, the expectations and assumptions that society holds for each part are exposed and understood.

To further develop this understanding, the creation of SW and its historic influences must be explored. This is not a general overview but a specific selection of events that have impacted SW practice, which will be analysed in terms of the patriarchal beliefs that underpin them. Patriarchy is so pervasive it is almost invisible unless the viewing lens is calibrated to see it (Hunnicutt, 2009; Oakley, 2018). Current SW standards are considered, specifically in relation to the 'paramountcy' principle (Anglin, 2002, p.233) (i.e. the child's welfare is the paramount consideration), what is meant by exposure, and the change in definition of significant harm. The practice of failure to protect – where mothers are considered as having failed to protect their child from exposure to DVA – is discussed, alongside the prevalence of DVA in order to examine how harmful this approach is.

Sinai-Glazer (2016) explains that previous research has given little consideration to how SWs are people who have been exposed to the values, beliefs, and expectations held for each gender within the society in which they were raised (Morley and Dunstan, 2016), and so it is pertinent to consider this throughout the work.

Through reviewing pre-existing research into the SW's approaches and the mother's experience, it is considered whether the SW's practice reproduces and perpetuates patriarchal expectations. It is explored whether child protection SWs approaches are characterised by their use of power and how this affects the mother's response. Additionally, through their practice and approaches, SWs make a number of assumptions that are explored; the mother is to blame for the abuse, she should leave the abusive relationship, and either the prioritisation or invisibility of fathers/perpetrators. Further, it is considered whether a lack of training and guidance lead SWs to become avoidant of managing DVA. Lastly, the impact of austerity on SW practice is considered.

2.4 Original contribution to knowledge

A brief evaluation of the current literature highlights the original contribution to knowledge this thesis makes. As discussed, both Keeling and Van Wormer (2012) and Douglas and Walsh (2010) undertook research with mothers with violent partners and found oppressive practices; others (Holland, 2000), have considered the SW's approach, or use of power (Dumbrill, 2006a). These studies, however, focus only on the SW's approaches or mother's experiences of child protection social work following an incident of DVA and do not consider more widely why these practices occur, or what the SW's views of these practices are. Additionally, there are pockets of research that explore issues such as child 'paramountcy' Current SW standards are considered, specifically in relation to the 'paramountcy' principle (Anglin, 2002, p.233) and media influence on child protection social work (Leigh, 2017), however, no one has yet drawn each of these aspects together to consider them as a coherent whole. By studying them as a whole, a deeper understanding of how current child protection social work practice has transpired is established.

This thesis is the first to demonstrate the patriarchal influences to practice whilst considering the creation of SW as a profession. Through mapping the social constructions of gender and parenthood, historic views of family violence, and the changing views of children, the reader is shown *how* and *why* current SW practices and approaches cause the re-victimisation of mothers.

This thesis is also the first to include mothers and child protection SWs within the same project, providing the second original contribution to knowledge. Previous research has focused singularly on mother's experiences of SW intervention, or child protection SW's motivations for how they practice, as opposed to exploring the impact of practice and the intentions of child protection SWs as a coherent whole. This approach allows for the development of holistic insight in order for comprehensive plans to challenge and change the practice.

This research does not seek to further penalise or demonise child protection social work, but it does seek lasting ways of changing practice. The use of Participatory Action Research (PAR) methodology is the third original contribution to knowledge, as PAR has not been used in this area before. Gatenby and Humphries (2000) explain that PAR projects seek to involve participants in each stage of the research and encourage activism, which promotes ownership and more authentic social change (Magiure, 1987; Walter, 2009). Through the use of PAR, a fuller, more comprehensive understanding of practice from both the mothers' and SWs' views was gathered.

The fourth original contribution to knowledge is in relation to the research tools that were created, developed and piloted as part of the research. Keeling and Van Wormer (2012) are the only previous researchers to consider the child protection SW's behaviour in terms of the Duluth Model of power and control, which evidences abusive tactics used by perpetrators. Keeling and Van Wormer (2012) used the tool solely within their analysis, considering the mothers' data against the behaviours depicted in the wheel. This research, however, developed a card sorting activity from the Duluth model and social work guidance, so that participants themselves could identify which of the SW's behaviours matched those of a perpetrator. This tool can be used within research, but also within social work supervision, as a way to evaluate social work practice in real time and consider their approaches.

The thesis is broken down into eight chapters. It starts with the introduction, the literature review and the methodology. The three data collection chapters are based upon the research questions to ensure they were fully answered. The first data collection chapter considers solely the mothers' data, whilst the second and

third consider both the mothers' and SWs' data together. The second and third data collection chapters draw on, discuss, and consider the data in line with previous research, and so there is no separate discussion chapter. The thesis ends with the conclusion.

2.5 Theoretical background

2.5.1 Patriarchy and Feminism

Historically, women have been viewed as lesser than men; physically weaker, unable to make decisions, and less important (O'Hagan and Dillenburger, 1995). Trivialising women's troubles and complaints, belittling their views, or saying they are controlled by their hormones have been ways of ensuring women's voices are lost in society. Feminism is the joining of women to reinstate their issues, views, and concerns as valid, something to be listened to and recognised. There are many variations of feminism such as liberal or radical, but this thesis understands feminism as; 'the belief that women should be allowed the same rights, power, and opportunities as men and be treated in the same way, or the set of activities intended to achieve this state' (The Cambridge Dictionary, 2018b). Feminism challenges the status quo of political, economic, and cultural beliefs in order to establish equal rights for women (Foster, 2018).

It is through feminism that issues relating to women have been pioneered. The first wave of feminism, amongst other things, achieved for women the right to vote (Foster, 2018). The second wave gave rise to DVA as a public issue, creating women's refuges and challenging oppressive laws around divorce and custody (Dobash and Dobash, 1987). There have been further feminist waves, but it is the second that is of most importance to this thesis.

During the second wave of feminism women did not feel able to accurately describe and express the large-scale oppression they felt from social structures with any of the pre-existing terms, and therefore presented their ideas as patriarchy (Wilson, 2000). This demonstrates Friedan's 'problem with no name' (1963). Mooney (2000) explains that patriarchy was originally used to mean ruled by fathers, but modern day patriarchy is seen more as a 'struggle concept'.

Mooney (2000) also reports that the women's movement wanted a term that expressed the totality of their exploitative and oppressive relationships within society. hooks (2003) explained that feminists actively chose to replace the terms sexism or chauvinism with patriarchy in an attempt to educate others as to how patriarchy affects all of society. Both patriarchy and feminism are critically interlinked, as feminism recognises and challenges patriarchy as the accepted ruling of society.

There are multiple definitions of patriarchy; all share the same core concepts of power and inequality but vary in specific elements that are given more precedence. Lerner (1986) explains that the traditional meaning of patriarchy is the system in which the male is the head of the house and has economic and legal power over the dependent family members. Carter (2015) stated that societies have been shaped by male mandated religious doctrines which results in systems and attitudes that normalise and promote male dominance. Carter (2015) suggests that leaders distorted religious scriptures, as they only shared texts in which women were subservient and inferior. Patriarchy is reported to have been a formal category in societies that have kinship groups dominated by an elder male (Wilson, 2000). In line with these historical views, Weber (1947) believed the concept of patriarchy referred to the structure of men ruling society by being the head of the household. Mitchell (1974) spoke of patriarchy referring to a system of kinship in which men exchange women; fathers have the symbolic power in these systems and women suffer the consequences of this power as they are inferior. Hunnicutt (2009) problematises having one universal definition of patriarchy, as there are many variations. She argues that patriarchy should be the core theoretical concept, used as a tool or lens, in order to fully explore, explain, and understand how patriarchy is at play in many different contexts and situations (Hunnicutt, 2009).

For this research, patriarchy is understood to be a political term that represents the systematic, exploitative, and oppressive relationships that impact upon women. Patriarchy does not attribute blame to individuals but suggests that society itself is the problem that needs to be revolutionised in order to disrupt the status quo (Wilson, 2000). One of the consequences of continuing with patriarchal

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views and practices on a societal level is that violence against women and girls becomes normalised; because patriarchy expects men to dominate by any means necessary, sexist violence is condoned (hooks, 2004). As Brookfield (2016) explains, ideology that has been effectively implemented results in broadly accepted beliefs that they then enact and abide by on a daily basis. Bradshaw (1992) believes that patriarchy prevails as we seem to follow with blind, unquestioned obedience; Brookfield (2016) suggests that ideologies become dominant and embedded through the perpetual reproduction of beliefs with minimal opposition.

Patriarchy is relevant to this research due to the way men, women, and children are socially constructed within patriarchal societies. The UK is patriarchal; Christianity is and has historically been the official religion (British Council, 2018), traditionally women were the possession of their fathers or husbands, they were not able to own property, and they were not able to vote (Wilson, 2000; Beichner et al, 2017). Whilst there has been some progression in these areas, women remain underrepresented in politics, the STEM sector, and in high paid, high status jobs (Williams et al, 2014). Patriarchy works to remain a system that silently and unquestionably permeates socialisation from the earliest moments of a person's life; something as simple and unassuming as gendering a baby by being associated with the colours pink or blue (Bradshaw, 1992). Using this gentle, careful, non-violent approach means patriarchal beliefs are accepted, infiltrated and therefore perpetuated with minimal to no opposition; this is how the ideology builds to be so embedded, dominant and pervasive (Brookfield, 2016). The values are so entrenched in politics, religion, and economics, and have been for an extended period, that force and violence is not required to ensure their continuation (Millett, 1969; Bennett Moore, 2002). Maquibar (et al, 2017) explain that cultural products – books, songs, TV shows - and the messages shared by the media continue to support violence, inequality, and sexism. It is in this way that patriarchal views and expectations subtly continue to filter through and permeate all of UK society. It is also argued that patriarchy can be evidenced in how we construct everyday life with examples such as marriage vows, house work, and conversation topics; this is true for both within the home, and outside of it. This thesis believes that, as explained by Brookfield (2016), patriarchal ideology

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has become the baseline for westernised cultures; it is so accepted and established that it goes unnoticed.

3.5.2 Public, private, micro and macro patriarchy

Walby (1990) theorises patriarchy in both the private and public spheres. Private patriarchy relates to women being excluded from the social arena by remaining within the household, with a man using the woman's services to ensure the home is maintained. Women are not excluded within public patriarchy, but they remain subordinated in all areas they have access to; this is more of a collective appropriation than individual. The current prevalence of patriarchy leans more toward public patriarchy than private, as women are not excluded from the social arena in the same way they have been historically. Walby (1990) noted that women are subordinate in the public sphere; occupational segregation still occurs, they remain responsible for childcare, violence against women continues (for example misogynistic behaviour, BBC 2016), women are a very small proportion of elected representatives, women's concerns are not on the political agenda, and when women are allowed to participate, it is in a subordinated way (Williams et al, 2014).

Radford, in Hanmer and Maynard (1987a), shares how fear of public violence encourages the belief that a woman is most safe when she is at home, which encourages isolation and prevents women from doing things outside of the home. Living in this manner leads to women becoming dependent on individual men to protect them from men generally; this then makes it easier for those individual men to harm the woman inside her own home. Radford (1987a) explains that when legislation or the media disguise, downplay, or ignore men's violence against women, it demonstrates that there is no concern for women. Furthermore, this legitimises men's violence, and so the feminist challenge of DVA could be seen as a challenge to the fundamental rights of men. It can be seen from this example how patriarchal ideology is so pervasive and accepted, and also how both public and private patriarchy work together to disadvantage women entirely.

Furthering Walby's (1990) theory of patriarchy, Hunnicutt (2009) explains that there are both micro and macro patriarchal systems which exist symbiotically. Governments, law, religion, and bureaucracies are at the macro level, whilst families, interactions, organisations, and patterned behaviour exist at the micro level (Hunnicutt, 2009). SWs transcend the barriers of public and private patriarchy; they bring macro patriarchy (in the form of legislation, intervention, and surveillance) into the private sphere. In this sense, it is not only the man/father that ensures women are subordinate within the home through their domestically abusive behaviour, it is the SW that further confirms the legitimacy and need for this (micro patriarchy), which creates further encouragement for women's subordination. This example of micro patriarchy demonstrates how ideology is enacted and perpetuated by those exposed to it (Brookfield, 2016). Additionally, it can occur that both the organisation is patriarchal in its structure (macro), and individuals within it can hold patriarchal views (micro) (Hunnicutt, 2009). This further demonstrates variations of patriarchy and suggests how both society is continually and insidiously permeated by it, and how social work behaviour contributes to its continuation.

Patriarchal thought is based upon beliefs about each gender; only through specific expectations for each gender can one be punished when they do not meet such expectations. As such, it is pertinent to consider what has come to be expected of each gender.

2.6   Social constructions

Gendered expectations associated with parenthood are constructed through patriarchy. Haslanger (1995) explains that what appears to be natural or normal is assumed to be determined and fixed by nature, rather than being constructed in the culture, time, and society we live. Orme, Dominelli and Mullender (2000) explains that what is considered feminine and masculine is socially constructed. Social constructionism argues that females are not born women, but they acquire traits and learn how to be feminine (De Beauvior, 1953). Maquibar (et al, 2017) explain that feminine and masculine traits are products of how a child has been socialised and raised by their parents.

Hicks (2008) discusses how socialisation theory proposes that a function of the family is to instil in children the behaviours expected of them as assigned by their gender. Males and females have specific roles that are discrete and functional; working outside the home or caring. Hicks (2008) suggests these roles fit together naturally to meet the needs of the family and perform the tasks expected by society. Socialisation theory compliments social constructionism as it understands that gender is something that is learned, and children gain this information from their parents; if you do not follow your expected gender role, you would be considered to be deviant (Hicks, 2008). To believe it is suitable to socialise members of society within the family means that there is confidence the family must have been exposed to dominant ideologies before, in order to be able to pass them on. As such, socialisation theory could be seen as a way of embedding and ingraining ideology and expectations from a young age.

Gendered expectations create distinct qualities that guide men and women into roles that suit their social grouping as defined by their gender. Women are expected to be weak but nurturing and loving; men are expected to be powerful, strong, masculine, and dominating (hooks, 2004; Hobbs and Rice, 2013). When men conform to what is expected of them, they are praised and respected. Women are not praised for conforming; but are considered failures when they fail to conform (Lapierre, 2010). By having different expectations for men and women, there is an inevitable power imbalance and a widely accepted justification for using force/punishment to ensure women meet and perform their prescribed roles (Keeling and Van Wormer, 2012). As such, women are more likely to be victims of domestic abuse, and males are more likely to perpetrate violence (Eagly and Wood, 2012). Eagly and Wood (2012; Morley and Dunstan, 2016) argue that it is the society and culture in which people grow up that influences their beliefs, so we must consider how patriarchy influences these constructions within the UK.

2.6.1 Gender and the family

Historically, the family was considered to be the private sphere and members of the family should decide their own interactions and behaviours without external

interference (Beichner et al, 2017). Intervention, especially legal, was seen to risk the stability of the family, so it was preferred for disputes to be resolved through marriage counselling (Mooney, 2000). Traditionally, adults are expected to be married and monogamous; anything different is morally prohibited. Marriage is supposed to be a goal for every woman; to marry a man who is wealthier, taller, and older than they are (O'Hagan and Dillenburger, 1995). The concern with 'traditions', however, is that they represent the established, embedded ideology that is drawn on when considering new ideas.

Modern relationships do not reflect this expectation for the ideal marriage; there is a higher divorce rate, people are getting married later, and/or they are choosing not to have children (Jenkins, Pereira and Evans, 2009). Gřundělová and Stanková (2018) explain that whilst the concept of family is changing, they remain rooted in stereotypical assumptions regarding roles and the division of labor. Whilst there are many different types of family – adoptive, blended, or with same sex parents - the view remains that only a nuclear family is considered to be a happy, stable, and desirable family (Sarkisian and Gerstel, 2012). This demonstrates the strength of the established and prevailing patriarchal ideology. Jenkins, Pereira and Evans' (2009) research explains that children who live in non-traditional families "are more likely to experience poverty, poor health and wellbeing and be involved in antisocial behavior." (p.5). Jenkins, Pereira and Evans (2009) explain that the majority accept different types of families, but this is only when children are not involved; where a child is concerned, marriage is desirable. Moulding, Buchanan and Wendt (2015) states that we prize neo-liberal, traditional views of the family; two parents, heterosexual, middle class; we consider single mothers, mothers who work, or lesbian mothers to be deviant.

Society believes that children should be raised in traditional families so much that single mothers involved in child protection investigations are criticised for not being with their children's fathers (O'Hagan and Dillenburger, 1995). Considering this through a feminist lens, no responsibility or judgement is placed upon the father for leaving a relationship in which he has a child; he again is left unaccountable for his behavior, behavior which actually resulted in the mother becoming a 'single mother'. Single mothers are portrayed as immature, immoral,

and irresponsible; a threat to the stability and security of society (Gillies, 2007). Single mothers are blamed for their child's low achievement, delinquency, crime, and poor attendance (O'Hagan and Dillenburger, 1995). Jenkins, Pereira and Evans (2009) explain that many people believe parents should lose access to family payments if they do not raise their children properly (e.g. if they lack discipline). Jenkins, Pereira and Evans (2009) argue that, whilst it is the government incentivising marriage, the public supports this policy. This indicates that although the physical composition of families is changing, society still prizes marriage and considers it to be an important expectation. Additionally, it is reported that the majority hold a strong personal aspiration to be part of and raise a more traditional family. Jenkins, Pereira and Evans (2009) report that society holds a 'morally absolute position' (p.16) when considering families with children. This is a very real example of how ideology and beliefs are enacted as individuals are policed according to these beliefs, not by the government, but by one another and the wider population. As Brookfield (2016) explains, ideology functions to convince the population that the world is organised in their best interests, even when it is unequal, racist, sexist and does not meet their needs.

The next sections explore more specifically what we expect from men/fathers and women/mothers.

2.6.2 Masculinity and fatherhood

Within the UK's patriarchal society, hegemonic masculinity constructs men to not have feelings, be strong, middle-class, and heterosexual (Gřundělová and Stanková, 2018). Bourgois (1996) explained that, to be deemed a real man, you must be able to provide for your family and be the breadwinner. If a man is unable to do this, they lose the automatic respect given to them, and have to prove they are masculine in other ways, which sometimes includes exhibiting violence. Men are expected to be ruthless, powerful, and aggressive (McManaman Grosz, 2018) as it evidences masculinity, power, and domination (hooks, 2003). Burrell (2016) shares that violence is fundamentally connected to how masculinity is constructed, and the entitlement given to boys and men around violence show that it is legitimate, acceptable, and desirable.

2.6.2.1 Fathers

Humphreys and Absler (2011) highlight how traditional, conservative roles for men include expecting little from them in terms of parenting. This renders fathers invisible in parenting situations and does not ensure they are accountable for their abusive behaviour. Gřundělová and Stanková (2018) state that men do not take responsibility for solving family problems and as such they are perceived to be incompetent at child rearing and managing the household. O'Hagan and Dillenburger (1995) reported that fathers were not seen as important in terms of child rearing, as they often worked outside of the home and were therefore unaware of the day-to-day care needs of the children. Whilst there has been some development in changing attitudes - for instance Howse (2014) reports a fifth of fathers wanted to care for their baby instead of returning to work - Gřundělová and Stanková (2018) state that even today, the majority of men give priority to their work at the expense of their family. They explain that whilst social changes are transforming fatherhood, this is more in terms of expectation for fathers rather than any real change in their prescribed gender role (Gřundělová and Stanková, 2018).

Gřundělová and Stanková (2018) detail that motherhood and fatherhood are seen as dichotomous and, as such, parenting cannot be a shared role. Child rearing expectations are singularly for mothers; this will not be seen as a father's role.

2.6.3 Femininity and motherhood

Within Western patriarchal societies women are constructed to be passive, weak, and nurturing caretakers (Orme, Dominelli and Mullender, 2000; hooks, 2003). Women are expected to bear children and raise them, be homemakers, look after the sick, and care for their husbands (O'Hagan and Dillenburger, 1995). Women's work is caring for others before themselves. Whilst this is slowly changing (Williams et al, 2014), women have historically been viewed as not having their own opinions or skills (O'Hagan and Dillenburger, 1995).

2.6.3.1 Mothers

In 1996 Sharon Hays presented the intensive mothering ideology, which depicts mothers as the preferred, ideal caretaker for children. An intensive mother is labour concentrated, emotionally attuned, available, and expertly guided. Intensive mothering constructs an ideal family that is heterosexual, white, and middle class; if you do not meet these criteria you cannot fit the social construction of a good mother (Medina and Magnuson, 2009). These standards are unattainable, and punish women based on their social class, race, and marital status (Gřundělová and Stanková, 2018). Medina and Magnuson (2009) explain that the intensive mothering ideology furthers the belief that children are delicate and need their mother's continuous nurturing. Holding these assumptions result in the view that children need specific care from adults and if parents are not able to do this the state must intervene (Anglin, 2002). Whilst Anglin (2002) says children need specific care from their parents, due to the social constructions and expectations, the reality is 'mothers'.

Swift (2015) identifies that intensive mothering ideology has influenced legislation, and failure to strive towards being an ideal mother shows that the mother is disobeying the set standards. These standards are socially constructed and have changed over the last century (Medina and Magnuson, 2009). For example, Davies and Krane (1996) suggest that mothers are depicted as idealised nurturers who are giving, selfless, and able to keep a house; good mothers intuitively know what their children need, they know what happens in their home, and they can predict harm and therefore protect their children. Peled and Gil (2011) describe a good mother as someone who puts everyone and everything before herself, is devoted to her children with good instincts, and a wish to care for them and sacrifice for them.

Similarly, and based on Epstein's (1999) research, Johnson and Sullivan (2008) summarised the behaviours of mothers who were trying to protect their children from abuse as:

> "(a) The all sacrificing mother
> (b) the all-knowing mother

(c) the nurturing mother/breadwinning father" (p.243).

Lapierre (2010) reports that mothers maintain a desire to be a perfect mother; whilst the study had diverse participants, high consistency remained as to what constitutes a 'good' level of mothering. More damaging, perhaps, was that this view of mothering was seen as universal and natural; 'good' mothering included putting her child first no matter what (Lapierre, 2010). Nixon, Radtke and Tutty (2013) agree and highlight that mothers feel there is a standard of mothering that must be upheld. These examples demonstrate how the dominant ideology have manipulated the creation of a prescriptive set of beliefs about mothering which are continually perpetuated with minimal opposition, even though they remain unachievable and do not meet anyone's needs (Brookfield, 2016).

Research suggests that the mother child relationship builds the critical foundations for the child's lifelong development (Phoenix, Woolley and Lloyd, 1991). Feminists argue that this results in mothers being viewed as voiceless objects whose sole purpose is to care for their child rather than be a person in their own right (Peled and Gil, 2011). Idealising motherhood creates a disparity between the actual and desired realities of mothering resulting in mothers who feel inadequate, anxious, frustrated, and guilty (Peled and Gil, 2011).

Lapierre and Côté (2011) explain that social work intervention and attention focuses on mothers due to society's views of women's responsibilities and role as a mother. Protective services often have traditional views and expectations for men, women, and the family, so if there is a concern regarding neglect, this will be seen as a woman's responsibility (Turney, 2000; Scourfield and Coffey, 2002; Ewart-Boyle, Manktelow and McColgan, 2013; Gřundělová and Stanková, 2018). By constructing children and mothers in this way, it is clear who remains responsible for childcare and the child's outcomes (Peled and Gil, 2011). McDonald (1998) argues that expectations placed on mothers are set by patriarchal norms, and society is able to fulfil its need to punish women when they do not live up to these standards. The 'punishment' is from SWs in the form of micro patriarchy (Hunnicutt, 2009); parenting classes, assessments, drug tests and written agreements, surveillance and monitoring (Keeling and Van Wormer,

2012). This provides a further example of how social workers implement and perpetuate this ideology within their work (Brookfield, 2016).

The social construction of mothers and children in patriarchal societies has an impact on what is expected of a mother's parenting, and what is considered the appropriate place for children to be raised.

2.6.3.2 Constructing motherhood when DVA/SWs present

Western mothers are socialised and raised in a society that believes the family should always remain together - evidenced by how society regards single mothers or those who claim welfare payments (Davies and Krane, 1996; Moulding, Buchanan and Wendt, 2015). Loseke and Cahill (1984) explain that the normative expectation for those in relationships or marriages is for them to remain in these relationships; if the relationship does end, then the mother is considered to be deviant. A pervasive view remains that marriage should be preserved and fixed (Moulding, Buchanan and Wendt, 2015), yet when this is considered in terms of abusive relationships, society expects mothers to end the relationship instantly, and no consideration is given to the mother then having to experience and manage the difficulty and stigma that arises when her identity becomes that of a single mother. Loseke and Cahill (1984) explore how when a woman is asked why she does not leave an abusive relationship, the implication is that she needs to explain herself. This set of interactions defines leaving the abusive relationship as the expected outcome – if she stays then she is violating what is expected of her. This example demonstrates one subtle method used within society to police one another and enforce the dominant ideology; it is not violent or considered abusive, but it makes clear what is correct and what is deviant.

Magen (1999) discusses how a rational person would seek ways to end abusive behaviour and support the father/perpetrator, rather than simply walk away from the relationship, as this is what is expected when you enter into a marriage. Hunnicutt (2009) explains that women are socialised to place such importance on their relationships that they start to define their identity and self-worth. Women therefore strive to preserve these relationships, even when abusive, at any cost (Hunnicutt, 2009). Women are also constructed to be "fixers", who overcome

difficulty, give second chances, and who love and make things better, so it must be questioned why abusive relationships are viewed so differently. McManaman Grosz (2018) explains that discourses surrounding relationships, femininity, and masculinity set an expectation for women to actually seek, and then remain in, abusive relationships (for example the love story within Beauty and the Beast); romance is interwoven with inequality and violence, which impacts a woman's ability to separate abuse from love. A number of discourses surrounding genders and love are explored, with attention to the desire for happily ever after fairy tales affecting a woman's ability to detect warning signs of abuse (McManaman Grosz, 2018).

This thesis will uncover and analyse how patriarchal mechanisms are used to create a situation in which mothers experiencing DVA are held to account in ways which are insidious and widely accepted (Hobbs and Rice, 2013). This thesis will explore how ideology is pervasive and patriarchy is the set standard that goes unquestioned and unnoticed – to the point that it becomes what we know, collectively as a society, and therefore our truth. This thesis will consider how patriarchal beliefs are so ingrained and established that its perpetuation is not forceful, but so minimally opposed that individual's police one another to abide by the set standards.

2.6.4 Conclusion

Explored in this section are the main theoretical underpinnings guiding this research, as it is to be argued that mothers who are involved with Children's Services Department (CSD) due to their partner's violence are being re-victimised because social workers are people who are raised in a society and exposed to the same ideological beliefs that are entrenched within it (Sinai-Glazer, 2016) – for the UK, this is patriarchal. These beliefs are so ingrained and insidiously re-enforced that they go unnoticed and unchallenged. This transpires into practice by expecting mothers to be 'good mothers' who meet everyone's needs and are responsible for everyone's behaviours, even when they have no control over them (Douglas and Walsh, 2010). Making mothers responsible for men's behaviour benefits no one but men - it does not protect children and it does not make the

women any safer (Lapierre, 2010) – but it does however mean men are not held accountable for their behaviour.

The next section will consider how ideas about violence against women and DVA have been historically constructed through patriarchy to enable the reader to trace societal thought, see how it has been influenced and understand the impact it has on mothers.

2.7 Construction of domestic violence historically

This section briefly maps the most relevant influences on how DVA has been constructed historically in the UK; see Beichner (et al, 2017) for a more comprehensive overview of the social and legal positions of 'battering' historically.

A public and societal response to issues of violence against women and girls, or domestic abuse, has not always existed. Until the Women's movement of 1960 DVA was considered a 'family issue' that professionals and services such as the police did not need to intervene with (Beichner et al, 2017; Ake and Arnold, 2018). The belief, established through patriarchal ideology, was that there was a natural hierarchical relationship resulted in the social and legal acceptance of the physical and social control of women by their husbands (Beichner et al, 2017).

In Victorian England, women tried to keep themselves safe by bringing their *abusive husbands before the courts (Mooney, 2000). In the process of trying to protect themselves and seek support and justice, women formulated and pioneered the view that they have the right not to be beaten (James-Hanman, 2017). The main aim was to highlight the inadequacies in legal responses to abuse; the result was 'an act for the better prevention and punishment of aggravated assaults upon women and children (1853)' (Mooney, 2000). This Act specifically names the issue and apportions blame to the person responsible in a way that present day legislation does not. Frances Power Cobbe campaigned for separation orders under a bill called 'for the protection of wives whose husbands have been convicted of assaults upon them' (Mooney, 2000).

In the 1940s and 50s wives were blamed for their husband's abuse (Mooney, 2000), or told they were 'examples of female masochism' (Ake and Arnold, 2018, p.5). A woman wanting to leave an abusive relationship was viewed as having neurosis, with the woman lacking awareness that the child needed their father (Mooney, 2000).

The women's movement of 1960 ensured that DVA was no longer seen as a 'family issue' in which professionals did not need to intervene (Ake and Arnold, 2018). Women reported and debated issues such as inequalities in the work place, sexuality, reproductive rights, the family, DVA, and marital rape (Mooney, 2000). Ake and Arnold (2018) explain it was at this time that DVA was defined as a distinct violence. Whilst attempts were made to view this violence as a reconceptualisation of other forms of oppression, many found faults with the individual man's alcohol use or temperaments instead of considering the wider context (Ake and Arnold, 2018). In this sense, society and the dominant system is maintained, as the issue is portrayed as an individual fault as opposed to the system creating a culture that is oppressive. The perpetuation of the system is not challenged and therefore encouraged. The system is seen as normal, the individual is wrong (Brookfield, 2016).

During the 1970s more women spoke out about their experiences, and more women came forward to offer support (Ake and Arnold, 2018). It was from this that the creation of refuges came about, as women wanted to move from thoughts to actions (Mooney, 2000). Women's aid was established in 1974 to co-ordinate the wealth of refuges that had been created. Dobash and Dobash (1979) noted that women flocking to refuges illustrated women's economic disadvantage and dependence on marriage, as they rely on their husband for the necessity of shelter and accommodation. In the mid-1970s a House of Commons select committee for the violence in marriage was created (Mooney, 2000).

Whilst these were positive steps for women's liberation, oppressive views about the sanctity of marriage prevailed (Mooney, 2000). In 1984 it was deemed inappropriate for common law to interfere on personal matters and assist in the breakdown of a marriage, therefore women were not compelled to give evidence

against abusive partners to gain conviction (Cretney and Davis, 1997). The priority, it appears, was in maintaining the marriage. Only through feminist campaigning was it deemed necessary for the law in this area to change, so that the right of the victim to be protected outweighed the sanctity of marriage (Beichner et al, 2017). It was discussed that the UK continues to prize nuclear families (Sarkisian and Gerstel, 2012); that belief combined with the belief that others should not be involved within a marriage demonstrates how patriarchy has infiltrated and affected most aspects of society, including legislation and policing practices.

It was not until Jaffe's (1990) research that women were urged to leave the violence for the well-being of their children; this is when mothers started to be threatened with the leave ultimatum - that their children would be removed if they did not end the relationship. This will be discussed in more detail within 2.8.2.4 and 2.9.7.

Dobash and Dobash (1979) explore how, when DVA was accepted as a family issue to resolve, the relationship between husband and wife was very similar to that of parent and child; the husband could use physical force to display authority, power, and unequal status. This gives context and insight into how women were viewed and considered historically and it could also be argued that these interactions mimic the involvement mothers have with CPSW; this will be explored further later.

James-Hanman (2017) explains that police were encouraged from 1990 onwards to improve their responses, and so DVA units were created. These units supported victims of domestic abuse, but little attention was paid to prosecution. It was only after the Crime and Disorder Act was passed in 1998, when money became available to tackle the issue of DVA, that police became aware of its prevalence. After this time, prosecutions were prioritised and victim support was contracted out (James-Hanman, 2017). Hester (2011) explained that criminalising DVA symbolised a shift in considering DVA as a matter for public concern, rather than a private issue. Radford (1987b) relays that whilst the law grants individuals' rights, these are redundant if the police or courts do not enforce them; winning a

legal case is irrelevant if the woman is not protected from further assaults. By choosing to focus on prosecutions (which are often unsuccessful (Oppenheim, 2019)), women are not protected and men are not held accountable for their actions; without challenging their behaviour, men's violence against women is allowed to continue which is a further perpetuation of the system. Actively choosing to focus on prosecutions instead of protecting women and challenging men's behaviour demonstrates how decisions are made in the interests of patriarchal ideology that cause harm and oppression. This further demonstrates how, because members of society believe that general society works in their best interests, they do not challenge it even when there is clear evidence of harm.

This is the reality of present-day practice. Westmarland, Johnson, and McGlynn (2018) found that the police in England, Wales, and Northern Ireland are currently using 'out of court' resolutions for call outs including DVA. They state that these resolutions are a step back in time, unsafe, and inappropriate. It is reported that officers have 'given advice' and heard 'verbal apologies' before leaving, which Westmarland, Johnson, and McGlynn (2018) suggest mirrors historic practice when abuse was a private matter. Furthermore, Ake and Arnold (2018) shared that at the beginning of the 20th century, SWs used terms such as '"marital discord" and "domestic difficulties"' (p.5) that placed responsibility on both parties equally. In combination with one another, these findings suggest that practice is not developing further, but taking a step back.

Having explored how violence was constructed and managed historically, the creation of social work must now be considered to further develop an understanding of the influences that have shaped current day practice.

2.8 The history of social work and its influences

The history and creation of social work has been documented by a number of writers (e.g. Abbott and Meerabeau, 1998; McDonald, 2006; Harris, 2008) who have each taken different approaches and explored different areas of interest. This thesis is concerned with the influences to practice that could be considered patriarchal, and the impact this had on the profession. Hunnicutt (2009) relays that

unless the lens is calibrated to identify and consider patriarchy, it is so pervasive and insidious that it goes unnoticed and therefore unchallenged. As such, the case will therefore be made that the ways in which patriarchy has shaped social work can only be seen if specific instances are considered and their origins traced. This exploration, therefore, will uncover and demonstrate the dominant, prevailing and widely accepted viewpoints that were implemented in social work practice as a result of patriarchal influences.

Harris (2008) explains that the development of social work was and is affected and changed by both micro and macro influences; political responses, pressures, and people's needs. Thus social work is dependent and conditioned by the context in which it is undertaken (Harris, 2008). McDonald (2006) agrees and explains social work is cumulative; the approaches, values, and desired outcomes are the result of past practices and what has happened before. This mimics how ideology becomes ingrained and accepted as common sense, which allowed its continual perpetration and infiltration (Brookfield, 2016). This thesis therefore intends to give a brief overview of social work's history to critically analyse and identify how and when one such significant pressure - patriarchy - has influenced social work practice. It is through a critical view of social work history that a deeper level of understanding in relation to the patriarchal roots of social work and its current day influences will be gained.

2.8.1 The creation of social work

Horner (2012) explains that social work was created by charity and voluntary services associated with Victorian philanthropy in the 19th century. Initially both men and women from the middle classes volunteered; for the men this was seen as a retirement role, but for women it was an opportunity to develop careers. Although this allowed women to enter the public sphere, Abbott and Meerabeau (1998) have argued that it replaced one form of patriarchy, private, for another: public patriarchy (Walby, 1990). Walby (1990) theorised how public patriarchy meant women remained subordinate by tactics such as being occupationally segregated and kept in caring roles. This section will focus on the tasks undertaken by SWs that were based on moral regulation, as determined by the

church. As Carter (2015) explains, religious doctrines encourage systems and attitudes that normalise and promote male dominance which further perpetuates patriarchal ideology. As such, when it was initially created, social work aimed to prevent the decline of the population and ensured women knew their roles within the home and family (Abbott and Meerabeau, 1998).

Social work services developed in response to social problems such as poverty, old age, criminality, and unemployment (Abbott and Meerabeau, 1998). People who found themselves to be poor were not considered in terms of the social and economic causal factors (e.g. mass movement of people into cities, rapidly increasing population, inadequate housing, poor health) and so it was deemed that they did not require sympathy (Harris, 2008). This mirrors how patriarchal thought shaped domestic violence into an individualised problem, rather than a structural issue, to ensure the system is not challenged and remains intact. Even when people are harmed by decisions, or they face discrimination or inequality, they believe that society works in their best interests and as such, those normal responses are considered to be common sense (Brookfield, 2016).

Due to a fear in the 19th century of poor people and deviant classes 'contaminating' respectable members of society, monitoring and surveillance of the lower classes was established within workhouses and asylums (Abbott and Meerabeau, 1998). A distinction was made between the 'deserving' poor (considered to be in real need) and the 'undeserving' poor (playing the system; Horner, 2012). What is interesting about the desire for this distinction is that it was driven by the laissez-faire ideology that people were either poor because of natural circumstances, such as becoming a widow, or because of moral failure, meaning people were unwilling to work or had addictions to alcohol or betting (Horner, 2012). There was no consideration given to wider social issues that may have an impact. This approach gives individuals a concrete example to draw upon when they consider such issues by themselves; they can rationalise and explain what is happening, or how decisions are made, in the way the dominant ideology wants them to perceive the issue. It has become common sense.

To further legally enforce and allow a patriarchal way of viewing situation, the distinction between deserving and undeserving was written into legislation as the 1834 Poor Law Amendment Act (Horner, 2012). Under the guise of the Charity Organisation Society (COS), SWs began to ensure that charitable relief was distributed correctly in accordance with the guidelines (Harris, 2008): the 'deserving' poor were normalised, allowed to remain a respectable member of society and supported, while the 'undeserving' poor were expected to return to the workhouse. Harris (2008) explains that the members of the COS that influenced the welfare regime, namely lawyers, doctors, clergymen, were mostly men. These members shaped practice approaches to ensure decisions were focused on moral character.

Abbott and Meerabeau (1998) stated that the COS developed the idea around individualisation of casework and social problems as a whole, and this appears influenced by dominant patriarchal ideology. Others did not place importance on this, instead organising communities and their resources to meet the needs of the people. Case notes were created as SWs had to monitor the poor people's behaviour and to follow up on how they had spent the charity's money (Horner, 2012). Harris (2008) furthers this, stating that casework was developed as SWs needed to look into the poor person's history, morals, and character in order to assess whether or not they were deserving of support. This approach caused an even bigger focus on individualising issues. Once an assessment had been made, the SW reported to the COS who then created a plan for the SW to undertake (Harris, 2008). To intervene directly into poor people's lives, heavy importance was placed on identifying the individual's issues and struggles, rather than considering wider context. To consider the wider context would challenge the system, which is not an acceptable practice.

It was believed that the most effective remedial work could be done in the family sphere (Abbott and Meerabeau, 1998), perhaps due to the prevalence of private patriarchy and violence which was still accepted at that time; therefore, the family became morally regulated and monitored. Traditionally, the family sphere was private, and not something that the state should be concerned with; it was expected that the father would manage and control his family. Therefore, when

work began to be carried out in the family sphere, the SW's role was to ensure that other family members conformed to the patriarchal model of the nuclear family (Abbott and Meerabeau, 1998). This demonstrates the private patriarchy as discussed by Walby (1990), and how violence was legitimised within the family.

Places at council nurseries were strictly limited and originally kept for children that local authorities wanted to monitor further. These children were deemed to have additional or special needs, but the reality was that the child's mother was single, black, or in the working classes (Phoenix, Woolley and Lloyd, 1991). These mothers did not have as much privacy as those who stayed home with their children - but those mothers were deemed to be good parents because they were in a financial and social position to be able to stay home with their children (Phoenix, Woolley and Lloyd, 1991).

At the end of the 20th century, and as a result of the second wave of feminism, it was beginning to be understood that family members could abuse one another (Abbott and Meerabeau, 1998). Charities for children developed guidelines for children's development, and when children did not meet these standards, interventions were developed that allowed the children to be removed from unsuitable homes (Abbott and Meerabeau, 1998). In a family regulated by patriarchal authority, mothers were expected to raise the children, and be the moral guides for the family members (Abbott and Meerabeau, 1998; McManaman Grosz, 2018). Mothers had to be patient, sexually pure, religious, and serve others. SWs directed their interventions towards the mothers, as they were viewed as being responsible for the regulation of the family (Abbott and Meerabeau, 1998). If children had issues, it was because of the mothers inability to be a good mother.

As social work training developed SWs took on more roles such as fostering, adoption, and care for the elderly (Abbott and Meerabeau, 1998). Theories for the work were continually developed, and they were no longer dependent on moral decline but rather psychology and social studies (Phoenix, Woolley and Lloyd, 1991). This meant social work now had a professional basis that focussed mostly on individual issues. The science of psychology removed the focus on religious morality, and interventions were therefore legitimised; however, psychology and

psychological understanding is intrinsically individual in that it is about personal qualities and traits, with no consideration of wider factors. Psychologists continued the pursuit for measurable expected stages for children and teens; by defining what was considered normal, abnormality was identified, which provided the basis for social work intervention. Sociologists pushed the social context and origins of social problems, but this did not legitimise casework in the way psychology did (Abbott and Meerabeau, 1998). Additionally, considering the social context of social problems would identify and challenge patriarchal structures, and this was not encouraged. SWs continued to classify children and families in line with the psychological 'normal'. Anything that did not conform to the patriarchal idea of the family was seen as deviant (Abbott and Meerabeau, 1998), which warranted involvement and enabled social workers to monitor families.

Following World War Two Bowlby's theory of attachment heavily influenced social work practice as the emphasis was on maternal response and bonding (Phoenix, Woolley and Lloyd, 1991). The resulting Children and Young Person's Act 1963 focused on providing funding for preventative work to avoid children being removed from their mother. Bowlby's theories of child attachment were concerning for feminists, as they threatened mother's employment outside of the home. There was a belief that for a child to develop a secure attachment to its mother, she needs to be warm, able to respond to its needs, and - most importantly - present. Mothers who could do not do this due to financial restraints experienced severe guilt (Phoenix, Woolley and Lloyd, 1991). Mothers who were unable to be constantly present were seen to raise insecurely attached children who were characterised as delinquent and a drain on the state; it was therefore seen as a priority that children developed secure attachments to their mothers (Phoenix, Woolley and Lloyd, 1991). Bowlby's theory became ingrained in practice for doctors, teachers, and SWs. From a patriarchal viewpoint, this evidences how professionals used Bowlby's theories to influence wider societal opinions on the roles of mothers, in the name of science and psychology. Whilst it is known now that children can be attached to their main caregiver, regardless of their gender or relation, this was only found through challenging the previously dominant beliefs about attachment, which were set and perpetuated through patriarchy.

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At this time, the psycho-dynamic approach was prevalent; SWs focused on a person's coping mechanism, their ability to change, and their family dynamics (Harris, 2008). Problem families remained monitored and under surveillance as they did not meet the normative standards set by patriarchy, with interventions being characterised as punitive responses (Harris, 2008).

In 1968 the Seebohm Committee Report recommended that state social work was reorganised to deliver a family-orientated and community-based service, which encapsulated the disparate services for adults and children (Brindle, 2018). The focus therefore would be on the person, rather than the presenting issue; it was hoped that it would be a step away from individualising issues and promote an ability to take into account wider social factors. The reports aims were:

- To centralise social welfare and widen entitlement to services to evolve social rights
- For social work to become universal, comprehensive, impartial, and professional
- To have more political influence
- For SWs not be bureaucratic functionaries nor autonomous professionals; for social work to be its own entity that was a form of bureau-professionalism (Harris, 2008)

The result was a unified professional body, organisation, and training; the department was initially well resourced, and practice was shaped by legislation, influenced heavily by the SWs' professional discretion (Harris, 2008). SWs became less focused on psycho-dynamic case work, and instead opted for crisis intervention and casework that was task centred. Whilst some of these aspects are positive, social work approaches remained individualised to evidence how problems had been overcome, and parents were often held accountable for the issues they faced (Harris, 2008).

Ferguson and Woodward (2009) reported that alongside these bureaucratic expectations, the roots of radical social work started to develop. In the late 1960s a significant minority of SWs were concerned with the levels of poverty people were facing, and the impact this had on their lives. These SWs believed their job

was more than just helping people adjust to an oppressive and unequal society; they wanted to challenge the structural roots of the problems (Ferguson and Woodward, 2009). Howe (2009) states that radical social work sought to recognise and alleviate the social consequences borne from capitalism. Brake and Bailey (1980) explain how radical social work looks in practice; positive assistance, mutual respect that is sustained, and locating problems within the wider political and social context. In this sense, radical social work could be seen as recognising and highlighting previously unquestioned power imbalances – which were created through capitalism and patriarchy - in an attempt to achieve social justice.

Following an inquiry into the death of Maria Colwell in 1973, child protection social work was transformed into a specialist discipline. The processes put in place – child protection registers and case conferences - resonate with the current day system that focuses on risk (Leigh, 2017). Stanley (2007) reports a growing anxiety about children at this time, with focus being placed on assessing who was, or was not, at risk, rather than what that risk was, or who caused it. These procedures were written into legislation as the Children Act 1975. Furthermore, public opinion at this time was that social work should be limited, restricted, and 'put back in its place' (Leigh, 2017, p.23). The timeframe suggests that Maria's death and the following inquiry coincided with the ever-growing popularity of radical social work, which worked against the government and threatened to challenge the status quo. It could be posited that Maria's death was used politically to discredit radical social work and achieve its demise. This demonstrates one way in which patriarchal ideology and systems re-assert their dominance to ensure their continuation.

In accordance with this, and following the election of Margaret Thatcher's conservative government in 1979, radical social work declined. Radical SWs were portrayed as being lenient and forgiving with groups who should be considered as 'scroungers' (Ferguson and Woodward, 2009). The welfare state was, and still is, significantly reduced, with access to financial support becoming more conditional. This further demonstrates how the government – which is capitalist and patriarchal – can distort public opinion in order to implement changes that have an incredibly detrimental impact on large numbers, but also specific groups, of people.

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Between 1990 and 2010, social work changed drastically. As a result of New Labour's modernising of social work, including the introduction of (quasi-) markets, managerialism, and marketisation processes, the 'Third Way' implemented many policies influenced by the far right of politics (Harris, 2008). This included economic competition, limited intervention, a concern with public expenditure, and the subordination of policy to promote a competitive national economy (Harris, 2008). There is less concern for people and their well-being, and more concern for money.

In addition to this, a dominant component of New Labour's ideology was the need for monitoring and surveillance; not only of families, but of SWs too (Harris, 2008). It was felt that this was the only way quality could be assured and matched to the consumer's expectations. Stanley (2007) raises that risk assessment tools and management policies were implemented and in order to help SWs manage ambiguity and uncertainty, procedural models of practice were created and introduced. The Quality Strategy for Social Care was created as the central government's agenda to be delivered locally; it was a mechanism that made local councils accountable for increasing the quality of social care in their area (Harris, 2008). The idea behind this was strengthened with frameworks, standards, and models that created timescales which progress could be measured against. The result was that central government was able to dictate and control local level priorities in line with the government's own agenda. What was previously deemed to be questioning the SWs' professional judgement was now considered to be a management and quality assurance process (Harris, 2008). Each of these methods removed power and autonomy from the social workers directly intervening in people's lives in order to standardise intervention. Social work is not a profession that could or should be standardised, due to the individual nature of trauma and abuse, and so it is argued that these policies were implemented in the interests of the government – who were perpetuating patriarchal ideology – rather than in the interests of the individual who need the support.

Social work has continued in this manner and Swift (2015) reports that present day child protection social work services continue to perpetuate the notion of

deserving and undeserving, with their focus on bad mothers who neglect their children. Scourfield and Welsh (2003) explain that child protection social work has an atmosphere of coercion and explicit methods of social control. This is as a result of intentional and continual patriarchal, religious, and political influencing, in which societal views on mothering, childhood, and the family within the UK have been shaped. This is important to recognise, because when a child is seriously harmed or killed by their parents, there is an overwhelming response from the media and general public opinion, which then has an impact on social work practice.

2.8.2 Serious Case Reviews (SCR), media influence and the changing view of children

It was demonstrated in the previous section that throughout its creation and development, social work practice initially focused on maintaining family cohesion and keeping families together. This is also reflected in older guidance such as the Framework for the Assessment of Children in Need and their Families (Department of Health, 2000). Family features in the title of this guidance and the importance of family resonates throughout the document; for instance, under the title 'the policy context', the guidance states;

> "A Ministerial Group on the Family, supported by the Family Policy Unit in the Home Office, encourages this approach at Government level. Its aim is to provide a new emphasis on looking more widely at the needs of all children and families in the community and to develop a programme of measures which will strengthen family life." (p. x)

This evidences a whole family approach, at policy level, that aims to keep families together and to strengthen them. Present day social work practice does not follow the same guiding motivations; child protection social work has a singular focus on the child and its well-being (Bourassa et al, 2008; Lapierre and Côté, 2011; Hughes, Chau and Vokri, 2016) as opposed to viewing the child as a member of a family. Current guidance and legislation reflect this; the Children Act 1989 states that the child's welfare is the paramount consideration when a court makes any

decisions regarding a child's upbringing (HM Government, 2002), and the recently updated Working Together To Safeguard Children has a child centred approach to safeguarding;

> "This child centred approach is fundamental to safeguarding and promoting the welfare of every child. A child centred approach means keeping the child in focus when making decisions about their lives and working in partnership with them and their families." (Department for Education, 2018a, p.8).

Dumbrill (2006b) offers that a reason for this change in practice is how media attention has caused a pendulum swing between family focused social work, and child focused social work. Negative social work practice, for instance when a child who is known to CSD (Children's Services Department) is seriously harmed or killed, is often reported on and criticised by the media, creating wide moral panic and outrage (Cohen, 1972; Leigh, 2017). When a child dies, a Serious Case Review (SCR) is undertaken by the Local Safeguarding Children's Board (LSCB) to understand what happened, and what could have been done differently in order to improve future practice (Serious Case Review Panel, 2018). Featherstone (et al, 2016) posit that SCRs eclipsed concerns of understanding *why* others harmed children; instead, focus is placed on seeking who is to blame. This provides another example of how patriarchal beliefs and ideology are imposed; issues are simplified and individualised so the system is not challenged. As people believe society works in their best interests (Brookfield, 2016), and situations are managed appropriately to ensure their safety, these processes are continually undertaken, even if they are not effective.

2.8.2.1 Media influence

Some SCRs have had more influence on practice due to increased media reportage and public attention. Leigh (2017) suggests that Maria Colwell's death in 1973 altered how the media covered stories of social work, stating that the public now focus on the individual child protection SW's motivations and competence. Although this example shows that focus is placed on the social worker and not the

service user, it demonstrates that anyone and anything can be considered responsible for the negative situation, as long as the system and culture in which it occurs is not challenged. Whilst it was argued that political stance influences social work practice, public attention and the media also have an impact on policy (Strega et al, 2013). Dumbrill (2006b) explains these crises often shape policy and this has changed SWs' approaches.

For example, in 1984 Jasmine Beckford was killed by her stepfather. The resultant inquiry found that CSD must intervene if a child is being maltreated; SWs need to view the children as the client, not their parents (Dingwall, 1986). It was following this that the state focused social work attention on children; SWs were able to intervene on the child's behalf. This is problematic because it views children as separate from their parents, but children depend on their parents for care, and such an approach often alienates mothers and those caring for the child as they are viewed as other or outside (Lapierre, 2010). Additionally, considering this through a feminist lens, it was demonstrated that a mother's life work is her child and she should do everything and be everything for her child, so to suddenly say that this is no longer the case is harmful to her identity, sense of self, and self-worth.

Following this the Cleveland Scandal occurred in 1987; many children were removed from their family and placed in foster care due to incorrect diagnoses of sexual abuse (Nava, 1992). Judge Elizabeth Butler-Sloss completed the investigation of the Cleveland Scandal and concluded that the methods used to diagnose children were incorrect (Butler-Sloss, 1988). There was subsequent debate regarding whether the child's rights for protection subsumes an individual's, or parent's, rights of protection from arbitrary intervention from the state (Anglin, 2002). The Children Act 1989 was created and, although it focused on the child's testimony, strong public campaigns lead to protecting the family rather than focusing on child protection.

Subsequently, inquiries were less effective; they put pressure on SWs to comply with paperwork, targets, and checklists (Dumbrill, 2006b), rather than focus on

practice that actually protects children. These measures do, however, ensure that the SW is not at fault for any harm that may be caused.

After the death of Victoria Climbié at the hands of her carers in 2000, social work services that developed as a result of the Seebohm report, which had previously encompassed both adults' and children's social work, were split into separate departments (Sale, 2007). This divided the profession, leading to professionals growing apart, lacking understanding about one another's roles, and children's SWs becoming distant from parents' issues and adults' SWs lacking input on child protection issues (Sale, 2007).

Following Victoria's death, policy in the form of Every Child Matters (2003) was created (HM Treasury, 2003). Morris and Featherstone (2010) explain that this initiative further advocated for the separation of adults' and children's services, reflecting an underlying tendency to see parents, children, and their wider family as separate. Further to this, in 2011 Munro reviewed children's services following the death of Baby P (Munro, 2012) and found that social work had become too obscured by complying with paperwork demands to be child centred (Leigh, 2017). Munro therefore recommended moving away from paperwork in favour of direct work (Munro, 2012). In response to Munro's report, Michael Gove MP stated that social work practice was putting the rights of parents before the needs of vulnerable children; therefore, these recommendations were never implemented (Campbell, 2013).

Dumbrill (2006b) explains that practice informed by the pendulum swing is problematic, as it is a lone report into one locality's issue that is generalised into a widely dispersed policy, mostly to appease the public outrage. The services and outcomes then do not meet the needs of the wider population. Humphreys (2000) discusses how child death inquiries have driven the need to focus on risk and assessing the likelihood of harm, whilst Munro (1999), in her review of SCR reports, relays that SWs and their practice were actually exonerated and praised in 42% of the reports.

This section has demonstrated that the pendulum has swung between focusing on families and then focusing on children; but never considering the culture and society in which the deaths occur. Anglin (2002) shares there has been an extended focus on protecting children, rather than promoting families, and so it appears the pendulum has stopped here. Smith (2018) also confirms that children's policy is currently in the foreground, and this is at the expense of family policy. As Sale (2007) explained, a fear in splitting a unified, cohesive social work department into children's and adults' sections was that both specialisms may then forget to consider, or disregard, the issues presented by the other client, and therefore the whole family. This practice also fails to recognise the mother and their role in the child's life.

2.8.2.2 Changes to practice; child focused

Anglin (2002) reports children are socially constructed as dependent, innocent, incomplete, incompetent, and vulnerable, which results in the view that children need particular and specific care from adults, and if parents are not able to do this then the state must. Åkerlund and Gottzén (2017) explain that children have been viewed as 'unfinished social actors' (p.42) who, due to their vulnerability, need adult protection more than the right to be listened to. Anglin (2002) states that the social construction of children and child welfare has changed over time; from more historic views of children being allowed or forced to work from a very young age in a factory, to children being seen as dependent, innocent, and in need of protection (Featherstone, 2010). Harris (2008) offers that the displacement and homelessness of children who had lost their parents in the Second World War encouraged children to be viewed differently. In 1945, a child named Dennis O'Neill was killed by his foster father; the subsequent enquiry called for the development of new legislation and committees tasked to protect children and investigate abuse. Legal discourse transforms how children are viewed, which also transforms how child welfare decisions are made (Anglin, 2002).

By viewing children as in need of protection, and prioritising a child's safety over their right to a family life, child protection social work intervention is justified to assess and manage that risk. Anglin (2002) raises that risk assessments provide

an educated prediction on the likelihood of harm occurring; SWs now work to identify potential risk factors rather than document abuse and the result are rigorous procedures that help justify making risk decisions. Anglin (2002) suggests that following and relying on strict policies results in a higher likelihood of errors being made. Smith (2018) explains that practices such as parallel planning (making arrangements for a child to permanently live outside of the family home alongside care proceedings) may have been created to achieve a more balanced, thoughtful approach, but it has resulted in the diversion of attention, effort, and resources from birth families– sharing the message that they cannot be trusted to care for their children.

Whilst a clear motivation for child protection social work practice is protecting children, Smith (2018) reports that the government did not consult with children in regards to the Children and Social Work Bill 2016, as it was not expected to directly impact children. This demonstrates that child protection social work is something that is done *to* children, not *with* or *for* them.

When SCRs are undertaken, cases audited, or new policies created, instead of trusting professionals, new levels and forms of authoritarianism and defensiveness arise. Featherstone (et al, 2016) explain that child protection social work "…has become inextricably linked with the failure of professionals to prevent children dying at the hands of parents or carers" (p9-10) and Leigh (2017) discusses blame culture within social work, and how, when situations are scrutinised for individual fault, someone must take the fall.

2.8.2.3 Defensive practice

Leigh (2017) explains how, when SWs' views are absent from media reports due to issue of confidentiality, they cannot defend themselves; the result is continual increased public concern that escalates to the point of moral panic (Cohen, 1972). Leigh (2017) explains that the media determines what is relevant, what can be disregarded, what the problem is, and how it should be resolved, and as such they are able to promote a particular way of thinking. This is how belief and ideology is perpetuated and continually ingrained in a society. When this is in relation to a

child's death, SWs, who have long experienced media adversarialism, are often vilified. Anglin (2002) explains action is taken against SWs who are deemed to have not acted quickly enough, with supportive and empowering practice being replaced by a punitive and investigative approach.

As has been discussed, patriarchal ideology is so established within UK society that it is perpetuated with minimal opposition and it has become common sense (Brookfield, 2016). Through allowing the media to act in this way – vilifying social workers and manipulating how general society consider these issues – and creating SCR's, a similar response is given each time there is a child death. Society is then conditioned to believe that this is how such situations are managed, and it is okay, and just, to treat social workers in this manner. This process then occurs even when it is harmful, and does not offer protection or maker anyone safer; this will be discussed further in 2.9.6.

Further exploration is needed of the impact SCRs and media attention has on individual SWs. Whittaker and Havard (2016) report that defensive practice, due to media and public attention, has become an open secret known by practitioners but that has not been overly discussed in the literature. Leigh (2017) shared that SWs know that they are going to be blamed and held accountable, professionally and publicly, for a child's death, and this often causes risk averse, defensive practices. Whittaker and Havard (2016) explain that defensive practice is deliberately undertaken to protect the worker and this can be at the expense of the client's well-being. Scourfield and Welsh (2003) explain that by having to make themselves auditable, SWs do not have to make the right decision, but one they can defend. This can be in the form of over-documenting or over-relying on paperwork (Leigh, 2017), to harsh interventions such as removing the child.

Dumbrill (2006b) relays that approaches influenced by the policies resulting from a child's death are felt by families to be intrusive and punitive. This, alongside how mothers are socially constructed, could be one reason offered for social work practice so heavily focusing on mothers leaving abusive relationships.

2.8.2.4 DVA is always harmful

The government's final report 'Pathways to harm, pathways to protection: a triennial analysis of serious case reviews 2011 to 2014' published in May 2016 states;

> "It is now abundantly clear from research that living with DVA is always harmful to children, and it is rightly seen as a form of child maltreatment in its own right (Humphreys and Bradbury-Jones, 2015)." (Department for Education, 2016, P.77)

Whilst this is not a policy document regarding social work practice, it does reflect a long-held belief within the service (Lapierre, 2008), and this could be offered as a reason for this statement, which is actually incorrect. SWs are taught that research shows DVA has a harmful impact on children, and consequently that children are unsafe when they are exposed to DVA within the home. However, to make this assertion, the government claim they are drawing on Humphreys and Bradbury-Jones (2015). This article, which is hyperlinked and referenced within the document, is an editorial for a special issue of Child Abuse Review; it does not contain any original research, nor does it so strongly state that DVA is always harmful to children. This is therefore not a claim that can be made, nor should it be featured in a government document. Lapierre (2008) raises that the research that suggests exposure to DVA is always harmful to children differ, and so it is not possible for a causal relationship to be established. However, this is ignored; the reality is that this belief is held within social work, and continues to influence social work practice where DVA is a concern.

The above governmental report shares that DVA was present in 54% of cases analysed at a SCR between 2011-2014 (Department for Education, 2016), so when the SW is aware of DVA in the home, the prospect of a child being impacted by the abuse, coming to significant harm, or dying then becomes a reality. This, coupled with the constant anxiety of being persecuted by the media, could lead to SWs holding a belief that they should not allow a child to be in an environment where they are exposed to any form of DVA.

Stanley (2007) explains that discourses of risk are used to legitimise assessment decisions, however, assessing risk is not fact-finding; it is the SW's judgement and so they must maintain an ethical and professional approach.

Social work practice is focused on engaging mothers as they are the main caregivers, and so it is mothers who are tasked with rectifying the situation the SW has assessed to be risky (Lapierre, 2010). Thus, to minimise and overcome the risk, the SW states the mother and child must leave, without considering the increased risk (Humphreys and Bradbury-Jones, 2015; Brennan, 2016). The leave ultimatum (Douglas and Walsh, 2010) is a way for SWs to pass responsibility to the mother. By asking the mother to prioritise her child and leave a risky situation to prevent any significant harm or death, the SW is not considered as accountable, as it was the mother's choice not to leave. In addition to this, the 'education' of mothers who 'just need help' to see the signs of DVA (Smithson and Gibson, 2017) is about demonstrating how the SW is doing all they can to help the family, but it is the mother's inadequacies that cause the continuation of the abusive relationship. Each of these approaches oppose Hartsock's (1983) view that women are best placed to make their own revolution, as it removes all ability and autonomy from her.

The impact public opinion and the media has on social work policy, process, and practice, as discussed above, is well known, yet what is not considered is how the outcome unfairly impacts mothers.

2.8.2.5 Impact on Mothers

SCRs are patriarchal; rather than naming the father/perpetrator, and identifying the problem as the person causing the harm, society looks to others who could be seen as responsible. It is accepted that the perpetrator, often but not always male, is a violent person who cannot be changed; the biggest hope for him is harsh punishment through the courts and police. Society, as prescribed by patriarchal ideology, so prominently avoids identifying and labelling men/fathers as abusive that even when children's services are involved with the family due to violence,

fathers do not consider this to be as a result of their behaviour (Smith and Humphreys, 2019).

To quell the moral panic (Cohen, 1972), someone must be held accountable for the child's death, and so others who were involved are sought; this is the normative set routine for justice, as previously discussed. It is known that SWs are mostly women, and those with whom they interact are also mostly women (Phillips, 2015). Whilst a range of professionals may be involved in a child's or family's life, it must be questioned if SCRs are undertaken to further punish female SWs. Leigh (2017), discussing Sue Wise's (1988) work, explains media stories around a child's death that lead to moral panic have two common features; the child must be known to CSD and have had a female SW, and for the mother to be in an abusive relationship with the step/father.

Alongside SWs, SCRs often find failed opportunities mothers could have taken. Blame is passed to everyone but the father/perpetrator in the name of 'finding better ways to prevent it happening again', and so Smith and Humphreys' (2019) findings of fathers not recognising that their abusive behaviour causes CSD involvement becomes understandable. What is also forgotten is that the only way to truly stop abuse from reoccurring is to change the father/perpetrators behaviour (Lapierre, 2010).

It was previously discussed that the findings from Munro's (2012) review of child protection were not implemented. Implementing the findings would challenge the current system and status quo, which is never encouraged and rarely accepted. It could also be posited that the recommendations Munro (2012) made, such as removing constraints to professional judgement, precise focus on the child's journey, and examining how effective the help given to families is, would lead to less of a focus on blaming female SWs for poor social work practice. As such, less defensive practice would occur, which would result in less blame being placed on the mothers/women, because SWs would not need to "cover their own arses" (Leigh, 2017, p.56). The result would instead mean identifying the cause of the concern, and holding men responsible for their actions; however, legislature, and those who create it, has not been forthcoming in remedying family and/or violent

behaviour (Bryson, 2016). For instance, as previously discussed, DVA was considered to be a family issue until it was criminalised during the second wave of feminism, and, due to the rights men had over women, marital rape as a concept was seen as legally nonsensical until the 1990s (Ake and Arnold, 2018). Beichner (et al, 2017) further confirms this; the slow and avoidant progression towards criminalising violence demonstrates the majority's unwillingness to restrict or interfere with male violence and control in the home. They offer this as an explanation as to why support for DVA and women is from voluntary or women's services, as opposed to the state or law enforcement (Beichner et al, 2017).

By understanding what created, shaped, and influenced social work practice historically and to this point, the current day standards for social work can be reviewed and analysed with a more developed understanding.

2.9 Current social work standards and the Paramountcy Principle

The Children Act 1989, the Adoption and Children Act 2002, and Working Together to Safeguard Children 2018 are the key legislation and guidance that inform social work practice in the UK, and it was discussed within the previous section how they are informed by patriarchal values. Additionally, there is related guidance around DVA such as Improving Safety, Reducing Harm 2009, and the government's current consultation response and draft bill - Transforming the Responses to Domestic Abuse 2019. The Health Care Professions Council (HCPC) currently regulates social work, and SWs are encouraged to abide by the BASW code of ethics.

The next section will demonstrate how each of these documents have been permeated by patriarchal influences (social construction of mother/father/child, focus on the child, DVA is always harmful) in insidious, but seemingly well-intended, caring, and supportive, ways that has led to practice that oppresses mothers. This further demonstrates Hunnicutt's (2009) 'macro patriarchy'; legislation and guidance that result in exploitative and oppressive relationships which impact women.

2.9.1 Working together to Safeguard Children (WTTSC)

WTTSC (Department for Education, 2018a) is government guidance that details the 'legislative requirements placed on individual services' (p.6) with regards to safeguarding children. It applies to all agencies and organisations that relate to children. WTTSC (Department for Education, 2018a) explains assessments should; gather information about the child and their family in order to analyse the level of need, risk, and harm suffered to determine if the child should be supported under Child In Need (CIN – section 17) or in need of protection (section 47), as well as provide support if necessary. WTTSC (Department for Education, 2018a) does not have a prescriptive method for assessing children; it states "local authorities… should develop and publish local protocols for assessment" p.23. This means there is great variance at the point of delivery, and each local authority is responsible for determining considerations such as how often children are seen, or who is spoken to.

The principles and parameters of a good assessment are set within WTTSC, and there is heavy focus on ensuring it is child centred. The term 'parents' is used generally, as opposed to considering the mother or father individually. For example, p.24 states "Whilst services may be delivered to a parent or carer, the assessment should be focused on the needs of the child and on the impact any services are having on the child"; this demonstrates both the child centred nature of the assessment, how 'parents' are viewed passively, and it provides further opportunity for mothers to be seen as entirely separate from their children.

WTTSC (Department for Education, 2018a) reinforces the expectation that children are seen, spoken to, and involved as part of the assessment. It is stated that SWs should interview family members, and that the plan should set clear expectations for 'parents', but not specifically who should be involved in assessments, such as both the mother and the father. Additionally, there is no expectation that whomever has caused the concern of harm to the child (e.g. the father/perpetrator of DVA) needs to be spoken to. As there is no clear expectation for this, its necessity is something that is determined by the local authority, and in many cases fathers/perpetrators are not spoken to (Farmer, 2006; Douglas and Walsh, 2010; Hughes, Chau and Poff, 2011; Gřundělová and Stanková, 2018).

2.9.2 Paramountcy principle

As was mentioned, government guidance and legislation informs SWs that they must practice in a child centred manner and ensure the child remains the paramount consideration. This provides the first contradiction for SWs; balancing the rights of the child, as discussed in the Children Act 1989, and the right to respect for private and family life (Article 8, Human Rights Act 1998). Critically, Douglas and Walsh (2010) identify that these frameworks require SWs to be accountable for the child's safety, and not that of the mother or family, even though they are all linked.

While ensuring children's safety appears to be a positive concept, the paramountcy principle causes issues within social work. Magen (1999; Broadhurst and Mason, 2017) discusses how working to the 'best interests' for the child emphasises that children are protected over the well-being of the family. Magen (1999) relays how some people interpret this to mean 'child first', which influences their way of working. It is reported that the cause and continuation of oppressive social work practice is legislation that mandates the child as the paramount concern (Hughes, Chau and Vokkri, 2016). Additionally, this should be considered in terms of the separation of children's and adults' social work. A concern at the time was that specialist children's SWs would lack consideration for the wider clients – the family – and the same was said for adults' SWs – they may no longer consider issues of protecting children (Sale, 2007). This has become a reality, and can be seen in social work practice.

Hughes, Chau, and Vokkri (2016) report from their study that some SWs feel negative emotions such as anxiety and guilt when doing their job, but when they reflect on this and remind themselves that the child is the paramount consideration, they are reassured. In this manner any decision a SW makes, as long as it can be explained to be 'in the best interests of the child', can be justified. Feeling negative emotions could be seen as challenging their ingrained beliefs; the social worker has done as expected, but on reflection feels that it was not right. Without support in challenging and considering those feelings, and where

they come from, the social worker then rationalises their work with all the information they have and as such, continue to perpetuate the status quo.

Whittaker and Havard (2016) explain how working in the 'best interests' of a child is a defensive practice, as it is a personal judgement that can be explained and justified with rationale. Magen (1999) talks about how some SWs view their role simply as protecting children and they do not have a place in supporting abused mothers. Humphreys (1999) recognises that SWs do not consider the mother's well-being unless it has an impact on the child. Managers, SWs, and CSD staff were interviewed as part of Lapierre and Côté's (2011) study; when asked about cases with domestic abuse, a manager explained that their interventions are not there to address the domestic violence, but to protect the child. This eclipses entirely the fact that addressing the abusive behaviour would protect the child.

Bourassa (et al, 2008) found that SWs state the child's safety is their priority, and the victim's safety comes after this. Allowing and encouraging a sole focus on the child means the family as a unit and their wider network fade from view; situations are simplified, and what works for the child in that moment may not be in the best interests of the family (Forrester et al, 2008). Davies and Krane (2006) reflect that fear pervades child protection approaches and practices, and it is this fear that shapes how SWs construct their power, mandate, and clients. Smith and Donovon (2003) raise that this pressure allows SWs to modify who they view as their client, increasingly resulting in the exclusive focus on the child. Mothers are then viewed as extraneous and their needs considered secondarily, if at all. If a mother is unable to meet the SW's demands then she will be considered to lack motivation to change, with little consideration given to her circumstances and needs (Smithson and Gibson, 2017; Wilkins and Whittaker, 2018). Davies and Krane (2006) reflect that when a SW makes a decision about the child's safety and permanence, it is more informed by compliance and ability to meet tasks than exacting real, meaningful change. This entirely contradicts Hartsock's (1983) belief that women are best placed to make their own revolution; resolve their own oppression.

Whilst the child is the focus of intervention and assessment, children's views and opinions are often subject to questioning and scrutiny. For example, in reviewing the reports of SCRs, Munro (1999) found that the child's testimony was doubted if it challenged the SW's assessment, and accepted when it corroborated it. Additionally, when reviewing CAFCASS case files, Macdonald (2017) found that children's accounts of violence disappeared from recommendations and they were subject to adult gate keeping due to professional ideologies around child welfare and separated families, influenced by patriarchal standards. Macdonald (2017) reported that unrelenting and deeply ingrained beliefs remain in relation to preserving a father's relationship with his children, to the extent of marginalising safeguarding issues. In this sense it is not the children who are paramount, but the father. This work provides a further example of how patriarchal ideology continues to be ingrained within UK society.

2.9.3 HCPC

SWs are regulated by the HCPC which ensures all workers practice in line with the Knowledge and Skills Statements (KSS) (Department for Education, 2018b). Prior to the implementation of the KSS, social work was informed by the Professional Capabilities Framework (PCF). There has been a continual change in regulatory body, accompanying documentation, and development of new guidance on social work practice due to changing governments and agendas. This is important as it drastically impacts social work practice, but cannot be explored in more detail here. It is interesting to note, however, that within the PCF SWs were encouraged to "address oppression and discrimination by applying the law to protect and advance people's rights" (BASW, 2018). The need to consider oppression or discrimination is not featured within the KSS, and as such, SWs are not encouraged to do this. Additionally, further changes are anticipated for social work, as Social Work England becomes the new regulatory body for social work from December 2019.

2.9.4 BASW

BASW, an independent member-led organisation for SWs, created the code of ethics for SWs. This code states that it is not a set of rules for SWs to follow, but

an outline of ethical principles that aim to encourage SWs to reflect on the dilemmas and challenges they face in their practice (BASW, 2014). It is inferred within the code that this includes wider societal issues as opposed to just individual and family issues;

> "Social work practice addresses the barriers, inequities and injustices that exist in society" (p.7 BASW, 2014).

As such, social work as a profession has guidance in place that encourages and sets an expectation for SWs to engage with people who access the service in a holistic, intentionally considerate, and critical manner. Work of this nature recognises and challenges dominant ideologies, in order to provide service users with the support they need.

2.9.5 The development of guidance and legislation

The legislation and guidance currently in place has developed as society has. It is created as and when it is required - often it is a response when an issue is identified, as this mirrors the current pattern set. Goodmark (2010) explains that whilst law regulates society, it also expresses the majority of society's beliefs. Jenkins, Pereira and Evans (2009) share that legislation is often created in response to societal opinion. When legislation and guidance reflect patriarchal beliefs, these beliefs are so deeply ingrained and followed that they are not questioned (Millet, 1969; Brookfield, 2016). Beichner (et al, 2017) evidence this, as they suggest that legislation regarding DVA has been developed from a 'foundation of acceptability and regulation' (p.315), as opposed to criminalisation and social unacceptability.

The law relating to children in the UK is not gender specific, for a more detailed discussion about gender specificity within the law and DVA see Lombard, 2017. Whilst the law itself does not discriminate between parents, it is the way those who use it interpret the law that often results in men being hidden in this legislation (Burrell, 2016). This is similar to how research projects that refer to mothers and fathers as 'parents' or 'families' allows for gender roles and expectations to be

hidden (Risley-Curtiss and Heffernan, 2003; Strega, Krane and Carlton, 2013; Burrell, 2016). Lapierre (2008) explains that 'parents' is a gender-blind term that obscures awareness of the different expectations placed on men and women, and the fact that it is women who are at the centre of concern and assessment. The legislation may appear to be inclusive, as though it meets the family's needs and is clear on who is accountable when there is an issue, but when it is socially expected that women undertake certain roles in the family home and still continue to do the majority share (Williams et al, 2014), the title 'parents' often actually only means *mothers*.

By analysing the discourses of DVA policy documents in Finland and the UK, Burrell (2016) found that men and their violence are rarely identified and named, suggesting that violence against women is a 'problem without perpetrators, and men are absolved of responsibility…' (p.80). Burrell (2016) argues that by not explicitly specifying the issue of men's violence, many problems have occurred, for instance; women are viewed as victims, and so policy is written to address this – but without focus on the man's violence, responses often victim-blame; it is conveyed that the state condones and tolerates abuse and men are not held accountable for their behaviour. Burrell (2016) concludes that through this lack of explicit recognition of men's violence, "the hegemony of men is reproduced – consciously or not – through the concealment of the ways in which men go about maintaining that hegemony" (p.89).

2.9.6 Effectiveness of the system

Through their research, which explored whether CSDs in the Netherlands and Colorado have ways to monitor how effective their interventions are in terms of the long-term outcomes for families and children, Albright, Schwab Reese and Krugman (2019) found that neither system currently collects data on the department's effectiveness or outcomes. Albright, Schwab Reese and Krugman (2019) suggest that collecting such data is necessary in order to improve practice and inform approaches, as 'data, not scandal, should drive change in CPS systems' (p.5). This study indicates that social work continues to practice in the same manner it always has, without regard to its impact and effectiveness, or

desire to seek ways of improving outcomes. Albright, Schwab Reese and Krugman (2019) argue that CSD have critical responsibility, so they must collect data that enables the evaluation of their long-term effectiveness.

Bunting's (et al, 2018) research found that there are trends throughout the UK that show increasing rates of child protection social work investigation and child protection planning, which indicates a growing orientation for protective measures. Bunting (et al, 2018) stated that whilst case data is collected by CSD, there is a 'lack of any objective benchmark for the operation of a 'good system' (p.1172). This suggests that although annual statistics are collected, the data is not considered in terms of whether the current approaches (which they evidence lean toward more protective intervention) are suitable (Bunting et al, 2018). This further indicates that the 'effectiveness' of the UK child protection systems is not measured, and social work practice is continuing in the manner that is always has, without evaluation.

When determining whether the UK measures the effectiveness of its child protection systems, a report from the Local Government Association and the Early Intervention Foundation is produced (Molloy, Barton and Brims, 2017). The report was written as a part of a project that looks to improve outcomes in the child protection system, and it has five strands; 1. a literature review of the known and emerging systems to improve outcomes for children; 2. a literature review of the current child protection systems and practices; 3. an analysis of five local authorities to examine their practice more deeply; 4. annually, the NSPCC are tracking trends in child protection in England using 22 indicators; 5. an analysis of international data in relation to the same 22 indicators.

When considering which of these aspects would demonstrate the effectiveness of a child protection system, as considered by Albright, Schwab Reese and Krugman (2019) (for instance long term outcomes for children who receive interventions), the fourth strand – tracking trends in child protection in England using 22 indicators – appears most helpful. However, when reviewing the document, the indicators include statistics regarding child homicides/death by assault/suicides, sexual/cruelty/neglect offences, and involvement with NSPCC/Childline (Bentley

et al, 2018). In specific relation to child protection systems, data is collected regarding; referrals, characteristics of children in need of support or protection, the composition of child protection plans, the length of time spent on a child protection plan, looked after children (LAC), LAC who have had three or more placements, child trafficking, and public attitudes (Bentley et al, 2018). Although this data is collected annually, it does not appear to give consideration to the long-term outcomes intervention has on children and their families, nor the emotional and practical impacts of the intervention. This data shows *who* is being referred, *what for* and potentially even *why*, but not *how* they experience it and if it is effective for them. It therefore does not determine how effective social work approaches and interventions are on the families who experience them and further indicates that social work intervention continues unevaluated.

Additionally, it was previously discussed that SCRs are undertaken when a child dies in order to seek ways to improve practice, yet Munro (1999) explains that these reviews fail to have any lasting impact on social work practice. Alongside this, it is also not monitored as to whether SWs are learning from the mistakes previously made (Munro, 1999). This suggests that not only is the effectiveness of CSD intervention on the families and those experiencing interventions not assessed, the methods and processes that have been created in order to improve effectiveness are also not monitored. This links back to the earlier discussion around SCRs being undertaken to punish female SWs; if the learning and outcomes for SCRs are not implemented and monitored for effectiveness, the task of undertaking the SCR in the first place is redundant and superficial. It allows the public, and professionals to a certain extent, to believe that something is being done; however, there is no meaningful change.

2.9.7 Exposure and significant harm

For a SW to remove a child from their family home they must obtain a court order. In order to obtain the court order, they must satisfy a judge by proving, under section 31 of the Children Act 1989:

> "(a) that the child concerned is suffering, or is likely to suffer, <u>significant harm</u>; and

(b) that the harm, or likelihood of harm, is attributable to—

> (i) the care given to the child, or likely to be given to him if the order were not made, not being what it would be reasonable to expect a parent to give to him; or

> (ii) the child's being beyond parental control.

"harm" means ill-treatment or the impairment of health or development [F5 including, for example, impairment suffered from seeing or hearing the ill-treatment of another];

"development" means physical, intellectual, emotional, social or behavioural development;

"health" means physical or mental health; and

"ill-treatment" includes sexual abuse and forms of ill-treatment which are not physical."

The creation of the Adoption and Children Act 2002 saw that an additional definition of harm was included; "impairment suffered from seeing or hearing the ill-treatment of another" (HM Government, 2002). Lapierre (2010) argues that the definition was amended as a result of research that explores the impact hearing or witnessing DVA has on a child, and it makes cases of DVA more visible.

As previously discussed, child protection social work has become concerned with children's exposure to DVA because research has found that exposure to DVA is harmful. The government's report 'Pathways to harm, pathways to protection: a triennial analysis of serious case reviews 2011 to 2014' was discussed, as it published a statement that DVA is always harmful to children (Department for Education, 2016, p.77). Whilst this document has already been criticised, research has found that exposure to DVA can result in numerous issues including; the disruption of meeting normative developmental milestones, mal-adjustment behaviours in younger children, compromised social competence, low self-esteem and self-confidence, criminal offending, poor conflict resolution, poor behavioural regulation, and higher risk of psychopathology in adulthood (Narayan et al, 2017). However, there are many variables in each situation and therefore it cannot be assumed that the same things affect every child in the same way. In this sense, research is being used as evidence against women to force them to act on the

violent situation, because what is not considered is the term 'exposure' and what this means for each child.

Fusco (2013) reports that in the 1990s numerous localities adopted policies that recognised exposure to DVA as a form of child maltreatment, which inevitably resulted in children being removed from their parents' care based on exposure, as opposed to direct maltreatment. Magen (1999; Lapierre, 2008) relays how professionals view all circumstances of DVA as significant harm to children, when this is not always the case. Davies and Krane (2006) raise that it is assumed that children who are exposed to DVA are at risk. The level of exposure is key, as it is this, in addition to other factors, that will determine the impact on the child; this is what the SW assessment should consider and decide. Strega and Janzen (2013) explain, however, that the amendment to the definition of significant harm has resulted in protective intervention being required for any exposure to domestic abuse, as any 'exposure' indicates the child has or will suffer emotional harm. This is troubling, as 'exposure' is defined by the Cambridge Dictionary (2018a) to mean "the fact of experiencing something or being affected by it because of being in a particular situation or place". The Oxford dictionary offers numerous definitions for exposure, including following a scandal or in terms of photography, however the most fitting is "the state of having no protection from something harmful" or "an experience of something" (Oxford Dictionary, 2018). Each of these definitions alludes to 'exposure' being linked to 'experience'.

A number of factors influence how a child or adult is affected by an experience; for instance, their age, gender, protective factors, resilience, and frequency and duration of abusive incident (Edleson, 2004). For SWs to assume, or be encouraged to assume, that having any level or type exposure to DVA has a negative impact on the child is pejorative, generalist, and based upon assumptions. This is particularly troubling when SWs cannot evidence the impact an incident of DVA has had on a child (Kauffman Kantor and Little, 2003). Many public guidance documents report that even if children are not directly involved in the abuse, they often hear it or see the outcome such as bruises (NSPCC, 2018). This has resulted in SWs associating any report of DVA as harmful to children, even when there is no evidence of an impact on the child.

There are a number of studies that demonstrate that children who are exposed to DVA are not adversely affected; for instance, Graham-Bermann (2001) found that there were no greater problems in children exposed to DVA than those who had not been exposed. Additionally, Kitzmann's (et al, 2003) meta-analysis found that 37% of children who were exposed to DVA did not display any significant developmental problems, and their outcomes were better than, or similar to, those who had not been exposed to DVA. Furthermore, Bowen (2015) analysed longitudinal data of 7,712 children and categorised children into four groups – resilient (exposed to DVA and showed positive adaption), non-resilient (exposed to DVA and showed negative adaption), vulnerable (no exposure to DVA and showed negative adaption) and competent (no exposure to DVA and showed positive adaption). Each child displayed different behaviours, but within the resilient category there were positive behaviours such as secure attachments, more interaction with parents, less emotional responses, and being more social (Bowen, 2015). These findings highlight that SWs need to understand the impact the abuse is having on *that particular* child, rather than just assuming that 'exposure' means having an impact. Edleson (2006) further explains that the studies that demonstrate exposure to DVA having a negative impact on children are based on comparing children who were exposed and children who were not exposed to DVA. Therefore, the findings were based on group trends, rather than individual children's experiences (Edleson, 2006). Postmus and Meritt (2010) warn that protective and positive factors are not considered in assessments, as there is the belief that if the family remain as they are the potential for future exposure is still present.

This links to another belief and practice in social work; the intention to disrupt the cycle of intergenerational abuse (Lapierre, 2008). Anderson (et al, 2018) explains social learning theory as the idea that experiencing DVA as a child normalises abuse, which makes it more acceptable behaviour when you become an adult. This theory is predominantly used to understand and prevent intergenerational violence between parents and their children. Fusco (2013) explains SWs' focus on the pattern of abuse that could be perpetuated by the child having grown up in a house where abuse is present, even though this is not entirely supported by

research. The main reasons this concept is not supported stem from a lack of causal links, not understanding the child's current issues as they are only thinking about potential future issues, and that SWs may remove those children and believe this is enough to end the cycle of violence the SWs fear (Fusco, 2013).

Children should not be negatively impacted by DVA and where possible children's exposure to DVA should be prevented; however, through trying to achieve this, an abusive practice has become established in mainstream social work. Kauffman Kantor and Little (2003) explain that mothers are held accountable for incidents of DVA and children's exposure to this due to the practices and policies that state DVA is a form of maltreatment, and childcare being the mother's domain. The assessment becomes focused on the mother's willingness and ability to prevent abuse and protect her child, without consideration of the mother as a victim and the impact the father's/perpetrator's violence has on her ability to undertake these tasks (Strega and Janzen, 2013). Lapierre (2010) identifies that, since the recognition that DVA has an impact on children, child protection social work has set the expectation that mothers should leave the relationship to protect their children. This allows for mothers to be deemed as 'failing to protect' if they are unable or unwilling to end the relationship.

2.9.8 What is failure to protect?

Failure to protect describes the situation where mothers are labelled as failing to protect their child from, or prevent exposure to, DVA (Hartley, 2004). As a pejorative term, failure to protect fails to consider all components of the situations – for example a father/perpetrator choosing to harm their partner in front of a child – and the mother is viewed as the single entity that should have managed, prevented, and overcome an incident of DVA (Moulding, Buchanan and Wendt, 2015).

Situations viewed to be mothers 'failing to protect' occur because protective services continue to hold traditional expectations and views of mothers, fathers, and the family (Scourfield and Coffey, 2002). Strega, Krane and Carlton (2013) explains that failure to protect exists only in Anglo-American states, due to the way

responsibilities of a parent are constructed. UK legislation presumes that the decisions parents make will be in the best interest of the child, if this does not occur, parental care of a child can be challenged. If parental care is challenged, the paramountcy principle ensures that the child is the focus of the intervention. Strega, Krane and Carlton (2013) state that this is evidence that mother blame and patriarchal expectations are embedded in social work's legal frameworks, further evidencing Hunnicutt's (2009) macro patriarchy.

Through discourses where mothers are socially constructed to be nurturing caregivers, who intuitively know what happens to their children and inside their homes (Davies and Krane, 1996), societal belief is that mothers have an innate ability to be able to protect their children from anything and meet their every need (Peled and Gil, 2011). It is through these discourses that motherhood has been idealised as the most important thing a woman can do with her life (Hays, 1996), and the expectations for mothers are set. The reality, however, is that becoming a mother does not change a woman's ability to defend herself against domestic abuse, increase her confidence, or lessen her fear of leaving a dangerous relationship, and it does not guard against threats to life. Beichner (et al, 2017) explains that society, legislatures, and those in power are so avoidant of holding men accountable for their violence that there is a level of satisfaction with a passive approach to DVA that places all blame on the mother.

Lapierre (2008) explains that using the mother's ability to protect her children as the determining factor of how children are affected by the violence means a deficit approach is taken. What is important to consider about the term 'failure to protect' is the word failure. Failure suggests that the opportunity to 'not fail' was present and the situation could be controlled, however, this person could not control it (Magan, 1999). There is a wealth of research into what mothers who are in abusive relationships do to prevent their child's exposure to DVA; for example, see Lapierre (2010), Nixon, Radtke and Tutty (2013) and Ateah (et al, 2016). These protective behaviours are often dismissed as irrelevant by SWs, who blame mothers for DVA and their child's exposure to it, which will be demonstrated throughout the literature review.

When using the term failure to protect, the experience of the victim is not seen; the focus is only on the children (Anglin, 2002). Considering cases as failure to protect does not protect children from abuse or provide a resolution; it blames the victim for not meeting societal expectations (Giddings-Campbell et al, 2013). Failure to protect hides the victim's incapacity to stop or prevent abusive behaviour and detracts any responsibility from the father/perpetrator (Davies and Krane, 2006). Douglas and Walsh (2010) explain that any approach which considers the situation as a mother's failure to protect the child does nothing to address the actual violence and abuse. Beichner (et al, 2017) explain that the best approach to tackling DVA has the victim/survivor and her children's needs at the centre.

2.9.9 Prevalence of Domestic Violence

Considering prevalence is important because women are killed due to DVA, or due to leaving the abusive relationship, which demonstrates that giving mothers the leave ultimatum is a harmful approach. Within the UK, 1.3 million women were reported to have experienced DVA in the year 2017-2018 (ONS, 2018). Published in December 2018, the UK femicide census reports 64 women were killed by a current or former partner in 2017.

These statistics show that DVA continues to be a prevalent issue both in the UK and many countries around the world. Hayes and Boyd (2017) explain that differential rates of abuse reflect the rate of acceptability within that nation; those which are supportive of violence and patriarchal attitudes perpetrate DVA more frequently. Patriarchal ideologies affect women's economic status, political participation, and even in determining whether DVA is defined as a crime. Both national and individual factors have an impact on attitudes towards DVA, but what is most concerning is that the more this behaviour is accepted, the more frequent it may become, and the less people will be offered support (Hayes and Boyd, 2017).

Whilst there are more awareness campaigns and the profile of DVA is being raised in order to overcome it, it remains prevalent and will not be eradicated unless we challenge the patriarchal expectations set out for each gender in

society (Hayes and Boyd, 2017). Hayes and Boyd (2017) explain that it is patriarchal values and cultures that allow men status and authority over women, as well as placing responsibility and blame on victims. DVA will continue to be an issue until gender roles and expectations are problematised and changed. As such, if gendered expectations remain in place, and as widely accepted as they currently are, social work practice that re-victimises mothers will not change. In reality, current steps forward have placed further focus and attention on mothers, and this will be the focus of the next section.

2.9.10 Conclusion

Through an understanding of how the dominant ideology, specifically patriarchy, is perpetuated throughout UK society, this chapter has demonstrated how mothers, fathers and children are socially constructed and the resultant expectations for their behaviour. As discussed by Brookfield (2016), a continually perpetuated dominant ideology such a patriarchy encourages members of society to believe that the system that is in place works in their best interests, so instead of challenging this when they are disadvantaged or oppressed, they continue to follow and abide by it which allows it to be ingrained further. Additionally, as Hunnicutt (2009) argues, without a viewing lens specifically calibrated to identify patriarchal ideology, this often goes unnoticed.

The creation and history of social work was therefore explored, specifically in relation to identifying the patriarchal values and influences that underpins the profession's guiding thoughts. Through this exploration, an understanding of how and why present-day thoughts and practices persist has been established. The next section considers the current research on social work practice with mothers who are involved with child protection social work due to DVA, to consider both what has already been found and the gaps which exist, which this thesis seeks to address.

3. Literature review

In order to identify the most relevant material for this literature review, a thorough search of the literature was undertaken; please see appendix 1 for the literature search protocol.

The main themes identified within the literature are considered within this chapter, for example it is explored whether child protection SWs approaches are characterised by their use of power and how this affects the mother's response. Additionally, through their practice and approaches, SWs make a number of assumptions that are considered; the mother is to blame for the abuse, she should leave the abusive relationship, and either the prioritisation or invisibility of fathers/perpetrators. Further, it is explored whether a lack of training and guidance lead SWs to become avoidant of managing DVA. Lastly, the impact of austerity on SW practice is considered.

Through considering the themes identified within the literature, this review considers whether SW practice reproduces and perpetuates patriarchal expectations.

3.1 A review of SWs' approaches and mothers' experiences of child protection social work following domestic violence

Current social work approaches are informed by all that has preceded this section within the introduction; patriarchy, social constructionism, feminism, how domestic violence has been constructed historically, how social work formed as a profession, serious case reviews and public opinion, and the legislation and standards of social work that are set within the UK's patriarchal society. Additionally, SWs are people who have been exposed to the messages and expectations set within the society in which they were raised; Sinai-Glazer (2016) highlights that this is often not taken into account. Morley and Dunstan (2016) explain how the assumptions, beliefs, and values people hold are permeated by dominant ideologies, and for the UK this is predominantly patriarchy. Without critical reflection to uncover and understand those values, how a person has

internalised those beliefs is unknown, and can operate to perpetuate oppression instead of resisting (Morley and Dunstan, 2016).

Naturally, there is a crossover in the key themes regarding how SWs approach working with families who experience DVA, and how mothers experience the SW's interventions. As such, difficulties arise when attempting to determine how to separate the issues to explore them in more depth. What is concluded is that both aspects are so intricately interwoven that in order to understand them fully, they must be considered together. Therefore, this section considers both the SW's approach and how the mothers experience this. This is namely in relation to how the SW's approach affects the mother's response, the SW's use of power, assumptions made about mothers (including mother blame, the leave ultimatum, and invisible/prioritised fathers), how SWs are avoidant of DVA due to a lack of training and guidance, and the impact of austerity on social work practice.

It must be stated that whilst there has been research into mothers' experiences of child protection social work, studies undertaken within the UK and specifically focused on DVA are limited, namely Keeling and Van Wormer (2012). This type of research has been undertaken more widely within other Westernised patriarchal societies, for instance see Johnson and Sullivan (2008) in America, Douglas and Walsh (2010) in Australia, and Hughes, Chau and Vokkri (2016) in Canada.

Keeling and Van Wormer (2012) used a feminist standpoint to research seven mother's experiences of social work interventions where DVA is present. After undertaking the interviews, Keeling and Van Wormer (2012) reviewed the mother's narratives in line with the Duluth model components to determine the similarity in strategies used by abusive men and the SWs. Whilst Keeling and Van Wormer (2012) found some positive social work practices, such as mothers receiving support when they wanted to end the relationship, many women were angry about how SWs treated them. Keeling and Van Wormer (2012) report that mothers were afraid to disclose the violence to SWs, as they felt that they would be punished if they did not meet the SW's demands, and they were afraid their children would be removed. Additionally, SWs threatened, coerced, and blamed mothers for the DVA.

Keeling and Van Wormer (2012) conclude that control over women is dominant in social work practice, with SWs contributing to the issues mothers face and their sense of powerlessness. Keeling and Van Wormer's (2012) research did not include SWs, and they state they are unaware of the social work reasoning, but understand they are under pressure.

This research could therefore be seen as building on Keeling and Van Wormer's (2012) research in two ways; firstly, that the participants include both mothers and SWs in order to understand the assessment process from each side. Secondly, that the Duluth model is being used as a research tool to collect data, so as to ensure it is participants who identify the presence of these behaviours in social work practice, as opposed to the model being used within the analysis by the researchers.

The next sections share the key themes from the relevant literature. The themes are considered through a feminist, social constructionist lens, in order to identify the patriarchal expectations and consider their impact.

3.1.1 The SW's use of power and approach affects the mother's response

Child protection social work intervention often occurs or is triggered during a crisis, when tensions are already high, and its very presence can cause fear due to the perceived status and power of social workers. Without a thorough consideration of this power, practice and intervention can be harmful. The social workers use of power therefore needs further exploration.

3.1.1.1 Use of power

SWs have the backing of legislation, a professional qualification, and a regulatory body that states SWs should intervene and assess a family should they consider the child to be at significant harm; as such, they hold very real power. Phillips (2006) discusses how neo-conservative governments have sought to de-politicise and de-gender DVA, which has resulted in reduced funding for feminist services and DVA being seen as an individual relationship problem as opposed to gendered abuse. This is evidenced by McInnes (2015) who discusses how services are retreating from feminist approaches of supporting mothers and

avoiding victim blaming, which results in the power dynamics of the abusive relationship being replicated by the professional. This can be seen when professionals exert control, make the mother's situation a personal problem, and use a gender-neutral approach, which does not recognise the broader context of women's subordination. Each of these approaches or behaviours evidence how patriarchal ideology has encroached upon and permeated social work practice.

In their article relaying the use of Motivational Social Work (MSW), Wilkins and Whittaker (2018) reported finding examples of both excellent practice, and authoritarian, problem-saturated practice, even from the same worker. When relaying their findings, they provide a case study of a SW who used positive practice with a mother who could not manage her child's behaviour, and poor practice with a mother who was in an abusive relationship. This shows how the social worker had differing views of the service users they were working with, and how these views influenced the social workers approaches, feelings and also the work undertaken. This is even more concerning when considering that those views and feelings are likely influenced by patriarchy. Wilkins and Whittaker (2018) relay that the SW was influenced by pressure from her manager, difficulty reaching the mother initially, and exasperation with another situation of DVA. Wilkins and Whittaker (2018) characterised the SW's practice when DVA was present as challenging, assertive, and controlling. These characteristics represent those of a perpetrator. Considering everything preceeding this section; social constructions, influences and DVA being considered to be a mothers issue to resolve due to patriarchal ideology, this social practices appears to mimic and/or enact that ideology.

Dumbrill (2006a) used grounded theory to explore how 18 Canadian parents[1] (mothers, fathers, and grandparents who acted as guardians) experienced child protection interventions. Parents characterised intervention as SWs using 'power *with'* them or 'power *over'* them; 16 out of 18 parents reported that SWs used power over them, which they deemed to be frightening and absolute. Dumbrill (2006a) found that parents respond to social work intervention in one of three

1. If the term parent is used, it is because it was the term used in the original research. The term mother is used when it is just mothers who were researched.

ways: a) fighting and challenging, b) disguised compliance, c) genuine engagement and collaboration. Parental responses depended on how they perceived the worker using power; if the parent deemed the SW to be using 'power over' them, their response was a) or b), if the SW use 'power with' them, it resulted in c) (Dumbrill, 2006a).

Whilst over half of the participants were able to give examples of power being used with them, examples of using 'power *over*' parents were more evident (Dumbrill, 2006a). SWs attended meetings with typed plans and so parents believed the SW's pre-conceived ideas were more important than what the family had to say; parents therefore felt that their opinions had no impact, as decisions had already been made (Dumbrill, 2006a). This is also a finding reported by Smithson and Gibson (2017). Further, the mothers within Neale's (2018) study reported that SWs have pre-conceived ideas about parents before attending the home. Additionally, Whittaker (2018) found that SWs seek patterns and cues that link together when reviewing case details; this encourages them to look for further cues. Parents viewed SWs as part of a privileged team with access to legal support (Dumbrill, 2006a). One mother explained that the SW can impose their opinions and version of reality into the plans and therefore on the family (Dumbrill, 2006a). This again demonstrates how SWs use power, how SWs' approaches affect parental responses, and this must be considered by SWs if the family they are working with are 'resistant' or 'defensive' or 'obstructive'. To understand this more deeply, consideration must be given to other aspects of the SW's approach.

3.1.1.2 Social worker's approach

In 1984, research into DVA started to be undertaken; Dobash and Dobash (1984) found that a victim/survivor's help-seeking behaviour was affected by and dependent on the responses of those who they approached for help. If that person was supportive, believed them, and made them feel reassured, the victim/survivor felt that they could ask for and seek support again. If the person they approached was judgemental, questioned the victim/survivor, or dismissed concerns, the victim/survivor felt that they should not approach others, as they could not understand the issues they were facing. Women also assessed whether seeking

help put them at more risk from the father/perpetrator, or whether they were protected (Dobash and Dobash, 1984). Whilst it could be argued that these findings are dated, they are important as they resonate today (Women's Aid, 2015); mothers still seek trusting people to talk to, and stop disclosing abuse if they receive poor responses.

Johnson and Sullivan (2008) undertook interviews with 20 mothers in America who had involvement with child protection SWs having been in an abusive relationship. They discuss how the SW's treatment of the mother influenced the mother's behaviour and engagement, which then influenced the SW's decision; this is a continual cycle that many researchers have found (Holland, 2000; Douglas and Walsh, 2010). This also resonates with my experience and observations as a child protection social worker. Holland (2000) undertook research into SWs' assessment relationships with both mothers and fathers, and found parents who did not engage with the assessment or partially complied were deemed unable to prioritise their children. SWs view this commitment to the assessment, or lack of it, similarly to the parent's commitment to work with services in future, and if a family were not able to work with services they were unlikely to be removed from the child protection plan (Holland, 2000; Smithson and Gibson, 2017). This links with a popular idea within child protection social work around disguised compliance. Leigh, Beddoe and Keddell (2019) discuss 'disguised compliance' as concealed agreement, which does reflect the behaviour Holland is describing. Johnson and Sullivan (2008) found that in addition to non-engagement – or disguised compliance, if the family is unable to offer agreeable explanations for injury or behaviour, the SW does not ascribe positive attributes to the mother.

In addition to this, Johnson and Sullivan (2008) explain SWs also require the mothers they are working with to accept responsibility of the risk they may pose to their child and accept the explanations they are being given by the SW of this risk. Johnson and Sullivan (2008) explained that mothers that accept this are deemed insightful, but for a mother who has experienced potentially a lengthy and on-going abusive relationship with features of psychological abuse, this is likely to be at the detriment of her own mental health (Lapierre, 2010). Parents who are

unable to accept responsibility are deemed to lack insight (Holland, 2000). This evidences patriarchal ideology in action; expecting a mother to be accountable for abusive behaviour that she did not enact nor is she responsible for, and if she does not or cannot do this, she is viewed negatively. Considering the expectations for mothers, and the importance placed on enacting mothering behaviours (Stewart, 2020), enforcing a mother to admit she has failed is very harmful. This is one way in which mothers remain in a cycle of oppression, as they feel too low to contest how they are being treated. Additionally, from its continual perpetuation, it has become common sense that this is how such situations are managed and progressed which means even if mothers were able to argue or contest, they are viewed as the deviant, incorrect party – not the social workers.

As previously stated, Wilkins and Whittaker (2018) relayed that the SW was influenced by pressure from her manager, difficulty reaching the mother initially, and exasperation with another situation of DVA. They characterise the SW's practice when DVA was present as challenging, assertive, and controlling. Demonstrating Dobash and Dobash's (1984) findings, Wilkins and Whittaker (2018) shared that the mother regretted disclosing the abuse and speaking with the police, and she felt that she should return to the relationship, as she had not received adequate support. It was found that SWs were actively suspicious of parents; what could be explained as concern or ambivalence to social work involvement was viewed as resistance. Even when parents were engaging, this was viewed as potential disguised compliance (the parent manipulating the situation) (Wilkins and Whittaker, 2018).

It is therefore incredibly important to consider what affects mothers' responses to social work assessments; if the SW's initial approach affects the mother's response and engagement, this can have a devastating and lasting impact on the direction of the SW's view of the assessment. Holland (2000) discusses how evidence within assessments can be based upon the parent's attitude towards the assessment and the way their personalities are perceived by the SW. Parents' ability to form a relationship with the SW was viewed in line with their personality; if a relationship was formed parents were seen as articulate, co-operative, motivated, and plausible; if parents resist they were viewed as passive,

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inarticulate, and inconsistent (Holland, 2000). Considering this in terms of the power and authority social workers hold, and the fear families feel when they are involved, it is understandable that positive relationships do not transpire if the social workers has not encouraged it to.

Douglas and Walsh (2010) explored how the SW's perceptions of a mother or case may depend on the action they take; if a mother is deemed to be protective, she is more likely to get support; if the mother is deemed part of the risk then removal is more likely. Holland (2000) shares that parents who may have an awareness of children's services, or who have longer involvement, may succeed in assessments due to adapting the qualities SW's require and conforming to what is expected of them. These parents can respond using terminology specific to children's services and it is therefore questionable whether this is a successful practice in safeguarding children, or just deceiving SWs (Holland, 2000).

What is interesting to consider about the SW's approach is that Holland (2000) found that SWs feel cases are progressing positively when the family complies with the expectations the SW has set out. This is reflective of a father/perpetrator who uses power tactics to control the person. Keeling and Van Wormer's (2012) explorations of mother's experiences of child protection social work found that SWs use some of the same tactics as a father/perpetrator of domestic abuse, as featured in the Duluth wheel of Power and Control. This demonstrates that social workers need to want to, and be invested in, engaging fathers, and not oppressing mothers, in order for this to happen.

Whilst it has been explored that SWs most frequently engage with mothers, and it will be explored that fathers are invisible in child protection social work practice, Gřundělová and Stanková (2018) importantly raise that the SW's attitude and their practice also influence the father's involvement. If the SW builds expectations from the father and his involvement is encouraged, it is more likely to happen. If fathers are seen as unimportant and unnecessary, they will not be meaningfully involved. This further evidences how the SW's approach to the family is crucial in determining how the case progresses.

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3.1.1.3 Authoritative and confrontational approach

Forrester (et al, 2007) raise that different communication styles from different SWs cause an issue at the point of delivery as it results in a lack of consistency for parents. In 2007, Forrester observed how 24 SWs interacted with social work students acting as mothers. SWs responded to one of two vignettes regarding neglect and alcohol issues; one where the mother was positive and engaging, the other where things were deteriorating and there was a lack of engagement.

It was found that mothers disclosed the most information to the SWs that were able to use complex reflections, and disclosure was associated significantly with empathy (Forrester et al, 2007). When SWs showed less empathy, mothers became more resistant and less likely to disclose; this again links to Dobash and Dobash's (1984) findings. When SWs showed empathy there was greater agreement in what happened next. Forrester (et al, 2007) concludes that an empathic approach could reduce resistance and increase disclosure, whilst still providing clarity over concerns and agreeing a way forward. Forrester (et al, 2007) highlighted that a small number of the interviews were highly confrontational because SWs were "focusing exclusively on concerns and the client becoming entrenched in denying them, minimising their significance and in some instances becoming abusive." (P.48). This does not demonstrate a feminist approach or understanding that women are the most insightful about their situation and best placed for their own emancipation (Hartsock, 1983). It simply removes autonomy from the mother and makes her feel defensive. This then does not encourage everyone to work together, but it does provide evidence to warrant a further period of monitoring.

In 2008 Forrester undertook similar research and interviewed 40 people using nine vignettes. Forrester (et al, 2008) found that SWs' responses were very confrontational and aggressive with low levels of listening; the most common response was that the SWs imposed their own agenda onto the clients. SWs' responses obstructed listening, which prevented a meaningful relationship developing. An explanation offered for this approach is the combination of women not being seen as trustworthy, and the belief that social workers are the experts who hold power. The behaviours and this explanation mimic the dynamics of a

perpetrator/victim relationship; the perpetrator is trusted, powerful and knowledgeable, the victim is not. Forrester (et al., 2008) say that this approach created patterned interactions that were characterised by denial, resistance, and potentially threatening behaviour. Forrester (et al, 2008) explains that SWs, therefore, are inadvertently increasing the probability of parents becoming resistant and difficult. Forrester (et al, 2008) state that this issue is not caused by individual poor practice as the prevalence and consistency indicates it is a systemic issue. The systemic issue, it is argued, relates to the society and context in which the work is undertaken. Through is continual perpetuation with minimal opposition, patriarchal ideology has society believe that treating women in this manner is fair, just and appropriate, so it is unnecessary to challenge it (Brookfield, 2016). Without challenge, the beliefs remain ingrained.

Buckley, Carr and Whelan (2011) explain that whilst legislation and guidance that define harm and risk are written to ensure the most desirable outcome for children, they forget to consider how child protection social work involvement causes anxiety, anger, and resentment in the family. Additionally, it is not recognised that mothers and SWs have different views on their needs and how to resolve issues (Buckley, Carr and Whelan, 2011). Therefore, if SWs approach families in ways that do not consider the mother's feelings, the responses given from mothers may not be welcoming; retreating from feminist approaches further compounds this issue. Similar to Forrester's findings, Marshall's (et al, 2010) research found that when families were engaged in assessments as opposed to investigations, they were more likely to be open and receptive to services, than if they were approached in an accusatory manner.

When the SW's use of power has an impact on the mother's response, and therefore the outcome for the children, it is important to understand how SWs speak with families; it is also important to consider what external factors influence SWs' decisions. The following section therefore explores a set of assumptions mothers feel SWs hold about them; that the mother is to blame for the abuse, the mother should leave the abusive relationship, and fathers are not necessary to involve or are prioritised in child protection social work practice.

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3.1.2 Assumption 1: The mother is to blame for the abuse

As has been discussed, expecting mothers to be wholly responsible for children means issues relating to the child become the mother's responsibility to resolve (Lapierre, 2010). This transpires into social work practice, demonstrated by a consistent research finding that mothers feel that SWs blamed them for the DVA. This first assumption is influenced by and born from patriarchal ideology. In few other contexts is one person held entirely accountable for another person's behaviour. This practice enables fathers total invisibility from the process, and ensures mothers face the consequences for failing to protect her children from his actions. This is a concrete example of accepted male privilege and female oppression.

Douglas and Walsh (2010) explored how SWs within Australia respond to DVA. Five focus groups with a total of 32 participants were convened. Douglas and Walsh (2010) found that most workers did not understand DVA and therefore gave inappropriate responses when managing concerns. The responses given were categorised as: mothers being blamed for failing to protect, the leave ultimatum, and more general issues with SW. Douglas and Walsh (2010) found that mothers were held accountable for the DVA and were held under higher levels of scrutiny than the fathers as professionals stated they had not protected their children. Whilst demonstrating patriarchal ideology, this also demonstrates how CPSW practice becomes Friedan's (1963) 'problem with no name', as it is oppressive, but accepted and continually perpetuated. Similarly Black, Weisz and Bennett (2010) found that Masters in Social Work graduates attributed the cause of DVA to individual problems, and held victims responsible for the violence. Keeling and Van Wormer (2012; Neale 2018) evidenced similar practice in the UK; mothers were afraid to disclose the violence to SWs, as they felt that they would be punished if they did not meet the SW's demands, they were afraid their children would be removed, and SWs threatened, coerced, and blamed them for the DVA. This, again, demonstrates the continued relevance of Dobash and Dobash's (1984) findings.

Additionally, in their evaluation of a two-day training course on DVA for SWs and their supervisors, Saunders and Anderson (2000) used case studies to determine

225 SWs' responses to incidents of DVA. Saunders and Anderson (2000) found that, before the training, when asked how they would respond to a case study where a man physically abused a child, the SWs said they would investigate, hold the mother responsible for stopping the violence and the children's safety, tell her to obtain a court order and to end the relationship, assign the term failure to protect, refer her to support, and question why she remains in the relationship. Each of these behaviours ensure the situation is the mothers responsibility, when it was not her behaviour that caused the initial concern. This therefore demonstrates that how mothers are socially constructed and what is expected of them impacts CPSW practice. SW's responses changed following the training, but it must be recognised that not all SWs benefitted from this training and therefore there is some likelihood that there are many other practitioners who continue to hold these views.

Saunders and Anderson (2000) explain that SWs within America have been criticised for holding victims of DVA responsible for the protection of children, when the reality is that, as a victim, she has no influence over the father/perpetrator. Johnson and Sullivan (2008) relay that mothers stated their CPS worker treated them callously. The participants reported that the workers dismissed the mother's concerns for her children, the mothers were blamed for their abuse, and the SW placed extensive requirements on them (Johnson and Sullivan, 2008).

More recently within Canada, Hughes, Chau and Vokkri (2016) analysed 32 interviews with women who had experienced DVA and involvement from children's services. Participants reported that whilst they sought help, this was not recognised by SWs, as the SWs just wanted to believe that the mothers allowed the abuse (Hughes, Chau and Vokkri, 2016). Many mothers discussed how they asked for help and wanted support, but it was not given as at that stage they did not meet the threshold. Once the threshold was met, children's services largely viewed it as an individual parenting problem. The interventions that SWs then offered addressed the deficiencies that were identified in the mothers' parenting as opposed to improving the problems affecting them as women (Hughes, Chau and Vokkri, 2016).

Their findings further emphasise the pervasive view of mothers involved with CSD due to violence that Nixon, Radtke and Tutty (2013) also report. Nixon, Radtke and Tutty (2013) explain the insidious and prevailing view that Canadian child protection social work involvement is predicated on; mothers in abusive relationships are inadequate.

Alongside this, Scourfield (2001) raises how, in the UK, we believe that mothers who do not leave abusive relationships are "choosing" to remain in a violent relationship, and this is viewed as an overt decision to put herself first and not prioritise her children's needs. This decision does not fit with the expectations held for mothers – it goes against what is determined to be their maternal instinct of protection and care – and results in the mother being viewed as bad and wrong (Scourfield, 2001). This may be a reason why SWs focus on the leave ultimatum; for the mother to evidence her selflessness and ability to prioritise her child.

Calder's (2004) book, *Children living with domestic violence: towards a framework for assessment and intervention*, explains that UK mothers are expected to control their partner and are criticised if they do not. In addition to this, it is suggested that mothers do something to provoke the violence. Mothers are socially constructed to manage, control, and care (Calder, 2004), so when this does not happen it is mothers who are considered deviant as opposed to the father/perpetrator for his behaviour (Lapierre, 2010). O'Sullivan (2013) relays that social work is not focused on causality, but parental accountability, namely mothers, as it is mothers who care for their children. Monitoring and assessing mothers as a result of their failing to prevent, or stop, abusive incidents reinforces the expectations set for mothers; this demonstrates Hunnicutt's (2009) micro patriarchy at play. These expectations are not only for the mother to prevent or stop the abuse, but also to leave the abusive relationship once abuse does occur, regardless of the increased risk (Neale, 2018).

3.1.3 Assumption 2: The mother should leave the abusive relationship

Assumption two also demonstrates male privilege and female oppression; men should not be disrupted – even because of their own behavior – and we cannot control what they do, so we must focus our attention on women who are more amenable. Hester (2011; O'Sullivan, 2013; Humphreys et al, 2018) explains that mothers with violent partners are given the leave ultimatum by SWs; they are expected to leave their violent partners, with threats of removing children pushing them into this decision. Whilst the risk of using the leave ultimatum is known within academic fields (Featherstone et al, 2016), participants within Buckley, Carr and Whelan's (2011) study report that the SW was not aware of the increased risk to the family when leaving a violent partner. This may be because ensuring the child's safety has become conflated with separation, despite evidence suggesting that leaving abusive relationships increases the risk of homicide (Humphreys et al, 2018). Additionally, Jenney (et al, 2014) discusses how safety planning with mothers with violent partners is often seen as considering the risks to the child if the mother stays in an abusive relationship, compared with the potential risks of leaving; when considering this alongside the previous discussion around the child's 'exposure' and male privilege, the use of the leave ultimatum can be understood. Further studies confirm its continual use.

Bourassa's (et al, 2008) study explored Canadian SWs' interventions, influences, and decisions in DVA cases. Bourassa (et al, 2008) found that SWs considered the best protection for the children was the mother leaving the abusive relationship, and explained that if mothers did not leave then the SW would remove the children. Calder (2004) confirms the same practice occurs in the UK. He suggests that mothers are not considered protective by professionals unless she asks the father/perpetrator to leave the house and severs ties to the relationship immediately. If this was not done, removal of the child was actively considered (Calder, 2004).

Within Hughes, Chau and Poff's (2011) study, mothers explained that SWs believed it was the mother's responsibility to stop and limit all contact with fathers as quickly as possible after an incident of DVA. SWs made it known to mothers that if their partner/the father harmed the children, the mother herself would lose

custody. Hughes, Chau and Poff (2011) report that women were told their children would be removed if they do not leave their partners. The mother's interpretation of this was that CPS believed it was down to the mother to stop the abuse, rather than the father/perpetrator being held to account. Calder (2004) also found that when mothers left the relationship and followed advice the case was closed much quicker.

Additionally, Fusco (2013) asked 19 American SWs to consider how they work with families where DVA was present. Fusco (2013) reports SWs found DVA challenging as they struggled to collaborate with law enforcement and women's services, they lacked training, and they were concerned for their own safety. SWs also shared views in relation to mother blame and the leave ultimatum. When a mother disclosed abuse to the SW, the SW stated they did not care what was happening to the mother because there should never be a mark on a child (Fusco, 2013). The SWs said the child is the real victim, and that the mother must be held accountable if she is not being a good parent. SWs believed that if the mother put her children first, she would have the power to get her children out of the abusive situations.

Each of these accounts demonstrate how male privilege has permeated social work practice, allowing men to be invisible and unaccountable for their actions, to the detriment of mothers and children. This will be explored further within the next section.

3.1.4 Assumption 3: Fathers' involvement in child protection social work practice

3.1.4.1 Not involved in the assessment

There are a number of approaches within social work that encourage a whole family approach to assessment (for example see "Think child, think parent, think family" SCIE, 2011), however, many researchers have found that current day social work practice does not use these methods or reflect these values, and instead ignore the father's involvement. These approaches may not be explicitly 'feminist', but they apportion responsibility and accountability where it belongs, resulting in a more fair and just intervention. This would mean that more men are

held accountable, which provides an explanation as to why their application and prevalence wains.

For example, Orme, Dominelli and Mullender (2000) found that when SWs become involved with a family due to concerns of DVA, the mother and child are the focus as opposed to the violent act or the father/perpetrator. Gřundělová and Stanková (2018) found that when SW did engage with fathers, they were not managed as 'aggressors' and the violence was not addressed. This allows the father and his behaviour to remain invisible (Gřundělová and Stanková 2018). Practice that is focused on maternal failure in situations of DVA does not change the violent behaviour, or effectively protect children (Giddings-Cambell et al, 2013), it also does not inform the father that his behaviour needs to change. Without this strong message, the perpetuation of violence and invisibility of men is continually perpetuated and accepted. This is evidenced by the large scale perpetration of DVA within the UK and the lack of prosecutions. Whilst society 'know' DVA is wrong, it often goes uncorrected and unpunished, so it must be questioned if that is really the belief being perpetuated.

Men are constructed to be the providers who work outside the home, earn money, and do not rear children (Humphreys and Absler, 2011). Scourfield and Coffey (2002) and Ewart-Boyle, Manktelow and McColgan (2013) contend that SWs hold these traditional views of parenting and masculinity and so this potentially explains why SWs do not engage fathers in interventions and assessments. It is also argued that fathers are outside the field of vision for SWs because of the way they are socially constructed (Mizell and Peralta, 2009). This evidences how patriarchal ideology has influenced social work practice.

When SWs enter a family home due to concerns of child maltreatment, defensive reactions from the mother/parents are common as they are fearful that their children might be removed (Dumbrill 2006a). By holding the view that fathers/perpetrators are aggressive, violent men that they should be fearful of, SWs do not engage them and avoid them (O'Sullivan, 2013). This act in itself allows men to be violent and aggressive, as it leaves them unchallenged and unaccountable for as long as they are violent. Both Fusco (2013) and Ewart-

Boyle, Manktelow and McColgan (2013) found that female SWs feared fathers/perpetrators of abuse, as they were aware of his offending history. SWs within O'Sullivan's (2013) study reported that it is actually the man's 'dangerousness' (p.123) – the cause of the intervention and referral in the first place - that leads to him being overlooked by SWs. Ewart-Boyle, Manktelow and McColgan (2013) found that SWs justify excluding fathers who presented a risk to children and their mothers on the basis that it may be detrimental to the intervention.

In addition to CPSWs not engaging violent men (Brandon et al, 2009; Ewart-Boyle, Manktelow and McColgan, 2013; Neale, 2018) research has found that SWs also do not consider their involvement in the assessment necessary. This is another form of male privilege that adds further burden to mothers. Neale (2018) reported that practitioners ignore or disregard significant factors in relation to the family to make the case more manageable. This helps and enables men to not be accountable for their actions, but does not help mothers and their children stay safe. Brandon (et al, 2009) found that information about fathers had not been collected by SWs, or not acted upon. Stanley (et al, 2011) found that in 43 out of 46 families, SWs were unlikely to engage with fathers who were the perpetrators of DVA. SWs within O'Sullivan's (2013) research reported they were not aware of any guidelines that inform their work with father/perpetrators, and as such, they do not involve father/perpetrators. This resonates with my own experiences as a child protection social worker. It should be questioned why these guidelines do not exist, and whether patriarchal ideology has had an influence on this decision. Both Stanley (et al, 2011) and Hughes, Chau and Poff (2011) found that SWs were satisfied that the child was safe if the partner/father was not living at the home address and therefore did not intervene. This action makes clear who is considered to be responsible, but also how a practice that does not ameliorate risk becomes common sense, because it is perpetuating ideology that grants males privilege.

Farmer (2006; Ewart-Boyle, Manktelow and McColgan, 2013) explains that men often refuse to engage in assessments or do not make themselves available during social work visits. This behaviour is accepted by the social worker, who

continues their assessment without him, cementing this set of interactions as acceptable and due process. O'Hagan and Dillenburger (1995) explain it is not only fathers preventing their involvement in assessments; SWs often make appointments when they know fathers will not be home, they direct their questions to the mother, and do not encourage fathers to be involved in decision making. Farmer (2006) also found that if men were not involved in the assessments initially, they were also not challenged or encouraged to be involved later. Calder (2004) reported similar findings; men are not spoken to during social work assessments, even though they are the origin of the problem.

In the same vein, Johnson and Sullivan (2008) found that in 13 out of 20 cases they reviewed, the father/perpetrator had not been spoken to as part of the assessment. Stanley (et al, 2011) reports that SWs did not involve fathers in assessments due to concerns for their safety, the lack of involvement the men had with the children, and the men's accessibility. Neale (2018) explains ignoring or lessening men's violence frustrates the mother's attempts to leave the relationship and reinforces the father/perpetrator's tactics of power and control. Arroyo, Zsembik and Peek (2019) reports that SWs are even less likely to identify, contact, and involve fathers who are black, Latinx or multiracial. Each of these examples demonstrate how ingrained and common sense this practice has become.

Within their study, Strega (et al, 2008) looked into how much information was written about the men, whether they were considered risks or assets, and the involvement they played in the investigation. Strega (et al, 2008) stated that "almost 50% of all fathers were considered irrelevant to both mother and child" (p.710) and this was even when the father's behaviour was the reason for the involvement. Additionally, a considerable amount of data was missing due to SWs not contacting fathers directly. This includes the 60% of fathers that were identified as a risk to the children. To not have this information means risk cannot be appropriately identified and assessed, which means the intervention is unlikely to make the situation safer long term. O'Hagan and Dillenburger (1995) explain that SWs often feel they have involved the father/perpetrator within the assessment, without actually speaking with him. By assessing the static, known risk of the man,

his history, behaviour, and what might happen in his presence, professionals feel they are not avoiding men, but incorporating them into the assessment. Whilst there is use in considering this information as part of the assessment, the father also needs to be spoken to so a deeper understanding of the risk can be garnered. Gřundělová and Stanková (2018) report that SWs construct father's identities as negative, even though they were not in direct contact with the father.

Baum (2016) details how fathers seem to be viewed as less deserving of support than mothers, and they are not seen as a resource that can be used in problematic family situations. Fathers are often only viewed in terms of the paternal functioning, and even this is regarded as less relevant compared to maternal functioning. Gřundělová and Stanková (2018) found that the only expectation SWs had for fathers was that they went out to work. When the father did not work, SWs viewed him negatively. In this way, SWs are further enforcing patriarchal gender roles for men as well as women. By continuing to use, or not challenging, this view a message with negative connotations is conveyed to everyone involved; little can be expected for fathers in terms of taking responsibility and caring for their children (Baum, 2016).

Within his article, Farmer (2006) explored what the core group of professionals considered when families attended ICPC; in 60% of the cases the question of whether a mother could protect her child was considered, whilst fathers were only considered in 19% of those. Farmer (2006) explores that relying on a mother to protect her child in situations of violence is flawed. Edleson (1998) importantly raises how there is a disturbing lack of concern for the father/perpetrator who is responsible for the abusive situation; he questions why a father's/perpetrator's willingness to change is not assessed to eliminate the danger, as this will have more of a lasting impact. Edleson (1998) states if CSD were actually concerned for the safety of families as they should be they would not ignore the person who created the unsafe environment. This demonstrates that Edleson has calibrating his viewing lens to identify patriarchal ideology, without explicitly stating it (Hunnicutt, 2009).

Edleson (1998) discusses how cases are not written or recorded in terms of father/perpetrators, but children, and without a legal or biological relationship perpetrators are unlikely to appear on a case record. This limits the tracking of serial perpetrators and sets out the gender bias of the system. Further demonstrating the patriarchal lens, Edleson (1998) makes the point that society's failure to restrict abusive men is being characterised as failure to act from the mother. This is corroborated by Farmer's (2006) findings; when the police failed to act on removing an abusive partner, all the SW could do was put pressure on the mother to exclude him. Farmer (2006) explains that even when fathers/men were known to have abused a child, the focus remained on the mother; this misplaced focus allows men to evade accountability for their violence and demonstrates how ingrained granting men privilege is within CPSW.

In addition to this and as discussed in the guidance and legislation section, Strega, Krane and Carlton (2013; Burrell, 2016) discusses how the legislation is written to be gender neutral. This means that a father can therefore be viewed as equally accountable for failing to protect, but this does not transpire in practice. This demonstrates the insidious, subtle nature and power of patriarchy - ensuring men maintain privilege, power, and control above all else – and reflects why women felt an inability to accurately describe the oppression they experienced before the term patriarchy existed (Friedan, 1963; Mooney, 2000). Risley-Curtiss and Heffernan (2003) also found that research often reports of 'parents' but it is actually only mothers that engaged with the assessment. Without naming and labelling the issue of men's violence against women, we cannot expect to overcome it. When there is neutrality and generalisation, no consideration has been given to how those parties are socially constructed or what is expected of them. Whilst the final document can be considered fair and equal if all parties are included, without actually following through to ensure both parties are held responsible for their own actions, it cannot be truly fair or equal. This is one way in which patriarchal ideology is perpetuated, and made to feel common sense (Brookfield, 2016).

Ewart-Boyle, Manktelow and McColgan (2013) explains that social work practice that excludes fathers and over relies on mothers is so ingrained and deeply rooted

in UK society and social work that it continues unquestioned, much like patriarchal ideology. These entrenched and implicit behaviours, attitudes, and approaches greatly and continually affect social work practice. Humphreys (et al, 2018) reported that, whilst men are invisible in social work practice, they are not invisible in the child's life. Mothers within the study reported continued child abuse, before and after the parents separated, and Humphreys (et al, 2018) conclude that SWs do not know how to address or manage fathers who remain involved with the family. Orme, Dominelli and Mullender (2000; Devaney, 2008; Ewart-Boyle, Manktelow and McColgan, 2013) explain that by not engaging with violent father/perpetrators, their behaviour is not challenged and so it does not change; therefore the likelihood of them victimising someone in future remains high. Strega (et al, 2008) make the point that when fathers are not meaningfully engaged, mothers, children, and fathers themselves suffer. Strega (et al, 2008) states that SWs need to hold fathers to account, and not desist due to disengagement.

The practice of not engaging fathers in social work assessments, and therefore allowing them to be invisible, is patriarchal. Patriarchy oppresses women and makes them responsible, whilst continually and systematically empowering men to maintain power and domination. This is never more evident than in Smith and Humphrey's (2019) research where it was found that men who have abused their partners and put their children at risk have no awareness that the SW's involvement was a result of their behaviour. SWs within O'Sullivan's (2013) study further confirmed this; they explained that fathers are "oblivious" (p.121), and do not consider that their behaviour needs to change, just the mother's. Fathers are held accountable so little, and allowed to be invisible so often, that they are protected from even considering themselves as harmful or responsible for their behaviour (Smith and Humphreys, 2019). In turn this ensures they will not take responsibility, and so this is wrongfully placed on the mother (Jenney et al, 2014). Neale (2018) agrees, explaining that by occluding the father/perpetrator and the abuse, the individual's behaviour is left unchecked; the message he receives is that there are no consequences for his actions. This continual and insidious evidence of patriarchy at work demonstrates how mothers are blamed for failing to protect their children, whilst promoting the domination and interests of men.

Additionally, this shows that *not* involving men in CPSW does not work. It is ineffective, it does not lessen risk, it simply postpones it from that one family.

Subsequently, consideration needs to be given to the way in which new training schemes, such as Frontline, teaches SWs. Frontline is an increasingly popular 2-year programme that uses practice-based, hands-on learning, accompanied by academic and practical training in order to educate new SWs (Frontline, 2019). The scheme focuses on being an intense practical training programme. This raises concerns due to wealth of the research reported within 3.6- reviewing social work approaches. Through frontline, new SWs learn from colleagues and managers whilst 'on the job'. It has been evidenced that oppressive and patriarchal views are entrenched within the profession – and individual social workers - so to teach new SWs in this manner means the behaviours, views and practice are likely to be passed on and continued. This is a goal of patriarchy and any dominant ideology (Brookfield, 2016) and may offer an explanation as to why this scheme continues to grow in popularity, despite criticism.

3.1.4.2 Prioritisation

When fathers are involved in social work practice this is not immediately positive, it appears that their rights are prioritised over ensuring safety. Many authors have discussed the issues mothers continue to face from a father/perpetrator once an abusive relationship has ended, in particular difficulties around further stalking and harassment (Woodlock, 2016), and child contact (Hester, 2011). This is further compounded by the long-standing discourse within the UK that children need their fathers (Featherstone, 2010; MacDonald, 2017).

Hughes, Chau and Poff (2012) conducted interviews with women involved with CPS and family law to understand their experiences within these competing services. It was found that women are not often listened to; that mothers who report DVA after they become involved in the family law courts are seen to be making malicious reports; that legal representatives do not want to impose supervised contact so they therefore ignore the issue of domestic violence; and that some mothers feel very unsupported in these situations. This show that it is

not only within CPSW that the ideology is ingrained and enacted. Hughes, Chau and Poff (2012) explain how mothers are asked to do the impossible; they are told by CSD to stay away from the father/perpetrator else the child will be removed, but they are also ordered by the courts to ensure the father is having contact. This contradiction ensures mothers are considered wrong and inadequate at each stage, furthering their oppression.

Hester (2011) explains that often within the court arena, the history of DVA is forgotten, and it is only the future that is considered. She explains that whilst the father may be a perpetrator of abuse, he is still often seen as a good enough father (Hester, 2011; Heward-Belle, 2016). This resonates with Douglas and Walsh's (2010) findings; they report mother's experiences of children being removed from their care and placed with the father/perpetrators. It should not be considered that a father who is willing to harm his partner in front of their children is a good father; he is choosing to expose the child to that behaviour.

Within the UK, Women's aid recently campaigned for reforms to practice within the court system for child contact. Evidence shows that in the past ten years 19 children were killed by violent fathers after the court had granted contact (Laville, 2017). The contact was granted due to a long-standing patriarchal presumption that fathers must have contact with their children irrespective of the presence of domestic abuse. This grants fathers the privilege of not only being abusive, but also facing no consequences for their action, or consideration for the child's safety and wellbeing. This practice occurs as it has become the common sense way to manage such situations, without critical thought and consideration of the overarching patriarchal beliefs. Through campaigning, additional training for judges on DVA has been sought so that the children and their mothers are protected (Laville, 2017).

The juxtaposition of ignoring a father's violence and not holding him accountable for his behaviour, but then also prioritising, pursuing, and enforcing his rights through courts, further evidences how patriarchal systems, which child protection social work is part of, re-victimise mothers. Further comparisons can be drawn to the demonstration of both public and private patriarchy discussed earlier; the

father has patriarchal privilege both within his home and in the public arena, as it is his interests that are served.

3.1.5 SWs are avoidant of DVA due to lack of training and guidance

SWs are often *theoretically* aware of what constitutes DVA, in that they know the definition and categories of abuse and they are taught the indicators and impact, however, Postmus and Meritt (2010) explain that because the aetiology of DVA is not taught, suitable interventions to manage the issues are not known. Crabtree-Nelson, Grossman and Lundy (2016) agree, and highlight that SWs are not being educated about the hierarchical and patriarchal power-imbalances within abusive relationships which are the underpinnings of domestic abuse. Additionally, their lens are not calibrated to view patriarchy and male privilege, so it goes unseen (Hunnicutt, 2009). This leads to issues when there is a lack of protocol and policy in addressing DVA (O'Sullivan, 2013) and SWs fall back on their own, or their colleagues, knowledge to manage the situation (Bourassa et al, 2008). There is guidance to support with this issue, but it is not dominant or known, so therefore goes unused. Gřundělová and Stanková (2018) confirm that guidance does not show SWs how to work with the whole family; they provide individual interventions that are used intuitively. They also state that SWs do not reflect on their practice in relation to their own patriarchal values, gender stereotypes and prejudices. Fusco (2013) raises that individual SW's decisions are informed by their experiences, beliefs, and values; this thesis has argued that patriarchal beliefs, views and ideology influence these decisions, as SWs have been raised and socialised in a patriarchal society (Morley and Dunstan, 2016) where it could be argued that, due to the lack of punishment and prosecutions, DVA is actually accepted (Hayes and Boyd, 2017).

Humphreys and Absler (2011) disagree with Fusco (2013), as they report that problems such as mother blame and invisible fathers/perpetrators have persisted in the UK, USA, and Canada for 20 years in such a repetitive pattern that they cannot be attributed to individual SWs' intentions or practice. It is argued, however, throughout those 20 years, there is commonality in the SW's value base, underlying rationality, and thought patterns. Additionally, the initial part of this

thesis mapped patriarchal influences to the profession and its development, identifying that the ideology remains prevalent within the work. Ashley, Armitage, Taylor (2017) reported that SWs *inherit* working conditions and work place expectations, rather than instigating or creating them themselves. The teams in which they work and the managers they are supported by also affect SWs and their approaches; this is problematic when influenced by patriarchy. Helm (2017) used an ethnographic approach to explore how 27 SWs interpreted and made sense of information within their teams over a 12-week period. Helm (2017) explains that reasoning is a blend of analysis and intuition – that is informed by patriarchal values - and SWs must move effectively between both. Similarly, Broadhurst (et al, 2010) found that there are cultures within social work teams and also habitual responses. Responses change and adapt, but Helm (2017) warns that these practices can go unnoticed, so they are not properly considered or scrutinised. Helm (2017) explains that, as positive as the team's culture was in his study, it could be equally true that negative and unhelpful influences and cultures are perpetuated in other teams. It has also already been demonstrated that many social work teams perpetuate oppressive but widely accepted practices, such as mother blame and invisible fathers.

The lack of training and guidance regarding how SWs approach DVA has been noted by many researchers; Humphreys (1999), Postmus and Merrit (2010), Hughes, Chau and Poff (2011), Fusco (2013), O'Sullivan (2013), Heffernan, Blythe and Nicolson (2014), Crabtree-Nelson, Grossman and Lundy (2016). Additionally, studies report that mothers who have had child protection social work involvement say SWs do not understand DVA if it is not physical and there are not visible bruises (Douglas and Walsh, 2010). This results in SWs attempting to address the family's other issues and avoiding/dismissing the DVA concerns (Humphreys, 1999; Gill, Thiara and Mullander, 2011; Hughes, Chau and Poff, 2011; Mennicke, Langenderfer-Margruder and Connie, 2019).

A lack of awareness, training, and knowledge about the true nature of DVA also leaves professionals with oppressive and judgemental views, as they fall back on their ingrained, patriarchal knowledge. Heffernan, Blythe and Nicholson (2014) reported that some professionals thought mothers who stayed in abusive

relationships just did not want to be alone, or admit their relationship had failed. If SWs do not understand abuse, or feel confident in managing the risk and issues surrounding domestic abuse, then the language and way they talk about concerns can be avoidant and confusing. This causes an issue when mothers then feel that they do not know what the issue is in order to overcome it or prevent it happening again (Kauffman Kantor and Little, 2003).

Gender roles and expectations are set and applied from birth, and in the UK these are patriarchal. What mother blame and allowing fathers/perpetrators to be invisible does, and continues to do, is to alienate and ostracise individuals for not meeting the expectations set by society. The perpetuation of these expectations, and SWs continuing to hold mothers/fathers to these expectations, means this norm persists (Davies and Krane, 2006). If the social worker does not consider this critically, they cannot change it. What this means moving forward is that, to create practice that no longer oppresses and re-victimises women, a policy is needed that intentionally considers the impact patriarchal thought and social expectation has on those that the policy affects. There needs to be a true, critical analysis of the pre-existing guidance to challenge this oppression. Burrell (2016), states that excluding these topics from the discussion demonstrates patriarchal context. Burrell (2016) explains that without consideration of the constructions of gender, the structural causes of DVA, and the social context in which violence occurs, we cannot expect violence to be addressed. If we do not identify its patriarchal roots, challenge them and the expectations, it will be perpetuated with minimal opposition (Brookfield, 2016).

3.1.6 The impact of austerity on social work practice

A method used to detract focus and consideration from the root causes of oppressive social work practice, is identifying other plausible causes for the behaviour, such as the lack of funding, resources and the implementation of austerity measures.

Devaney (2018) explores how the financial crisis of 2010 and the following austerity measures have resulted in resources becoming scarcer, with social work

services determining who gets what. Austerity has had a clear impact on social work practice; there are less resources available to support families, meaning that families are often only assessed when they are at crisis point; more families are living in poverty so need access to services such as food banks; and, as such, SWs have higher caseloads and need to undertake more work (Grootegoed and Smith, 2018). Due to paperwork and monitoring processes, there is less time for direct work, which means face-to-face contact, which is crucial for building and maintaining a trusting relationship, is often limited (Hastings et al, 2015). Limiting funding and pushing social workers to breaking point turns CPSW into a vocation that is hegemonic; CPSW are convinced they need to embrace different ways of acting and thinking, which they think are beneficial, but are actually harmful (Gramsci, 1971 in Brookfield, 2016). When hegemony works efficiently, the presenting circumstances become a common sense way of understanding the world; a fulfilling vocation means supporting others, being truly compassionate, and an effective professional. Brookfield (2016) argues, however, that there is a dark side to the fulfilling vocation; manipulation and exploitation.

Social work as a vocation becomes hegemonic when staff take on duties and responsibilities that exceed their capacity and energy, to the point of destroying their own health and their relationships (Brookfield, 2016). This causes self-destruction, burn out, and poor team cultures, which allows the system that is starved of resources to keep going. Brookfield (2016) explains that by learning to take pride in accepting more work, CPSWs believe they are selfless and devoted, which strengthens their desire to continue. For those who do not continue, or leave, child protection social work, it is not unusual to hear that 'they just are not cut out for it'. As such, wanting to work as a CPSW, even knowing the reality of the work and the impact of funding cuts, becomes morally desirable and common sense; yet the only people it benefits are those running the departments and those cutting the funding (Brookfield, 2016).

Webb and Bywaters (2018) analysed the trends in children's services expenditure between 2010 and 2015 in England. They found that the amount spent on safeguarding has remained stable, whilst the amount spent on Looked After Children (LAC) has increased, and expenditure on prevention and support

services has decreased. This suggests that whilst funding for preventative and early help services has been cut to meet the demands of austerity, this money continues to be spent in other areas. Such findings are coherent with the belief, and strengthen the argument, that providing appropriate funding to preventative services will lessen the need for, and burden on, protective services (Butler, 2018).

Devaney (2018) draws an important comparison to the history of social work, and how the creation of the poor laws allowed SWs to determine who was and was not deserving of help. Historically, as was discussed earlier, these decisions were made in terms of rights and entitlement. Today, however, the decision is based on language crowded by economics, efficiency, and caution. Whilst families have a right and entitlement to these resources under the UN convention of the rights of the child, financial constraints led to creation and implementation of thresholds (Devaney, 2018). Grootegoed and Smith (2018) explain that when SWs have to decide who has access to services, they start to consider each family individually and in terms of how they are as parents; this indicates that societal problems and the wider context is being overlooked, and further steps towards the individualisation of issues is increasing. Individualising problems moves attention from the wider context and decisions that cause actually cause these situations, which is the goal of patriarchy; detract from being criticised and challenged in order to maintain dominance. Clayton, Donovan and Merchant (2015) explain how austerity measures are in place to guilt and shame those who need welfare support. This, again, has an impact on how those accessing services are treated. Grootegoed and Smith (2018) say that the way SWs think and feel about clients shape their judgements; the SWs' emotions legitimise their course of action. This is concerning as it has been evidenced that patriarchal ideology has influenced these thoughts, feelings and judgements.

Social work interventions are influenced by austerity and Grootegoed and Smith (2018), whilst reporting these influences can be both good and bad, have explored the emotional labour of austerity. They report that SWs have either learned how to distance themselves emotionally to continue the work, are motivated to fight for their clients, or try to muddle through whilst experiencing emotional distress. SWs

do not want to provide poor services or interventions, and they are affected by governmental decisions and the financial climate in which they operate (Grootegoed and Smith, 2018). For a social worker managing each of these things, prioritising reflective consideration of gendered expectations does not happen. This is another way in which the government disempowers CPSWs in order to limit the challenges and criticisms they often identify. Focus is again shifted to the lack of resources and time, rather than the oppression.

Hastings (et al, 2015) explained high levels of staff illness due to stress further increases the workload of those remaining, which creates a vicious cycle. Clayton, Donovan and Merchant (2015) explain that this exhaustion and burn out is becoming the new normal in the UK. The constant turnover of staff causes working relationships to be insecure and untrusting; this in turn causes families frustration and concern. Additionally, inductions are often rushed, which links back to Helm's (2017) work around team cultures and how information is shared within teams. When this is influenced by patriarchal ideology, issues and beliefs are perpetuated.

3.1.7 Intervention is not individualised

Potentially as a result of the lack of resources and time SWs are able to spend with families, interventions are not being individualised to each family. It was discussed how both historically and currently, the family's issues are seen as a result of individual failure (Harris, 2008), rather than more holistically or as a result of the political climate in which they live. Both Stanley (2013) and Hughes, Chau and Vokkri (2016) explain how, instead of viewing families individually in order to meet their specific needs, SWs look to the knowledge they have about the family – previous contact, previous referrals, insight from professionals – to confirm the assumptions they have about the family, rather than seeking to understand them individually. This approach is not informed by Hartsock's (1983) feminist standpoint, or participatory approaches, that suggest women are the experts in their experiences and therefore best placed to create their own revolution. it also perpetuates the pervasive view of mothers involved with CSD that Nixon, Radtke and Tutty (2013) discussed.

Stanley (2013) explains that SWs view referrals to assess the level of risk in the case, rather than to determine if there was a risk in the first place. Stanley (2013) relays that the source of a referral (e.g. a professional) and the number of previous referrals held the most significant information for SWs when making decisions about risk. In addition to this, when making a decision about whether to act on a referral, historic referrals and case information was scoured for any *additional* risk rather than protective or positive factors. Stanley (2013) raises that this is because the SW was looking to confirm what they had already inferred from the referral as opposed to assessing it on its own merit. Stanley (2013) found that SWs consider future harm more probable when past events were considered in line with the referral, but without speaking with the family to understand any changes that may have happened in that time. This again demonstrates a very untrusting approach towards families, granting professionals more status, power and belief. It is known, however, that referrals are not always accurate and comprehensive, which is why partnership working is so important.

Similarly, Hughes, Chau and Vokkri (2016) explain that when SWs collect information for their assessments, this is not used and interpreted in ways that will help the SW better understand the service user, but used as evidence for an investigation into mother's abilities, and therefore justification for SWs to remain present. Mothers do not get individualised support to improve their circumstances; they are simply put under surveillance and social workers maintain control. Smith (2018) explains that success is often defined in terms of whether the planned intervention was carried out well, as opposed to whether this was a beneficial outcome for the family and the child.

The SWs in both Stanley (2013) and Hughes, Chau and Vokkri's (2016) studies, were not responding to the family's needs or ensuring they understood the family's issues in order to be able to support and overcome them; they simply wanted to confirm their thoughts about the family and the risk. Whilst this may be as a consequence of limited time and resources due to austerity, it results in social work involvement and intervention that does not meet the family's needs. If SWs are not focused on the specific difficulties of the individual family, the interventions

they suggest are unlikely to be effective for the family. In addition to this, the family will not be invested in the plan because it does not suit their needs, and it is more likely to be unsuccessful (Forrester et al, 2007). This links to Dumbrill's (2006a) work regarding SWs having 'power *over'* parents or 'power *with'* them. When something is done *to* the parent rather than with, they are defensive and obstructive. When it is done *alongside* them, they are able to invest in it. If CPSWs do not work with families, consider risk appropriately or share their power, then we are setting them up to fail.

3.1.8 Conclusion

It has been evidenced in both the current and previous chapters that patriarchal ideology has influenced not only how the social work profession was created and developed, but also the practices that continue to be perpetuated by CPSW today. Practices such as mother blame, the leave ultimatum and invisible fathers, that encourage and allow male privilege, whilst ensuring women's oppression. It was discussed how SWs are exposed to the values and expectations of the society they are raised in and how, without critical reflection of the beliefs they hold in relation to gender roles and expectations, patriarchal practices are reproduced (Morley and Dunstan, 2016). The practices shared throughout this literature review show the SW's use of power and control over mothers - behaviours that are used by violent men, and further perpetuated by patriarchy. This evidences that many SWs have been exposed to patriarchal ideology and not undertaken critical reflection in order to prevent the perpetuation of oppressive practices; patriarchal beliefs have unknowingly and unquestioningly become as 'common-sense' to the social workers as they have to wider society (Brookfield, 2016).

This provides further insight into how ideology infiltrates not only legislation and policy, but also direct practice. Gibson (2019) explains that the social work approaches reviewed here are not seen within the profession as poor practice, so SWs can both be considered doing a good job whilst shaming parents at the same time. This further evidences that social work continues to practice in the same manner it always has, without question or reflection as to whether it is effective and humane. When considering this in terms of Friedan's (1963) work around the

problem with no name, to not identify that social workers, who are granted power from the state, can behave in harmful ways further allows, legitimises and perpetuates that harm. The result is another layer of secrecy, and another problem with no name.

In this sense, the entire chapter has been a demonstration of how patriarchal ideology transpires and is reproduced in CPSW. Whilst this is perpetuated by CPSW, it is not with clear intent. As Hunnicutt (2009) argues, we cannot see patriarchy unless the viewing lens is calibrated to identify it. This thesis argues that mothers with violent partners are oppressed by CPSW due to the way they are socially constructed within British patriarchal society. These constructions build expectations that women are held account to by all of society. This ideology is embedded in all members of society, from birth, with high perpetuation and minimal opposition, and will go unnoticed unless specifically sought out and considered.

The next chapter looks to explore the methods used throughout the thesis to answer the research question, before continuing on to explore the findings.

4. Methodology

This chapter will provide an overview of the methods and methodology used throughout the research. It starts with an exploration of feminist research before evaluating Participatory Action Research as a suitable methodology. The research aims and questions are then defined before the specific data collection methods and tools are discussed. Further insight is then provided regarding the sample, the data collection procedure and the analytical framework.

4.1 Feminist research

Feminist research is undertaken in ways that support the women's movement and encourages the researcher to use the findings to influence others, to be a change agent (Phillips, 2015).

As this research is guided by feminism, it is important to start with Reinharz (1992) who claims that "feminism is a perspective, not a method" (p241). Maguire (1987) furthers this, stating that feminist research has no clear, exclusive methods, definitions, or guidelines, but that it should be grounded in the everyday experiences of women. Phillips (2015) agrees, raising that feminist research is diverse in terms of epistemological views and it is therefore not possible to have one single all-encompassing approach, but what characterises feminist research is the social construction of gender being central to the topic, as well as identifying and questioning women's oppression, and the inequality between men and women.

Importantly for this thesis, Lykes and Hershberg (2012) share that feminist research is not only about differences in gender, but critically exploring status and power positions in order to generate consciousness about gendered oppression and the impact this has on women. Historically, research has not acknowledged inequalities between male and female so feminist social work research must take a women-centred approach (Phillips, 2015). Feminist research must be clear about how it is different to androcentric research (Maguire, 1987).

Feminist research explicitly recognises and works with power as a concept, this is achieved through calibrating the viewing lens to see patriarchy (Hunnicutt, 2009). Phillips (2015) suggests that feminist research adheres to guides that support the women's movement's objectives; concern with the exclusion and oppression of women, valuing personal experience and subjectivity, asking for, hearing and listening to women's voices, and how women know things. The research undertaken within this thesis also meets all of these objectives. Feminist research eliminates the boundaries of knowledge that are built through privilege (who gets to learn and know), and it carries messages of inclusion and empowerment (Hesse-Biber, 2012); this is achieved within this thesis through the combination of a feminist approach and Participatory methods. Feminist methodologies are driven to address the positions women are placed in by society, so they are not further oppressed by the research. Kidd and Kral (2005) report that feminist research encourages power relations that promote change from the bottom up; this suits PAR methodology.

4.2 Participatory Action Research

In light of the feminist nature of the topic, my affiliation with feminism, and my background in social work practice, a method that provided shared ownership and investment was needed and desired. Reinharz (1992) claims that feminism provides the perspective, and the specific discipline provides the method. I reviewed action research methodology and valued that it is often chosen as a method when an issue that needs resolving has been identified by the participants who would benefit from the research, therefore encouraging change (Altrichter et al, 2002).

I was then pointed towards Participatory Action Research (PAR). PAR was developed in the late 1960s when positivism called for members of the community to participate in research that would be able to provide practical assistance for that community (Kidd and Kral, 2005). Lykes and Hershberg (2012) state that PAR promotes inquiry that exposes ideological, social, and political processes, which permeate and cause systems of inequality. The initiation of a project using PAR methods usually means there is a need for action in relation to a particular issue,

and the current knowledge about that issue or the way it is presently managed is inadequate (Kidd and Kral, 2005). I have already explained my motivations for the research when positioning myself in the introduction, and this is in line with both feminism and PAR principles. Broadly speaking, PAR is completed for, by, and with the people who are affected by the research topic alongside academic researchers (Kindon, Pain and Kesby, 2008). Baum, MacDougall and Smith (2006) note that PAR is supposed to enable and support action, and advocate power sharing. McTaggart (1994) clarifies that PAR researchers have three commonalities; to improve their own work, to improve others' work through collaboration, and to collaborate more widely with political, cultural, and institutional contexts to create the potential for more broad change. PAR is concerned with simultaneously changing individuals – their work and collaboration - and the culture in which they belong (McTaggart, 1994). It was demonstrated throughout the literature review how it is the culture and society in which social work practice takes place that has led to current day approaches, which previous research shows oppresses mothers. It is these elements that both the feminist approach and PAR methodology should highlight.

PAR separates itself from the idea that an 'outside expert' should undertake the research by involving participants in each stage of the project and encouraging them to propose their own solutions (Walter, 2009). Gatenby and Humphries (2000) theorise that researchers are not to be seen as separate academics theorising about others, but co-researchers working towards social equality. McTaggart (1994) contends that a thematic concern and commitment to improve practice joins the researcher and the participants. It is often hoped that the participants bring the idea to a researcher and Baum, MacDougall and Smith (2006) explain that participants should be so involved in the research that the lines are blurred between the researched and the researcher.

Walter (2009) believes PAR projects must arise from the communities that are affected by the issue the research wishes to address. When encouraging participants to formulate the research topic is not possible, as in this thesis, and the research is initiated by a researcher intending to use a PAR ideology, issues of power and ownership are readily considered with a joint responsibility and

commitment to participants (Maguire, 1987; Kidd and Kral, 2005; Shaw and Gold, 2010). Whilst PAR seeks to include the oppressed in all areas of the research, Healy (2001) recognises that someone has to create the initiative for the work and the initial plan. Ackerly and True (2010) explain the extent to which projects are able to facilitate co-researching with participants varies across projects. For Ackerly and True (2010) participation can mean involvement in devising questions, collecting data or disseminating; action can mean generating social action and involvement. The first stage of this research was for participants to review and amend the research questions and tools, which enabled and encouraged participant input from the start. By ensuring participants are involved as experts at each stage of the research, the process develops around the participants' unique needs, issues, and challenges; there is a continual reflexivity that ensures the research meets the participants' needs (Kidd and Kral, 2005).

Both Kidd and Kral (2005) and McTaggart (1994) argue that, rather than being a methodological tool, PAR has general principles that should be followed. By encouraging an approach that is genuine, provides respect, and is open to experience, the researcher is able to question the power they have in the research situation and their own views on what the participants may discuss. Reid, Tom and Frisby (2006) agree, suggesting PAR is a tool used to view the world in a particular way that avoids androcentrism found in other research. Hesse-Biber (2012) suggest that feminist researchers avoid androcentrism by asking questions that focus on the lived experiences of those in marginalised groups which results in traditional ways of thinking and knowing being disrupted. Lykes and Hershberg (2012) argue that most PAR projects agree and accept that knowledge is socially constructed and will depend upon the social and cultural community in which the work is being undertaken in; social constructionism was discussed at length within the literature review and features heavily throughout the thesis.

4.2.1 PAR and social work

PAR suited my ethos from my background in SW, as it strives for social justice, it is focussed on problem solving, and it involves those affected by the problem in finding a solution (Healy, 2001; Walter, 2009). My intention in using PAR was,

because it is a form of applied research, it will have a real world effect that is an accurate representation of the issues faced by the population (Walter, 2009). Maguire (1987) raises that PAR is purposely used to radically change the issue, rather than just observe, describe, and interpret it. McTaggart (1994) contends that PAR begins with a deeply felt concern and a desire to change it, whilst Kidd and Kral (2005) discuss how a researcher must be prepared to care deeply and personally about the project.

Shaw and Gold (2010) state that PAR is philosophically consistent with social work best practice, such as the principles set in British Association of Social Workers' (BASW) code of ethics for SWs (BASW, 2014). Kelly (2005) suggests that PAR approaches change the relationship between practice and theory in relation to how knowledge is produced. This is not only for the professional's sake but to produce change. McTaggart (1994) shares that researchers using PAR seek to understand people's subjective experience within their institutions whilst incorporating context and meaning. Researching people who have had involvement from children's services will always mean further exploration of the wider cultural and social context is necessary. SWs cannot work effectively in isolation from the society in which they live.

4.2.2 PAR Process

PAR is a reflective and reflexive process; Baum, MacDougall and Smith (2006) highlight that the researcher has an impact on what is being observed as the researcher brings their own line of inquiry and values that influence the study. This may be in terms of how data is understood, or on the relationship built within the interview and how open the participant feels they can be. MacDonald (2012) talks about how within data collection interviews the researcher and the participant co-create the knowledge together, gaining mutual understanding through questions and empathy. This is very true for this thesis; my background in social work enabled me to highlight poor practices that perhaps the mothers could not identify because they did not know what else to expect. I was also able to identify when action could or should have been taken, but was not, and how things could have been accomplished more effectively if a different approach was taken. This led to

more specific follow up questions. On reflection, whilst some mothers were uncomfortable initially that I was also a SW, and this actually made one participant change their mind about engaging in the research, it was ultimately positive. When the mothers were describing their experiences and they received confirmation on the terms and processes they were discussing, their confidence grew and their enjoyment increased; this is similar to Griffin's (et al, 2003) findings.

Labonte (1990) explores how empowerment is a dynamic quality within power relations that aims to reduce inequality and strive for equity. I sought to achieve equity and empower participants by forming a relationship with them and encouraging trust in me, alongside continual reflection to ensure that I did not feel superior or have power over the participants. Gordon (1980) explains how Foucault believed that power is something which results from interactions between people, how knowledge is exercised, and how institutions practice. By involving participants in each stage of the research process, participants are able to establish themselves as more powerful agents (Baum, MacDougall and Smith, 2006).

The concept of PAR is based on three stages; Planning, Action, and Critical Reflection (Ward and Bailey, 2013). Kelly (2005) describes the stages of a PAR project. Within the planning stage consideration is given to the research, how it will be undertaken, and what needs to be achieved, and the methods and tools are refined. Within the action stage what has been planned is put into action and the data is collected. In the reflection stage, what has happened, what was found, and how the planning helped or hindered the data collection is considered. All of this information is used to inform the next cycle; the process is iterative and should refine each time (Kelly, 2005).

Critical
Reflection

Planning

[110]
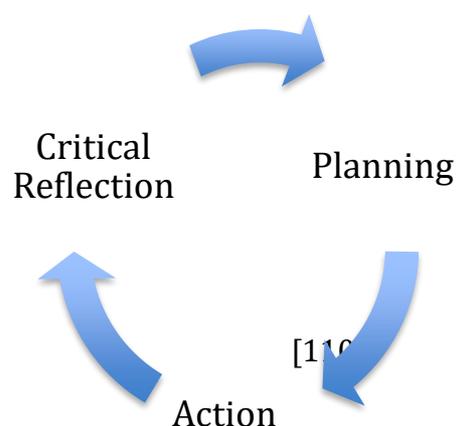
Action

Figure 4.1 PAR Process

PAR is cyclical, so these stages continue in an iterative fashion until the problem is resolved (Baum, MacDougall and Smith, 2006). Baum, MacDougall and Smith (2006) explain that refection needs to occur throughout the research rather than in a single stage by itself as this encourages creativity. It is this iterative process that produces knowledge and improves practice, rather than just supporting learning (McTaggart, 1994).

This project has followed the three stage cyclical process of PAR as described above, with reflection intertwined at each stage. This will be discussed further in Stage 5 (data collection).

4.2.3 Criticisms of PAR

There are many positive reasons to undertake research using a PAR approach, as demonstrated above. When making rational and measured decisions, both positive and negative views have to be considered and weighed against one another. The limitations of PAR differ for each project, however for this research it is important to consider differences in opinion, the timeline, and power.

4.2.3.1 Differences in opinion about 'change'

Reid, Tom and Frisby (2006) report that action is interchangeably used with the idea of 'social change', which can be idealised. Issues can arise when it is assumed that everyone shares the same view regarding what constitutes action. Participants and those invested in the project can feel let down if the changes are local and deemed to be minor, as their expectations for change are not met in terms of broader and structural conditions that often cause the issues (Reid, Tom and Frisby, 2006). Baum, MacDougall and Smith (2006) raise that difficulties can

arise when priorities are not aligned and also when opinions on the resolution differ. To overcome this issue, Reid, Tom and Frisby (2006) define action to be the dynamic process of speaking about experiences and then taking deliberate steps to change circumstances. Walter (2009) agrees, suggesting that there may not be a consensus with how people wish to address the problem and create change. In addition to this, D'Cruz and Jones (2004) warn that, because of the empowering and inclusive nature of PAR, there are sometimes misunderstandings about what the researcher can and cannot do.

In order to reconcile potential differences in opinion I was very open and honest with participants at each stage of the process and encouraged them to approach with any questions arising, at any stage of the process. This way any and all ideas were known, and their likelihood of becoming a reality were discussed. Within the interviews, I explained to participants my hopes for the outcomes of the project, as well as gathering the participant's views about what change they would like to see. The majority of the mothers wished for their experience to not happen to others, and SWs wished to be given a better way to practice in future in order to not re-victimise mothers. It was discussed at an appropriate level for each participant whether this was feasible and what it might look like in future, for instance creating guidance or training.

Taylor (2011) warns that when the researcher is an insider – when researching their own discipline or area – the researcher can make assumptions about what was meant by the participants, rather than ensuring the correct understanding. Whilst I am a SW who has insider knowledge, the PAR methodology used within this project guards against this, as the reflection stage requires participants to confirm that the findings are a true and accurate representation of what they shared. Lykes and Hershberg (2012) explain that, within the process of co-constructing knowledge, the insiders' voices can be appropriated, obscured, and distorted. Often researchers can overstep and speak for participants, which causes an obstruction of the truth. In order to overcome this, Fine (1992) suggests the researcher must facilitate the voices of participants, rather than speak on their behalf.

I attempted to overcome this by ensuring all of the mothers and SWs were given the opportunity to see their own transcripts or themes (this will be discussed more later in Section 5) in order to confirm the data had not been misconstrued and that it remained a true and accurate reflection of what the participants wished to share.

4.2.3.2 Timeline

Walter (2009) raises that, because PAR is a cyclical process, there is no timeline or clear end date for the research. Baum, MacDougall and Smith (2006) explain that dilemmas arise when using PAR because it can be time consuming and unpredictable. This can cause issues for funders and researchers, and questions must be asked about when the research questions have truly been answered (Walter, 2009). For this project, however, there is a clear start and end date due to time and financial constraints of the PhD. All attempts were made to achieve the aims of the research and abide by PAR stages/goals within this time, and this was successful.

4.2.3.4 Power

Lykes and Hershberg (2012) explain how, although empowerment is an aim of PAR, some projects describe themselves as giving voice to marginalised people. Lykes and Hershberg (2012) go on to say that by ensuring participants are agents rather than objects to study, the research covertly concerns itself with power. They suggest that being transparent with participants is a positive step, and it was demonstrated above how I achieved this.

Gatenby and Humphries (2000) discuss how, whilst asking participants for feedback on their involvement in order to involve them as experts, they do not get to see other people's transcripts or ever have the whole picture in the same way the researcher does. They suggest 'keeping check' on this power by discussing it with participants – sharing drafts, offering to run workshops, ensuring close work if writing up an individual's specific story. Realistically, Gatenby and Humphries (2000) explain that often participants do not give the feedback the researchers have requested, or participants choose not to attend the workshops, or the participants are happy to accept the researcher's view 'as the expert'. Perhaps

some participants do engage and challenge the researchers, but this is not usually the whole cohort. Within this research all of the participants were given the option of having feedback in numerous ways – their own transcript, their own themes, all the mothers' themes, all the SWs' themes, all of the research themes or just the outputs such as a blog post or journal article. Each participant's requests were different but, at the time of interview, they did all request feedback of some kind. I completed these requests and shared the feedback; many mothers provided further insight into this feedback, but many of the SWs have still not responded.

Gatenby and Humphries (2000) raise that another difficulty arises in feminist research if the female participants do not feel the need for feminist understanding or emancipation. There is a danger that only the accounts where women do feel the need for emancipation will be reflected, because the aim of feminist research is liberation. This research attempts to share the mother's real life experiences in the manner in which they wanted them to be shared.

4.3 Feminist Participatory Action Research (FPAR)

Due to their coherent, inclusive, and challenging ethos, feminist approaches and PAR methodology can be combined within a research project without difficulty; however, Reid, Tom and Frisby (2006) further this and discuss feminist PAR (FPAR). FPAR is a methodological and conceptual framework that enables and promotes a critical understanding of the perspectives of women that encourages participation, inclusion, and action whilst challenging the researcher's underlying assumptions. Gatenby and Humphries (2000) explain that both PAR and feminist researchers have sought to involve others in the research and encourage activism, which promotes ownership and more authentic change. FPAR seeks to build knowledge that changes the conditions for women on an individual and collective basis, while restricting power so that it can be used responsibly. Reid, Tom and Frisby (2006) highlight that FPAR seeks to analyse social problems in terms of their structural determinants. FPAR centres on women's experiences explicitly and applies principles of social change, participation, and inclusion throughout the process.

Importantly, Gatenby and Humphries (2000) raises that whilst the principles and ethos of PAR and feminist research fit, traditionally PAR has been undertaken as if the social world has gender-neutrality or equality; no attention was paid to gender. Lykes and Hershberg (2012) agree, and explain how the norms of PAR sometimes fail to recognise, challenge, and address gendered hierarchies that oppress women. In addition to this, they often only report on local issues rather than addressing larger political structures (Lykes and Hershberg, 2012). Including feminism in a PAR project means these concerns are naturally addressed, as feminism ensures the issues of women's oppression within the wider socio-political context are at the forefront of the analysis. FPAR, as followed throughout this research, demonstrates a commitment to redressing social injustice and challenging power structures. Lather (1991) continues this, relaying that research is not value-free, so researchers need to critique the status quo in order to build a more just society. Gatenby and Humphries (2000) suggest that, through feminist research, change happens by empowering women within research, and disseminating findings to change the action of others. These ideals and aims can also be met through a PAR approach, as long as attention is paid to gender.

4.4 Research Aims and Research Questions

The aim of this research was to develop an understanding of how mothers within the UK experience child protection social work intervention following an incident of DVA, whilst also understanding this in terms of how SWs approach and manage this issue. The research aimed to understand what contributes to mothers' experiences of re-victimisation or empowerment in these situations, from both the women's and SW's perspectives. The research used a feminist, social constructionist lens to understand the issues from a point of view that is lacking in such research.

When the research started, there were three main research questions:

1. How do mothers with violent partners experience child protection social work interventions?

2. What are the contributing factors to further empowering practice or re-victimisation in child protection social work from both social workers' and mothers' perspectives?

3. What recommendations for future practice, suggested by mothers and/or social workers, can be made?

However, when it came to analysis and writing the thesis, it became clear that research question 2 has two very distinct and separate parts and separating them enables further exploration and understanding. Therefore, there are four main research questions:

1. How do mothers with violent partners experience child protection social work intervention?

2. What are the factors that perpetuate re-victimisation in child protection work from both SWs' and mothers' perspectives?

3. What are the factors that contribute to empowering practice from both the SW's and mothers' perspectives?

4. What recommendations for future practice, suggested by mothers and/or social workers, can be made?

These questions in this order flow very well and offer a coherent narrative for the thesis.

4.5 Data collection methods

Qualitative methods of data collection in accordance with a PAR approach were chosen for this project, as there is more potential to demonstrate how women's lives are constrained by broader structures. Qualitative accounts are exploratory not quantifiable; D'Cruz and Jones (2004) explain that qualitative methods are used in order to explore values, experiences, language, and meaning for that person. Gatenby and Humphries (2000) explain that when considering methods for PAR research, any method that emphasises and encourages collaboration whilst stimulating discussion that is relevant to the community are favoured. In this research data was collected using two research tools I created; a card sorting activity and a vignette, alongside open-ended interview questions.

Forrester (et al, 2008) raise that retrospective accounts – those that look back on an event – are often influenced by the participant's desire to be viewed in a positive light, or justify their actions. This is something that I was mindful of, however, the participants' experiences ranged from having ended years ago, to still being involved now. Whilst some researchers (Sheppard and Kelly, 2001) found that the participants' accounts were completely irreconcilable from the initial incident, the experiences that were gathered in this research have many similarities and commonalities that show a set pattern of child protection social work practices. These practices are also corroborated in previous research studies (Douglas and Walsh, 2010; Keeling and Van Wormer, 2012). In addition to this, Forrester (et al, 2008) suggests that vignettes compliment research that draws on retrospective accounts because participants are not asked to recall what happened, but what they think should happen or what they would do in future.

4.6 Data Collection Tools

4.6.1 The Duluth Model of power and control

When considering data collection methods for the project a number of tools were reviewed, such as Biderman's chart of coercion and the Duluth model of power and control. I initially considered adapting and using the Duluth model as a card sorting activity when I thought very simply about how to determine if SWs' approaches re-victimised mothers. To identify that the techniques used by a SW reflected that of a father/perpetrator would indicate that SWs do re-victimise mothers and their practices are abusive (if that is what the data collected showed - if not the opposite would apply). I then explored whether SWs' behaviours had been considered in this manner before. As was discussed in the literature review, Keeling and Van Wormer (2012) interviewed mothers regarding their experiences of child protection social work. The results were analysed considering the behaviours listed in the Duluth model, however, no research to date has used the Duluth Model as a methodological tool to understand mothers' experiences of child protection social work involvement. Additionally, Keeling and Van Wormer's (2012) research did not include SWs. This project could therefore be seen as building on Keeling and Van Wormer's (2012) research; participants include both

mothers and SWs so as to understand the assessment process from each side, and the Duluth model components are used as tools within the research to ensure it is the participants who identify the presence of these behaviours in social work practice, not just researchers.

The Duluth model of power and control was created in 1982 by professionals who were working with both perpetrators and survivors of domestic abuse to develop tools that would educate others on abusive behaviour. The model features the most common tactics and behaviours used within abusive relationships, such as being controlling, coercive, and threatening (DAIP, 1984). There are criticisms when using the Duluth Model of power and control as a tool for planning and delivering effective intervention programmes for perpetrators (Dutton and Corvo, 2007), however, they do not take away the model's ability to generate critical discussion and awareness of abusive behaviours. It is also not disputed that the behaviours featured in the wheel are a true reflection of perpetrators' tactics; this makes it an acceptable model to use in research.

Within the UK the Duluth model is sometimes discussed as part of social work training at university or on courses regarding domestic violence for SWs, but it is mainly utilised as a tool within the voluntary sector. From my experience, this is likely because voluntary services are able to undertake direct work with mothers, whereas SWs signpost to specialist services, or because voluntary services are able to specialise in one area. Women's services often run sessions (such as the freedom programme) that unpick the sections of the model to help women understand how the behaviours might be displayed by a perpetrator, why they are used by perpetrators, and the impact it can have on the woman. Women are also supported to look out for these behaviours when they start a new relationship, or within their current relationship, as an attempt to prevent further abusive relationships.

It was therefore considered that if the model was broken down into cards that could be sorted, the participants could be asked to 'identify which behaviours were present in the relationship you had with your SW'. The result would provide insight into mothers' experiences and how the mothers perceived the SW's approaches. I

felt that the card sorting activity would add value alongside an interview schedule as it is more interactive and, whilst all cards are used as prompts, it is less direct and the mothers could pick and choose the order in which they answered.

To deconstruct the Duluth model (Appendix 2), I wrote out all of the statements within the wedges and made them in to bullet points. At this stage, no phrases were removed, as it was known this would occur within the scoping interviews (this will be discussed in more detail in chapter 5). When deliberating with others, feedback was gained stating that mothers may feel pressure to choose cards even if they did not apply to the mother's experience. The Duluth cards would also likely be perceived as negative, and this might be considered to be leading mothers to give a particular response. It was therefore agreed that, instead of adding a card stating 'none of these apply to my situation', I would also create cards that featured positive social work practice. I considered using the BASW code of ethics as these are well-known and already short statements, however, decided upon using the current Conservative government's Knowledge and Skills Statements (KSS; Department for Education, 2018b) for SWs as they are more comprehensive and what SWs are currently expected to work with.

4.6.2 Knowledge and Skills Statements

The KSS are government written statements that form the basis for the national accreditation system that applies to children and family SWs (Department for Education, 2018b). There are ten domains in total: relationships and direct work; communication; child development; adult mental ill health, substance misuse, domestic abuse, physical ill health and disability; abuse and neglect of children; child and family assessment; analysis, decision making, planning, and reviewing; the law and the family and youth justice systems; the role of supervision; and organisational context (Department for Education, 2018b). Each domain shares the expectations the government has for SWs in relation to that area, and details what should be considered when working with cases that feature the issues. The KSS document is four pages long and, in order to ensure the card sorting activity was as efficient and effective as possible, it was summarised and made into cards.

The initial analysis of the KSS resulted in each domain being broken down into paragraphs, which were broken down into sentences that represented different elements of the domain. At this stage, three sentences were removed because they related directly to children, which does not meet the focus of the project (how the SW interacted with the mother). The end result was 64 sentences.

These sentences were then reviewed thematically to remove any duplicate sentences. The aim was to reduce the amount of cards participants were required to sort during the research activities. Please see appendix 3 for details of the thematic analysis.

The sentences were then grouped together using thematic analysis and were given a code/theme that summarised the elements. For example, the following sentences from the KSS (Department for Education, 2018b) were grouped together under the code "working together/building working relationships with all family members": Create immediate rapport with people; Act respectfully even when people are angry, hostile and resistant to change; Build effective relationships with children, young people and families; Be both authoritative and empathic; Work in partnership with children, families and professionals (Department for Education, 2018b).

Following the thematic analysis, new statements were created to encapsulate the coded categories and thus reduce the amount of cards the participants needed to sort. The new statements were followed by additional options that the mothers/SWs could consider whether to include in the statements when they took part in the scoping interviews. The result was 13 statements; to review these please see appendix 4.

In order to confirm the findings of the thematic analysis, three registered SWs who also undertake research were asked to review the 64 sentences and place them within whichever of the 13 statements they deemed most fitting. The guidance they were given was;

1. Discard any sentences to do with children as the focus of this project is on mothers, not children.

2. Look through all 64 of the KSS sentences and chose which of the following 13 statements you would put that sentence in.

3. If you think there are sentences that do not fit with any of the statements then leave them to one side.

The SWs were encouraged to change the statements, remove them, or add in further if this was necessary to ensure that the true message of the KSS was reflected in the statements.

Reviewer one wanted to add in/change the wording of some of the statements and also created an additional statement that reads 'SWs understand the importance of supervision'.

Reviewer two suggested combining statements six and seven as, ultimately, they were portraying the same message. Reviewer two also wanted to add 'SWs understand the importance of supervision and reflective practice'. Reviewer two felt that only statements one, two, three, seven and the additional statement were actually necessary in terms of social work practice, and the rest were unnecessary overly specific variations

Reviewer three wanted to add in/change the wording of one of the statements, add one in, and combine more of the statements together.

The reviewers did not put every statement in the same categories that I initially did, but when discussing views it was understandable as to why there were differences as each reviewer placed importance on different aspects of the sentence. For example, I put sentence number ten (act respectfully even when people are angry, hostile and resistant to change) in statement one (SWs must build effective relationships with all family members, including fathers), but reviewer two put sentence ten in statement two (SWs must tailor interventions to

each individuals family's needs, using strategies and methods that suit the family). I focussed on how building an effective relationship would mean the SW could attempt to prevent hostility, or knowing that the SW would be able to calm any anger if they had an effective relationship with the family. Reviewer two's focus was on how responding to the family in an individualised manner and knowing methods to interact/how to deliver a message would limit that hostility and anger. Both of these interpretations of the sentences are valid and accurate, and both of the explanations show sound rationale. Subjectivity is inevitable as part of social work process, and so this activity also mirrored the reality of practice.

Reviewer three initially felt that statement five (families should be provided with services that will meet their needs) was unnecessary, as statement two (SWs must tailor interventions to each individual family's needs, using strategies and methods that suit the family) encapsulated the same sentiment. I explained how many articles discuss that, whilst a SW may assess a family as needing a service, they are limited in the resources they can offer and reserve them for higher risk/closer to crisis families, so this service is not provided to the family even though it is the SW's role. Reviewer three was happy with this explanation and agreed to keep the statement.

The reviewers suggested amendments to the wording of some of the statements and these were included in the final statements. For instance, some of the cards had options added to the end to prompt further thought; 'SWs must enable full participation by building effective relationships with all family members, including fathers. Options: listening, respecting, working in partnership, communication'.

Whilst every sentence did not match the same statement that I initially chose, the participants were satisfied with the amendments that they had made, and that the statements reflected the true nature of the KSS.

4.6.3 Further research activities

Alongside the card sorting activity, I also developed a vignette of a typical incident of domestic abuse with additional questions to explore (please see appendix 5),

and an informal interview schedule (please see appendix 6 for the mothers interview schedule and appendix 7 for the SWs interview schedule).

4.6.3.1 Vignette

Finch (1987) explains that a vignette is a type of short story that features hypothetical characters in particular circumstances, and participants are invited to respond to this. Finch (1987) goes on to explain that, when using a vignette, participants are invited to suggest normative statements about the situation presented, rather than express their beliefs, feelings or values. Mothers who have been in abusive relationships are already judged by society, with strangers and professionals sharing their opinions and drawing conclusions without knowing that person's full situation; this is done by the simple question of 'why doesn't she leave?'. To expect mothers with violent partners to immediately start disclosing their experiences simply because they are in an interview situation is unrealistic and unfair. As is explained later, I built rapport with the mothers via email and telephone prior to even meeting, however, it should still be recognised that I am ultimately a stranger to the mother. It would therefore be unwise to assume a mother will be open with me – someone who they know is also a SW – about DVA straight away.

Whilst every reassurance was given to the mothers that no reprisals should come from the interview in terms of their partner or social work involvement (in line with safeguarding policies), victim/survivors of abuse can still be fearful of discussing their experiences due to concerns about what might happen. Barter and Renold (1999) share that vignettes provide participants with opportunities to project their view and experiences onto someone else's situation which means this is less threatening for them, enabling participants to be more forthcoming with their answers as and when they feel ready. Hazel (1995) explains vignettes are sometimes used as an icebreaker to build rapport, whilst Wilks (2004) proposes that vignettes create distance between the situation and the participant's experience, which helps remove the pressure of being socially desirable.

Taking all of this into consideration, it was decided that the opening activity within the interview should be a vignette. I drew on my previous experience as a SW to create the vignette. By considering some of the behaviours, incidents, and reports of DVA I have worked with prior to undertaking this PhD, a realistic vignette was produced.

4.6.3.2 Semi structured interview questions

In addition to the card sorting activity and the vignette, it was felt that having semi-structured interview questions would ensure discussion of important themes, topics, and areas, and also provide a good close to the interview. Kvale (1996) explains that interviews are a professional conversation based on based on interactions that happen in daily life. The card-sort and vignette were specific and focused activities, whereas the interview questions allowed another level of exploration and responsiveness; in this sense, each tool is in keeping with the PAR stages of action and reflection. I developed the interview questions from intensively reviewing relevant literature, considering the mother's potential situation and experiences, and considering social work practice, process, and values.

Kvale (1996) explains that an interview is a specific form of conversation; it has structure and purpose. An interview is an attempt to understand the subjects view of the world, in relation to the meaning behind their experiences and their lived world (Kvale and Brinkmann, 2009). Bryman (2016) posits that semi-structured interviews are used in order for the researcher to keep an open mind regarding the ideas and the topic they are inquiring about. D'Cruz and Jones (2004) explains that semi-structured interviews have general themes to be explored, but there is flexibility in how and when the questions are asked, and allows for any further follow up questions if necessary. The questions are seen more as a checklist of ideas to explore as and when the conversation flows that way, rather than a rigid list to follow. Kvale and Brinkmann (2009) suggest an interview is an "inter-change of views" (p.2) around a common interest. Braun and Clarke (2013) add that within semi-structured interviews there is scope for participants to raise issues that are important to them but were not featured as part of the main questions. It is

important that the researcher remains responsive to what is being raised and discussed within the interview. Bryman (2016) explains that interviewing is seen as especially appropriate for feminist research as there is more scope to establish a higher level of rapport and reciprocity whilst seeking the woman's perspective.

I chose these three activities were chosen in order to collect rich data. It was felt different activities were needed for two reasons - to collect a wide variety of data because, at that stage, it was not clear what would be found, and also to build confidence during the interviews and encourage mothers participation. Similar to Griffin's (et al, 2003) findings some mothers actively stated that after the second activity they were really enjoying themselves;

> "Laura - no, no, it's quite fun actually! Laughter
> Interviewer – you were really getting into it!
> Laura – I was! Laughter. I do tend to get into things when I'm interested I'm like right! Laughter."
> **Laura**

4.7 Sample

In fitting with PAR methods, in order to promote effective change, both mothers and SWs (who were not connected) were consulted and interviewed as part of the research. This was a deliberate decision in order to be able to understand the mother's experiences of child protection social work from an honest view point, and also to understand the SWs' thought patterns and ideas when managing these cases. Without understanding the impact the practice has on mothers and the underlying tensions SWs feel, the recommendations would not be informed or of a feasible standard.

By including mothers, real life experience and knowledge was being produced. It was not that I was driving the data to prove my own thoughts and ideas, but the mothers' experiences being analysed and confirmed by them through the whole research process. McTaggart (1994) describes the process as a self-reflective enquiry undertaken to improve the problem and obtain justice. By including SWs

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in the same research project, the reflection on their practice and how this fits into society is discovered and understood. Realisation occurs about their own practice that potentially has not before this point; this is where the change should occur. McTaggart (1994) explains that there is both an individual and collective aspect within PAR research.

4.7.1 Sample size

The PhD was not looking to be representative of all UK mothers' experiences of child protection social work, or a case study example of social work practice within one particular locality. I therefore made links with voluntary services around England.

When initially considering sample size, it was considered that a total of 30 participants to recruit and interview, and therefore 30 transcripts to analyse, would be manageable in the three year timescale of the PhD. Braun and Clarke (2013) suggest that commonly 15-30 interviews are undertaken if the aim of the research is to identify patterns across and within the data; as thematic analysis is being used, I felt this was most fitting. This sample size was considered appropriate as it was being obtained to look in depth into one issue rather than cover the breadth of a whole topic. D'Cruz and Jones (2004) explain that within qualitative research, participant numbers are usually limited as there is often a larger volume of written data. Due to the nature of the topic and the range of experiences the mothers will have had, it is unlikely that the data will ever reach saturation (Braun and Clarke, 2013). A complete and full picture of all child protection experiences can never be gained as the trigger incidents, the SWs, the mothers' previous life experiences, and each party's morals and values all have an influence on the experience, and this whole range cannot be accounted for.

Therefore, a sample of 15 mothers and 15 SWs was sought in order to provide rich detail in the data (Ritchie and Lewis, 2003).

4.7.2 Sampling method

A combination of non-probability, purposive sampling, and self-selective sampling was used to identify participants for this study. Walliman (2015) describes purposive sampling to have a selection criteria developed with specialist knowledge of the research area. An advert for participants that held the criteria (please see appendix 8 for the mothers advert and appendix 9 for the SWs advert) was dispersed widely within women's centres, domestic abuse services, and online, and a post was written on the Sylvia Pankhurst gender blog, facilitated by Manchester Metropolitan University, which appealed to both SWs and mothers. These methods form the purposive sampling aspect, however, as the research did not select participants from a specific group, the self-selective sampling then emerged. I felt it was important to encourage mothers and SWs to engage with the research, but this had to be their own decision and on their own terms. Once the advert was released, mothers and SWs were able to approach me to express their interest in taking part, and as long as those who put themselves forward met the criteria, I did not turn them away. Each participant, mother and SW, has their own reasons for wanting to take part in the research, and this is not something I can guard against.

4.7.3 Inclusion criteria

There were three aspects to the inclusion criteria for mothers: 1) being a mother, 2) having previously been, or currently in, an abusive relationship, 3) having had involvement with children's services.

For the SWs, the inclusion criteria was: 1) being a SW, 2) working or having ever worked in child protection.

Most mothers approached me with their interest via email, and so the information sheet and a blog post about the topic was sent out in response. I spoke with numerous mothers by email and telephone prior to undertaking data collection in order to start to build that relationship (Lykes and Hershberg, 2012).

Three mothers and three SWs engaged in the first stage of PAR by reviewing the research activities and tools. It was therefore hoped that 12 mothers would come forward to be interviewed, and later 12 SWs. In reality, 16 mothers met the criteria and requested to be interviewed; in keeping with PAR, all 16 were interviewed. 12 SWs and one manager were interviewed.

The mothers were located across England and Wales, and their ages ranged from 18-47. Two mothers identified their ethnicity as 'mixed', with all others choosing white British. All mothers were in heterosexual relationships. The mother's experiences ranged from a SW making a phone call to having children removed through proceedings. Mothers were both middle and working class. Some mothers still had CSD involvement, whilst for others involvement had ended months and years ago.

The SWs were located around England and Scotland, their ages ranged from 23 – 54 years old, and there were ten female and three male SWs. SWs defined themselves as White British (nine), White Scottish (two), Black British (one) and British Asian (one).The length of time spent as a qualified SW ranged from under one year to over 28 years. Ten SWs had always worked within the different branches of child protection, one SW had mostly worked in children's services but also youth justice, one SW worked within the charity and voluntary sector before entering children's services and one SW worked in adults services before entering children's services.

Everyone who approached expressed an interest in taking part, and met the inclusion criteria, was interviewed. This guarded against any bias in the sample in terms of age or ethnicity. The sample consisted of mainly white British mothers and SWs. I was aware of this in the early stages of participant recruitment, and so focussed specific attention on approaching women's services and refuges specifically for Black and Minority Ethnic women around the UK in order to prevent and overcome any bias. This approach was not successful in recruiting any additional participants, however, and so the sample remains with white British as the majority.

The advert for the SWs was shared on twitter 165 times and liked 40. This was significantly higher than the mother's advert, which was shared 45 times and liked 15. What is most interesting about these numbers, however, is that I had more actual contact and direct response from the mothers than with the SWs. It was questioned whether this is because SWs are happy to help in ways that do not increase their level of work (share/retweet), but struggle to offer meaningful engagement with the research. Whereas the mothers may not believe they have influence in sharing with others, or worry what it would mean if they were to share/retweet, but they are more willing to engage and be heard.

4.7.4 Payment of participants

I felt it was necessary and appropriate for the mothers to be given a £10 voucher as a thank you for their time. My own belief, and in fitting with PAR, is that participants are the experts in their own lives; they have given up their time to share their experiences and this should not go unrecognised. Braun and Clarke (2013) explain that offering a 'thank you' voucher recognises the effort the participant made for the research. Social work is often undertaken with the most marginalised and disadvantaged people (Watts and Hodgson, 2019), and so to not recognise that participants engaging in this research would also potentially be marginalised and disadvantaged is irresponsible. The SWs participating in the study are employed and paid a regular wage; they are already seen as educated professionals. It was felt that mothers should also be recognised as experts and be treated as such.

The participation voucher was not advertised initially so as to not 'tempt' potentially unwilling participants, and only after the mothers expressed genuine interest were they informed of it (Braun and Clarke, 2013).

4.8 Data collection

There were three main stages to data collection for this research. Prior to the commencement of the scoping interviews, ethical clearance was granted by the Business, Law and Social Sciences (BLSS) College Research Ethics Committee

to engage with participants in order to review the research tools. This ethical approval was granted on 20 September 2017.

Stage 1: Scoping interviews to determine the suitability of the research tools
Stage 2: Interviews with mothers
Stage 3: Interviews with SWs

To follow PAR methodology, each stage had planning, action, and reflection within it.
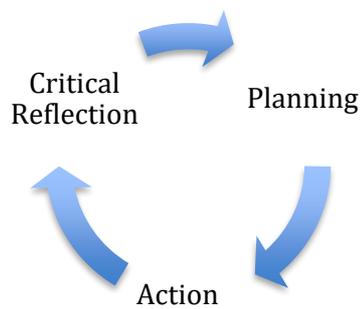
Figure 4.1 PAR Cycle

Data Collection

Mothers	Date completed	Total number of participants
Scoping interviews	September 2017	3
Data collection interviews	November 2017	16

Table 4.1 total number of interviews with mothers

Social workers	Date completed	Total number of participants

Scoping interviews	August 2017	3
Data collection interviews	June 2018	13

Table 4.2 total number of interviews with SWs

4.8.1 Stage 1 Scoping interviews

<u>Planning</u>: creating the tools to be reviewed within the scoping interviews.

<u>Action:</u> As part of PAR, participants consult on the project in each stage, and their feedback informs the research. Participants who enquired about the project were informed of their option to take part in the initial scoping stage and/or the data collection stage and/or feedback and dissemination.

The initial plan for reviewing the interview activities/tools was to convene two focus groups – one for mothers, one for SWs- in order to generate group discussion. Due to the locations of the respondents willing to take part in the scoping interviews, this was mostly not able to happen. There were three singular scoping interviews for the mothers, and one singular scoping interview followed by a two-person focus group for the SWs.

The participants were asked to undertake the research activities as they would in the second stage of the interviews for data collection in order to see how simple, confusing, user-friendly, easy, or challenging the tasks were. It would also mean that their feedback shaped the process of creating the research activities.

Card Sorting Activity

The KSS cards and Duluth Model cards were combined and presented to the participants in a pack. The mothers were asked to identify from the cards: 1. which were present in their relationship with their SW, 2. which did not apply to them but they have heard it apply to others, and 3. which were completely irrelevant and needed to be removed. The SWs were asked to identify, from the cards: 1. which

were things that occurred within the SW/client relationship, 2. which could happen within a SW/client relationship that they have heard others but not necessarily done themselves, and 3. Which were not ever present or were totally irrelevant, and should be removed.

Vignette

Responses from the vignette were positive and there were suggestions such as adding more information in order to provide a better assessment (SW response) and providing a second case study in case the participant was not in a violent relationship in order to show domestic abuse is not just physical (mother's response). Whilst these suggestions were good ideas, they would not add to or help participant's responses to the situation; it is not that the research is seeking a social work assessment of the situation, or for a mother to apply the case study to herself as this could be traumatic for her.

Interesting findings came from this activity; I wanted to understand if the detail within the vignette was too traumatic for mothers to read, and so asked if they rated the incident low, medium or high risk. The responses ranged from medium to high risk, and the SWs were more likely to say that the situation was high risk. This question was going to be removed for the second stage of data collection, but the decision was made for it to remain as it lead to interesting discussions.

Interview questions

Many participants made suggestions for additional questions and these were agreed upon and added. These were questions such as why did they choose to be a SW, what is their gender, and what does 'a good mother' mean to them. These questions provide different avenues of comparison and exploration, so it was considered to be beneficial to the research to add them.

Outcome of scoping interviews and return to ethics

Reflection: The outcome of the scoping interviews was informed research tools that were fit for purpose, engaging and useful. Eight of the Duluth model cards were removed from the pack as no participant considered them relevant to social work practice. These were: destroying her property, abusing pets, displaying

weapons, using jealousy to justify actions, taking her money, not letting her know about or have access to family income, making her drop charges, and making her do illegal things. Additionally, the card stating 'threatening to leave her to commit suicide, to report her to welfare' was changed to 'threatening to report her to welfare' following mothers' and SW's recommendations. These changes were not presented to or approved by DAIP (the creators of the Duluth Model) prior to the research commencing; however, agreement has since been given to use the Duluth model within the research. The tools were amended to reflect the agreed suggestions and resubmitted to the Business, Law and Social Sciences (BLSS) College Research Ethics Committee to enable commencement of the second stage of data collection. Ethical approval for the second stage of the project was granted on 9 October 2017.

4.8.2 Stage 2 Data collection with mothers

Planning: Mothers were informed of their options to take part in the different stages of the research and some chose to wait for the second stage of data collection as they did not want to create the tools, they just wanted their experience known. I therefore interviewed the mothers who had been waiting to take part, and re-advertised for further participants during this time. One mother wanted to take part in both the scoping and data collection interviews.

Action: I attended the homes of nine of the mothers, and one support service where seven participants were identified. Initially, time was spent building rapport - discussing the project, what that mother had been up to that day or what she had planned, how she found out about the project and what she expected from it etc. Mothers were given the option of which activities they wished to start with but many had no preference, and so this was the vignette in all of the interviews. Following the discussion aided by the vignette mothers visibly relaxed and then undertook the card sorting activity; interview questions were asked throughout this activity as and when they were appropriate, so as to keep the flow.

Once all of the activities were complete, I took the mother through the de-brief form, thanked the mother for her involvement with the £10 voucher and asked if

and/or how the mother would like feedback. Feedback options included their own transcript to look over to ensure that the data is a true and accurate reflection, their own themes from the research, all the mothers' themes from the research, the SW's themes, all of the themes overall, or a publication at the end of the PhD. Each individual mother provided their feedback wishes; five mothers wished for their own themes, and eight mothers wanted everyone's themes.

<u>Reflection</u>: I kept a reflective diary following each interview and noted common themes in the same notebook. This diary was reviewed prior to each of the following interviews so that I could note further similarities. The diary was also used during data analysis. The recordings of the interviews were transcribed verbatim following the interviews, and further common themes were added to the notebook as they occurred. Mothers were also asked to provide recommendations/advice to SWs on their approach and how they manage cases with DVA. These recommendations were compiled so that the SW participants could review them.

4.8.3 Stage 3 Data collection with social workers

<u>Planning</u>: following the mothers' data collection and initial stages of analysis I re-advertised for SWs. I re-familiarised myself with the SW's interview questions, and determined how the mothers' recommendations would be presented to the SW.

<u>Action</u>: SWs were interviewed in their own homes, at their place of work and in confidential meeting places. Again, the first section of the interview was spent building rapport. SWs were given the option of which activities they wished to start with but many had no preference, and so this was the vignette in all of the interviews. A common part of social work training is looking at case studies, so many SWs spent a lot of time considering their answers for this activity. Following the vignette, the SWs were keen to move on to undertake the card sorting activity; again, interview questions were asked throughout this activity as and when they were appropriate, so as to keep the flow.

Once all of the activities were complete, I took the SW through the de-brief form, thanked the SW for their involvement and asked if/how they would like feedback. Feedback options were the same for SWs; their own transcripts, their own themes, all the SWs themes from the research, the mothers' themes, all of the themes overall, or a publication at the end of the PhD. Each individual SW provided their feedback wishes; six wished for their own themes, five wanted everyone's themes, and seven wanted either a summary of the findings or the output of the research. All of the feedback requests were met.

Reflection: The reflective diary and common themes were compiled in the same notebook. As above, the diary was reviewed prior to each of the following interviews so that I could note further similarities. The diary was also used during data analysis. The recordings of the interviews were transcribed verbatim; further common themes were added to the notebook if they were identified during the transcription procedure.

4.9. Analytical framework

4.9.1 Data analysis procedures

All of the interviews were transcribed verbatim and all names and identifying features were changed; pseudonyms are used throughout this thesis. Data was viewed inductively and thematically analysed according to Braun and Clarke (2006). Thematic analysis was chosen to see how the data compares and/or contrasts with the broad framework of the previous literature, but also allowed it to speak for itself (Ritchie and Lewis, 2003). Thematic analysis suits feminist and PAR methodology, as the aim is to give people a voice in order to be able to understand their experiences; to take focus away from this aim, or further complicate it, would render it useless.

4.9.1.1 Analysis of mother's data

Planning: I reviewed the field notes and transcripts, noted common themes from the research diaries and also common themes from within the literature (Braun and Clarke, 2013; Bryman, 2016). Some brief and basic notes were made on the transcripts.

Action: The initial review of the data and first round of coding in NVivo was undertaken. Each transcript was reviewed inductively to uncover its own, individual findings, as opposed to only identifying the themes from the RQ, literature, or research diary. The codes were specific to each mother's transcript as opposed to being more general for all of the research themes. This was because five of the mothers wished for their own individual themes and so this needed to be understood as a standalone document. Once one mother's codes were exported, they were reviewed and grouped into categories relevant to that mother/transcript such as mothers, fathers, SWs, and support services (Braun and Clarke, 2013). The codes were then reviewed so individual themes under the categories could become apparent. This was repeated until all of the mothers requiring their individual themes were complete. Below is an example of one mother's themes:

Mothers	Fathers/partners/perpetrators
SW was focussed on the mother and what the mother was doing **SWs used coercion and emotional abuse** **Knowledge of social work process and domestic abuse is empowering for the mother**	**SW had no involvement with father/perpetrator** **No work was done with the father/perpetrator and his behaviour continued**
Social workers **Did not build effective working relationship; there was no trust, SW had power, SW added pressure** **General bad practice; did not explain what would happen and why, the mother did not get report, the mother did not**	

get support • **Focussed on the mothers behaviour even though she is the victim; protecting child, keeping the father/perpetrator away** • **Did not speak to the father/perpetrator**	

Table 4.3 example of one mothers individual themes

<u>Reflection</u>: Kelly (2005) explains that a distinctive component of PAR is how data is shared with the participants. Individuals chose how they wished to receive feedback and in what form to then provide further input on that data. Kelly (2005) explains that findings cannot be considered as final until this feedback has been integrated into the data.

Feedback was given to the mothers who requested this; following further ethical guidance, mothers were sent a letter via the method they used to initially contact me (mostly by email). This letter asked them to confirm how they would like to receive the feedback of their own themes – for instance via post, via email or via a telephone call - with pros and cons of each method. This was to ensure mothers could make informed choices about their data for their own safety. Mothers chose to receive their feedback via email, and for the ones who replied to this, they confirmed that the themes I had identified were true representations of their experience. Some mothers provided further thoughts and suggestions occurring to them since the interviews had been undertaken.

<u>Action:</u> once each mother's individual themes were identified, the codes as a whole were reviewed and the process of grouping them as a collective data set commenced (Bryman, 2016). Similar codes were merged and grouped to decrease the total number of codes; this process continued until three broad categories emerged - mothers, father, SWs. However, within the social work category there were four themes, seven sub themes and 14 sub-sub themes etc. Braun and Clarke (2013) call these candidate themes and suggest the researcher

has to go back and forth when analysing the data. I then used sticky notes to further sort and group the ideas. This resulted in the three categories reducing to two - positive and negative social work - with three main themes and eight sub themes. Once this point was reached, the main categories were considered in terms of the research questions. The result of this was four main and one minor theme for RQ1; three themes for RQ2; and five themes for RQ3. Thematic maps are shared at the beginning of each data chapter.

Reflection: It must be noted that whilst there were some examples of good social work practice, these were in the minority and not representative of the whole sample. It was through my line of questioning (what are the differences in the SWs you have had) that found this good practice – it was not what the mothers initially brought up or focussed on when being interviewed. When mothers were able to report good practice, they had already discussed bad practice – it is not that any of the mothers had solely or wholly positive social work involvements. It could be argued that social work involvement is not desirable and so mothers are more likely to share negative views about intervention, however, a small number of mothers within the sample did call children's services themselves in order to ask for support. These mothers still reported negative social work intervention, even when they requested it themselves; this was due to the SW's approach and because mothers did not receive the support they needed.

Action: When the initial themes were found to answer RQ1, I organised, arranged and held a listening event with some of the mothers who participated in the research. Whilst they had each individually agreed their own themes, I wanted to share the overall themes of everyone's experiences to determine their views – some mothers had also requested this. The event was well attended, with both mothers who did and did not participate in the research present. The feedback gathered showed that whilst everyone had different experiences and different social workers, everyone was able to identify with most of the data that I had gathered. This served as confirmation that I could continue to write up the findings, as I had received the final feedback (Kelly, 2005).

Reflection: Braun and Clarke (2013) state that you cannot do qualitative analysis without writing about it. The next stage was writing up the themes by answering the RQs, and considering whether this was the most appropriate way to present the data. Only the mother's data was considered within the RQ1 chapter, as the SWs cannot share what a mother's experience was. Additionally, as many of the mothers shared harrowing experiences of child protection social work, it felt appropriate and necessary for their voices to be fully heard and appropriately reflected. Once this chapter was drafted, the SWs data was considered.

4.9.1.2 Analysis of SW data

Planning: I reviewed the field notes and transcripts, noted common themes from the research diaries and also common themes from within the literature.

Action: The initial review of the data and first round of coding in NVivo was undertaken. Each transcript was reviewed for its own findings as opposed to only identifying the themes from the literature or research diary. As before, the codes were specific to each SW's transcript, as opposed to being more general for all of the research themes, so that the individual themes could be provided to six SWs. As before, once the SW's codes were exported, they were grouped into categories relevant to that SW/transcript such as – approach, working with DVA, fathers, oppressive practice, focus/impact on mother. The codes were then reviewed so individual themes under the categories could become apparent. This was repeated until all of the SWs requiring their individual themes were complete. Below is an example of one SW themes:

Approach to SW	**Approach to DVA**
- manager guides SW	- learnt about DVA at university
- gentle approach	- learnt approaches from peers
- considers power	- the higher the risk the more tension
- families do not know they can refuse involvement	- open and honest with both parties
- decision making depends on level of involvement	-SW will tell the mother when SW speaks to the father
- shares power by explaining role	- observe child in the fathers care but hard when weekend

	- SW has to be satisfied to close case
	- if plan is not working, it needs to be changed
	- failure to protect condones abuse and causes mother blame
Fathers	**Mothers**
- difficult to get fathers on board	- focus was on mother and child
- trying to build expectations for fathers	- SW has empathy for the mother
- inherited cases where the father has not been spoken to	- need to develop the mothers understanding of DVA
- manager disappointed the father was not spoke to	- mother has been open and honest
- manager accepted cases without the father being spoken to	- focus on mothers is a bigger, societal issue - patriarchy
- speak to the father on phone	
- engage fathers by being flexible	

Table 4.4 example of one SWs individual themes

Reflection: As above, the SWs were sent a letter via the method they used to initially contact me (mostly by email). This letter asked them to confirm how they would like to receive the feedback of their own themes – for instance via post, via email or via a telephone call - with pros and cons of each method. This was to ensure the SWs could make informed choices about how they received their data. A number of the SWs did not respond to the initial feedback letter, the follow up email, or the final follow up email. The final email stated that if I did not hear from the SW at this stage, they would not contact them again. It felt necessary to officially draw involvement to a close, as it is the SW's choice whether they want to continue to engage in the research and it is not appropriate for me to continue to contact the SW if I am not receiving a response. This was done respectfully and I ensured the participant knew their involvement was valuable and appreciated.

Of the SWs who have reviewed their themes, there is agreement that they are accurate representations.

Action: once each SW's individual themes were identified, the codes as a whole were reviewed and the process of grouping them as a collective data set commenced (Bryman, 2016). Whilst an aim of the research was to merge both the SWs and the mothers data sets, it felt important to first see what the SWs' data said on its own. This also meant the data could be compared with and evaluated against the pre-existing literature, in order to determine if there were any new findings that could explain the SWs' behaviour or approach. Additionally, with the use of the Duluth model card sorting activity and the reflections the SWs had within the interviews, the researcher was interested in interrogating this specific data separately. Therefore, similar codes were merged and grouped to decrease the total number of codes; this process continued until there were two main categories of positive and negative involvement. The positives were grouped broadly, but within the negative involvement there were 9 subthemes and 13 sub-subthemes etc. As before, I used sticky notes to further sort and group the ideas, demonstrating the back and forth process of analysis described by Braun and Clarke (2013). As this process was taking place, I was aware that the behaviour within the codes that I was sorting all linked to the second research question. It was at this point that it felt natural to combine both sets of data.

Therefore, a new file was created within Nvivo to merge both sets of data, but not lose any individuality in the previous coding. The datasets were combined to see if the approach demonstrated by SWs linked to the impacts or behaviours that the mothers reported that they had experienced. By forming a coherent whole between unconnected SWs and mothers, it could be explored whether the problematic social work practice is an issue with individual practice, or a more universal, systemic issue. This would provide further insight regarding why the practice occurs.

When both data sets were combined, the same process as previously described occurred; I started by arranging, merging, and grouping nodes on Nvivo to see if or how they fitted together and what they said. As before, they were then written

out onto sticky notes to be able to physically move, group and consider the data in different ways. Next, the data was considered in terms of research question two. This analysis resulted in three main themes and once they were determined the researcher considered them in relation to each of the mothers' interviews and experiences, to reflect on whether they applied to the mothers' situations. Once each interview had been thought through, the next stage was to write up the findings.

4.10 Conclusion

This chapter has provided an overview of the methods and methodology used throughout the research. It started with an exploration of feminist research before evaluating PAR, and FPAR, as a suitable methodology. The research aims and questions were defined. The creation of data collection tools were discussed in depth, as well as the specific data collection methods. Further information was then shared regarding the sample, the data collection procedure and the analytical framework.

The next three chapters analyse the data in the context of the research questions and previous literature.

5. Research Question 1

How do mothers with violent partners experience child protection social work interventions?

Research question 1 is exploratory; it looks to understand how mothers within the UK experience child protection social work intervention. This chapter seeks to answer RQ1 alone rather than delving deeper into analysing the responses or asking why SWs hold mothers accountable for fathers' violence. This question is not about seeking truth; the mother's narrative is their truth and reality (Walklate et al, 2018). Therefore the SW's data will not be included in this chapter. The second RQ chapter looks to understand and explain the reasons behind the practice, bringing in more analytical and theoretical frameworks for a deeper analysis and therefore includes the SW's data. Both chapters provide data and arguments that answer the thesis title '*do current approaches to mothers within child protection social work re-victimise women with violent partners?*'.

Mothers' experiences varied, but five main themes were continually discussed; mother blame; father's (lack of) involvement; poor relationships with the SW; the SW's use of power; and general administrative issues.
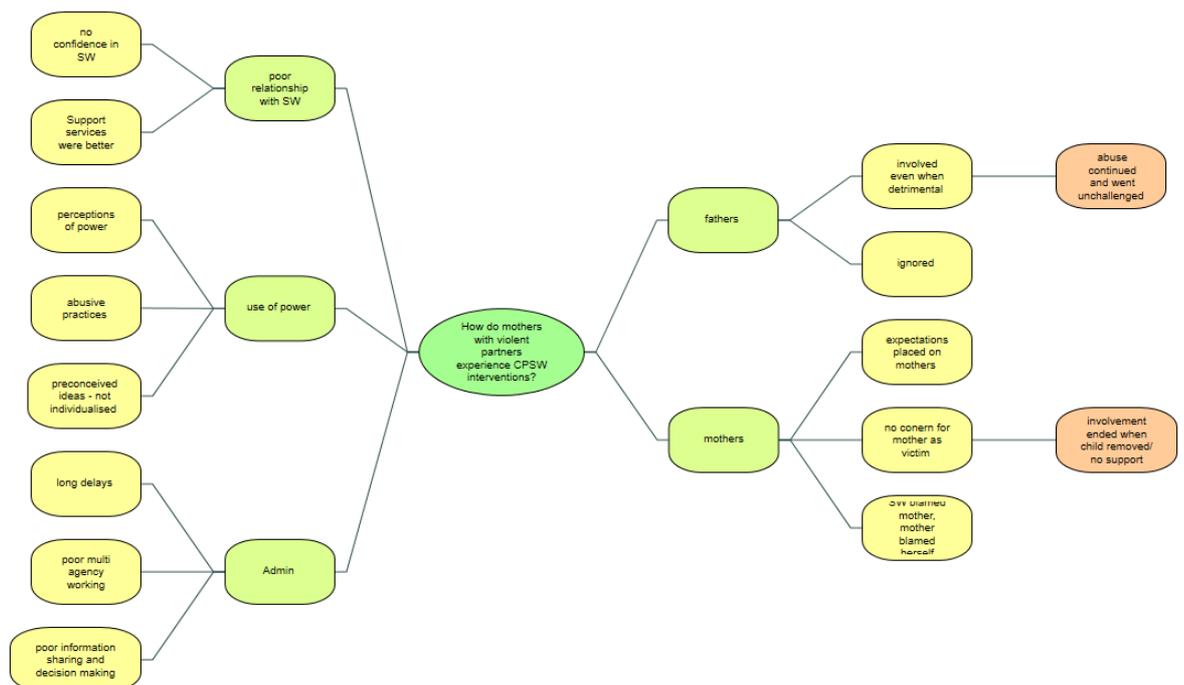
Figure 5.1 Themes for research question 1

5.1 Mothers

Mothers did not explicitly state that the SW blamed them, but when discussing their social work intervention, this became clear. Within their experiences, there were three subthemes; mother blame, no concern for the mother as a victim, and expectations of mothering.

5.1.1 The SW blamed the mother, so the mother blamed herself

Mothers felt blamed and like they were being punished by SWs for a number of things; for not leaving the relationship sooner, for shouting back, for not moving into private rented accommodation, and for not being good enough (Neale, 2018).

> "she were like, oh well why didn't you get out sooner, well I didn't want to get out sooner, well this might not have, it might not have escalated into this making me feel bad that what happened with (son) were my fault, when, it want my fault…how were I to predict that were gonna happen"
> **Kelly**

> "I probably felt like as much as I knew that his behaviours were the risk, I felt like they were judging me as well…and I had no control over that, you don't have control over your mental health...whereas he used to go out and use drugs and maybe he didn't have control over that but, it was nothing I could change…and I felt like I was being punished for something that I couldn't change"
> **Emmaline**

As the SWs blamed the mothers, the mothers then blamed themselves for their child's exposure to the abuse, or for staying in the relationship.

> "I think when you're going through something like that, you take everything on board as being your fault, blame humiliated"

"…if they're really interacting with you and only questioning you, then you feel it's your fault"

Debbie – both extracts

"I kind of felt like they were trying to find a way that I had allowed them to be abused in if that makes sense…and obviously I went out of my way to not…which made me feel guilty, they used to make me feel really guilty about it"

Emmaline

"(social work involvement) made me feel like, degrading…I really felt it was degrading…even though I know it wasn't my fault and I know that I…was involved, I've never not been involved with it…it still makes me think, oh it should never have got to that, the first time he ever laid a hand on me I should have just gone, but I didn't so, I can't look back and think oh I should have done this, no."

Laura

Laura has taken responsibility for her child's exposure to DVA, which has a visible lasting impact on her; she feels responsible for behaviour she could not change or control, and she will feel guilty about the impact this has had on her child for all of its life. It must be reiterated again, for anyone who might be reading this who is thinking of the damaging impact DVA has on children; it is not that impact on the child should be ignored, it is that it should be being discussed with the person causing the child to feel that way. The person who can change the behaviour and prevent the child from being exposed to DVA, is the person who is causing the DVA; the father/perpetrator. It cannot be the mother that carries the burden, as she cannot change the behaviour.

"the key is actually, yes they are working with the children, but the key is the mother…cause if things are wrong with the mother, it's obviously going to impact on the children"

Helen

[145]

5.1.2 No concerns for the mother as a victim

Many of the mothers reported SWs as being focused on the children, and whilst they understood that this was because they were children's services, they were confused that no consideration was given to their situation. Lapierre (2008) explains that mothers are relegated to the periphery, only considered through their children and SWs have no interest in understanding mother's experiences. Broadhurst and Mason (2017) state that the SW's primary focus is on children, and they are only tangentially concerned by the mother's needs.

"seem to understand the impact on the children but not on me as their mother…they seem to work very much in isolation…our role is only to look after the children, protect the children but if you don't protect the mother, how can she protect her children…it's very isolated and narrow view that they just look at it in terms of the children…but if their carer isn't being protected and is not in a good emotional state how can she look after…"
Ophelia

"you have to be at the meeting at this time and I'm like oh well I can't do that time and day because I look after my nan, well we can't make any other day so you'll have to do this day and yeah just not really very flexible…after the first child protection I had to get a babysitter for the children, they said I couldn't take them with me, even though it was at my eight year olds school, so I had to get my friend to have them like every ten days or…however often the meetings are…and it was really awkward so then after that one I was allowed to take the children with me, but every time I disagreed with them they told me I was raising my voice in front of the children – laughter – so I really couldn't win"
Naomi

"not only have you been through that traumatic experience you're then to blame…not to blame, but, everything is put on you…um, and, and you're the victim"
Debbie

Similar to the findings within Smithson and Gibson's (2017) study, some mothers had limited contact with the SW and so felt unsupported through the whole process;

> "so they visited because obviously, I'd been attacked and obviously the police made a referral, we'd had lots of referrals (to CSD) before but nothing, nobody came out before that"
> **Gloria**

> "she doesn't need to come out because the children are not with me and it's like well you still need to come cause you still need to check to make sure they are coming back to a safe environment but she said because uh, she's made her mind up she doesn't need to come, and that's because she's made her mind up on the children don't return home."
> **Quinn**

> "it's almost like she just refused to engage with me after our first, like after our first assessment (visit)…she had already made up her mind of what I was…and then I was just the bad person…I never actually met her after that, cause from there it just escalated into a child protection conference and everything else"
> **Faye**

This appears consistent with Munro's (1999) findings that after SWs had made a decision, they did not re-consider in light of new information or evidence. Morris (et al, 2018; Wilkins and Whittaker, 2018) echo similar findings, with mothers reporting SWs did not have time for them, did not listen, and they had made decisions before attending the home. These were titled "cold-hearted encounters" (Morris et al, 2018, p.18). Naomi explains how she was not given the option to have a separate child protection conference from the father/her perpetrator;

> "she called (partner) in straight away, which I thought it would be a separate meeting but it wasn't, so that made me really like uh, like straight away I was quite scared actually"

Naomi

Janine shared how the SW challenged her in front of her ex-partner on different occasions, and decided how the case would move forward based on Janine's answers;

> "Initially SWs told me they thought I was covering up for my partner; the SWs challenged me in front of the partner and I went along with whatever the dad said."

> "This time round when the SW challenged me in front of dad, I stood my ground and the SW therefore decided I deserved a chance – that's when I went into the mother and baby unit."
> **Janine - both extracts**

In addition to this, Melanie was unable to prevent her perpetrator attending her property despite calling the police and using all available protective methods. SWs informed Melanie that they were not going to undertake an assessment because they were not concerned with her mothering, just the children's safety;

> "they said they don't feel like they need to assess me because there has never been no issues with me as a mother so I'm like, yeah but you took my kids off me"
> **Melanie**

Many of the mothers reported to feel unsupported by the SW, with almost all reporting that they found support/services by themselves.

> "I found this place myself"
> **Isla**

> "no I've got all these support services through myself"
> **Melanie**

[148]

> "No support was offered to me. All the support I have, I have found myself."
> **Janine**

Additionally, all involvement from CSD stops if the children are removed (Broadhurst and Mason, 2017; Morriss, 2018) leaving the mother with no further support or guidance.

> "involvement ended when the kids went into care"
> **Janine**

> "once they gave (dad) temporary custody they dropped out they had no more involvement"
> **Melanie**

> "Interviewer - it ended because of the child arrangements order?
> Laura - yeah, they closed it in April"
> **Laura**

5.1.3 Expectations of mothering

Mothering expectations were explored in the literature review and the extracts below evidence that SWs continue to perpetuate these expectations. This varied for each mother but expectations were most commonly; to protect, to take responsibility for what has happened, to clean, tidy, and care for the children, to do what is expected of her, to control their partner's behaviour, and to not care for their partner when they are abusive. Wilkins and Whittaker (2018) report that the SWs within their study determined that they know best for families, and so override the mother's agency through the use of authority and power. If mothers do not abide by this, they are told 'further actions' are necessary (Wilkins and Whittaker, 2018, p.2010).

5.1.3.1 To protect

> "if dad didn't go, then you know, I had to protect them and I had to do what was necessary…which I know anyway, *as a mother*"

Ophelia

"he basically was asking me if…when (partner) takes my children out, do I check that he has car insurance, does he have a driving license, it's like hang on a minute I've been on a child protection plan…I'm off it now I'm on a c- i –n and never once have you checked his car insurance but now you're asking me to check, it's like he came round picking at anything he could really to get me back on a plan – that's what it felt like, and…he said right well I'm very concerned about your behaviour, you've put your children at risk, you've allowed your son to go out and not knowing if they have…car insurance, I'm going to be reporting this to IRO, and I said what are you saying now you're going to try and take my kids off me? He said no, but you're on very thin ice"

Naomi

"and have you done this and what are you going to do to protect yourself?"

Debbie

5.1.3.2 To take responsibility for what has happened

"(the ex-partner) is older than me he's 42… I'm 23, I were petrified of him, like please just help me, they were like no you're going to have to take responsibility now and, I were like how can you do that"

Melanie

"the whole responsibility for what had happened, everything, even what he'd done, was placed with me."

Helen

Naomi had taken a holiday with her friends and left her children in the care of their father; she had prepared all the food and activities to take the pressure off of the father, however, when the SW made an unannounced visit whilst Naomi was away, SWs sought to blame Naomi for concerns;

"you obviously didn't care about your kids that much because you left them there, you knew what your husband was doing, I was like but your SW saw them and left them so if there was a problem why did she not take them? Oh no you're the mum it's your responsibility"

Naomi

Naomi was not responsible for her partner's behaviour; he knew he was to look after the children, he knew Naomi was away, and it was his choice to consume alcohol.

5.1.3.3 To clean, tidy and care for children

"there were a time when (ex-partner) were bathing kids cause I'd just, I were at college last year and work and things and so he had to do like the bedtime kind of routine cause I didn't finish while nine at night, and, she were like well, if you knew he's got stressed, she said why do you allow him to put them to bed?...she said why not you put them to bed? And I were like well I were at college…(Kelly explains about having a job and going to college) so for like a year I were like, proper hectic busy, but, it was what we had been doing all that time, and yeah granted, (ex-partner) isn't as good as me putting them to bed, he's not that organised like it overlaps with bedtimes and then he'd get stressed because they're not undressed but yet he won't have told them to get undressed, but, most blokes are unorganised, like it were kind of no-one getting hurt no-one getting really shouted at, it just him getting in a flap like… and it were like, she were questioning why I were allowing him to, put them to bed, and I'm like well he were my boyfriend, kids' dad, why shouldn't he put them to bed? Why shouldn't he cook them tea? Why should it be all me, and, and then she was saying that I should have got tea prepared for, and maybe set the pyjamas out for him and things she was like that could have been one thing you could have done"

Kelly

"on top of you know running a house, looking after the kids, changing

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nappies and holding down my job"

Naomi

5.1.3.4 To do what is expected of her

Buckley, Carr and Whelan (2011) report mothers feeling like they have to walk on eggshells throughout the child protection process and do as they are told by SWs. Smith (2018) explains that current state strategies for intervention are presented as a non-negotiable rationale in which mothers learn the desired behaviours. Many of the mothers felt like they had to do what SWs expected of them;

> "you know they wanted to put us in a refuge but the refuge was full so we went to housing, we were put up in temporary accommodation, I moved immediately within that 24 hour period I had moved, when we were attacked there and asked to move, I moved you know so I did everything that I was being asked to do, to show that I was engaging and doing what people were asking me to do and yet, according to the SW I was just, this most horrendous mother."

Faye

> "I've done everything she's wanted me to bloody do, I've been to every appointment she's wanted me to go to"

Kelly

Emmaline really felt like she was under surveillance and closely monitored;

> "if I didn't make, make one, say the right thing or make one right decision, I was being judged because I wasn't doing the right thing by my child"

> "I can't take one step out…but he can do what he wants, when he wants, and in turn abusing his children, you know?"

> "I had to make sure that every decision I made was in, as much as possible,

in the best interests of my son, whereas he didn't"

Emmaline – all three extracts

5.1.3.5 To control their partner/husband's behaviour

"they used to say, we can't control what he does and I used to say, well I can't control what he does either, and they didn't use to like that, I was like but you're, you're telling me that I'm responsible for him but when I say can you do something you say it's not your job so I don't really know what your job is really, because you don't seem to be doing a lot"

"it should have been seen that he was the one causing it, and that he's the one that needs to get the help, otherwise they will put in place that he can't see them, not leave it down to me"

Naomi – both extracts

Rather than Janine believing it was her ex partner's behaviour, choice and decision to continue contacting and visiting her, Janine views the situation as her fault;

"I didn't keep him away so the risk was too high"

Janine

Given the precedents here, this is probably a mirror image of how the SW also felt.

5.1.3.6 To not care for partners when they are abusive

Another expectation for mothers, discussed within the literature review, is to leave a relationship as soon as it becomes abusive, as this is 'abnormal' (Loseke and Cahill, 1984). Ophelia agrees with this expectation;

"(leaving) breaks up the family unit which we are always told is the ideal but it isn't, because if it's an abusive relationship then none of that stuff is ever going to change"

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Ophelia

This expectation, however, does not consider the messages society gives mothers; to remain married and resolve issues, maintain family cohesion and to not be a single mother (Moulding, Buchanan and Wendt, 2015). Other mothers did not agree with the expectation;

 "I wanted help and support for him"
Janine

"Isla - they offered him support and then said that they couldn't actually support him, he been wanting, anger management since he were 17…and, suffer from depression since he was 17 cause he had his first child at 17, and his g his ex-girlfriend were having fits, so he were left to do the responsibility bit…

Interviewer – you said you wanted him to be spoken to by the SW, what did you want them to talk to him about?

Isla – what help he needed and to put him in right direction of counselling and stuff"
Isla

"they needed to get him help with his drugs… cause if he didn't have his drug addiction he probably wouldn't be…doing some of the behaviours that he did anyway…so for me, it was, they were blaming my behaviours for his behaviours"
Emmaline

5.2 Fathers

Mothers often spoke of their ex-partners and/or the children's fathers as it was their behaviour that caused the intervention, and their behaviour that the mothers had to explain or be accountable for. Two subthemes were identified in relation to fathers; involved even when detrimental and invisible fathers.

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5.2.1 Involved even when detrimental

The concern for prioritising father's rights for contact is that this occurs even when it is detrimental to the children (Laville, 2017; MacDonald, 2017);

> "I was really unhappy when it was going to be unsupervised due to his history of harming the children"
>
> **Janine**

> "I just feel like no one would tell me if he were drinking and I don't feel like that's…a nice, time to spend with your daughter, having cans and stuff, because they won't tell me if he's been drinking, so he could get away with it, if he's willing to drink whisky at half six in the morning then I think he's got an issue so he won't just stop not have a can for (daughters) sake"
>
> **Kelly**

Naomi explains how the father's right for contact was prioritised, even when this was detrimental to the children.

> "they were saying how often (partner) could see the children and they…letting him decide that and when I said oh that's too much he won't stick to it – oh don't be silly he said he will…you can't keep saying no to everything"

> "they were letting him let the kids down to wind me up and not doing anything about it and saying that's okay but weren't realising that actually that's emotional abuse because actually the children are waiting for him, with coats and shoes on, but he's like nah I'm not coming now so I've got to cancel my plans and they've sat there and wasted their day and I've got to find them a quick beans on toast for dinner because I thought they were going McDonald's you know…so yeah they allowed that to happen"
>
> **Naomi - both extracts**

This extract also shows how fathers/perpetrators continue to use contact as a means of controlling their ex-partners post break up (Hester, 2011).

"one weekend he…didn't bring him back, took him to the park, didn't bring him back, I didn't have him for two nights and he was on drugs and everything."

Emmaline

"well it's a…weird one isn't it because you hear, or I heard a lot from him (first SW) he's the father, he's got parental responsibility…he deserves, he's got to be seeing his children…so there's all that but then they won't acknowledge what he's done, so they want to involve him in contact and especially if they know you don't want him to have contact, you know I was getting pushed, he needs to be seeing the children, the children need to have a relationship with him, and I was saying well no not if he's doing this…not if he's doing that. So, I think there was a, I think there was less about him being important but more about the point"

Helen

5.2.1.1 Did not challenge behaviour or wanted to keep the peace

In many cases, fathers may have been superficially engaged with the assessment in that they were spoken with, but no work was undertaken on their behaviour and they were not challenged (Devaney, 2008).

"I think she was in contact with him quite a lot and that's why she never seemed to question any of the stuff he said to her"

Ophelia

Helen felt that the SW always wanted to keep the peace rather than challenge the father's behaviour;

"he was nice and he just wanted to keep everything like that (gesturing on an even keel/balanced) just to give you an example…We went to a meeting… (child) had sent me a text on his phone before the meeting…saying, my dad has thrown me onto the floor…I told the SW

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about and he the SW went into school, spoke to (child) and (child) said yeah, this is what he did…when we went to this meeting a week later…(Helen explains how there was a disagreement between her and the father about throwing the child on the floor) and (SW) went, listen you are both good parents and…I nearly went through the roof!"

Helen

Macdonald (2017) found that DVA safeguarding concerns are persistently overshadowed by the unrelenting and deeply ingrained assumption that there is an overall benefit of continuing contact with the father. In this sense, and as evidenced in Helen's extract, it is not the child and his safety that is paramount, but the father. Many mothers reported incidents in which fathers were abusive during formal meetings; however, they were not challenged about their behaviour and were still invited.

"I can remember being sat in meetings and he used to turn up absolutely steaming drunk being really abusive to the SW, tell her to fuck off and then walk out, you know"

Emmaline

Without critical questioning and challenging, fathers are not given a message of unacceptability; this is consistent with Smith and Humphreys (2019) findings. Without holding them accountable, they are allowed to continue with their behaviour.

5.2.1.2 Ignored father's behaviour and allowed abuse to continue

Naomi discussed how SWs ignored the father's abusive behaviour and facilitated the continuation of abuse;

"they were saying I had to stop swearing and, and...they weren't really saying anything about what (partner) needed to be doing because he…presents well and he's very convincing that he hasn't done anything wrong really…so it took me a long time to, to actually prove that I was the

innocent one…and that he was making my life hell and you were basically helping him to do it…"

Naomi

One of Melanie's perpetrators, the father of her children, removed money from her account, and the SW informed Melanie that the father had done a good thing;

"(dad) once transferred £300 out of my account into his…and the SW actually sat there and said that he…did a good thing by doing that and taking it for the children, when it were my bank account"

Melanie

Melanie's children had gone to contact with their father and not been returned to her care. This was not a plan Melanie was aware of or had agreed to, it was a plan SWs had formulated directly with the children's father. The children were deemed to be at risk because Melanie's ex-partner – but not the father of her children - was very dangerous and abusive, and he lived across the road from the family home. Further options to reunite Melanie and her children were not considered; Melanie and the children's father had a joint tenancy and the father would not sign off the tenancy to allow Melanie and the children to move homes. SWs felt it was not their place to encourage the father to sign off the tenancy, as the children were safe in his care even though this relationship was also abusive. This is a finding reported by Douglas and Walsh (2010) and Heward-Belle (2016).

"every time he (ex-partner) come round, even when my kids were with their father and hit me or he'd follow me and hit me, if I ring the police then social services said right well we've had a report that this has happened so we don't think it, I'm like well basically do you want me to not ring the police every time he does something?...so, went to court again (dad) got given main custody due to the fact that I lived opposite…(ex-partner)…(dad) refusing to sign off the tenancy while it were in court just so I couldn't move and he'd get the kids, eventually after court he signed off the tenancy…like I'd ask the SWs for help I was like well look he's not leaving me alone…can't you just try getting (dad) to sign off the tenancy they said they

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can't make him do nothing, they didn't want to help me get rehoused, she were just really rude to me kind of saying that I deserved everything that had happened because I didn't go private rented, which I can't afford to go private rented"

Melanie

This situation shows how SWs continued to facilitate the father's abuse of Melanie by not recognising indicators of DVA and how the father was using his power to control the situation. Additionally this links to Radford (1987b) who explained that the law is redundant if women are not protected from further assault. Rather than offering Melanie protection from her ex-partner, SWs viewed the police reports as further evidence of potential harm to the children.

Janine discusses how the poor multi-agency response to keeping her safe resulted in the relationship resuming.

"I was trying to go back to court to prove he was coming back, I even called the police but they did nothing to stop him coming out. I did have a non-molestation order but this didn't keep him away. I went back home with him."

"I had no support, he kept harassing me and I couldn't control his behaviour or stop him turning up at my house, but if he was at my house then the children were at risk"

Janine – both extracts

SWs ignored that the non-molestation order was ineffective and that the father continued to pursue Janine. This is important, because these actions ensured Janine was seen as responsible for putting the children at risk when the father/perpetrator attended their address, as opposed to the father/perpetrator being recognised as responsible. Additionally, these measures were in place to protect Janine, yet she was not protected.

Helen explains how contact can put mothers and children at risk and SWs do not consider every aspect of this; similar to the mothers in Buckley, Carr and Whelan's

(2011) study, Helen was left with unmet needs. Helen's extract shows how the father's behaviour was ignored and how Helen was left in dangerous situations due to this;

> "Well for instance about him coming to this property…that was something that was like, (SW asking) well what's he going to do? Err well, this is what, and whatever I said it was like, well you know but he's got to pick the children up and I was but it's not safe to do it here, because there's nobody...there's no cameras, there's no nothing, it's dark, its unlit, all the rest of it, they didn't see any harm in that, and then, when that was agreed at court, because the judge didn't see any harm in it either, he would come round here and fiddle with my car, and back up to the almost onto the lobby…revving his engine and all that stuff whereas if we'd have…I was asking for outside the police station…where there's CCTV but no, so they didn't recognise that…whereas to me that was crucial, I didn't want him here, we just left him…it is continuing the abuse…we had this whole thing about…them saying to me, when he picks the children up you need to be bringing them outside and I said there is no way on this earth that I am going to step outside when he's there, but they didn't get it"
> **Helen**

Gloria believes that the father's behaviour bombarded SWs and rather than considering this in terms of DVA, the SWs became manipulated by him;

> "well clearly I should hold the power, but at the time I think he did, I think he's very manipulative…um, and he kind of railroaded all of the stuff that was going on…um yeah so maybe he possibly had more control than I did and I was happy to go along assuming the SW was making decisions…for the best of the children, and maybe they weren't maybe they were just being manipulated"
> **Gloria**

Naomi also thinks the professionals at the ICPC were manipulated by the father:

> "then she he she was basically eating out the palm of his hand, everything she said he was like yeah I know I've been an arsehole yeah, and I'm like sat there in tears like yeah but he was doing this – yes but it doesn't matter now, it doesn't matter, literally cut me off with everything"
> **Naomi**

Laura was so concerned that her perpetrator would manipulate the SW, she prevented any contact between them:

> "He was such a great manipulator…he could try I mean I know they'd see straight through it but it just wasn't worth the, the extra hassle that would come with it"
> **Laura**

This shows a real fear of the father/perpetrator and demonstrates how Laura does not believe she would be protected from the hassle it would cause her.

5.2.2 Invisible fathers

Many of the mothers reported feeling unhappy with the SW's lack of engagement with the father during the intervention/assessment.

5.2.2.1 Not involved

Some perpetrators were not involved in the assessment because they were not the child's father;

> "Laura - no he weren't, towards the end they were gonna ring him, but then I changed my mind and left…
> Interviewer – okay, so, do you think the SW thought they were important to involve?
> Laura – no…I think it was more getting me away from him, and (child) and making sure (child) stayed away from him
> Interviewer – yeah, did you want him to be spoken to?
> Laura – no…no cause it's not it's not his child for a start, and he just, he no,

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he didn't need to...they didn't need to speak to him, he didn't need to be involved and I think it would have been worse if he was"
Laura

"yea they didn't even talk to him, although, he wasn't, he wasn't his father"
Debbie

Debbie and Laura share how, without engaging perpetrators, their behaviour continues, just with other victims;

"it's quite interesting because I know, he later went on to physically assault, his partner after me, and he served jail time for that, and she had a child as well, I don't know what, how, if, or if they got involved with him. It just goes to show that...I've done the work but no works been done with him, and then he goes on abusing mothers of children"
Debbie

"his new girlfriend sent me a message, saying that she's 4 months pregnant with his baby and, and he's spitting in her face and telling her he's going to punch the baby out of her"
Laura

It is very interesting to note that it is Debbie and Laura who said their perpetrators were not spoken to, and both Debbie and Laura who then report that their perpetrators went on to abuse others.

For Quinn, even when the father was actively seeking to be involved, the SW ignored him;

"she don't really, every time (ex-partner) phones about something she turns him away she, she's either not in the office, she's out on a visit or when she's in office she can't talk cause she's doing her paperwork but then, I'll end up calling a few minutes after to see do you know and she'd be fine for me to talk so (ex-partner)'s saying she's sexist in a way it is sexist like"
Quinn

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Whilst the SW for Kelly's children has technically met with the father on two occasions, she has not fully assessed him;

> "she's seen (ex-partner) twice and then she's whinging about how she thinks it should stay on (a child protection plan) because she hasn't finished her assessment off, well go see him…not being funny right but when it first happened…she said there had to be an assessment…etc, seven week passed before she started the assessment…seven week?!...they were only on it for three months and seven week and she hasn't even met him, how is that getting a move on…"
> **Kelly**

Kelly felt that she was being punished for the SW's lack of engagement with the father, as there was nothing she could to do move the process along; this echoes findings from Smithson and Gibson (2017).

5.3 Poor relationship with SW

Within the SW's themes, there were two subthemes; no confidence in the SW and voluntary services providing better support.

5.3.1 No confidence in the SW

Many of the mothers spoke about how they did not feel like they had a relationship with the SW, and for some, there was a high turnover of staff (Smithson and Gibson, 2017). Ingram and Smith (2018; Ruch, Turney, Ward, 2018) share how important it is to build relationships with clients in order to be able to have open, honest, and trusting conversations.

> "I just don't feel like there's an element of trust, there, I feel like it's almost a, you just have to agree"
> **Emmaline**

> "we didn't have an effective relationship, it was awful"

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Helen

Faye explains how the SW's opening conversation with her was to inform Faye that she did not care about her;

> "I think she put my back up right from the beginning and she first walked in and she said I'm not here for you, and her literally her words were I don't *care* about you, I am here, for the children. You've got your IDVA (Independent Domestic Violence Advocate) to care about you. So, I'm just here to find out the truth of what's going on, I'm here to speak to you but I'm not interested in you, I'm interested in the children, and that kind of at first, I understand what she was saying but I just thought mmmm, you didn't have to say it like that, you could have said I'm here for the family..."
> **Faye**

Gloria's and Ophelia's experiences were similar; Gloria felt that she was not helped and both mothers felt passed on to other services;

> "I didn't feel there was any support there at all or advice really as to where I could get help, and that was it, pass you off to women's aid."

> "the children were still going back and forth…passing messages off things like that, being used, and, my experience of social services felt they can't help us, they really didn't do much, for us at all, at all"
> **Gloria – both extracts**

> "mm. I think it was quite problematic really, and especially at the end…she didn't, I had no confidence in her and what she was doing they've all just washed their hands of me"
> **Ophelia**

Even more concerning is Melanie's extract, who explains she has deteriorated since the SWs were involved to the point of feeling suicidal;

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"I feel like I've actually gone worse, I went through a really bad phase, really bad, cause obviously they were kind of condoning (dad) cause once they gave (dad) temporary custody they dropped out they had no more involvement, so I'd be ringing up crying, I haven't seen my kids for a month… I were really suicidal, and they were like oh well we're not involved now, sorry it's private, so I kind got really suicidal, felt like they'd really let me down…and they were just absolutely horrible"

Melanie

5.3.2 Voluntary services were better

Whilst different professionals have different roles, almost all of the mothers reported that the voluntary services they engaged with were more supportive and positive than the social work involvement. The mothers said that they did not know what they would have done without this help.

 "I trusted my IDVA more than I trusted my SW any day of the week."

Emmaline

 "I am happy with the change I've made – absolutely. Most of them were down to this support service rather than social services though. I wonder if this second involvement with CSD has been better because I came with the support service on my side"

Janine

Naomi shared how she would tell anyone in the same situation to approach the support services;

 "my (location) women's aid worker actually…she was telling me you're right in what you're saying…you can complain and actually the child protection meetings are yours, they are not the SW's…you're the most important person in there, and so she gave me that confidence really to actually stand up and say what I was thinking without being judged for it…but if she wasn't there to back me up on it, they would still have me down as being abusive

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to them, aggressive, they always put that down… when my aid workers there they're like oh you need to listen to what she says, this is her opinion you need to take it on board, so they would never write anything like that when she was there…if ever my friends have said about having social services I'm like right you need to make sure you get a worker straight away"

Naomi

Laura valued the involvement from the voluntary service because they helped her in all aspects of her life rather than just one issue;

"she would do everything, she got me support for my debts, she got me, support, for work, so I'm now for 12 months with somebody at women's aid, a work coach…then when I got referred to her they paid for my course to do the CIPD…HR, foundation level three so I'm doing that privately, they bought me a laptop to do it, so it's really good…the support has been brilliant like when I came out I used to just ring her in tears…and just be like pep talk, prep talk me please, just say something…positive…yeah...and how to just yeah, it was really nice yeah, I do think that without that support…I don't think I would have got very far to be fair"

Laura

5.4 Use of power

A very prominent theme within the interviews was the SW's use of power, and the mother's lack of it. Mothers reported subthemes around SWs not individualising interventions; differing perception of power; and abusive practices.

5.4.1 Interventions are based on what the SW thinks the family needs

Mothers acknowledged that some SWs put services and plans in place in order to overcome the concerns, however these plans were created by the SW alone and not in conjunction with the family (Smithson and Gibson, 2017). Some mothers did not believe that these plans actually met the family's needs;

> "no, no they didn't (meet the family's needs) …allowed him to carry on doing what he wanted"
>
> **Ophelia**

> "they were just wanting to tell me what to do…they were just throwing things at me, you maybe need to do this or you should be doing that or yeah, freedom program"
>
> **Helen**

Wilkins and Whittaker (2018) found that SWs do not trust parents to make informed and reasonable decisions, and so SWs feel they must make these decisions. Instead of seeking ways to work alongside parents, the SWs try to 'correct' the mother's way of thinking through controlling and influencing them. Once her child was removed and her case was in proceedings, Quinn felt pressured and coerced by the SW;

> "they were asking me to go to groups on top of groups and I refused them all, I didn't want that, and then obviously when they took (first son) they said you now need to go or you're just not going to get him back…"
>
> **Quinn**

Whilst the court and SW identified areas Quinn needed to work on, no thought was given to tailoring this to Quinn's circumstances; SWs knew of individual groups and so referred Quinn to them, ignoring the unnecessary strain and pressure it placed on Quinn. Quinn explained that she needed to be in a number of places at the same time, or directly after one another, in different areas, and that the amount of groups she needed to attend impacted on her availability for contact with her children. This echoes Neale's (2018) findings, that mothers are often overwhelmed by the expectations placed on them by SWs. It was the *children's guardian* who identified and proactively resolved the issue for Quinn; and this was to the dissatisfaction of the SW.

Many of the mothers also explained that the safety plans SWs put in place did not make them any safer. Ophelia felt that whilst she had social work involvement due

to her ex-partner's behaviour, there were no practical steps in place that offered her protection;

"yeah that's what I felt and then when there was an incident, when the window, they didn't actually do a lot to… protect me"
Ophelia

One explanation for mothers not feeling any safer from safety plans, or supported by Child In Need/Child Protection plans, is that on many occasions the concerns the mother had differed from those the SWs had (Buckley, Carr and Whelan, 2011);

"they were concerned about the children…witnessing situations but they weren't, they were saying that it was an argument rather than, he's a perpetrator and you're a victim and, you know, he's abusing you through your children…they weren't getting that at all"
Naomi

"I think he was concerned with, well he (SW) just seemed to be concerned with what it was that he was told that I'd done…and because I didn't have anything to show in terms of (bruises)…um, he didn't, his concern, seemed to be the children, or it appeared to be the children but actually I think his main concern was, being powerful, being able to tell me what to do and I think that was most, most apparent, you know even when I saw him with the children, he just wasn't a genuine, trying to build that rapport or gain trust and things like that…he was very much kind of, yeah, authoritative…"
Helen

Emmaline believed the SWs created a safety plan that satisfied the SW's concern for risk to the child, but in reality this made no difference to her situation;

"the SWs believed, so for example, what their safe plan is might not be safe for me. But it's probably safe to tick off their boxes"

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"it felt like they were just ticking the boxes to make sure (son) was safe".
Emmaline – both extracts

Emmaline explained that the SW's single focus on the risk to the child ignored any risk to Emmaline; there was no wider exploration of the issues the family was facing or recognition that Emmaline needed other support to ensure the safety of her children.

When mothers were asked if they think they made changes as a result of the SW involvement they said;

"no because I, went back a second time as well"
Debbie

"I feel like I've actually gone worse"
Melanie

"did I make any changes in my life? Not because of the SW no"
Helen

Consistent with Stanley (2013) and Hughes, Chau and Vokkri (2016), a number of the mothers spoke about how SWs were inflexible with the plans that were being made;

"I think they should have pushed more and offered me a refuge or something…but she never did…I think if social care would have said like if they'd have offered to put me and (child) together somewhere…I would have gone…I mentioned it but it was too late…they'd already agreed on the child arrangement order with my mum"
Laura

"like fair enough the house situation but I said I'd move in with my auntie, but, because I didn't say that before that it were too late but I didn't know that I were going to get them took off me do you know what I mean"

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Melanie

For Quinn, this even included refusing to return her children to her care;

"even though I've stuck to everything they've said they're still saying she's not changing her mind and that (both sons) aren't coming home"
Quinn

5.4.2 Perceptions of power

When asked who they think holds the power in interactions with SWs mothers said;

"they do…um because ultimately they may be your children, but you know that if you get a SW that is power driven…that that they have the power to make things go very wrong if they choose to"
Helen

"them, yeah, 100% well it was all done on their terms, nothing was ever done on my terms…I was never given any option…the whole process wasn't explained to me…at all…negative, hugely negative"
Faye

"her…obviously…because she's the one that's telling me basically how to live my life, who to speak to who **not** to speak to, if I do this I'll lose kids, like they're my kids!...It's negative"
Kelly

Not all mothers thought that the SW having power was negative;

"they definitely do, the SW…I think that's positive, you know obviously the SW, that's what your job is you're there to make sure that, check the welfare of the child and make sure that the child's alright…so definitely

that's, that's good, that they can remove the child from that situation or alter the situation to remove the risk for the child basically"

Laura

"It can be made positive when you are both working towards the same thing."

Janine

5.4.3 Abusive practices

When mothers relayed their experiences in the excerpts below, they did not identify them as 'abusive' practices, however in reality, they are. Each extract demonstrates how power, choice, and agency was removed from the mother (Smithson and Gibson, 2017), how the SW's actions and behaviour put the mother at risk, and how the mothers were emotionally harmed.

"I went in, I came out (of hospital) and went into a homeless shelter you know (location) road…I had to live in that, it was awful, like there were literally people shooting up in the corner it was disgusting, it was horrible, worst experience of my life but, yeah women's aid were obviously like you know she's just been moved here, she's just come out of a psychiatric hospital and you've put her in there, what are you thinking? So the next day social care, (SW), she got me moved into the women's complex bit, literally like that (snaps fingers) so that was really good"

Laura

It was Laura's women's aid worker who ensured Laura got the care she needed when she was discharged from a psychiatric unit. It is clear that CSD had no intention to return Laura's child to her care as accommodation that supported this could have been secured prior to her release. Additionally, Laura spoke of some of the terms on her closure plan;

"one of the terms on the plan…even when its closed if I'm aware that he's with anybody else and who they are, to let her know…because obviously

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he's so much of a risk…"
Laura

This is not a burden that should be placed with Laura, and it is certainly not an expectation CSD should have for her. It places Laura at further emotional risk, and also physical risk from the perpetrator should he find out.

Ophelia shared how the SW was told by the manager to not include particular information in the assessment, but the SW refused to remove it, so Ophelia was put at risk of serious harm;

> "the result was, because she disclosed the personal information, he came along one night and smashed this window in while I was sitting here…and luckily I'd had the curtains drawn otherwise I'd have…probably had the glass in the back of my neck"
> **Ophelia**

Faye's SW organised three Mental Health Act (MHA) assessments within one week, as she was so convinced Faye was unwell;

> "she was the one who said I was psychotic…and even you know contacted my IDVA…said to my IDVA that I was psychotic and tried to get my IDVA to agree to that and therefore…I should have the kids taken away from me, and my IDVA said to her at the time...well I'm not a medical professional so I'm not…she said and neither are you, we can't make that decision…(the SW) was the one who, literally within the space of a week made me go for three mental health act assessments because she refused to accept the first one, when they confirmed I wasn't psychotic she refused to believe that, organised a second one, refused to believe that…"

> "it was the third mental health assessment that the psychiatrist stopped it off after 20 minutes and said to me that the SW had emailed her, and not even asked the question whether I was psychotic, had emailed her and said I was <u>so</u> psychotic that I had manipulated my way through two mental

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health assessments, that I had manipulated the people doing them and that she was pleased to <u>find</u>, a diagnosis of psychosis, and (the psychiatrist) said I'm stopping this because there's absolutely no evidence and she said never in my entire career of however many years…have I ever seen somebody being treated this way and…if I was you when you leave here, go and get yourself a lawyer, and…I am putting in a professional complaint against this women"

Faye – both extracts

This behaviour demonstrates that the SW was looking to confirm her own ideas and assumptions (Munro, 1999; Whittaker, 2018), rather than seek a true and accurate record of what was happening. For Faye, this was incredibly traumatic and continues to affect her self-image.

Helen recognised that her SW was furthering the father's abuse by passing messages between parents. The following extract shows either a lack of consideration and thought for their behaviour, or the SW's choice to continue to behave in this manner.

"humiliating because he (the male SW) used to pass messages from the father that he didn't need to pass…it would be something that I could do absolutely nothing about…it was something like he's going to do this you know, he's going to take you to court for this, did you know that? And I'd be like no!...there was no use…So that was part of that actually, coercion and threats, because it was like he was, he didn't need to tell me those things but he was happy to do so…and I thought that was, me being abused all over again…you know it was just an extension…"

Helen

Another highly concerning and oppressive practice was found in terms of the initial child protection conference (ICPC). Mothers are informed before they attend the conference that they will be given a report to read and have the opportunity to voice their opinion, so if there is inaccurate information in the report this can be

noted. Similar to the findings of Buckley, Carr and Whelan's (2011; Smithson and Gibson, 2017) study, this was not the experience Quinn, Kelly or Faye had.

"Quinn - oh no cause whenever I tried talking to answer one of SW's questions and stuff all I got told were to shut up
Interviewer - by who? Who told you…?
Quinn - SW, chairman, a few times actually"
Quinn

"I'm like sat there in tears like yeah but he was doing this – yes but it doesn't matter now, it doesn't matter, literally cut me off with everything"

"the main thing was they didn't listen to me…like in the original like child protection thingy as well…I wasn't allowed to have a say, she told me to put it in writing afterwards...and I know it's really long winded but that's everything I wanted to say in the meeting and she said put it in writing afterwards but then she never sent it out with the minutes so it goes on file and nobody ever read it and it's the same with everything"
Naomi – both extracts

"Faye - I think for me the most humiliating thing was that child protection conference…sitting in a conference with 15 professionals…and I was told that I would be able to put my part, and I wasn't at all, I was told to sit down and shut up when I got into that room and I had no, opinion and even my IDVA tried to stand up, and she was told to sit down and shut up
Interviewer – actually those words, sit down and shut up?
Faye – yep, you have no authority in this room"
Faye

These extracts mirror Smithson and Gibson's (2017) findings that mothers felt attacked and belittled within conferences. This approach does not promote relationship building, joint understanding or encourage honesty; it simply sets clear precedence of who has power and who does not.

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5.5 Administrative issues

Mothers reported long delays in the SWs assessment, poor multi-agency working, poor information sharing and decision-making.

5.5.1 Long delays

Mothers within Smithson and Gibson's (2017) study reported their intervention had continued for too long because the fathers were not appropriately engaged in the assessment. This caused frustration and feelings of victimisation, because mothers had done everything required of them and they were assessed as not being a risk, yet the SW would not close the case. Kelly's experience mirrors this;

> "she don't exactly push along…like I always feel like I'm having to ring her to ask her what's going on, what's happening, well is, is, the amount of times I've asked if (ex-partner) is seeing (daughter) yet, so I can prepare her for it…or, are you coming to see me this week, or like, have you seen (ex-partner) what's going on? It always feels like I'm the one hounding her like…I understand she might be busy but, Jesus like…there's slow and there's slow, and she's just ridiculously slow."
> **Kelly**

Mothers also spoke about how SWs took a long time to undertake tasks; when mothers asked SWs to complete tasks, they felt like they were burdening the SW (Buckley, Carr and Whelan, 2011). Mothers were mostly frustrated that power had been removed from them to undertake the tasks and given to the SW, and yet these things were not done.

> "yeah, I think they're just too busy, obviously like the funding from the government and…you can't, how can they not be busy…bet they having to shove loads of cases on like there's too many cases and not enough SW's so…it was just the fact that she was so busy, I think was the lack of communication did my head in…so it was like I'd be ringing and ringing and I bet sometimes she thought, what does she want now"
> **Laura**

Buckley, Carr and Whelan (2011) suggest social work practice that does not return calls, respond to messages, or is punctual demonstrates an organisational culture that has a 'low priority on basic courtesy' (p.106).

5.5.2 Poor multi agency working

Mothers spoke about how they had numerous services involved with their family, yet these services did not talk to each other to gain a holistic view of the issues.

> "just felt that, if they all…had a…meeting, yeah, I think the SWs and the school would have a different view, even now, if the SWs and the school met up with my IDVA, my police officer…my doctor…my mental health provider…they would be ashamed actually, if I'm honest, the school especially, like they would be ashamed by how I feel they have dealt with me and the situation. And I think they would probably realise a lot of mistakes that have been made and I feel that especially with my children and the school, and I feel that this is where social services should have been involved, I feel like my kids went back to school and got re-victimised"
> **Emmaline**

> "I worked with women's aid loads…but social work, like my work, my (service) worker would try and contact my SW and I know they're busy and stuff but it was really like, the lack of communication, I think if they'd have worked together better it'd would have worked out better."
> **Laura**

> "I find that frustrating, how, as a victim, we get told to engage with agencies and you have one agency telling you don't do this don't do that, another agency working completely against what that agency does that then puts you in the middle because the police have said to you, 'don't give out his phone number, don't' you know and then you've got an agency coming to you 'well can I have his telephone number' – well no the police told me I shouldn't give it to you, oh well now, now I get…written down and my name

in the black book…because I refused to engage with you, well…it's so when agencies are pitting you as the victim against each other"

Faye

5.5.3 Poor information sharing and decision making

As was discussed in the literature review, many SWs believe the child is paramount to all child protection work. This section evidences how SWs did not share crucial information about the father that would affect a child's safety during contact, which indicates that the father's right to contact is prioritised over the safety of the child (Laville, 2017; MacDonald, 2017). This suggests that the child is not actually paramount, but that the father is, and as such, men's interests are prioritised over those of women and children.

"he went in March and he failed two (drugs) tests out of three and no SW let me know and I was still sending my children with him, so he went for them and he failed them"

Naomi

"I don't know how they risk assessed it, oh the children don't seem to be at risk, however, there were weapons found and, which I wasn't party to, until a whole, nine months later when the CAFCASS report came out and you've got all the police information as well…"

"social services, didn't say oh actually we've done a police check, you know there's all these incidents, and here there's evidence of, this is what was found in his house but creepy stuff as well…how are those children now not at risk cause I wasn't given that information to be able to make an informed choi, decision"

Gloria – both extracts

5.6 Discussion

Within the literature review, it was shared that previous research into mother's involvement with CPSW characterised the intervention as authoritative and

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confrontational due to the SWs use of power. The CPSWs approach was influenced by a number of things; assumptions about what the mother should or should not do, the necessity of the father's involvement, the intervention they received not being individualised and SWs were not trained to work with issues of domestic abuse. It was argued that these practices have become common-sense and perpetuated with minimal opposition, as a result of patriarchal influences from wider society.

Each of the previous research findings are demonstrated within this chapter; mothers relayed how the SW blamed the mother and so the mothers took this blame on and blamed themselves. Additionally, mothers relayed how there was no concern for them, as a victim, as all focus was on the child; this links heavily to how CPSW hold mothers to account of the good mother ideology that believes children should come first, that mothers should be everything their child needs them to be and they can predict and prevent harm (Davies and Krane, 1996; Stewart, 2020). Ladd-Taylor (2004) explains that there is an expectation for mothers to put children first, even if this threatens the mother's own safety or her life. The expectations placed on mothers as relayed in the introduction continue to be prevalent; mothers within this study were expected to protect their children, to care for them, to take responsibility for the abuse, to do what is expected of her, to control their partners behaviour, and to stop caring for their partner. This last theme demonstrates and evidences the earlier section on constructing motherhood when DVA is present. Women care for their families; they nurture each member and want them to succeed – this is what society expects them to do – but this is not true when the relationship is abusive (Loseke and Cahill, 19894). As Magen (1999) explained, it is rational to seek ways to end the abusive behaviour; Isla, Janine and Emmaline all wanted the root cause of their partners behaviour to be addressed in order to stop the abuse.

Mothers consistently shared two options when considering fathers in the social work process; they were either invisible, and not included in the assessment, or involved even when this was detrimental. This demonstrates two different types of male privilege, each that grant power and decision to men, and place responsibility and blame on women. Previous research (Scourfield and Coffey,

2002; Brandon et al, 2009; Ewart-Boyle, Manktelow and McColgan, 2013; Neale, 2018) demonstrates it is well known that fathers are often invisible within social work assessments, and this thesis further evidences that the practice remains prevalent. Whilst it is previously known that fathers have been prioritised in the family courts in relation to child contact (Featherstone, 2010; Hester, 2011; Laville, 2017; MacDonald, 2017) and this was an issue for the mothers in this study, there is limited knowledge in relation to involving fathers even when this is detrimental to the mother and child.

Some mothers within this study spoke of how SWs did not challenge or address the father's behaviour and therefore allowed him to continue abusing both the mother and child throughout the involvement. Other mothers spoke of the CPSW not challenging things the father was saying and how the CPSW wanted to keep everything on an even keel. Both Emmaline and Naomi spoke of how their partners were directly abusive to SWs and within case conferences without being asked to leave, calm down or stop. Whilst this may link to the lack of training SWs have around DVA leading to their avoidance of addressing the issues (Humphreys, 1999; Postmus and Merrit, 2010; Hughes, Chau and Poff, 2011; Fusco, 2013; O'Sullivan, 2013; Heffernan, Blythe and Nicolson, 2014; Crabtree-Nelson, Grossman and Lundy, 2016), it is also demonstrates to fathers that CPSW will not hold them to account of their behaviours, enabling their continuation. The result of involving fathers even when this is detrimental to the mother and child is that mothers then do not feel safe, they do not form a trusting relationship with the SW and the abuse continues. Mothers recognise that fathers remain the most important person in the interactions, and the SW has continued to enact patriarchal ruling.

Many of the mothers felt unable to form positive, trusting working relationships with CPSWs due to the CPSWs approach; Faye, Gloria and Ophelia relayed how their SW made them feel like the SW had no interest in them, and passed them off to other services. The CPSWs approach was heavily characterised by their use of power. Mothers believed the CPSWs held the power, and so they had no real ability to decline involvement or the intervention recommended by the SW – they simply had to do it. This evidences coercion and a lack of choice, as was

previously demonstrated by Keeling and Van Wormer (2012; Neale, 2018). Mothers shared how interventions were based upon what the SW considered to be the family's needs, and this did not actually meet the family's needs or make them any safer. This was explored within the literature review; instead of viewing families individually, SWs look to confirm the assumptions they have about a family to justify continuing with their involvement, rather than understanding the family individually (Stanley, 2013; Hughes, Chau and Vokkri, 2016). Additionally, it was explored how success, within children's services, is often defined in terms of whether the intervention was carried out well, as opposed to whether it was beneficial to the family (Smith, 2018). Mothers often found the intervention frustrating rather than beneficial; families need to be invested in the plan that is created for it to be successful and sustained (Prochaska and DiClemente, 1983; Forrester et al, 2007).

In relation to administrative issues, mothers reported long delays in the assessment as the SW did not make appropriate contact with the father within the given timescales. For mothers this felt like a punishment, as they were doing all they could do and all they were expected to do, but they had to remain involved with children's services and on child protection plans because the SW had not done their assessment.

Additionally, mothers reported concerns in relation to police and SW not sharing crucial information about their case; for example, Gloria felt pressured by the SW into making a decision about whether her children could have contact with their father. Gloria reluctantly agreed to this, however, found out over 9 months later that a police search found numerous concerning items at her ex-partners home that put the children at risk. Gloria was frustrated and angered that this information was not shared with her when the decision for contact was so heavily placed on her, and it would be her decision to allow contact that came into question if something did happen to the children. Each of these examples demonstrate the mothers experiencing further oppression, the fathers facing no consequence, and the SW playing a role in perpetuating such practice – whether through their own choice, or through the processes they enact, must be explored further in the next chapter.

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5.6 Conclusion

This chapter shared the main themes from the mother's data to answer research question one: how do mothers with violent partners experience child protection social work intervention? What has been shown is that mothers were unhappy with how the SW treated them; they were blamed, they felt isolated, they were worried, they were held accountable for their partner's actions - and he was either not included in the assessment or was involved even when this caused further harm to the family. Mothers did not have a good relationship with the SW, and SWs used their power over mothers. This chapter has shared how mothers with violent partners are not viewed as victims; they are expected to continue protecting their children and maintaining family cohesion even when they are being abused. The data within this chapter suggests that many expectations remain for mothers even in abusive situations. This is due to how pervasive patriarchal ideology and beliefs are within UK society, and how ingrained the expectations and constructions of motherhood have become. Patriarchal beliefs are widespread and in order for the ideology to prevail it becomes ingrained as common sense, enabled due to the viewing lens not being calibrated to identify patriarchy (Hunnicutt, 2009). This calibration is actively discouraged by the premise of the ideology, so that even when mothers are identifying who else should be spoken to or involved, they are not considered as it does not fit with the current expectations. It could therefore be suggested that the answer to the title of this thesis – *do current approaches to mothers within child protection social work re-victimise women with violent partners?* – is yes, mothers are re-victimised through social work practice.

The next chapter looks to understand what causes these practices, with consideration from both the mother's and SW's data.

6. Research Question 2

What are the factors that perpetuate re-victimisation in child protection work from both SWs' and mothers' perspectives?

In order to answer this research question, it must be broken down so as to understand what re-victimisation is, and therefore how it can be evidenced. The Duluth model of power and control (appendix 2) is a well-known model created by victims/survivors of DVA that illustrates the variety of behaviours perpetrators can use to have power over and control their victims/partners. Whilst the Duluth model is contested in terms of being an appropriate tool to use when working with perpetrators (Dutton and Corvo, 2007), it is not contested that the behaviour depicted reflects that of a perpetrator. In this sense, it is also a tool that shows how women are victimised. By evidencing how both SWs and mothers have identified social work practices that fall under every segment of the Duluth model, the question posited in the title of the thesis will be answered; do current approaches to mothers within child protection social work re-victimise women with violent partners?

In order to understand what factors perpetuate this re-victimisation and why, the rest of the chapter will use previous literature but also critical thought and developing theory to explore the mother's experiences and the SW's behaviour.

6.1 Card sorting responses to the Duluth Model

6.1.1 Mothers

The below table displays the mothers' responses when asked if the particular behaviour was present or not present within their social work relationship.

Duluth Statements	Present	Not present
Giving her an allowance	0	16
Using economic abuse	1	15
Smashing things	1	15
Preventing her from getting or keeping a job	2	14
Making her ask for money	3	13
Treating her like a servant	3	13

Calling her names / using derogatory terms	4	12
Saying the abuse didn't happen	5	11
Saying she caused it	5	11
Using visitation to harass her*	5	11
Making her afraid by using looks, actions, gestures	5	11
Making and/or carrying out threats to do something to hurt her	6	10
Threatening to report her to welfare	6	10
Controlling what she does, who she sees and talks to, what she reads, where she goes	6	10
limiting her outside involvement	6	10
Using the children to relay messages	6	10
Using isolation	7	9
Using male privilege	7	9
Being the one to define men's and women's roles	8	8
Using coercion and threats	8	8
Making her think she's crazy	8	8
Playing mind games	8	8
Minimising, denying, and blaming	8	8
Shifting responsibility for abusive behaviour	8	8
Making light of the abuse and not taking her concerns about it seriously	9	7
Humiliating her	9	7
Acting like the "master of the castle"	9	7
Using emotional abuse	10	6
Using children	10	6
Making her feel guilty about the children	10	6
Making her feel bad about herself	10	6
Making her feel guilty	11	5
Putting her down	11	5
Using intimidation	11	5
Threatening to take the children away	11	5
Making all the big decisions	11	5

Table 6.1 mothers combined responses to Duluth Model card sorting activity

By mapping the mother's interpretations of the SW's behaviour onto the Duluth model it is shown that the SWs' approaches reflects that of a perpetrator because their behaviour is consistent with the behaviours listed in the Duluth model, which evidences perpetrators' tactics of abuse. This therefore evidences that mothers are re-victimised through social work involvement, and provides some indication of *how* they are re-victimised – what the SW does that causes harm to the mother.

The most commonly chosen cards were within the 'using emotional abuse' and 'using children' sectors of the Duluth model. It is important to note and consider that mothers who have been in abusive relationships report how the psychological, emotional abuse has more damaging and lasting effects than any physical violence has (Neale, 2018). This must be considered alongside the status and legal standing of SWs; they are professionals who work for the state and are monitored by a regulatory body. Whilst social work practice may be abusive, the message this sends to those involved with children's services is that what the SW is doing is right and just, otherwise they would be reprimanded.

* Using visitation to harass her has an asterisk because mothers felt harassed by the continual social work visits, especially if they were under child protection as these are more frequent visits, but recognised it was not visitation in terms of child contact. They therefore felt it was relevant but it needed a distinction.

6.1.2 SWs

The table below displays the SW's responses when asked if the particular behaviour was present or not present within their SW relationship with mothers.

Duluth Statements	Present	Un-intentionally present	Not present
Smashing things	0	0	13
Using economic abuse	0	0	13
Making light of the abuse and not taking her concerns about it	0	0	13

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seriously			
Saying the abuse didn't happen	1	0	12
Using the children to relay messages	1	0	12
Making her afraid by using looks, actions, gestures	0	3	10
Preventing her from getting or keeping a job	1	2	10
Making her ask for money	2	1	10
Saying she caused it	1	2	10
Playing mind games	1	2	10
Minimising, denying, and blaming	3	0	10
Shifting responsibility for abusive behaviour	3	0	10
Acting like the "master of the castle"	0	3	10
Giving her an allowance	4	0	9
Using male privilege	2	2	9
Being the one to define men's and women's roles	3	1	9
Making her think she's crazy	1	4	8
Treating her like a servant	1	5	7
Humiliating her	2	4	7
Using emotional abuse	2	5	6
Calling her names / using derogatory terms	1	6	6
Making and/or carrying out threats to do something to hurt her	4	3	6
Using intimidation	3	4	6
Threatening to take the children away	3	4	6
Threatening to report her to welfare	7	0	6
Using isolation	3	5	5
Limiting her outside involvement	7	1	5

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Putting her down	1	7	5
Using visitation to harass her*	0	9	4
Using coercion and threats	4	5	4
Controlling what she does, who she sees and talks to, what she reads, where she goes	6	5	2
Making all the big decisions	7	4	2
Making her feel bad about herself	4	8	1
Making her feel guilty	4	8	1
Using children	9	4	0
Making her feel guilty about the children	7	6	0

Table 6.2 SWs combined responses to Duluth card sorting activity

The 'unintentional' category was developed during the interviews as SWs believed they caused mothers to feel this way, but this was not their intention. Similar to the mothers' responses, the SWs' most commonly chosen behaviours fell under the 'using emotional abuse', 'using children', 'using isolation' and 'using coercion and threats' sectors. By choosing these cards, SWs recognised that their behaviour was emotionally abusive, isolating, and coercive. These findings will be explored further in the next section.

* Using visitation to harass her has an asterisk because SWs also recognised that mothers may feel harassed by the SWs continual visits, especially if they were under child protection, but recognised it was not visitation in terms of child contact. They therefore also felt it was relevant but it needed a distinction.

6.1.3 Conclusion

The card sorting results show that at least one mother or one SW chose every single card. As the Duluth model depicts how women are victimised by violent partners, these findings show that SWs do re-victimise mothers and that social work practice often reflects behaviours and tactics used by perpetrators. This activity actively calibrated the viewing lens to identify patriarchal ideology, beliefs and behaviour (Hunnicutt, 2009) within social work practice and as such,

demonstrated the specific oppressive practices CPSW use when working with mothers with violent partners. Through using this activity, the problem with no name (Friedan, 1963) is identified, and named. To explicitly highlight where social work practice has included abusive behaviours, how frequently they occurred, how they were used, and how many mothers experienced them, the segment the behaviour occurred in (in relation to the Duluth Model, Appendix 2) will be integrated throughout this chapter e.g. (segment 6 – male privilege). This will answer both of the questions that have been posited in the thesis title, and used as this chapter's title; do current approaches to mothers with child protection social work re-vicitmise women with violent partners and what are the factors that perpetuate re-victimisation?

Each of the themes and subthemes below will be considered individually but the analysis will continually consider how SWs are influenced by the social and cultural world in which they were raised (Sinai-Glazer, 2016), which for the UK is accepted as patriarchal.

The three main themes from both the mothers' and SWs' data in relation to RQ2 – what factors perpetuate re-victimisation are: power, social constructions and expectations, and the SW's approach.
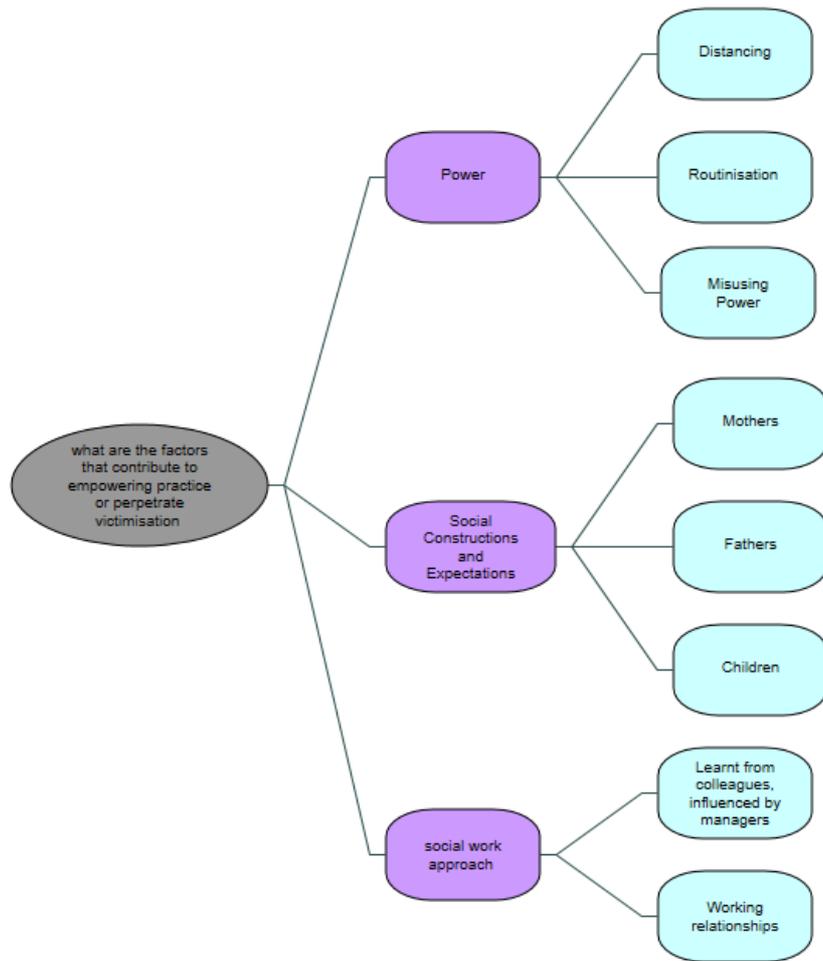
Figure 6.1 Themes for RQ2

These themes could be viewed as a funnel, as each individual theme does not cause re-victimisation, but the combination of each creates a dangerous way of working.
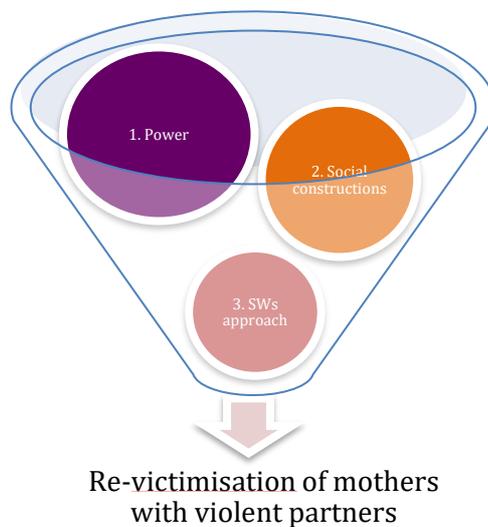
Figure 6.2 Funnel of themes for RQ2

6.2 Power

Power is an integral part of social work and a very poignant theme when considering what perpetuates the re-victimisation of mothers abused by their partners. Through legislation and guidance that was previously demonstrated to be created through patriarchy, SWs are empowered to intervene in children's and family's lives when there are concerns about safety. These statutory mechanisms make SWs agents of social control (Parton, 1998; Waterhouse and McGhee, 2015) who assess and monitor those they come into contact with. As discussed, the standards and expectations held by CPSWs are influenced by the ideology they have been exposed to as part of growing up in a patriarchal society (Morley and Dunstan, 2016; Sinai-Glazer, 2016).

Having this power is a privilege (McIntosh, 2007). Privilege of this sense reflects male privilege (segment 6) – being heard, making the big decisions, what they say goes. McIntosh (2007) argues that privilege may be perceived as a strength when in reality it is just permission to dominate.

Power is the thread that ties each theme and practice together within this thesis; from both the mothers' and SWs' data, it is the underlying commonality. Specifically, who has choice and who does not, who has power and who does not. This in itself is reflective of patriarchy and patriarchal values and therefore it is unsurprising that it is a finding of this PhD. The themes in this section specifically relate to the use of power include distancing, routinisation, lack of reflection/supervision and abusive practices.

6.2.1 Distancing

The majority of mothers reported that the SW held the power in their interactions, and this was negative. When asked the same question, some of the SWs drew on legislation and their legal power, which resulted in the SWs suggesting that SWs are actually powerless. This is consistent with Nijnatten, Hoogsteder and Suurmond's (2001) research, which found that SWs downplay how much power they have; Grootegoed and Smith (2018) agree, explaining that SWs distance themselves to positively manage their work;

"it's a perception thing I think, it depends on, I think it depends a lot on the mum because I always feel like they've got the power. If they don't want to talk to me they won't talk to me but I suspect they feel like I've got the power and that if they don't work with me then something bad is going to happen or if they ignore me I might just go away"

Olivia (SW)

Although SWs do not have the power to remove children immediately like the police's power of protection, and force is not something they can use, SWs do hold power. This power is legitimised and institutionalised through patriarchal legislation such as the Children Act 1989 and the Adoption and Children Act 2002; it allows SWs access to families on both a voluntary and involuntary basis. By normalising interventions and identifying thresholds, society are lead to believe that the response given to concerns are accurate and proportionate, so they become the expected, accepted and common sense (Brookfield, 2016). Floyd and Karina further Olivia's thoughts on the perception of social work power and discuss how they use this when working with families;

"you don't ever have to say it, a lot of people don't even know the extent of the power that we actually don't have...I can't go and remove a child...to have a child removed, at will, I need the police and I need to persuade the police that that child needs to come out there and then...that power is incredibly rarely exercised cause it's incredibly high threshold to prove...otherwise you have to do it through the courts which is, increasingly laborious, difficult and the thresholds are equally as high...the presumption will always go in favour of the child remaining with the parents wherever possible...so there's a great unspoken power that we have...and I think sometimes, not that we actively shout it, pretend that we have it, but we don't do much to dissuade people off the myth that we have it...because it's quite a convenient power to have"

Floyd (SW)

"I think we do (hold the power), but often it's because the mothers don't know that we don't…if they knew that they could go to a solicitor and tell us to bugger off then…maybe we wouldn't have as much power, I mean I think we pretend we have got a lot of power that actually we don't have cause we don't have it legally, we've got almost like a power by default because there's people hear SW and think oh god, better, better let them in but… obviously there is a huge power dynamic and ultimately people are worried that we can take their kids off them and I know that it's not that easy to do, but they don't know that probably"

Karina (SW)

This perception of power, intensified by society and media reports of children removed from their parents, is what allows SWs to become and remain involved with families. Within her research, Holland (2000) found that SWs were able to theorise and discuss how they themselves, and their use of power, might have an impact on their working relationship with mothers, but then stated they worked to overcome this so it was not an issue. SWs within this study purported to manage and overcome power imbalance, yet from the mother's experience, this does not translate;

"they decide when they're helping you, they decide when they're not, they decide what's happening, they decide what you should be doing, if you shouldn't be doing it, they can basically…these, text books sayings of 'doesn't like involvement with agencies'…there's always that fear above…that you're not really allowed an opinion"

Emmaline

"…his concern, seemed to be the children, or it appeared to be the children but actually I think his main concern was, being powerful, being able to tell me what to do"

Helen

Through lacking an awareness of the power they hold, or the impact that perceived power can have on people, the SW's behaviour is shown to be

privileged (segment 6 – male privilege) which reflects the patriarchal status quo. By allowing these responses to continue, they become ingrained and accepted. Male privilege means men hold the power of having knowledge, the unspoken permission, encouragement, and expectation to achieve, and the privilege of not considering the impact of their actions (McIntosh, 2007; Gřundělová and Stanková, 2018); these are also behaviours that have been demonstrated by the CPSWs .

6.2.2 Routinisation

It became clear throughout the interviews that the majority of SWs who took part in the study recognised that they had power, but did not actively consider power and oppression within their day-to-day work; it was only something that they might reflect on in supervision.

> "I wouldn't say that it's (power) something that I'm consciously thinking of like, how do I come across and how do they come across but I do like sort of sit back on reflection and think yes absolutely it is something"
> **Irene (SW)**

This lack of awareness and reflection results in practices that oppress mothers being perpetuated, which leads to them becoming common place and accepted (Brookfield, 2016). It is a privilege not to be aware of a power imbalance or to choose not to reflect; SWs can continue with their work without reflecting on it, yet mothers are continually aware of the power imbalance, as it has such an impact on them (segment 6, male privilege). For example, many of the mothers relayed how SWs put in place services that the SW thought would meet the family's needs, but did not. This is evidenced by Leigh (2017), who reports that instead of focusing on children and their needs, social work has become too obscured by complying with paperwork demands. This is demonstrated by Emmaline, who spoke about how SWs believed they could tick their boxes for providing suitable interventions, but it did not make her or her children any safer.

> "The SWs believed, so for example, what their safe plan is might not be

safe for me. But it's probably safe to tick off their boxes"

Emmaline

Reflective of its prevalence within society, SWs relayed that cases featuring DVA are commonplace in SW, and so social work practice becomes both frustrated (Wilkins and Whittaker, 2018) and complacent:

"I personally find it quite frustrating, I would say that like 75 per cent of the cases we have are DVA. And I think that, in itself could be like not, not boring but it's like to say 'oh not another DV'"

Irene (SW)

"A lot of what was coming through was DVA…it becomes really clear when you first start working in child protection that a large percentage of your caseload will be due to DVA incident"

Eva (SW)

"You're like ooh okay I've read the referral 100 times before, I know exactly what's happening, so you're just not really engaging, you're just going out to get a job done…"

Karina (SW)

By becoming complacent about DVA, social work practice starts to minimise the incidents (segment 4 – minimising, denying, blaming). Just because a SW has seen a similar situation before does not mean they understand how this family, who will have been influenced by different life experiences, have been affected by the violence. This minimisation also results in SWs focusing the issue down to one problem that is more manageable to overcome, so that the intervention is simplified (Humphreys, 1999; Gill, Thiara and Mullander, 2011; Hughes, Chau and Poff, 2011; Mennicke, Langenderfer-Margruder and Connie, 2019). It is the impact the violence has had on the mother and child that should be considered here. The social worker not knowing what impact the DVA has had on the family indicates that the true aim for the intervention is not to minimise or lessen the impact on the child or family, but to become involved with and able to monitor the family. Such

an approach has become the expected and respected response, in line with the patriarchal ideology, but it does not meet anyone's needs. This further evidences Leigh's (2017) finding that social workers have become focused on completing the paperwork, their role and tasks, than making a real difference.

6.2.2.1 Intervention not individualised leading to ineffective intervention

In addition to work becoming routinised, the way SWs then work cases with DVA becomes habit, and the intervention is not individualised to the family. This is not a new finding; Broadhurst (et al, 2010) found that social work teams often have habitual responses to situations, Dumbrill (2006a) found SWs came to meetings with already typed and created plans, and Helm (2017) raises that the plans are often not scrutinised or properly considered. This results in practice becoming standardised rather than individualised;

> "You get your allocation. You go out and you do this, and you learn, I think (an initial assessment team) taught me a lot because you kind of…saw the same scenarios. Over and over and over. So in this scenario you put this safety plan in place you take it to conference a plan is drawn up and then you've sort of got your toolbox and you stick your bits and pieces in specific to that family based on what local resources are and stuff. So it did kind of, it does follow that pattern, once you've got the hang of that pattern."
> **Olivia (SW)**

> "There kind of is a generic response and go to response for DV and for most cases…when you go to a case conference there's kind of a list of things you automatically put down on a CP plan"
> **Leanne (SW)**

> "The strategy is oh we've got the (DV) program, so you've got to go and do the (DV) programme whether that is actually what is best or not so yeah"
> **Karina (SW)**

Without an individualised approach to the issues, the social worker is demanding

change – like a perpetrator might. Smith (2018; Wilkins and Whittaker, 2018) explains that, due to the view that families are morally lax and unstructured, current state strategies for intervention are a non-negotiable rationale in which mothers learn the desired behaviours. These are imposed from above, as opposed to being negotiated between the worker and the family. Morris (et al, 2018) found families have to comply with predetermined requirements in order to receive support; additionally, involvement was not fluid and it did not respond to the family's needs. Once an issue was identified, the family remained in this category regardless of any changes made. Holland (2000) found that the family's willingness to meet all of the SW's demands has an impact on how hopeful the SW is for reunification; the assessment is more about what the family is willing to do to keep the child than what that individual family needs as a whole. With the viewing lens calibrated, it should be seen that these are patriarchal methods of control being enforced by social workers. By assuming that what they have always done will work for everyone families are put at risk, as interventions often do not meet the family's specific needs. Leanne explains how, when you have the same approach to each case and work out of habit, you continue to use methods that have not previously worked;

> "I went out and basically because they'd been left to their own devices they'd resumed their relationship and there'd been a further domestic incident. So I was kind of discussing that and my manager suggested just getting her to sign a new revised working agreement."
> **Leanne (SW)**

It was not considered that the previous working agreement did not prevent the relationship resuming, or prevent a further incident of abuse, yet the response was to re-instate a new working agreement. Stanley (et al, 2011) found that if it was decided a referral did not require an assessment, letters were sent out in an attempt to address issues instead of offering intervention. They report this continues even though it is ineffective at reducing children's exposure to DVA (Stanley et al, 2011). Mia also reported this;

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> "The relationship was just, continuing basically…there had been written agreements in place and things like that which weren't really worth the paper they were written on, and it yeah it was really escalating…"
>
> **Mia (SW)**

This can make intervention irrelevant. Emmaline spoke about how there was no evaluation or check-in to see that her family were actually benefitting from the support in place;

> "They tailor interventions to individual family needs, in their eyes, what they think the people need yes…but, whether it was actually benefitting me and my son I'm not too sure"
>
> **Emmaline**

If there is no evaluation of the effectiveness of the intervention in terms of reducing risk and meeting the family's needs, then the intervention is simply being 'done to' the family instead of 'with' them, so they are more likely to become obstructive and defensive, instead of being able to invest in the intervention (Dumbrill, 2006a). Buckley, Carr and Whelan (2011) had similar findings; actions on the child protection plan were seen as SWs 'calling the shots' (p.105) that mothers had to comply with in order to avoid ominous consequences. By continuing to practice in this manner, SWs are not encouraging families to work with them, but simply placing demands on them. This is another area in which research into the effectiveness of the system would be beneficial; without collecting data about the quality and usefulness of the intervention, practice cannot be improved (Albright, Schwab Reese and Krugman, 2019).

6.2.2.2 Preconceived ideas/judgements

By not considering each case individually, ideas and decisions have already been made about the family before the SW has even attended (Dumbrill, 2006a). Due to being raised in patriarchal society, the preconceived ideas, thoughts and judgements the CPSW hold are influenced by this ideology, which when drawn upon, results in the further oppression of mothers. Mothers within both Morris' (et

al, 2018) and Smithson and Gibson's (2017) research reported SWs made up their minds before attending the home, and had an opinion before they had even met the family. By forming judgements before meeting the family, SWs are not considering everything and making decisions based on what they are being told by mothers, they are not creating a mutual understanding or prioritising a joint way of working, they are simply proceeding how they see fit (segment 6 – male privilege) (Forrester et al, 2007; Stanley, 2013; Hughes, Chau and Vokkri, 2016; Morris et al, 2018; Wilkins and Whittaker, 2018). Munro (1999) found that SWs often base their decisions on the most memorable – often the first or last – piece of information received, and they then do not re-consider decisions when new evidence is provided. Furthering Munro's thoughts, Holland (2000) reports that SWs derive causal explanation for behaviour before the visit, and this is influenced by the SW's previous personal and practical experience, as well as what is in the referral. It is this previous personal and practical experience that is of concern, due to the patriarchal society in which they were undertaken in, and how the social worker has rationalised them. Mirroring Holland's work, Whittaker (2018) found that when reviewing case details, experienced SW practitioners sought patterns and cues that linked together, which then lead them to seek further cues. Experienced

When reviewing the recommendations the mothers gave, one SW believed it was her job to 'judge';

> "That's interesting, get hold of all the details, listen rather than judge… it depends on the judgement but it's actually my job to judge"
> **Jasmine (SW)**

Prue (SW) was more reflective of making judgements, suggesting that it is not positive;

> "…when I read stuff, I instantly form a judgement, and I kind of wish I wouldn't do that because, if kind, both parents had this assumption of I know how this is going to go, and I shouldn't do that because every case is different and actually in this case they both turned round and said we don't

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want anything to do with him…I think that's the only thing that I would do (differently), not prejudge the situation before actually talking to anybody"
Prue (SW)

Mia (SW) explained that labels are given in SW, but reflected on how damaging they can be for the family;

"…when you label somebody in that way then that kind of carries on and kind of filters through to other professionals I suppose…and it continues…even though they could be engaging three months down the line it's like oh we did have that non engagement…it's…always there"
Mia (SW)

This shows that something mothers do not have control over – the SW forming judgements about a situation rather than considering the reasons behind the behaviour – has a lasting impact on them and how they are viewed by other professionals. This mirrors a finding from Munro's (1999) report; "professionals' first impression of a family had enduring impact" (p.12), and demonstrates the SW's power and influence. By having a socially constructed, expected response, it is believed that when there is deviance from this, that person cannot be trusted and professionals must use healthy scepticism when moving forward. Gary (SW) explained that whilst it is good practice to read case notes before you go out to meet a family, it means forming judgements about the family is unavoidable;

"From a practitioner point of view is good practice and is doing right so don't judge or make decisions or assumptions about the family before you meet them – well you're going to go in with knowledge of the history and, as much conceptual information as you can, and I get that you're saying you shouldn't use that to judge or make assumptions, and, you don't want to but obviously its unavoidable to an extent"
Gary (SW)

Mothers spoke of how powerless they felt when they could not change the SW's mind regardless of what information or explanation they gave;

"I find or have found that, once there's an idea or a judgement…about you, it sticks…and it's very, very difficult to (move on from it)"
Helen

6.2.2.3 Making all the big decisions (Segment 6 – male privilege)

The SW's lack of consideration about their use of power, and lack of reflection on the power they actually have, is problematic. Whilst some SWs argued that they do not get to make all of the big decisions when working with families, when they were discussing cases, SWs relayed the decisions they did make, but did not recognise they had an impact on the family.

"…I think we suggest big decisions that she should make so I don't know if that's the same thing"
Karina (SW)

"Apparently the chair has told her if she makes the wrong decision then, she's to make the decision…and if she makes the wrong one then we'll do something about that so…make the decision but if you make the wrong one I'm going to come down on you..."
Danielle (SW)

Scourfield and Welsh (2003) explain that SWs use authority to override the client's wishes. Other SWs, and actually the same SWs, perhaps at different stages of the interview, did recognise that they hold the power and used it to tell people what to do;

"We tell people what to do all the time"

"The problem was being defined by us rather than the family"
Karina (SW) – both extracts

"Kind of the expectation's on the parents…you need to address your issues

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before you get back together and we're going to tell you when that's a suitable time to do that…"

Mia (SW)

Additionally, much of the literature suggests that SWs make decisions about how the case proceeds, what the mother has to do, and whether the mother needs educating. These extracts demonstrate the social workers inability to critically reflect upon, admit, or believe in the power they hold, or how they are perceived by those they work with. By protecting themselves from this truth, they are able to carry on working in the manner that they are expected, without challenge. This suggests that the way in which dominant ideology permeates society is the same way in which social workers impart these beliefs in who they are working with. This could also be offered as a reason for why child protection social work approaches are reflective of a perpetrators behaviour. For example, Howe (1996) states that families involved with children's services should conform and comply with the rules; they know them, so they must decide whether they wish to abide or not. SWs within Scourfield and Welsh's (2003) study explained that their favoured intervention is telling families what they have to do. SWs within Wilkins and Whittaker's (2018) study were found to 'correct' mothers thinking by 'educating' them, and if this did not work they used their authority to control the mother (p.2008). Each approach evidences who has power, and who sets the (patriarchal) expectations. Wilkins and Whittaker (2018) share that this practice occurred because the SW doubted the mother's ability to make informed and reasonable decisions, and the SW thought they knew better. The SW's instinct was not to seek understanding and mutuality with the mother, but to overpower her by using authority (Wilkins and Whittaker, 2018).

Wilkins and Whittaker (2018) also report that some SWs within their study had '…a fundamental belief in the efficacy and suitability of deficit-based and authoritarian practice…' and that those SWs '…did not believe that all or even most families could solve their own problems, even with relatively extensive support…' (p.2015), providing a reason as to why this approach continues to prevail. This again perpetuates a particular view of mothers involved with children's services (Nixon, Radtke and Tutty, 2013), considered to have failed as

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they did not uphold good mother standards (Stewart, 2020).

McInnes (2015) explains that, when services retreat from using feminist approaches, the power dynamics between professionals and mothers result in or replicate abusive relationships. This is evidenced by how professionals exert control and who gets to make decisions. Similar to findings from Johnson and Sullivan's (2008) research, and evidencing an approach that minimises the mothers views (segment 4), Jasmine (SW) explained that she believes mothers raise other issues to detract from the safeguarding concern.

> "We have to deal with this now and a lot of it depends on how those concerns are linked to the actual safeguard concern. Not if it's a concern now"
> **Jasmine (SW)**

In practice, and for Naomi, this approach results in SWs not taking mothers' concerns seriously;

> "Yeah they were (making light of the abuse)…I think emotional abuse gets fobs off cause I didn't have bruises…oh well just block him on whatsapp or just don't answer the phone but like when its literally nonstop I'd be sat here and it'd ring literally nonstop until…the battery would die, you can't even take a picture of your children because its ringing, you don't understand till you're living that situation, you don't know how horrible it is"
> **Naomi**

The message this then sends to mothers is that the abuse they face is not that bad and it is not important enough for SWs to be concerned with (segment 4 - minimising, denying, blaming). Not problematising the father's behaviour and holding him accountable for the different abusive tactics he is using means he is not made to accept his responsibility, and in some situations is not even aware that his behaviour is harmful (Smith and Humphreys, 2019).

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6.2.2.4 Lack of Reflection

Many of the SW's behaviours already discussed could be explained by a lack of reflection about their approach and/or intervention, likely due to a lack of reflective and supportive supervision. Lack of reflection can result in SWs considering their own behaviour and intentions, but not how the families receive or experience the approach. Additionally, practice is then incongruent;

> "I think I felt like I was quite supportive – I'm sure she didn't feel that way"
> **Olivia (SW)**

Without calibrating the viewing lens to identify patriarchy (Hunnicutt, 2009), mothers may still be oppressed.

> "Well if that's the case then yes I obviously have spoken to mums before about what the impact to the child is and if that's their perception that's their perception. But I've still got a duty to ensure she understands what that impact is. So again that's about perception rather than intentional act."
> **Jasmine (SW)**

Considering this through a feminist lens, the social worker believes her job means she has a duty to re-victimise mothers by 'educating' them on the impact another person's behaviour has on their child. No responsibility or accountability is place on the father.

SWs said their intention was not to harm mothers, but accepted that their practice may be perceived as harmful; SWs thought it was enough that they did not *intend* for their practice to be harmful and so this was not something that needed addressing (segment 4 – Minimising, denying, blaming; segment 2 – emotional abuse). This further evidences the social workers lack of reflection but also a lack of awareness that they need to reflect upon or consider their actions. When reviewing the mothers' recommendations for practice, Prue relayed that she already meets most of these recommendations, but it is mothers who have the incorrect response to the SW, and in those situations mothers cannot appreciate what the SW is trying to do for them;

"…I think the difficulty of that is people's perceptions on, what our role is so when we are going out and saying you should do the freedom programme…you're the parent it's your job to safeguard and we can help you do that by doing this this and this, some parents respond really well to that and they know that you're supporting the mum, I think some parents feel attacked when you do that I think if they were to take a step back, they could see that we're doing the exact things that they want…but, because they're feeling in such a low state, they might feel, when DV happens and actually dad's the one that's the risk but I'm the one getting all the hassle and I can see why, I mean I don't disagree with why they feel like that, I agree with why they feel like that but, I think that kind of hinders that those things that you just pointed out, I think that we already do them"
Prue (SW)

Rather than considering what she could do differently, Prue made mothers responsible for not seeing that what Prue was doing was right – if they were in a better place they would see what she was doing to help. This could be considered as "gaslighting", which is a psychological tactic used by perpetrators to make victim/survivors start to doubt or question themselves and their perception of things (DiGiulio, 2018; segment 4 – minimising, denying, blaming). Research already shows what a mother has to overcome during and following abusive relationships (Woodlock, 2016), even just the involvement of children's services, so this demonstrates why a mother might not be able to view the situation in the same way Prue does. In addition to this, there is research relating to the SW's approach, how this affects the mother's response, and thus the basis of the working relationship (Forrester et al, 2007).

As discussed in the literature review, a policy goal of New Labour was to encourage routinised practice to ensure quality control of social work services (Harris, 2008). However, this has not resulted in positive outcomes, as the current reality is practice that is characterised by non-individualised intervention, preconceived and judgemental ideas about families, SWs holding all the power, and lacking reflection of the work they undertake, with each of these approaches

being born from, or influenced by, patriarchal ideology. By making it seem as though the parent is at fault, SWs do not feel the need to change their approach; this means social workers don't feel the ned to reflect on their power, actions or beliefs, which further leads to practice that re-victimises mothers, who feel that they have no choice but to endure children's services involvement.

6.2.3 Misusing power

Combined with distancing themselves from the power they have and undertaking their work in a routinised manner, some SWs did not identify occasions when they were using their power to their advantage or misusing their power. Examples of children's services misusing, or unfairly using, power included: Independent Reviewing Officers (IROs) creating care/Child In Need (CIN)/Child Protection (CP) plans before the Initial Child Protection Conference (ICPC) has decided if the family will need a plan going forward; entering the mother's room at a refuge without the mother's knowledge or permission; and using their knowledge of the law and guidance to benefit their own cause. Whilst the former examples were shared by SWs throughout their interviews, the last example – using their knowledge to benefit themselves - was a common theme throughout.

6.2.3.1 SW's insider knowledge

SWs have in-depth knowledge of the law, legislation, and guidance around social work practice which means they know what they can and cannot do. Additionally, social workers learn how to practice from observing the teams they work in; this is problematic when harmful practices are continued and unchallenged (Helm, 2017). This knowledge, and awareness of unofficial but accepted, standardised, social work process and practice added to the routinisation and distancing from power, which lead to a lack of critical reflection of their practice.

> "…because there was a chronology of…incidents getting more severe over a few month period and she…kept inviting these guys over and they kept getting…through the window…we went to court and got an ICO"
> **Eva (SW)**

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"…he didn't want to be on the birth certificate because he didn't want the government having any more information about him. He's not on the electoral roll he doesn't give his details out to anybody. He's very guarded about himself. So it meant that he couldn't withdraw consent because he had no consent to withdraw…in certain ways that made things easier…we said well actually we can only deal with mum we're acknowledging you as dad, but…you can't make legal decisions about the children"

Leanne (SW)

Floyd said he knows the confines of the work he does, to use to his advantage;

"I knew my rights I knew what I could do, what I had to do, what I could get away with…"

Floyd (SW)

Each of these examples show social workers holding knowledge that hasn't been shared with the family, such as the development of a chronology of events or the necessity of PR, which poses questions about whether the outcome would be different had the family known. When reviewing the recommendations, Jasmine believed that her view of a situation of 'failure to protect' as the SW was right;

"(reading recommendation) Women who have been through DV should help run the training to help SWs better identify this. (Response to recommendation) That's fine in a circumstance where, it's beneficial to, the mum but I have worked with mums who, going back to that failure to protect, they wouldn't see it as that, again, if they've got the ability (to see the situation as failure to protect) then that would be fantastic, but not everybody will have."

Jasmine (SW)

Jasmine says that mothers who are unable to view a situation in which the child has been exposed to DVA as failure to protect should not run training for SWs, because they do not have the ability to see the situation for what it is. This shows how deeply ingrained the narrative of failing mothers is in CPSW (Lapierre, 2010;

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Nixon, Radtke and Tutty, 2013). The mother experiences the reality of how social constructions and expectations impact on her life, and would be able to demonstrate to social workers how unfair this is. It is exactly for this reason that mothers who have been in violent relationships should be part of the training; to help SWs see that mothers are not failing in these situations, and for the SW to view this differently.

It is important to consider how SWs use this inside knowledge, as families who are involved with children's services often feel scared, frustrated, and powerless. One of the mothers within Morris' (et al, 2018) study stated that when someone has not had involvement with CSD before, they do not know where they need to go, what they need to do, or what they should ask. SWs hold this power and inside knowledge, and families are often powerless;

> "I felt like they weren't explaining things properly…I had so many questions, that I went marching down to the centre in (location)…and asked for the manager, and he couldn't even ans, when they said about the child arrangement…they couldn't answers my questions…so I was getting frustrated like what is it…what's going on what does it mean and it was just kind of like they just wouldn't answer"
> **Laura**

> "They didn't actually tell me what had happened…(dad) had picked the kids up for his weekend…I'd ring him on Sunday like what time you bringing the kids back? Oh you're not having them back, I were like what you on about? So I didn't actually know that was going to happen so the SW actually said right, you take the kids and just don't give her them back. So obviously I were lost…I didn't see the kids for a month after that…I never got a letter through, even to this day I didn't get a letter through…"
> **Melanie**

Without reflecting on their own values, belief, and practice, and recognising what they have been influenced by, SWs can misuse the power that they have (Morley and Dunstan, 2016) which, as illustrated in this case, results in the oppression and

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re-victimisation of mothers.

6.2.3.2 Lack of supervision

SWs within Whittaker's (2018) research shared that the primary focus in supervision is caseload management rather than reflection or discussing details of a case. A number of SWs demonstrated that they know the value of supervision, but explained that they do not get enough, or good quality, supervision;

"…it doesn't always take place when it should, but, generally, I do think supervision is…a key tool cause I think it's your time to air out whether you've got concerns and actually touch base on what you're doing with all these cases where you're kind of thinking is this drifting or should it be escalating or if you are escalating something have you done it for the right reasons"

Prue (SW)

"That should happen (SWs should test hypotheses in supervision). I don't think it does unless you're quite new. I think you're given more reflective space when you're new, I think once managers become confident in your, decision making you kind of like, if you say this is what's happened they go 'okay'. So yeah it comes, I think the more experienced you are the less reflective...And actually sometimes you still would benefit from that to keep improving your practice but also getting complacent…"

Olivia (SW)

"I don't get (supervision) regularly enough, laughter…I feel, not in control of things, I feel like I don't know the plan, kind of that I've not been able to discuss my concerns about the case with anybody apart from my colleagues, just ranting at them, when actually really it should be my manager giving me some guidance on that"

Mia (SW)

Danielle is currently working in a team that does not have a manager, so she is not having any supervision, let alone regular or reflective supervision, and she is finding it difficult to work without those conversations;

> "That's it, management haven't given me any sort of help as to how I move forward with this case, and that's my difficulty – how do we move forward?"
> **Danielle (SW)**

A SW's practice can deteriorate if they are not given a place to reflect on their cases, their approach, and their power. As above, Mia mentioned how she feels like she is not in control of things and she does not know the plan, and Danielle explained she does not know how to move forward. Gary believes he has to make on the spot decisions with little support;

> "In practice things seem too kind of just like ultimately complicated and complex, and it's on you as an individual with a bit of support to forge the best way that you can…that's…with quite a lot of nuance and…just making things up on the spot and pragmatism"
> **Gary (SW)**

Eva, Karina, and Floyd explain this is why the leave ultimatum is used; if someone – a colleague or manager - is not supporting the SW's development and understanding of complex cases, SWs try to figure this out by themselves. This means that the social workers fall back on their own knowledge and beliefs, which are influenced by the society in which they have been raised (Sinai-Glazer, 2016). The pervasiveness of this patriarchal ideology has set the normative script for managing such situations – mother blame and invisible perpetrators – which are then perpetuated,

> "I think when you first start working, you're quite simplistic in your view like…woman's the victim, mans the perpetrator, woman needs to split up with man, that is the plan of action to keep the child safe"
> **Eva (SW)**

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"It just seemed common sense…oh he's violent and you're at risk and the kids are at risk so therefore…you shouldn't be there and we'll save you"
Karina (SW)

"Simple problems have simple solutions, therefore, all we need to do is move the kids out the way, move him out the way, move her out the way, whatever, everything will be fine."
Floyd (SW)

Lacking supervision and relying on normative, entrenched patriarchal values to guide practice can result in oppressive decisions. Additionally, this practice is heavily influenced by power; the SW could not enforce such decisions without power.

The next section explores how the SWs socially constructed mothers, fathers, and children, and how the mothers' experiences of child protection social work intervention is influenced by these expectations.

6.3 Social constructions and expectations

6.3.1 Mothers

As demonstrated within the previous chapter, mothers explained the expectations set out for them including: protect their children (segment 5 – using children), take responsibility for what has happened (segment 4 - minimising, denying, blaming), provide all the care for the children, come last (segment 2 - emotional abuse), do what is expected (segment 3 - using isolation; segment 6 - male privilege), and control their partner's behaviour and cut all ties when partners are abusive. Additionally, when exploring with SWs how they approach DVA cases, they were able to reflect on their expectations for mothers and recognised that this often results in the mothers being blamed. Without calibrating the viewing lens to identify patriarchy (Hunnicutt, 2009), it remains insidious, unnoticed and perpetuated with minimal opposition.

6.3.1.1 Expectations

The SWs recognised that they held clear expectations for mothers, but not what they were influenced by. The expectations focused on mothers being the primary carers, protecting their children, and doing as they are told.

6.3.1.2 Primary carers

As would be expected from a society influenced by patriarchal ideology, Peled and Gil (2011) explain that, both historically and currently, women are seen as responsible for raising children and meeting their needs. Phoenix, Woollett and Lloyd (1991) agree, explaining that importance is placed on the mother to raise a child, rather than both parents. Swift (2015) suggests that ideal mother ideology haunts legislation. Olivia, Gary and Danielle reflect on how current day social work intervention expects mothers to be the primary carers;

> "It's kinda always what is mum doing to protect that child?...So that's what it always centres around…is mum willing to move, is mum willing to do this, is mum willing to do that. But a lot of that is because there's nothing else to do…"
> **Olivia (SW)**

> "The whole practice is geared towards working with the mother so we're, right at the heart of kind of CP practice with domestic violence, children experiencing DVA is the sort of assumption that is already there, but that you're reinforcing that the mother has to be the main caregiver…"
> **Gary (SW)**

> "Danielle – It is always kind of put upon the mum to take that responsibility, that main caring role and, although if mum couldn't do it you'd look to dad, but there is a real emphasis on the mums to play that primary role and to take that responsibility…it always kind of falls to the mum
> Interviewer - Why do you think that is?

Danielle – It's how our society kind of, is. It's always the mum and as a mum, I see that as my job…as a mum you're thinking, you're the mum here. Fucking sort your shit out."
Danielle (SW)

Danielle's extract demonstrates that the patriarchal expectations society holds for mothers impacts the work SWs undertake and how it has insidiously become accepted practice that is perpetuated with minimal opposition. Additionally, it is an example of how micro patriarchy is enacted within the profession (Walby,1990; Hunnicutt, 2009). This extract also shows how Danielle's personal experience as a mother affects her professional experience, and whilst she is aware of it, it is not something she problematises. Strega and Janzen (2013) discuss how CPSW assessments become focused on the mother's willingness and ability to protect her child, which detracts responsibility from not only the perpetrator, but also wider agencies who can help to make them safer. Other SWs demonstrated this;

"I was going to say because I've got her (daughter), it makes a difference but it doesn't really make a difference…to me your children always come first and I've always been quite black and white about that…I would never stay in a situation where she's unsafe…I think if anything having her probably made me stricter about the need to safeguard children, I remember when I was pregnant at work I was more angry with some of my parents than before…I couldn't fathom how you could…not only be in a situation, but when faced with…someone saying we're so concerned that we think your children are better off living elsewhere. Why you couldn't do everything in your power to change that situation. I know it's not that black and white…but I still, that is probably one thing I really with, is sometimes parents aren't able to put their children first"
Leanne (SW)

This shows that social work practice is influenced by the patriarchal expectations of what mothers 'should be' (Ladd-Taylor, 2004). The real impact of blindly expecting mothers to be primary carers results in changes to routines, preventing mothers from having jobs, and believing the mother has failed at her job of caring

if she is not in that primary caring role. Within chapter RQ1 Kelly showed that even though she and her partner had figured out a bedtime routine that fitted their life, the SW challenged Kelly as to why she did not put the children to bed or do tasks that made this easier for her partner to do. In addition to this, Kelly was expected to give up her job. This further cements the view that mothers are held to traditional 'good mother' standards (Stewart, 20202).

> "Every winter, I have this stable job and…when I told (SW) about it…she was quizzing me about where the kids were gona go, and who were gona look after them, and I want allowed (Kelly's mum) to watch them…I obviously aint allowed (ex-partner), I'm not allowed (ex-partner)'s family, and I'm like well they're the only people that have ever really watched them and I'm like, well what happens if (ex-partner) not there? And she went no, still can't do that…so yeah, it kinda made you feel like you weren't able to do what you've always done for years, because, she has to tell me who can and can't watch kids"
> **Kelly**

The message this sends is that Kelly's job, as a mother, is the children and nothing is more important than this. Karina (SW) explains that CPSW reinforces this;

> "In situations where a family was together and there's been DVA…referral came…we can't tell you who to be in a relationship with but we're really worried about his capacity for violence and whether they should be, for example, he shouldn't be left to look after the kids on his own…mums working hours have to be changed so she can, because she's having to change how they live to fit in with our demands…"
> **Karina (SW)**

6.3.2.2 To protect

As mothers within patriarchal societies are socially constructed and expected to be the main caregiver, when there is a threat or risk to the child it is seen as the

mother's duty to protect (Strega and Janzen, 2013). The focus is on how well she protected the children, whether she will be able to do so again, and what she could have done better, as opposed to what the risk is, who caused it and how can that be prevented from happening in future. This finding is further confirmed by Hester (2011) who explains that within child protection social work mothers are expected to protect their children as opposed to fathers, and Holland (2000) states that pressure is on women to endure the responsibility in child protection assessments. Lapierre (2008) explains that mothering is seen to be the determining factor for protection and limiting the impact of the violence on the children. By ensuring that protection is a mothers job, focus is then on her failure to provide protection rather than what the children need protecting from. This links with Stanley (2013) who explains it is important to consider how risk is viewed and conceptualised. This is further demonstrated by Floyd:

> "The way the system I was working in is set up, and expects the mum to do that, you must not work, because you must be safeguarding your children, you must be protecting your children, and if you don't we will class that as failure to protect…"
> **Floyd (SW)**

Prue's (SW) extract mimics Bourassa's (et al, 2008) findings; SWs believe that the child's safety is their priority, and the victim's safety comes after this. Further distortion of the conceptualisation of risk is demonstrated by Prue, who makes it clear that protecting children is a clear choice mothers must make, without considering the mother as a victim herself;

> "If they're saying I am in this really abusive relationship and I'm really fearful of leaving, and then if I was to say well you've got to think about your children, you've got to put your children first and I know that that probably makes people feel like…I do think of my children but it's not safe for me to leave, and then they have that guilt of, I'm putting my children at risk by staying in this relationship in which I have no choice but to stay in"
> **Prue (SW)**

Danielle (SW) explains what this means for mothers in social work practice;

> "If mum's not a protective factor then…she can't care for the children. If she can't protect them, so I suppose it is something that is a major factor, cause even on another case, the baby, the broken baby, whether mum committed that or not, if she knew about or not she didn't protect him so she won't get him back kind of thing. It is as much about protecting them as caring for them, so it's massive."
> **Danielle (SW)**

Danielle demonstrates how, within CPSW practice and due to the distorted conceptualisation of risk combined with patriarchal social constructions and expectations, mothers can be seen as the enemy and as bad, or worse, than the father/perpetrator. The patriarchal view of mothers is that they are the main care givers, who protect their children over everything, and it is so ingrained that even a victim is considered a perpetrator if she could not do this. When discussing responsibility for violence, Karina went on to explain that this is difficult;

> "In cases where there's been really significant violence over a lengthy period of time and the kids have been caught up in that…they've been exposed to it…usually, the female partner leaves and…continues to go back and…I know theoretically that's not her responsibility, I know the responsibility is the partners, but in these situations when its long term violence I do think, that there's some responsibility…you can't escape the fact that there's some responsibility from both parents to keep the children safe and if somebody is repeatedly violent and can't take responsibility for his behaviour, then sadly…we often do hold women responsible for the safety of their children and I know that from a feminist theoretical point of view that that's wrong, but if children are being repeatedly exposed to violence, then I don't see how you can avoid having some responsibility for the partner that is the victim and I know that sounds really wrong cause why should a victim be responsible but the victim is also a parent, so they've got responsibilities for their kids…"
> **Karina (SW)**

6.3.2.3 To be responsible. To accept blame.

The previous chapter discussed what mothers feel they are blamed for during social work intervention; not leaving the relationship or for letting the father into the home, causing the abusive behaviour, and for being just as bad as the father (segment 4 – minimising, denying, blaming). Similarly, SWs themselves blamed mothers for returning to the abusive relationship, for failing to protect their children, and for the child's exposure to the violence (Douglas and Walsh, 2010; Neale, 2018).

Demonstrating an approach from the Duluth model (Segment 4 - minisming, denying blaming) Floyd explained that mothers feeling guilty and blaming themselves is what he tries to achieve because by ensuring the mother reflects in this manner means she will act differently in future.

> "Floyd - …guilty yeah, and you…try to do that
> Interviewer – You try to make her feel bad?
> Floyd – Yeah"
> **Floyd (SW)**

SWs outwardly stated that they did not blame the mother for their partner's actions and recognised that she cannot control him, however, when being asked interview questions that started to calibrate their viewing lens to see patriarchy, they then reflected on their practice;

> **"**They just think that they're being blamed for the entire situation for somebody else's behaviour and you often get that and I, its hard you try to say well no you're not to blame but actually when they're the one there being questioned about it, and actually being accountable"
> **Mia (SW)**

> "I've have numerous conversations with parents who have said, and indeed it's difficult because they're not the perpetrators of abuse, they are the

victims but you are expecting them to do everything and its always really hard to get hold of the perpetrator unfortunately and even when you do, they nine times out of ten don't engage so the onus is always on say the mum to do everything, actually, that does make them feel where you're kind of saying this is my fault, and I'm a crap parent"
Prue (SW)

Faye demonstrates the impact that holding mothers to patriarchal standards and blaming them for someone else's behaviour has on a person;

"I think they they've had a massive impact on me actually having it in black and white, black and white, written on an official government document, that I am a bad mother…um, it's, as you said it had a massive negative impact for me because even when…the psychologist was like yeah okay but let's write down as you said what's a good mum and it's like, I can say well I have those attributes, but, on a piece of black and white paper that was seen by 15 professionals…in a room, I am a bad mother and I don't think anything will ever take that away..."
Faye

Laura talks about how she continues to carry this burden of blame and guilt; how she will never forgive herself for allowing her child to be in an abusive situation;

"It just wrecks my head now when I think about it like actually putting a child in that situation like, that's something I will never be able to forgive myself for…but, when you're under somebody's manipulation and control you just, you're not yourself…I suppose I could look at it like it's not my fault but…still, still accepting that"
Laura

Mothers have to continually work towards unobtainable standards set by patriarchy, especially those involved with children's services (Stewart, 2020). Through these standards the mother's behaviour is controlled publicly by the state, and privately within everyday life. Patriarchal ideology and belief is insidious

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and it is each individual member of society's subtle but consistent and constant policing of what does or does not make a good mother that keeps mothers oppressed and the standards set in stone. Through their work, social workers are influenced and guided by normative responses which are based upon social constructions and enforce mothering expectations.

6.3.2 Fathers

Within the mothers' data there was a clear theme of prioritising fathers, in particular the father's rights to have contact with the children being considered more important than safety (segment 6 - male privilege). This was not found within the SWs' data, as there was much more evidence of fathers not being involved in assessments. There are examples of father's views being prioritised;

> "I said that I would also be seeing the dad by himself too because that was the plan, and that I would kind of go in a kind of general blank slate to…see if he…spoke about it (the violence) first, but if he didn't raise it then I would want to address it with him...She was asking me to…raise it anonymously, and I said I won't be able to do that because I think that it's really important to be open and honest with both parents about information at that point and it also shows him that she is working and being honest with us…so I…explained that to her and she did understand why it wasn't…going to be anonymous, and I did say that I would let her know when I plan to see him next so she can make that choice about…whether she stays away…if there's any kind of repercussions then she can keep that distance..."
> **Nigel (SW)**

Nigel explained he deems it important to be open and honest with both parents; however, the mother was very clear that she was concerned about the level of risk increasing. It is a privilege that the father's knowledge comes before the mother's safety (segment 6 - male privilege), and as such, evidences practice influenced by patriarchal ideology.

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Although he did not prioritise contact, Floyd (SW) recognised that fathers are privileged in terms of being believed, whilst mothers are subjected to a greater degree of scrutiny;

> "Floyd - For example, if she'd said, he's hit the, whatever his kid was called… had a big mark on his face, you'd accept that unquestioning…but…when she makes accusations…that impinge upon, her, immediate life like, is her house tapped, has she been given an STI? We doubt that…so there is that…complicity in that male privilege
>
> Interviewer – Is that because you can't see those things? Because you can see the bruise?
>
> Floyd – Yes...is that the case? Is that really the case? Are you sure about that? How do you know that? We are subjecting what she is saying to a far greater degree of scrutiny and doubt, than we are to men"
>
> **Floyd (SW)**

Floyd (SW) explained that, when they cannot see a bruise or physical proof of the abuse, a person goes back to their normal state of trusting men and distrusting women. Floyd explained a reason professionals do not believe there could be abuse if it cannot be seen is because women are constructed as untrustworthy liars who are hysterical, whereas men are balanced, rational and truthful (O'Hagan and Dillenburger, 1995). This further demonstrates the pervasive view of mothers held by children's services (Nixon, Radtke and Tutty, 2013). Floyd explained that he needed the mother to show him how the father was unbalanced if she wanted Floyd to believe her, and he recognised that by practicing in that way, the man has total privilege; he is the status quo. Floyd is the only participant to have explicitly identified that social work practice functions in this manner, but it is perpetuated widely due to SWs being raised in a society that socially constructs each gender in this way. Floyd (SW) had his viewing lens calibrated to identify patriarchy, but without this, the practice continues unconsidered and therefore perpetuated with minimal opposition (Brookfield, 2016).

6.3.2.1 Differing expectations

General society, including SWs, holds different expectations for mothers and fathers within families, as has been set through patriarchy. Mothers are loving, nurturing, and the main caregivers, they are contradictorily submissive and vulnerable, yet all-knowing and all-sacrificing (Peled and Gil, 2011). Fathers are strong, powerful, stern, and aggressive; they provide for the family and keep everyone in line (Mizell and Peralta, 2009; Burrell, 2016). It has been demonstrated that social work is a profession that has been influenced by patriarchal ideology, and so being guided by these beliefs results in social work intervention which believes that as fathers do not take care of the children, they are not expected to engage with the SW (Hughes, Chau and Poff, 2011).

> "Trying to engage dads for a starter because a lot of the time, actual perpetrators of DVA are very reluctant to engage, they are very resistant to engage"
>
> **Jasmine (SW)**

Mothers spoke of noticing differences in how they and their partners were treated by SWs, and how these expectations differed – they labelled them double standards. This is documented in existing research; Strega (et al, 2008) found that little information was written about men in assessments, and Johnson and Sullivan (2008) report that in 20 cases only seven fathers had been spoken to.

Mothers in this study reported that SWs were a lot more lenient with fathers; they often considered and explained the fathers behaviour in terms of a troubled past, but did not give the mothers the same consideration (segment 6 - male privilege). Burrell (2016) reports that this also occurs within court cases; judges have been found to explain men's violence using psychological concepts and externalising attributions such as alcohol use to suggest the act was not deliberate or violent. Burrell (2016) argues that such methods function to conceal male violence and mitigate men's responsibility, which results in the misrepresentation. Additionally, male privilege and invisibility in wider services further increases its acceptability and lessens the desire to challenge it.

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When fathers had issues, SWs appeared to view them as 'lost causes' and rather than putting support in place, just ignored their existence. Conversely, Neale (2018) found that fathers were only viewed in terms of their positive attributes and all abusive behaviour was disregarded. Hughes, Chau and Poff (2011) explained that as long as the father was not living at home, SWs were satisfied the child was safe and so did not engage with the father. This suggests that patriarchal ideology has influenced the social work profession to believe it is only mothers who have an impact on their child's wellbeing, and that fathers do not affect their children at all. A result of this assumption is that mothers reported their interventions to be mandatory, but fathers were voluntary (segment 6 – male privilege).

> "…it can be difficult if the father's not fully involved with the child or tracking them down…just as many women go to work but it does seem to be obviously if they're the main carer to the child it's sometimes difficult for a father to get time off work, for kind of him to come to meetings, be there for visits, and maybe…some of them it probably has been avoidance"
> **Mia (SW)**

> "He wasn't placed on the birth certificate because she didn't want his name on the birth certificate and we didn't have any contact details for him, for a long time until he went to prison…I went to go speak with him, he then, refuted he was the child's father…and didn't want anything else to do with this child or the mother"
> **Eva (SW)**

> "I suppose if he chose not to be involved then there's often little that we can do about that but I would… be really clear that that was the choice he'd made"
> **Karina (SW)**

As Karina (SW) demonstrates, social workers allow fathers to choose whether they engage with children's services, yet mothers are not allowed the same privilege. If fathers do not attend meetings, return calls, or engage in the process, it continues without them; as such, fathers often avoid meeting SWs to deflect the

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attention and scrutiny from themselves (Farmer, 2006). If women do not engage, cases escalate, police become involved, and access is gained regardless of their wishes; a mother is not able to deflect scrutiny as the father has and so there is no one else to take responsibility but the mother.

Allowing this pattern to continue serves two purposes. Firstly, men's interests and their ability to not be challenged for their behaviour continues, thus further serving the patriarchal society that keeps men and women in their gendered roles (segment 6 – male privilege). Secondly, it is easier for the SW to make recommendations about the case in terms of closure or further involvement if they are not meaningfully engaging with a potentially dangerous and obstructive person. By not challenging this privilege, or showing mothers they deserve fairness and respect, the current system re-victimises women. Ewart-Boyle, Manktelow and McColgan (2013) explains that an over reliance on mothers means mothers and fathers are treated differently, demonstrated here by Floyd (SW);

> "…You could impose yourself into their life whenever you wanted to do so, with, him, no way, so again, something there about men's and women's roles…you meet dad on his terms but you meet mum on your own… you always see mum within the context of the home, and you see dad within the context of, in this case his work, but…you looked at dad as an individual, whereas you looked at mum…as a homemaker, as a housewife perhaps, as a stay at home…however you want to phrase that, you saw her, you couldn't have easily separated her from her domestic context, whereas dad you could do."
> **Floyd (SW)**

Within this study, some mothers reported that whilst SWs said the father can do what he wants, it felt as though the mother was punished if the father did not comply; this was also a finding of Keeling and Van Wormer (2012) and Smithson and Gibson (2017). For example, one mother explained that because the father did not engage with drugs testing SWs would not close the case, as the risk could

not accurately be measured. Fathers have choice; mothers are controlled and coerced (segment 8 – using coercion and threats).

> "We focus on women because…he's not going to change his behaviour a lot of the time. And that's, what do you then do? Because if he's not going to change…change needs to come from somewhere, then you're left with the woman having to make that change."
> **Karina (SW)**

Scourfield and Coffey (2002) report that SWs hold traditional views of parenting; this is evidenced by Karina's extract as she appears to have already accepted defeat by saying 'he's not going to change his behaviour'. If the social workers baseline belief is that they cannot engage the father, then no true attempt will be made to do so (Gřundělová and Stanková, 2018). This sets from the start that the father will not be held accountable for his actions, and so the mother will have to resolve everything. Additionally, Karina's extract shows SWs know they cannot control a father's behaviour, so it must be questioned why expectations are placed on the victim/survivor of abuse to be able to control the father/perpetrator. Naomi's SW expected her to pass messages to the children's father;

> "They turned up with police…at seven o'clock at night to tell me…that I have to stop (partner) seeing the children, they just came out of nowhere I wasn't expecting it at all, and, I was like right have you got a piece of paper to say that? No you just need to tell him, I was like well he's going to tell me that I'm saying that isn't he, he's not going to say that you've said it so you're coming to my house at seven o'clock at night woken my children up with two police officers to tell me that I have to tell my husband to keep away from his children but you haven't told him to do it, have you told him? No I haven't told him, have you tried to contact him? Not today. So why are you at my house?!"
> **Naomi**

Instead of considering different ways to engage fathers that fit in the set timescales in order to ensure they take responsibility for their actions, SWs ignore

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them and focus on the mothers. This has been made into an expected and acceptable practice through its continued without challenged.

6.3.2.2 Invisibility

Many researchers have evidenced the absence of fathers from child protection practices, with reasons such as a father's unavailability due to being at work, his lack of involvement with the children, and unwillingness to engage being used to rationalise their perspective (Scourfield and Coffey, 2002; Johnson and Sullivan, 2008; Strega et al, 2008; Humphreys and Absler, 2011; Stanley et al, 2011; Ewart-Boyle, Manktelow and McColgan, 2013). Each of these answers are just excuses that have become widely accepted and common place, which further feeds into practice that believes fathers cannot be effectively engaged in the assessment. The rationalisations do not make children or families safer, and they should not be accepted.

> "Fathers a lot of the time are more absent."
> **Jasmine (SW)**

> "…and that dad's not contactable, that's quite common"
> **Prue (SW)**

Hester (2011; Ewart-Boyle, Manktelow and McColgan, 2013) relays that SWs avoid violent men, or lessen how their abusive behaviour is reported, as they are concerned for their own safety. O'Hagan and Dilleburger (1995) explain that because SWs include information about the father in the assessment, such as his risk and history, they believe he has been involved but they still have not actually engaged him. Stanley (et al, 2011) explains that SWs within their study were too easily reassured that children were safe because the violent man had left the home. These behaviours again, are influenced by traditional, patriarchal views of men that mean the core issue is not resolved, and blame is transferred to the wrong person. Holland (2000) discussed how some men are unable to articulate themselves in the assessment process and instead convey anger or avoidance. This is demonstrated in Heather, Mia and Gary's extracts.

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"Dad presented as quite…during the visit say if I pressed him or challenged him on some of the things particular issues he did become quite angry and there were some points during the assessment where I, during the visits where I was a bit like oh, I didn't want to press anymore because I was a bit worried about the impact that could have on my safety so I ended it…"
Heather (SW)

"He was very aggressive and difficult to work with…I think that…has an impact on being able to work with people…I dread phoning that person cause they're just going to shout and scream at me, we're not going to be able to have a proper conversation so I suppose then that is a barrier to engaging them really…we shouldn't have to be putting up with verbal abuse and things like that but at the same time…it's the only way you can get some people to have a conversation with you."
Mia (SW)

"…the thing about including fathers, is that is just quite a difficult thing to do possibly because of not having the skills to do it maybe and I think also just the kind of innate…if fathers generally are more likely to be aggressive and loud and angry when you're having to have challenging discussions with them, there is just the kind of, it's very difficult, you're less inclined to kind of want to engage them…engaging fathers is difficult to gauge whether you are building an effective relationship or whether you are, the message is getting through, perhaps."
Gary (SW)

These extracts show that CPSWs find it difficult to engage fathers meaningfully, and as such allow the fathers behaviour to dictate surface level interactions. This does little to challenge and change his behaviour. Additionally, it is demonstrated that fathers have power and CPSWs do no, as it is the father making the decisions. This needs to be considered and addressed.

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Storing case notes under the child's name means serial offenders (Robinson, 2016) are not as easily identified (Edleson, 1998). This suggests that men are not held responsible or challenged, and so their behaviour can continue (Ewart-Boyle, Manktelow and McColgan, 2013). Debbie and Laura demonstrated in the previous chapter that their ex-partners were not spoken to as part of the assessment; both mothers relayed that their ex-partners had entered into another abusive relationship. SWs focus on mothers and what they are doing to protect their children, yet fathers/perpetrators are able to choose whether or not they undertake any work on the issues they have (Ewart-Boyle, Manktelow and McColgan, 2013). This can result in the father/perpetrator abusing further victims (Robinson, 2016), so it must be questioned why focus is not placed on challenging him and ending the cycle of his behaviour; why it is the mother and her behaviour that is focused on to prevent the cycle continuing, when she has no control over it (Burrell, 2016; Neale, 2018).

SWs reported that fathers were involved in assessments to achieve 'best practice' as opposed to creating real change for the family;

> "Interviewer – Okay so why did, why was he involved, why did you do those assessment sessions with him?
> Gary - I suppose from a belief that that's good practice…"
> **Gary (SW)**

> "So I really tried to learn from that and even if I don't put it he, like the aggressor or whoever, I will always attempt to contact them to speak to them and ascertain their views."
> **Leanne (SW)**

Not involving fathers is a choice CPSWs make, and that they feel able to make, due to the normative set of responses and interactions that have been conditioned by patriarchal ideology. The impact of this is felt most deeply by the mothers. Quinn explained how her ex-partner was not spoken to, even when he directly attempted to contact the SW;

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> "Every time (ex-partner) phones about something she turns him away she, she's either not in the office, she's out on a visit or when she's in office she can't talk cause she's doing her paperwork but then, I'll end up calling a few minutes after to see…and she'd be fine for me to talk so (ex-partner)'s saying she's sexist…"
> **Quinn**

If a CPSW commences the assessment with the belief that the father is only involved to achieve 'best practice', rather than to encourage meaningful engagement to enact change, then how they deliver the intervention is influenced.

The invisibility of fathers/perpetrators perpetuates a mother's re-victimisation because if the father/perpetrator is not present for the assessment visit, he is not being challenged on his behaviours (Ewart-Boyle, Manktelow and McColgan, 2013), and the mother therefore has to answer for them (Neale, 2018). Edleson (1998; Burrell, 2016) discusses how there is a disturbing lack of concern for the father/perpetrator, who is responsible for the abusive situation. SWs explained that their propensity to engage father/perpetrators was dependent on their managers; for some SWs, their managers would not review a case until the father/perpetrator was spoken to, for others this was not necessary;

> "I think some local authorities…have a very strong opinion that you need to contact both parents and get both views, I think some local authorities will just let it slide a little bit in assessments and not really question it or, be overly bothered if you don't contact the father… they'll still sign it off."
> **Eva (SW)**

> "…being told not to bother speaking to dad because he wasn't father to the oldest child and we were closing the youngest child…my manager felt that it wasn't necessary…(an incident happened) I then had to ring the dad to have a conversation with him and he quite rightly was really quite angry about the fact that there had been involvement off and on for over a year, and that no one had spoken to (him), and some of that obviously a previous worker's decision..."

Leanne (SW)

"I think the strongest emphasis I've ever had of that is in (location) I think previously managers have said oh if you can speak to dad, and…if you sort of say no then they're like okay that's fine we'll just say you've tried…"
Prue (SW)

Edleson (1998) suggests that CSD would not ignore the father/perpetrator if they were actually concerned for the safety of the family, as he is the one who created the unsafe environment. This suggests that CPSW are not truly focussed on the risk *or* the child, and due to the normative practice responses, they are unknowingly focussed on granting male privilege. One reason for not involving men may be because SWs know they do not hold fathers/perpetrators accountable, so this approach is unnecessary;

"If somebody is repeatedly violent and can't take responsibility for his behaviour, then sadly, either we often do hold women responsible for the safety of their children."
Karina (SW)

It is important to unpick this extract. Karina (SW) believes that the father/perpetrator '*can't* take responsibility' for his behaviour. There are two main parts to this. Firstly, he is allowed to not take responsibility – for instance others (police, probation etc.) are not able to ensure he is responsible for his behaviour, i.e. there are no consequences in place if he does not take responsibility (Burrell, 2016). The second part is that this dissociation from responsibility is achieved by male privilege through patriarchal ruling. Who benefits and to what end if wider society believes that men cannot take responsibility for their actions? It is not the victim of their actions, the bystanders, or those affected by the violence and harm. It is only the men themselves, and the status quo. This demonstrates how the insidious nature of patriarchal ideology has influenced child protection social work at a micro level.

Something that further perpetuates this belief and way of working is not empowering or teaching SWs the skills to work with fathers/perpetrators, and not having additional services to undertake this work (Ewart-Boyle, Manktelow and McColgan, 2013). Many of the SWs shared that the training they have attended for DVA does not include working with fathers/perpetrators;

> "I don't always feel…fully equipped to work with perpetrators."

> "There is very little resources available to do perpetrator work, often, work is a program we use is a 30 week program it's very difficult to get a man to commit to that, aside from instances well if the case is, likely to go to court it doesn't work with court timetables, it just doesn't work. It just does not work. I think as well. Society in general like how police deal with things in everything, it's, the focus isn't on the perpetrator. It's just not."
> **Jasmine (SW) – both extracts**

For SWs, however, this could be another reason why fathers are not engaged in assessments. If SWs do not have the knowledge or skills to help the father change his behaviour, then there is no impact from engaging with him and little reason or rationale in which to proceed. Responsibility for the issue and the outcome then lies with the mother, allowing patriarchal ideology to cement this as the normative response to the issue, which is then perpetuated with minimal opposition

6.3.3 Children

The UK system for the protection of children from abuse and neglect comprises an administrative and legal system with law as an ultimate arbiter of whether a parent – namely the mother - may retain care of her child (Strega, Krane and Carlton, 2013). The primary legal principle is the child's welfare and, by definition, the interests of all other parties are secondary (Humphreys, 1999; Broadhurst and Mason, 2017). In this context, learning not to see the mother becomes a condition of putting the child first, involving a mode of unseeing (Mirzoeff, 2016) the

'maternality' of child-welfare-involved mothers, whilst imposing the patriarchal standard of maternal responsibility and attachment at all other points.

> "It became clear that it wasn't just a case of supporting the family to remain whole, this is going to be making difficult decisions around what was best for the children."
> **Leanne (SW)**

> "It's about the children and you do that bit about protecting the child and everything else and our priority isn't always the parents, it's always the child…"
> **Prue (SW)**

Prue's extract shows how she can both acknowledge mothers are vulnerable, but also rationalise that her work their oppression because her focus is on the children. This shows that ideology is not only perpetuated with minimal opposition, but it is chosen as the justification as it is believed and used as common sense (Brookfield, 2016). This links with Hughes, Chau, and Vokkri's (2016) findings that whilst SWs can feel bad about the work they undertake, when they rationalise that it is in the best interests of the child, they are absolved of guilt. Floyd (SW) furthers this, and discusses how SWs have an unwavering focus on the children that is encouraged by other professionals, demonstrating its perpetuation with minimal opposition;

> "She was very much on the side of the kid…these parents are damaging these kids…don't stop fighting for the kids, the IRO thought they were bonkers as parents, my manager did…So all the professional messages around you…are actually, these mad parents are damaging these vulnerable innocent children and that stops you trying, that distracts you from actually trying to do anything with parents…because you cast the parents solely as the problem, and if only they could stop parenting in the way they are parenting, the problem would go away"
> **Floyd (SW)**

Floyd's extract demonstrates how children are viewed within children's services; as vulnerable, innocent children who need protecting from their problematic parents. This approach individualises issues and lacks consideration of the wider context which in turn deflects attention from the government, society and social work. Blame is then placed on the family - namely the mother. Additionally, it does not consider mothers as protective factors that should be included in the assessment or plan moving forward. This is evidenced by many academics, for example, Broadhurst and Mason (2017) share how child death inquiries have encouraged SWs to view children's and parent's needs in opposition to each other, and Bourassa (et al, 2008), whose research found that SWs state the child's safety is their priority, and the victim's safety comes after this, and also Smith and Donovon (2003), who explain that in a time of high pressure and increasing workloads, SWs modify and redefine who their client is. Mia (SW) explains this is something she chooses to remind herself of;

> "I think that's what I always have to try and keep the focus on, and trying to take it back to the impact on the child."
> **Mia (SW)**

In 1999, Magen relayed that SWs viewed their role as simply protecting the child rather than supporting mothers or families too; these extracts and this thesis evidences that this remains true today. It is argued that this is due to the prevalence of patriarchal ideology within society, and how this has influenced the social work profession. These findings are consistent with Lapierre and Côté (2011), who found that managers and SWs reported their involvement with families was not to address issues of DVA, but to protect the child. Similar to Smith and Donovan's (2003) and Davies and Krane's (2006) findings, many of the SWs reported an awareness of the impact on mothers, but disregarded this, as their focus was on the child;

> "I have to work within processes and I have to work within legislation. I have to work within thresholds…my ultimate is, I have to protect that child…I understand terrible situations mums can be in but my ultimate is I've got to make sure that that child is protected. And that's the bottom line."

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Jasmine (SW)

"It's because a child isn't able to safeguard themselves…if we feel their parent or carer isn't able to do that then that's our priority…when I work with families it's always around what's the best for the child and who can make them safe? And hopefully it is the parents that can make them safe and if it is, how can they do that, and how can they prove that they can do that? Because adults can look after themselves and I know that, victims of DV are vulnerable, but they've got support in place, they've got things like IDVAs they've got police I know they don't always access them but for me it's around who the children have."

Prue (SW)

This became an emotive topic and the passion SWs had for protecting children was very clearly conveyed during the interviews. SWs viewed themselves as the person who was prioritising the child, preventing harm, and potentially saving that child from something awful; the saviour, almost. This demonstrates how far the pendulum has swung into child focussed practice (Anglin, 20002) and how engrained the negative view of mothers involved with children's services have become. Additionally, this links with Brookfield's (2016) discussions of Gramsci's (1971 in Brookfield, 2016) theory of hegemony. Through making a vocation such as social work hegemonic, staff take on extra duties and responsibilities that exceed their capacity and energy, to the point of destroying their own health and their relationships (Brookfield, 2016) They learn to take pride in accepting more work, they believe they are selfless and devoted, and this strengthens their desire to continue. Staff believe they are doing this for their clients, and they are morally guided to continue, to their own detriment (Brookfield, 2016). In this specific case, the client is the child. This, coupled with the changing view of children as vulnerable beings, results in the CPSW's protective feelings.

The issue with focusing solely on the child is that children do not care for themselves; they are dependent on a caregiver, which is most often their mother. To not work with both the mother and father to help them overcome their own issues means that the child's needs are unlikely to be met within the family home.

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This can then lead to further intervention and increased involvement in order to protect the children

Such isolated work is a result of policy changes that promote a single focus on the child (Lapierre, 2010; Department for Education, 2018a). Many of the SWs interviewed for this PhD believed that the oppression of mothers was 'unavoidable' due to the CPSWs desire and drive to protect the children first and foremost;

> "It's about…juggling rights, balancing the rights of a child so they are not exposed to abuse and live a healthy life, with, the rights of, a mother for example…I suppose what I described around is kind of unavoidable – in prioritising the child and the child's timeframes and with limited pools of support and resources, to ensure the child's development is promoted…and kept safe, there's a tension between that and what you demand of a mother…and then like sort of unavoidably given the resources and constraints that I work within, that does end up being oppressive"
> **Gary (SW)**

> "Yeah inevitably I think of some of the things that we are tasked with doing in the role of children's SW is always going to have a negative impact on the parent because you can't have…sometimes you're asking the parent to put. Well you are asking the parent to put the children first. And so sometimes they are going to be asked to do things that aren't kind of their hearts desire…"
> **Leanne (SW)**

Working together to safeguard children (Department for Education, 2018a) recognises this tension, but guides SWs to be child centred;

> "…where there is a conflict of interest, decisions should be made in the child's best interests: be rooted in child development: be age-appropriate; and be informed by evidence. (assessments) are focused on action and outcomes for children…" (Department for Education, 2018a, p.25).

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This approach is singular, influenced by patriarchal ideology and it alienates mothers. Forrester (et al, 2008) importantly notes that what works best for the child immediately may not be in the best interests of the family. There are theoretical approaches to social work that consider the child's immediate and wider network and the impact this has on the child, such as Bronfenbrenner's ecological systems theory (Bronfenbrenner, 1992). Bronfenbrenner's theory understands that micro, meso, exo, and macro level influences will have an impact on how the family, and therefore how the child, functions and is affected. Whilst Bronfenbrenner's theory is useful, it does not explicitly recognise patriarchy within these influences and without the viewing lens calibrated (Hunnicutt, 2009), this is harder to see. The user of the theory must add this in themselves. Additionally, researchers, including Johnson and Sullivan (2008), have found that once the father/perpetrator has been removed from the home and a mother is safe and protected from him, her ability to care for her children is greatly improved.

This research, however, is not considered in day-to-day practice. Instead, Hughes, Chau, and Vokkri (2016) report that SWs justify any of their actions or behaviour by rationalising that it is in the child's best interests. It is also frequently mentioned that changes must be made within the child's 'timescales' (Department for Education, 2018a). This is another way in which SWs are able to use their power over mothers, and ensure mothers meet patriarchal standards of mothering (Stewart, 20202).

> "I am sure there have been times that I have made decisions that are different to what a parent would want me to do…based on what I thought was…the catch all, in the best interests of the child, we always hide behind that."

> "I absolutely understand why she's in that position and I totally get the gender dimension, but she's got two kids who are witnessing her getting battered every week and so she's needs to make a different choice and, I just think we really struggle with that, morally I struggle with that."
>
> **Karina (SW) – both extracts**

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The SW's singular focus on the child and limited desire to view the family as a whole, or see their situation more contextually in terms of patriarchal influences, shapes the SW's approaches. Each of these aspects combine to result in practice that alienates and isolates mothers;

> "…(the SW) said I'm not here for you, and literally her words were I don't *care* about you, I am here, for the children. You've got your IDVA to care about you…I'm just here to find out the truth of what's going on, I'm here to speak to you but I'm not interested in you, I'm interested in the children, and that kind of at first…I understand what she was saying but I just thought mmmm, you didn't have to say it like that, you could have said I'm here for the family..."
> **Faye**

> "(SWs have a) duty of care to…make sure the child's safe…and it's not the mother and I think a lot of people don't understand that either, it's the child, cause I was obviously like well why can't I go? with (child)…and it's like well our duty of care's not to you at the minute, it's to (child)…"
> **Laura**

This is especially pertinent to note when considering SWs' approaches to cases that could be considered as a 'failure to protect'. Prue's (SW) extract demonstrates that all previous research into DVA, such as why women do not leave abusive relationships, why women may not be able to call the police themselves during the incident, or why women feel they need to be deceptive when services become involved is forgotten or ignored;

> "That's the higher end of the scale when, if there's been a DV incident…and there's a child been present, automatically for me that doesn't mean that there's been a failure to protect, because someone has called the police and someone has reported what's happened, for me its failure to protect when say…a neighbour's called the police, police have gone out mum's got bruising all over her face, dad's got blood to his

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knuckles and mum says no, no nothing happened, and the child's went in to school and says I've seen daddy punch mummy but she told me not to tell, for me that's a failure to protect because although mum is a victim, she is making her child a victim as well, by not protecting herself and her children…I know the onus should be on both parents for that but if dad is the perpetrator of violence we can support mum to get out of that so for me it should be strategy discussion for that because…my concept of failure to protect is that high end…the child is at immediate risk of harm."
Prue (SW)

This is congruent with the patriarchal expectations placed on mothers, and Fusco's (2013) findings; SWs believed the child was the real victim, and the mother must be held accountable.

6.3.4 Conclusion

If the SW did not have power, it would not matter what influenced them or what their values and views are – they would not be able to make decisions, enforce judgements and drastically impact people's lives. It is the power in combination with the expectations SWs have for people – that have been set by patriarchy – which causes the re-victimisation of women. To believe that children are vulnerable beings who need protection, and will only thrive with the unwavering dedication and love from their mother, is to ensure the roles of both women and children within society.

SWs are people who have been exposed to the values, beliefs and expectations held for each gender within the society in which they were raised (Morley and Dunstan, 2016; Sinai-Glazer, 2016); through continual perpetuation, these beliefs become common-sense and embedded within the society (Brookfield, 2016).Due to how pervasive patriarchal ideology is, detracting from this norm means both mother and child are deviant and failing at their roles. The choices CPSW are encouraged to make when working with families, if their viewing lens is not calibrated to identify patriarchy (Hunnicutt, 2009), are influenced by these patriarchal beliefs, which further perpetuates and embeds them. Holding the belief

that raising a child is a mother's duty ensures that if there are any issues with the child, it is the mother's responsibility to resolve, and fathers have no obligation for involvement or accountability (Baum, 2016). In this manner, because CPSWs choose not to address the father's/perpetrator's behaviour and they choose to solely focus on the child, SWs set a normative response to such issues, re-victimise mothers and condone and legitimise the father's abuse, essentially because they privilege a male perspective, which is also what violent men seek to do

The next section considers how SWs communicate with mothers and if this has an impact on their re-victimisation; whether the SW's behaviours, beliefs, and choices play a role.

6.4 SW's approach

Whilst most CPSW's, and all of those included in this study, were raised in patriarchal societies in which they are exposed to the dominant ideology, each SW's approach differs individually, as they have experienced and endured different situations that shape their views. When sharing their experiences, the mothers in this study explained that social work practice and approaches varied between individual SWs and these were both positive and negative. This section seeks to explore the most frequently reported negative variances, and the next chapter reviews the positives.

When reviewing the data, it became clear that there were two main themes from the SW's approach; who it was influenced by, and what it looked like in practice.

6.4.1 Learnt from colleagues, Influenced by managers

When asked how they learnt to approach working with families who have experienced DVA, all bar one of the SWs said that university did not teach them these skills – they were learnt either on placement or through their first job. This is one way in which harmful patriarchal practices are insidiously perpetrated within CPSW and links with Helm's (2017) research. Helm (2017) explains that positive practices can be shared within teams, but the same can be said for negative

practices; often responses become habitual and so lack consideration of their suitability or appropriateness. Additionally, Whittaker (2018) found that within social work teams decisions were made through intuitive judgement, which was generated from their previous experiences, story building, and pattern recognition, as opposed to gathering information and development of understanding, informed social work responses. This shows numerous opportunities where the work undertaken can be influenced by patriarchal ideologies and values which, if the CPSW is not aware of such influences, can cause oppressive practice. The SWs within this study demonstrate the sharing and passing of knowledge within their teams;

"I had a really good supervisor…she was sort of my mentor…she would take me out on her high risk cases, and actually let me, she was at the visit with me and said I want you to lead on this but if I need to interject I will, so learning I guess whilst on the job."

Prue (SW)

"I always found…university lectures unhelpful in how to learn how to work, they can teach you all the theories of the earth, but they never teach you how to do the door knock…my practice, it's been driven by a few SWs who I admire, I suspect that's probably the same in most caring professions or public professions, there are people who stick in your mind as people who are just so damn good at their job…and, you always remember thinking how do they do it? I wish I could do it how they do it."

Floyd (SW)

By only learning on the job, there is less time for critical analysis, reflection and true consideration of actions and the impact they are having. Helm (2017) discusses how practices and habitual responses are passed on easily through social work teams, which means reflection is not prioritised. Additionally, Whittaker's (2018) research found that when SWs gained experience they started to limit the amount of information they considered in order to avoid overload, and they noticed what information was missing as they were pattern spotting (seeking

out cues they have seen previously). Both of these approaches evidence habitual responses (see earlier section on routinisation – intervention not individualised, preconceived ideas, and lack of reflection), that perpetuate patriarchal ideology with minimal opposition. When a SW has a high caseload and lacks time and good quality supervision, actions and tasks can be rushed in order to 'manage'. Learning this approach early on as a SW cements it as a method of working going forward; this is how they become the normative set of common-sense responses that are not challenged. Karina (SW) demonstrates this, as she explains that even though she has identified that current practice is wrong, no one knows the way forward and what they need to do to change it;

> "One thing that frustrates me…is…reading a lot of research about how SWs blame…the victims and put the expectation on to women to just change, generally women, to do something different, and I read all these research things and I go to conferences and I hear all of it and I think absolutely I totally agree with that, but, tell us what…we can do differently because... that's why I've fallen out with people who have come from DVA organisations who just tell us SWs are shite because we're awful to these poor women…I understand all of that but…is there something else that we can do that's going to make the kids safer? Cause it's not safe to be in that environment, so what do we then do because if she won't leave and…that's what I've gone on about at length, that's the catch 22 bit, that…you're putting the responsibility in the wrong place but sometimes it feels unavoidable and if somebody can give me a better option then I would be delighted to see that."
> **Karina (SW)**

Many SWs explained that their work continues to be influenced by a family's previous SWs, the legal advisors, IROs, and managers.

> "So often I think…we work for the same services, they are independent reviewing officers who chair the reviews…the IROs are ex social, well they're still SWs but they're ex frontline SWs…they are to some extent one of us. And we are one of them…and we talk to them afterwards…how

many times have you been into a conference and the IRO said right how are we going to play it?...What's the outcome that we're going to get out of today's meeting?"
Floyd (SW)

"My manager in supervision quite early on was quite forceful in their views that they would have to go to court…then yeah sort of legal advice and the legal department, that shaped it…as soon as we got legal advice and the advice was to initiate proceedings that's pretty much it."
Gary (SW)

Lapierre and Côté (2011) found that the manager's view of the case was often the path that the SW took. SWs within this study also reported that managers changed their reports if they were not written to the preferred standard, managers made decisions from the referral without allowing an assessment visit or ever meeting the family, and they had varying thresholds for involvement. Mothers within Smithson and Gibson's (2017) study believed that SWs were unable to make decisions without their managers, which reflects the findings in this study; many of the SWs reported that their managers made the decision, and it was simply their job to enact it.

"I don't feel like I'm the person that has the final say…I think we're the tiny cog in a very big process. But unfortunately we are seen as the person controlling a lot of these decisions. So no I would say I don't make the big decisions however I possibly instigate processes that can make decisions."
Leanne (SW)

"It's a difficult one, I'm always torn with DVA ones, because I feel like, we are victimising women…a lot of the time, like even with this one I don't think we need to have a child protection plan, I don't think we need to be at PLO and threatening to take her children, we need to be supporting her to build her strength not doing all this to her. I'm doing this because I have to, I've been told to do it, it's not my choice"
Danielle (SW)

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These findings are pertinent, as consideration needs to be given to the external influences on SW decision making when considering why the practice occurs and what perpetuates it. CPSWs themselves may recognise the oppressive nature of the practice and feel like Karina (SW) discussed earlier, but not be supported by their manager or team to seek less oppressive ways of working. Within the introduction I shared that I am also a social worker who has undertaken these practices, and that I undertook this PhD to find answers that will empower CPSWs to change their approach. These extracts resonate with my experience, and frustration. If the intention is to change social work practice, this shows that training cannot and should not only be undertaken with SWs – it is a whole system effort for change to be viable.

Additionally, further consideration needs to be given to how programmes based on training, such as Frontline, teach new SWs. The increasingly popular 2-year programme uses hands-on, practice-based learning, which is accompanied by practical and academic training in order to train new SWs (Frontline, 2019). The course is intense and focuses on being a practical training programme, which is especially concerning given this section's findings; learning from colleagues and managers further perpetuates the re-victimisation of women, because SWs continue to use long established methods without considering their impact on the mothers and families they are working with.

The next section explores how SWs create and develop relationships with the families they are working with, and how the mothers receive this.

6.4.2 Working Relationships

Social work guidance relays the importance of building a working relationship in order to develop trust, openness, and honesty, and provide effective support (Ingram and Smith, 2018). CPSWs acknowledged that this is what they should be doing, but also spoke about lacking time to form a working relationship with the family. Forrester's (et al, 2007) research found that SWs exclusively focused on

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their own concerns that resulted in conflict, denial, and minimisation. This is demonstrated by Mia (SW);

"I think often as well…it's the time pressures…actually we're in and out, we're just looking at the situation now…I'm really interested, I am, in what's happened before but actually I don't have the time, I've got to go back and I'm on duty and I've got to do this and I've got to do that so I don't have the time to sit here and talk about why we're here and…what happened 20 years ago…"
Mia (SW)

In addition to this SWs reported continual pressure from management to close cases;

"There's a constant pressure to close cases…you look at your spectrum of cases and go this is the least concerning at the moment and actually, that's not fair on that family, they're not open for nothing. So I think targets is actually really significant, and you feel this constant pressure to close a case so if the family says yeah I've done that, you go all right! I think…definitely when I was new, particularly to the high level child protection stuff I did get lots of good supervision I think it's just as your caseload goes up and your time in the team goes on, you get less reflective more 'what's going on, can you close it'."
Olivia (SW)

It is important to consider these pressures before exploring the content of working relationships, as it contextualises the SW's focus and intentions when working with families. It also further demonstrates the lack of time given to that critical reflection that would help CPSWs identify harmful practices. Leanne (SW) was the only person to raise that austerity has had an impact on social work practice;

"I think sometimes because of, the current climate around austerity and lack of service interventions it's very hard to think outside the box so there kind of is a generic response and go to response for DV and for most

cases…when you go to a case conference there's kind of a list of things you automatically put down on a CP plan, and that isn't tailoring your intervention is it but you try and do it where possible."
Leanne (SW)

Whilst austerity has an impact on the work SWs undertake with families - for example how well they can engage due to lack of time, or how individualised interventions can be due to lack of resources – it is not the cause for a practice which focuses solely on women and places all expectations on mothers. Although austerity is gendered in that the impact of austerity affects women quickly and more harshly than men (Stewart, 2017), it is patriarchy and the expectations held for women and mothers being continually perpetuated throughout society and CPSW that cause women to be blamed for any issues relating to their children.

Holland's (2000) research explored how decisions are made during social work assessments and found three main themes; factors relating to parents including their skills and own relationship, the parents' ability to change their behaviour in an acceptable time scale, and verbal interactions between the parent and SW throughout the assessment. Holland (2000) found that the evidence SWs used in assessments included the parent's personality and their attitude towards involvement, and how this affected their ability to create a relationship with the SW. If parents were willing to work with SWs, they were deemed to be plausible, articulate, motivated, and co-operative. If parents were not willing to engage, they were deemed to be passive, inconsistent, and inarticulate. Karina (SW) demonstrates that this still occurs, almost 20 years later;

"I suppose as SWs we also make decisions based on…it's not right but how engaging people are, do they welcome us in, do they say the right things, do they appear to show insight, how articulate they are."
Karina (SW)

Additionally, Leanne (SW) shows that parents were expected to admit wrongdoing and accept responsibility for the risk posed to the child; if they did this they were deemed insightful, if they did not, they lacked insight (Holland, 2000).

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"If I felt that they were being evasive or dismissive or minimising the concerns…that would…make me concerned more than I would be…if you go in and they're quite open honest in a genuinely kind of this has happened…we're appalled by this but it's not going to happen again. You can generally kind of get a sense for if they are being honest about it, sometimes they're not but…you can't guess them all. But that generally if someone's being defensive and not acknowledging their mistakes then that automatically kind of makes me more concerned."

"It just makes everything a lot easier. I think when there's reluctance to admit an issue it makes it harder because you feel like you're fighting an uphill battle...Because you are having to assess a family that don't accept there's an issue. So then their answers are all going to be based as if every is fine…and there are times when you then question what you're writing because…they minimise everything they might start to gaslight you…in a way because they tell you things from their perspective. But you're like hang on a minute, that's not okay. But they make it sound so okay, and yeah that's when you start to write assessments and your assessments they read it as if it's so harsh and you think god is it harsh?"
Leanne (SW) – both extracts

All of the aspects discussed – parents' attitude, willingness to work with SWs, taking responsibility for risk - play an important role in determining whether the child remains at home or whether they must be removed from their family. Schon's (1991) work on the reflective practitioner is key; reflection, consideration, and analysis of the SW's own behaviour and how this impacts the parents whilst creating the working relationship must be considered, yet it was demonstrated that SWs are distancing themselves, becoming routinised, and not reflecting on their practice or considering their power. This accepted set of CPSW behaviours results in the CPSWs viewing the parent's behaviour in isolation, and identifying them as the issue, rather than as an interactive dyad; if the SW's approach is perceived as abrupt, challenging, or rude, the family's response is naturally affected (Holland, 2000).

6.4.2.1 Lack of clarity

The KSS states that SWs must communicate clearly with families (Department for Education, 2018b) and it is therefore concerning that some SWs reported they struggled to be honest with families, especially when they were new or when they were trying to make things more palatable;

> "I guess you can't always make it as positive as possible. Cause it's just not. Cause of the nature of what's happened. And you can't remove some of that guilty feeling, whatever. But you can. Well I always try to make it as kind of palatable and not look at your child, this is what's happened to your child, just generally."
>
> **Olivia (SW)**

> "I think I've learnt over five years that it's always better to be very open and honest with people, probably when I was newly qualified there were some visits that I probably walked away from and thought I really should have said that to them today because it's just going to make it worse the next time I turn up and I have to tell them that and they're going to say well why didn't you tell me that last time."
>
> **Mia (SW)**

> "I've always kind of been the same…I've never gone in heavy-handed…I don't know if it's just me but I don't like to go in, I'm not confrontational, so I always try and avoid that and I always try and be nice about things…so I don't think that's changed at all, I think that's, actually probably say…I've changed for the worse because…I struggle to kind of say things to families which might upset them, or really be clear about concerns or try and kind of put it in a nice way sometimes which is not helpful…"
>
> **Danielle (SW)**

Smithson and Gibson (2017) report how mothers within their study felt "strung along" (p.15) by SWs, as the SW either lacked clarity of what mothers needed to

do, or did not communicate this to mothers in a way that they could understand. Gary (SW) recognised that lacking clarity is employed as a technique to keep families worried about losing their children;

> "I suppose where I talked about where we're not going to take your children away but your language, there's always that implicitly lying worry that that might happen and I suppose it consciously but unconsciously you're employing that as a technique."
>
> **Gary (SW)**

Other SWs recognised that if they lack clarity, they have not labelled the problem and this can lead to acceptance, collusion, or exaggeration of the issue;

> "We say things in child protection conferences that I balk at, have you ever noticed, we always seem to say, there are concerns that…so and so will be scared…we are concerned that so and so is coming home drunk. Right. My problem with that is huge. There are concerns? Why are we talking about it in the passive all the time?...what are you worried about? Why you worried and who's worried?...Dad is drunk. Dad comes home drunk, he scares his child. And when we start talking about 'there are, our concern is that', we're not sticking up to them…not only that, but I think it goes back to complicity. When you, refuse, to name it, you don't tackle it head on…"
>
> **Floyd (SW)**

Many of the mothers reported that by SWs lacking clarity, they did not know what they needed to do in order to meet the terms of the child protection plan or for their children to return home (Smithson and Gibson, 2017). Some mothers reported that even when they had done everything that was asked, it still was not enough, the goal posts were changed, and their children were removed. This resonates with the view that mothers involved with Children's services are inadequate (Nixon, Radtke and Tutty, 2013) and does not support feminist approaches to empowering mothers that believe they are best placed to achieve their own revolution. To not provide clarity and guidance with tasks sets mothers up to fail;

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"I had done everything to keep the children, but the worker said they're still going to take them – I didn't realise the SWs were going to take the children."

Janine

Whilst mothers report and SWs agree that often clarity is lacking within involvement, this is only acceptable when it occurs due to the SW. If parents are not transparent with SWs, SWs have difficulty trusting the mother. When discussing families they have worked with where DVA was the main concern, many SWs relayed practices that demonstrated they did not trust the mother (Wilkins and Whittaker, 2018). For example, one SW requested entrance to a mother's locked room to observe the contents, as they did not believe the mother's explanation; another SW discussed difficulties because the children and the mother had different accounts of what had happened. Holland (2000) explains that when there are inconsistencies in explanations mothers are seen as implausible and in denial. Rather than considering why mothers may not be open and honest (and there is a wealth of research into this – see Women's Aid, 2015) in order to build that relationship and trust, SWs viewed this as being deceptive and therefore like mothers had something to hide. This feeds into a detrimental cycle of communication that many academics such as Dobash and Dobash (1979), Holland (2000), Johnson and Sullivan (2008) have found and also further compounds the view of mothers involved with Children's Service being inadequate (Nixon, Radtke and Tutty, 2013).

By continually moving the goal posts, adding in actions, or lacking clarity about what needs to be done by when, mothers are kept in a cycle of simply trying to keep up with demands with no end in sight. This is a patriarchal tactic; if people remain continually downtrodden, they do not have the energy to retaliate or challenge the status quo, and so things remain as they always have. For example, the intensive mother ideology discussed within the literature review encourages unrealistic standards as the goal for all mothers (Hays, 1996). Through this ideology, mothers are continually striving to achieve a standard that was not set by or for them, and that they cannot easily achieve. All of the mother's energy and

time is spent trying to achieve this goal, as they will be judged harshly as a bad mother if they do not, even though the goals are unachievable and unrealistic. Therefore the mother does not have the time or energy to retaliate, and the cycle continues.

6.4.2.2 Threatening (segment 8)

SWs were clear that when there are concerns for a child, CSD have expectations for mothers and that often these were non-negotiable; mothers themselves felt this, telling Buckley, Carr and Whelan (2011) that they knew there would be trouble if they did not do what the SW said. SWs within this study appeared to feel that it was inevitable that mothers perceived this as threatening (segment 8 – using coercion and threats);

> "I think that's a difficult one because we, I think I put forward what the expectations are, but then the decision is for the parents to make but then…if they don't do what we expect them to do then we can escalate it."
> **Prue (SW)**

> "I think that, it wouldn't be a threat. If…I was going round there and he was there and I was like I told you that he shouldn't be here because of the children's safety and actually I keep coming round and the duty SW did a visit for me and he was there and actually, I will, it's not a threat, I am going to take this, we are going to have a strategy discussion it will go to child protection conference, yeah it's not a threat."

> "Like as in if you don't stick to the safety plan then I will take to conference…which I wouldn't…use a threat, like that is what I will do and that's me kind of being transparent with you. But actually like if you don't do what I say then that will be the impact of that."
> **Irene (SW) – both extracts**

Prue and Irene's extracts show, and this was similar for most of the SWs interviewed, that the SW sets the expectations and the families must adhere to

them; these findings are echoed by Smithson and Gibson (2017). The expectations mothers must abide by are influenced by patriarchal ideology and how mothers are constructed, which distorts who is responsible for what behaviour in the situation. The power to escalate is present at every level of involvement; even when informing parents that they do not have to engage with an assessment under S.17 that coercion is there, and that is what is often perceived as a threat.

> "We have threatened, I don't think it's a threat but it will be perceived as such, that if they don't engage then we are going to make a referral to the (governing body)…they do have to then engage whether they want to or not, so…I guess it does feel really threatening that if you don't do exactly as we want, then, we have other means at our disposal that will make you."
> **Karina (SW)**

> "I recall working with a couple who, didn't want social services involvement and it was their choice so we didn't, we didn't assess it any further however I did say to them well if something else comes back in then we'd have a duty to assess and this might be the impact of that so then yes I guess I have used threats in that respect but not really."
> **Heather (SW)**

Karina and Heather's extracts show that both SWs do not feel that the behaviour they are describing is actually threatening – in Karina's it is the 'I guess it does feel threatening…' and in Heather's it is the final part '…but not really'. This links back to the distancing and routinised use of power SWs become accustomed to, and feeds into perpetuation of oppressive practice. The continual perpetuation further ingrains it as the established, common-sense response, which means it is not reflected upon and it is regularly enacted with minimal opposition. SWs also reported that they found it difficult to strike a balance between being honest about explaining the child protection process, and mothers perceiving this as a threat.

> "It's really…difficult to strike the balance between being open and honest about the reality of the situation and what may happen, and that not being

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threatening I think and that's cause it's really important in terms of an ethical perspective to be open so there's no surprises further down the line."

Gary (SW)

Whilst most CPSW were aware that mothers perceived their behaviour threatening, they were unaware of how to change this practice. Gary (SW) recognises that because SWs have the power to remove children, this is a threat that is forever hanging over the family;

"So threatening to take the children away, and making and or carrying out threats to do something to hurt her…implicit in a lot of the discussion that we…have as a social work practitioner unfortunately is that kind of implied threat of…increased social care intervention and I suppose even if it's not taking the children away, it's like a continuum where that's always going to be the end point."

Gary (SW)

Floyd concurs;

"That is the big stick we all carry…all the time…When it so pleases me, I can have your kids. When I choose, in a manner of my choosing, I am placing them somewhere of my choosing…a huge amount of – inaccurate - but power whether it's real or perceived is power none the less in social work isn't it…"

Floyd (SW)

Dumbrill (2006a), Hester (2011), Keeling and Van Wormer (2012), and Smithson and Gibson (2017) confirm that mothers do find these conversations threatening. Whilst SWs acknowledged that mothers could perceive their behaviour as threatening, because this was not the SW's intention, it was quickly dismissed and moved away from, rather than critically questioned.

"Yes but not but not with the intent to threaten…but she would feel that he

was threatening"
Jasmine (SW)

"I can see how this might come…I think that although they may perceive that as being a threat, for me that is about being quite open about potential consequences if it's that, if it's that high risk."
Nigel (SW)

"Olivia - I never use it as a threat, I think you say as a natural consequence, we're really concerned and we might have to seek legal advice. But I've never said I'm going to take your children away.
Interviewer - Do you think mums perceive it to be like that?
Olivia - They might do but, my personal approach was always quite gentle…"
Olivia (SW)

None of the SWs were comfortable with the cards stating 'threat/threaten/threats'. They explained that it is never their intention to threaten a mother but they understand why a mother would feel threatened. SWs said there is a fine line between being honest, open, and working ethically – in a way that the mother knew what the process and next steps were – and then that information being taken in a threatening way. The SWs understand that explaining that the next step is a conference or seeking legal advice is implicitly suggesting the child's position with the family is uncertain, but they feel there is not a way to deliver this information in a less intimidating or concerning way; it is the reality of the task. It would be beneficial to consider feminist approaches in these situations, as approaching the situation from a place of empowerment would change how the messages are delivered, and the outcome that is being sought.

Similarly to threats, some SWs did not want to consider themselves as intimidating (segment 1- using intimidation), even when mothers perceived them in this manner;

"She may take it as intimidation, I am not intimidating, I do not intend to

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intimidate…and there is a world of difference there."
Floyd (SW)

"Yeah I can imagine they feel intimidated. But. Again it's one of those balances between maintaining, understanding but still professional authority…it is my role to ensure that you're supported to protect your children. And they may see it as intimidation but the intent is not there."
Jasmine (SW)

"I guess there's that power balance isn't there. And there's no way to address that, there's no way to change that…I don't use intimidation but they will always feel intimidated because I'm someone that's coming in and essentially judging them."
Leanne (SW)

Some CPSWs were able to make mothers feel supported and less/not intimidated by the involvement, this is discussed more within the next chapter, but it demonstrates that different approaches incur different feelings in mothers and intimidation does not have to be used. By not reflecting on the harm the power imbalance causes, there is no drive for change. Mothers were made aware that they were always monitored, which they found to be ominous and threatening, and caused continual worry;

"She were always like threatening me with kids…she saying that if I spoke to (ex-partner) or if I've been in touch then she's going to put in for like court things and that."
Kelly

"Yeah because…what were it, last week, don't have (anything) to do with (ex-partner) cause I'll go through your facebook and check that you're not having contact with each other."
Quinn

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For mothers to report and SWs to identify their approach or behaviour as threatening evidences segment 8 of the Duluth model – using coercion and threats.

6.4.2.3 Emotionally abusive tactics (segment - 2)

The emotionally abusive tactics reported by both mothers and SWs were mostly, but not exclusively, based on using the child to help the mother understand why the child should not be exposed to DVA (segment 5 - using children). SWs present their concerns as though they are based upon science and evidence, without acknowledging the flaws in the evidence, or the lack of a strong basis for the evidence as has been previously discussed. Additionally, this practice means all responsibility, and guilt, is placed with the mother to prevent the child's exposure in future, rather than with the father/perpetrator to not enact abusive behaviour. Each of these strategies are influenced by patriarchal ideology, evidenced by mothers being held to socially constructed 'good mother' standards (Stewart, 2020). SWs relayed how they specifically explain the impact on that particular child, in relation to their age and understanding;

> "You're trying to get mum to understand our concerns, from the point of the children, you're pointing out effects on the children which any mother would be like, especially if they don't realise, they'd be horrified…you kinda use it in that way, not deliberately, you just want them to understand why the concerns are there and obviously it's about being open and honest as well, I find that people tend to work better if they understand why you're doing something, but it is about using the children I think…cause you can actually make it quite real, that risk to their baby, from their state and that sometimes works."
> **Danielle (SW)**

> "We also say…about the impact on them and what could possibly happen…there is an element of emotional blackmail within that but it's difficult because the sole intention of all this is to try and safeguard them and their children…it's a fine line"

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Leanne (SW)

This practice is problematic. Mothers within patriarchal societies are socially constructed to be the main caregiver, to devote their lives to their children, for their life's work and value to be attached to their children (Peled and Gil, 2011), so to base intervention on the children is an emotionally abusive tactic. Society, their own family and friends, and the media pressure mothers to be the perfect mother and do everything right for their child, so for a SW to attend and say the mother failed her child (due to someone else's behaviour) is emotionally harmful (segment 2 – emotional abuse). Some mothers are not able to provide good enough care, and those situations need to be considered contextually and holistically. However, in cases where the concern is DVA and failure to protect, the practice of using children to 'educate' mothers or empower them to make better choices is abusive, as it is not the mother's behaviour that caused the intervention.

> "When I talk about the children and the harm that they might have come to or might be put at like with this mum that's pregnant I sort of…not play on it but I sort of really…that's a new born baby that is going to be dependent on you for everything. God forbid you should have a push and a shove when that baby's in your arms, what is going to happen to that baby…I think mums can find that hard like playing on the children and using them."
> **Olivia (SW)**

> "You get into a habit of working a certain way in social work and, so part of the…DVA intervention is the impact on children…we do not mean that as a guilt trip but it is very clearly part of the work that we commonly use."
> **Karina (SW)**

Karina (SW) again demonstrates that SWs continue to use this approach as it becomes the habitual, routinised, common-sense response that therefore goes unchallenged (Broadhurst et al, 2010).

In addition to using children (segment 5 – using children), mothers and SWs identified practice that reflected every bullet point in the 'using emotional abuse'

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segment 2 of the Duluth model. Patriarchal ideology has created the society in which CPSW functions; it has influenced the legislation, guidance and overall profession throughout its developed. Without recognising patriarchy, or calibrating the viewing lens to see it (Hunnicutt, 2009), this was inevitable. To challenge it, we must seek out patriarchal influence. CPSW behaviours ranged from only engaging the mother and not the father/perpetrator, to labelling and judging mothers; from focussing solely on the child, to suggesting a service is voluntary and the mother has a choice, but knowing it will reflect badly on the mother if she does not comply; from exposing the mother to a greater degree of scrutiny than the father, to doubting her accusations and explanations. Mothers within Morris' (et al, 2018) study also believed seeking help made things worse; whilst this is not a new or unknown finding, the impact on mothers is staggering;

> "Yeah there were times when…he used to walk in, this manager guy and just be like, I felt like this wasn't my…home, when he was here."
> "Oh god when he used to come round oh I used to dread it…yeah absolutely dread it."
> **Helen – both extracts**

Laura felt degraded by the social work intervention;

> "It made me feel like, degrading…like I really felt it was degrading like it's like…even though I know it wasn't my fault and I know that I was…involved, I've never not been involved…it still makes me think, oh it should never have got to that, the first time he ever laid a hand on me I should have just gone, but I didn't so, I can't look back and think oh I should have done this."
> **Laura**

Kelly felt like her life was not her own;

> "I just didn't think it were fair she just made me feel like she were kinda, like my life's not my own…she rules my life."
> **Kelly**

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Melanie felt suicidal;

> "I feel like I've actually gone worse, I went through a really bad phase, really bad, cause obviously they were kind of condoning (dad) cause once they gave (dad) temporary custody they dropped out they had no more involvement, so I'd be ringing up crying, I haven't seen my kids for a month…I were really suicidal, and they were like oh well we're not involved now, sorry it's private, so I kind got really suicidal, felt like they'd really let me down…and they were just absolutely horrible…"
> **Melanie**

6.4.3 Conclusion

Both the mothers' and the SWs' data showed that there were three main themes that lead to the re-victimisation of mothers who have violent partners within child protection social work; the SW's use of power, social constructions and expectations, and the SW's approach. It could be argued that each of these themes individually do not cause re-victimisation, but it is the combination of each with the other that creates a dangerous view and way of working with mothers.

Power is given to SWs through legislation, the profession's regulatory body, and the media; whether it is real power or perceived power, mothers feel that they do not have an honest choice as to whether they engage or not. Each of these sources of power have been created and/or influenced by patriarchal ideology. SWs are aware that mothers feel like they could lose their child from the SW's involvement, and it was demonstrated that this is used to the SW's advantage as a strategy to ensure participation. Mandatory involvement with CSD, therefore, is often manipulative and coercive as opposed to genuine and open. This is one way in which social workers behaviour starts to mimic that of a perpetrator, and how macro patriarchy is enacted as micro patriarchy (Walby, 1990). It occurs because of the power social workers hold and how their role has developed within patriarchal society. Mothers reported, and SWs confirmed, that social work intervention often becomes routinised rather than individualised, effective supervision and reflection is lacking, and in many cases there is a misuse of

power. Mothers in these situations are re-victimised because instead of the CPSW offering support, CPSWs often tell mothers what to do, they do not individualise plans, and mothers are judged for actions they are not responsible for; this is another way in which macro patriarchy is enacted in the profession, leading the CPSWs behaviour to mimic that of a perpetrator. The SW's status and power combined with their ability to enforce expectations on the mother creates further re-victimisation. Mothers are often held to the 'good mother' standards by CPSWs, where they are expected to be the primary care giver and protect their child at all costs (Stewart, 2020). When mothers do not do this they have failed.

In these situations the father/perpetrator of the violence is invisible; SWs have been lead to believe, and perpetuated in their teams, that they cannot change his behaviour, so he is not held accountable for his actions and remains mostly invisible throughout the assessment. When fathers are engaged in assessments this is often not to challenge and overcome his behaviour, but to meet best practice guidance that states fathers should be spoken to. Fathers are given the choice as to whether they wish to engage in the assessment or not, whereas mothers do not have this option (segment 6 – male privilege). When fathers are not involved, all focus and attention is placed on mothers and mothers become responsible for ensuring a positive outcome for the child (Lapierre, 2010). This further re-victimises the mother, as she is being held accountable due to how she is socially constructed and for the behaviour of the father/perpetrator that she cannot control and is not responsible for. Incidentally, this is also detrimental to the family and the father, who is penalised because he is not offered the opportunity to understand or change his own behaviour. Each of these practices further demonstrates how macro patriarchy has permeated practice and is enacted as micro patriarchy within CPSW (Walby, 1990).

Children have been socially constructed as vulnerable beings that need to be protected, and SWs are conditioned into believing it is their job to do this. This links back to the pendulum swing of child-centred and family focused practice discussed by Anglin (2002). Many of the mothers and SWs agreed that the child is viewed as the paramount consideration within SW, and all decisions must be made in their best interests. When the child is viewed in this way, and in isolation

from their family unit, it is easy to alienate and problematise their caregiver, yet children do not look after themselves. Mothers care for children and they are often the main caregivers; to not work with the mother in these situations is not helping the child. This approach also perpetuates the view that mothers involved with Children's Services are inadequate (Nixon, Radtke and Tutty, 2013). Furthermore, this provides another example of CPSW enacting macro patriarchy, as it shifts attention from the perpetrator who can change the situation, to the victim.

Whilst power, social constructions and the SW's approach were deemed to be the main themes running through both the SWs' and mothers' accounts of child protection social work, the underlying mechanism of these themes is patriarchy.

Patriarchal ideology is so pervasive and embedded in UK society that it has influenced every aspect of life - legislation, guidance, policing, education, media, public thought - and it is reproduced by its members with minimal opposition (Brookfield, 2016). Through patriarchy, legislation and guidance is created in which the government grants CPSWs the power to protect children. CPSWs enact the government's wishes by working to enforce the standards the government sets within the patriarchal legislation. This occurs as CPSW are raised in Westernised societies and have been exposed to patriarchal thought throughout their life. They then accept these beliefs as common-sense – it is not merely enacting the governments wishes (Brookfield, 2016). Whilst government standards may be influenced by public opinion at the time of a crisis, the UK's society is, and has historically been, patriarchal and therefore the gendered expectations that are borne from this are also patriarchal. It is fathers that are expected to go out to work and earn money, and it is mothers who are expected to raise children, manage the home, and maintain the family (Hobbs and Rice, 2013). This means that when SWs are tasked with ensuring parenting is 'good enough', it is the mother's behaviour they consider (Lapierre, 2010). Anything in relation to the children is her domain, as patriarchy has made this her responsibility (Krane and Davies, 2000). The standards set by the government and society are also influenced by patriarchy; women are held to the 'good mother' standard, even though this is unachievable and unobtainable (Stewart, 2020). These standards are patriarchal as they make mothers - women - responsible for an issue they

cannot control or be expected to manage, whilst granting men the ultimate privilege of taking no responsibility. This results in women's continued oppression and men's continued freedom.

The data within both this and the previous chapter suggests that mothers are re-victimised by CPSWs, and it is the CPSW ensuring the mother's adherence to these expectations that causes the mother's re-victimisation. This is how the ideology is reproduced and perpetuated with minimal opposition (Brookfield, 2016). Without critical reflection and consideration of these issues, the viewing lens is not calibrated to identify patriarchy (Hunnicutt, 2009), and its harmful impact is normalised, accepted and legitimised. Social workers must, therefore, undertake this reflection in order to prevent oppressive practice.

The next chapter considers the positive and empowering social work practice that was shared within the interviews, as well as the recommendations made by mothers and SWs.

7. Research Questions 3 and 4

What are the factors that contribute to empowering practice from both the social workers and mothers' perspectives?

What recommendations for future practice, suggested by mothers and/or social workers, can be made?

Positive accounts were not common throughout the interviews, and no mothers reported an entirely positive experience. Research question 3 sought to identify empowering practice and so as part of the interviews I used prompts that considered whether there were any positives such as; what worked well in the social work involvement? Were there differences in the SWs you have had? Therefore, the majority of positive practices discussed in this section were not participant generated, but generated by the questions that directly sought examples of positive practice or asking what that would look like if they encountered it.

Some of the mothers engaged with numerous SWs; this could be due to their SW changing or leaving the role, or different referrals. Due to these changes and the mother's exposure to a number of different SWs, mothers were able to note and identify the differences in the SWs they had worked with. It is therefore important to highlight that whilst some mothers are sharing positive practices within this section, this is not reflective of their entire experience of child protection social work involvement, but more likely in relation to one specific worker they engaged with.

The main positives were in relation to SWs having a better understanding of domestic abuse; SWs involving and challenging fathers; building positive relationships; ensuring the working relationship shared power; and mothers having their own knowledge of CSD processes.
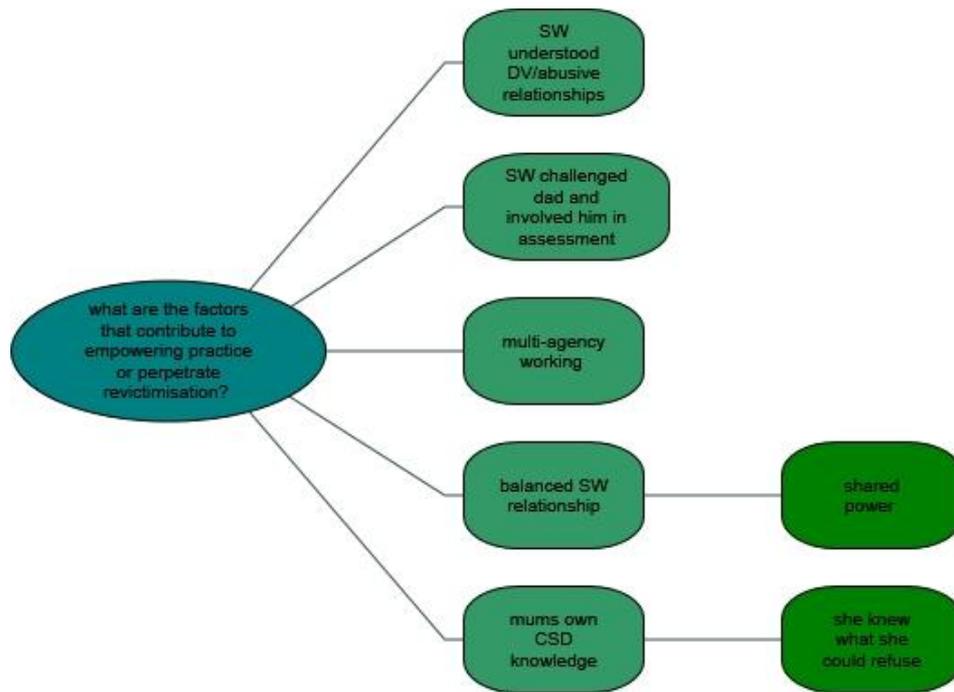
Figure 7.1 Themes for RQ3

It must be noted that many of the characteristics and behaviours reported by mothers when discussing positive interactions or recommendations for practice are not extraordinary measures or innovative practice; they are the basic tenants of a respectful, working relationship (Ingram and Smith, 2018). This reflects that current child protection social work standards do not adhere to guidance and should therefore be questioned.

7.1 Positive relationship building and the social workers approach

7.1.1 Listening, talking, understanding and offering reassurance

It is known that mothers who have experienced abusive relationships need to develop a relationship with SWs and support services, be listened to and heard (Buckley, Carr and Whelan, 2011; Waterhouse and McGhee, 2015; Wilkins and Whittaker, 2018). Mothers within Morris' (et al, 2018) research identified being interpersonal, honest, timely, empathetic, kind, and confident as the most helpful qualities SWs can have. Listening, hearing, and discussing issues openly are the foundations of building an effective working relationship (Ingram and Smith, 2018), and something all SWs should be able to do. It is shown in the accounts below

that mothers appreciated being listened to and heard by SWs, which mirrors the findings of Smithson and Gibson (2017).

Ophelia felt much more supported and engaged when the SW took the time to recognise positives and ask how she felt things were going;

> "well I think it was a lot more positive she seemed to understand the issues I was facing, she was supportive, and I didn't feel she was judgmental…when she came to visit and she was always really um, what's the word, she would offer me a lot of positive feedback and say how well I was doing and how well the children so that was really good yeah"
> **Ophelia**

Naomi's first SW appeared non-authoritative and gentle in her approach;

> "I had one when it first started in 2015 I had one SW um I think her name was (name) or something like that, she was really nice she came out and said oh my goodness your house is beautiful, she said you know can I, I have to look in your children's bedrooms I'm sorry and I was like yeah that's fine, I showed her round…and um yeah she was just like you know and she just asked me a few questions about what had happened and I told her and she said okay just keep your safeguarding make sure you've got your plan in place if anything happens you've got a place to go…and all that kind of stuff and she left and she said oh we'll sign you off..."
> **Naomi**

Naomi felt that she could get along with her because she listened;

> "she just seemed really friendly and chatty and I felt like I could have had a relationship with her…had she been a SW, cause she actually listened to what I had to say…and she seemed interested in what I had to say"
> **Naomi**

Janine felt listened to and praised, and she appreciated her SW being clear;

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"My most recent SW was supportive – he listened to me"

"I felt I could talk without being afraid."

"This SW has made me feel better about myself – I am stronger and I believe I can separate from my ex-partner and maintain the separation."

"looked into my background and saw everything I had been through – he praised me for getting through it all, he acknowledged it, when I felt like others didn't care."

"SW made things clear so I knew what I needed to do – he got to the point and said what he meant. He was a nice person."

Janine – all five extracts

Whilst relaying the positives for her first SW, Kelly also touched upon how trust and believing what a mother is saying is important for the mother to be able to trust the professional and to continue wanting to talk to them;

"I felt like…the one in (place) kind of listened to me…a lot…and how I felt…and she took my word for things…like if I told her things…she didn't have to question it, or do sly little…digs at kids…"
Kelly

For Gloria, the SW offering reassurance made her feel supported;

"I think the second one (SW) with the allegations for physical abuse of my son was a more supportive…um, I think possibly because she could see that it was a false allegation as well and it's bad enough being accused of something…so she was quite reassuring…um but I think she still carried out her job as well, you know making sure the children were okay and interviewing um my son, the first one was just, as much as she was a really

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lovely lady I just think, um she could have done a bit more"
Gloria

As was explored within section 3.6.1 of the literature review, it is also demonstrated here that the SW's approach created a change in the mother's responses, and how the interventions had a more positive impact when the mother felt listened to. Mothers felt like they could be honest, they did not need to be afraid, they were not worried the SW was going to change their mind, they were reassured and they did not feel as if they were being judged. This mirrors the findings of Buckley, Carr and Whelan's (2011) that when SWs built relationships with families, their anxiety and concerns were tempered. Some of the SWs themselves understood the importance of listening and offering reassurance, especially when families are concerned that their child might be removed;

"I would always go on to try and explain what my role was to try and reassure them and build that relationship so we were able to work together"
Jasmine (SW)

"I do try and reassure them particular if they talk about, oh you're going to remove my child, I will always explain, look I don't have the power to do that. Um, and explain my role, and I try and explain and reassure them as much as possible that um, I'm here to support and I want to help understand what is happening and put in place some support for them"
Heather (SW)

Olivia (SW) recognises that families often find social work intervention intrusive, and so tries to approach the creation of the working relationship differently;

"I try really hard to engage with parents in kind of, firstly to be just like a normal person like be approachable. Normal...if you know what I mean. Like I quite often be like I have a cup of tea. I very rarely turn down a cup of tea unless it's a particularly unclean house. I would always, because it just makes you like a normal person and they always, I always remember a lot of parents would say well professionals never accept a cup of tea and it

automatically gets you, they relax a bit more I think. Sounds really embarrassing doesn't it. You don't have to have a hot cup of tea you can have a cold one, it just kind of, you automatically slip down from being above them to being on their level. And I like, I'll talk about other things outside of the core issues like if there's something interesting that the little one's done at school or if they've got a nice picture of them on the wall, I dunno, I just make it personable and I've found 90 percent of the time they would relax and then you get more out of them and they trust you. It's just as basic people skills, sounds really stupid. It's just basic people skills."

"If you want somebody to work with you, I, you know, I just found through experience that actually being flexible and the more gentle approach. You got you, you got to a point where they made those safe decisions because they talked it through with you, they reflected, they go oh yeah I can see your point."
Olivia (SW) – both extracts

Buckley, Carr and Whelan (2011) also report findings that mothers appreciated SWs who took the time to sit down, have a cup of tea with them and discuss things outside of the assessment. It is clear that both mothers and SWs see the value of developing working relationships, and that this forms part of a positive working relationship. Each of these accounts and approaches demonstrates social workers believing that mothers are the experts in their own experiences (Hartsock, 1983), and that to understand the situation further, they must first build a relationship.

7.1.2 Trust and honesty

A trusting relationship enables mothers to feel that they can be honest with SWs (Ingram and Smith, 2018). If there is no trust, or if trust is broken, this is difficult and can feed into the cycle of deteriorating responses (Holland, 2000). Within their interviews, mothers spoke of how they trusted the SW and what the SW did to gain this trust.

In relation to a mental health SW, as opposed to a child protection SW, Emmaline explained the SW made her feel accepted and reassured;

"yeah I trusted her, immensely, she made me feel, like, my mental health and things, were not, affect, I did, did, there was nothing that I did that, she made me feel like I wasn't a threat to myself or my kids…that my mental health wasn't, not normal, but, common…and that lots of people go through that, you know, it doesn't make you a bad mum just because you've got mental health problems, it doesn't make you a bad mum"

"brilliant, brilliant woman. And I always compared it to that I think, so I felt like she, in that small space of time, she was there for mental health problems really, she kind of rised me up and boosted me up…whereas I felt like, all my other experiences with the SWs have just put me down… they haven't seen what I've tried to do…to protect and help the children not experience the same situation that I've been going through"
Emmaline - both

Helen had more trust in the SW when their concerns matched, and the SW was trying to overcome the same issues;

"my concerns haven't changed…and they didn't change when the woman (SW) became involved cause for me if a fundamental issue is still there…um, it's just that, she, is more in line with what my concerns are, so my main concern is safety at contact…and the children not being hurt, and that's her main concern and that's what I can tell, she was trying to deal with and focus on with the children"
Helen

Quinn explained her SW relayed what would be in the report before it was sent, and the hard copy contained what she expected;

"yeah she told us pretty much what she was gonna put in her reports before she sent it and it be sent with what she said she were gona write in them so

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yeah"

Quinn

Actions like this, whilst simple, do prove to mothers that SWs are working with them and that they are honest, trustworthy and reliable. This makes the intervention much more positive. Seven SWs relayed that being open and honest with people is the best way to work, as it encourages the mother to be open and honest too. This means the relationship is built on a foundation of mutual respect;

> "I've always found is that if you're honest with a family member they might not like what you're saying and they might not like it at the time but they have a certain level of respect that you're honest with them,"
>
> **Eva (SW)**

> "you just want them to understand why the concerns are there and obviously it's about being open and honest as well, I find that people tend to work better if they understand why you're doing something"
>
> **Danielle (SW)**

> "yeah I think, I think I've learnt over five years that its always better to be very open and honest with people"
>
> **Mia (SW)**

7.1.3 Tried hard and worked individually

Many mothers reported feeling disheartened and angry that SWs did not work with them individually, and did not meet their needs. For the mothers who could see that the SW was trying their best for the mother and trying to meet their needs, the relationship was much more positive and trusting.

Quinn has had numerous SW (due to them leaving) but has realised, from having different workers, that one in particular was very positive. Quinn could see that the SW was trying very hard to engage Quinn, but that Quinn was not willing to work with the SW at that time;

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"she knew I needed help and she were trying to offer me that, she set placements up for me, um…she did all that for me, I never turned up to them, um, on her side, with me, I'd say it were bad, but on her side, all she were trying to do is help, so, if I'd have been working with her then it wouldn't have ended up with (son) being removed or anything…so I think in a way if I'd have built that relationship properly, it would have been really good so"

"she understood with everything…it's just that when she were trying to help me I was refusing that help…I was pushing her away where to all she wanted to do was generally help me to keep (son) with me…"
Quinn – both extracts

Kelly called CSD for support because she wanted to get out of the abusive relationship and needed help;

"I were begging them…when she (SW) came to see me to do the assessment, I were begging her to do anything, anything to give me that courage and she, I know it don't work like that now but at the time she, she got this bit of paper out and she were like, this bit of paper gives me the right to take these two kids right now, if you speak to him or get back with him, and I hugged her and I were like that's all I need just give me that focus to keep him up…yeah because of how scared I was…that gave me the I'll I'll keep ringing the police every time I do see you…that courage to follow through everything…"
Kelly

The support Kelly received may not have worked for everybody, but the SW could see that it would work for Kelly. The SW individualised her intervention to support and encourage Kelly, in the way that Kelly needed. Some SWs spoke of recognising when the plan is not working in terms of not meeting the family's needs and should therefore be changed;

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"I think as I get more experience I take a bit more responsibility for saying like this is not working we need to try something different, I do try to take a more supportive role with particulary the mum and trying not let it affect our, because, you know what's their next option? Going to a refuge and losing everything? Um, I just, try my best with what you've got really"
Danielle (SW)

"I definitely experienced some mums just being like it's too much. But then we'd, I would kind of meet that by saying well let's prioritise this this and this, and when this is done we'll do this one. So I tried to be kind of accommodating."
Olivia (SW)

These extracts demonstrate that SWs can be creative in their interventions and ensure that what they are doing does not cause further harm to the families they are working with. Working in an individualised way benefits families as the real risk is identified and overcome, they can see how this helps them and that their needs are being met. Through working individually, the wider context can be considered, which leads to the recognition that the issues are not as a result of the mother failing in her role. This again helps develop a trusting relationship.

7.2 SW understood DVA and abusive relationships

Many of the mothers felt disempowered because the SW did not see the true extent or nature of the father's abusive behaviours. Ophelia felt much more supported and understood when the new SW had insight into the reality of DVA, and not such a single focus on protecting the children;

"Interviewer - what were the main differences in SWs, what made her so positive compared to the

Ophelia – I think she ha, she had a lot more insight and knowledge about domestic abuse and how r, relationships work…and the risks involved

Interviewer – okay, for you and the children?

Ophelia – yeah

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Interviewer – was she still as focused on only protecting the children?

Ophelia – no, no she looked at it at it more holistic…which I think is what you need isn't it, you've got to protect the mother so that she can protect her children"

"I think she was actually concerned with the, the whole bigger picture and how, the behaviours towards me would then affect the children and would affect me being able to yeah"
Ophelia – both extracts

Helen explained how the previous SW could only grasp the concept of physical abuse and did not see the signs of emotional abuse. The new SW, however, seemed to have more understanding;

"whereas when I met with this woman initially, and I spent quite some time telling her what went on in our house, she might not have got all of it but she certainly had a better knowledge"

"she just had an understanding and I, I felt less, um even though I did feel stressed, I felt less stressed because I felt less up against it"
Helen – both extracts

Kelly believed her SW demonstrated knowledge of abusive relationships by knowing when to believe or trust information and when to not;

"Interviewer - Did you want the SW to talk to him?

Kelly– I didn't care, like I warned her what he were like, but she had to, obviously speak to him…but he were, he just lies all the time, and so then he kept tripping himself up in a lie he'd told her…so she kinda…told me that she found it hard to believe what he said, and if he can lie stuff like that then, when he says he's gonna change, she's not gona believe him…"
Kelly

Kelly's extract shows that there was mutual trust between her and the SW, as

Kelly was not worried by the SW's engagement of the ex-partner.

During the interviews some SWs recognised that the current approaches to DVA in child protection social work were defensive, or not appropriate, and wished for things to change;

> "how sustainable is it because I suppose again in terms of research we know that women who are involved in violent relationships don't just suddenly leave and never go back…we know there is a process that women have to go through and, if you go in right at the start saying you know this is what we expect and we expect you to leave this partner…I just don't think that's realistic and I guess I'm repeating myself a little bit I suppose if it's all the responsibility on the non-abusing partner…to make…quote unquote, the right choices, and, that might be really difficult for her to manage"
> **Karina (SW)**

> "I'm always torn with domestic violence ones, because I feel like, we are victimising women in this…a lot of the time, like even with this one I don't think we need to have a child protection plan, I don't think we need to be at PLO and threatening to take her children, we need to be supporting her to build her strength not doing all this to her. I'm doing this because I have to, I've been told to do it, it's not my choice"
> **Danielle (SW)**

These SWs also demonstrated a deeper understanding of DVA as they gave reasons behind the mothers behaviours that are often judged as resistant or non-engaging. This further develops a positive working relationship and leans towards more feminist approaches that can consider the influence patriarchal social constructions and expectations have. This can then feed into approaching the situation differently, and involving all the necessary parties

7.3 SW challenged fathers and involved him in the assessment

7.3.1 Father was spoken to as part of the assessment

Within the literature review and previous chapters, the invisibility of fathers/perpetrators was discussed, as well as the detrimental impact this had on the mothers. Some of the mothers and SWs in this study shared that fathers/perpetrators had been engaged in the assessment, but this was not standard practice. This also feeds into a more feminist approach, as it holds each party accountable for their own behaviour and retreats from practice influenced by social constructions.

Kelly has been involved with CSD on two occasions. As was previously shared, Kelly's current SW says her case must remain open as the SW's assessment of the ex-partner is not yet complete, but she also has not visited or spoken with him on a regular basis. This severely contrasts Kelly's first SW, who spoke to her ex-partner regularly, and ensured there was a true record of the discussions;

> "Interviewer - did she speak to your partner? Your ex-partner, did they have a conversation with him?
> Kelly - yeah all the time and half the time he were off his head. Um he threw a bottle at her once…yeah so the, it was really pleasant for her, so she saw a glimpse of what I had put up with…so yeah so that's why her reports were like, she didn't think at all that he should see them…and she put in her reports how the visits had gone"
> **Kelly**

One of Quinn's SWs spoke to both her and her partner as part of the assessment;

> "she spoke to us both, only time she spoke to us separately was when she did the assessments cause you do one together, one separately…then another one together…as an outcome of it all"
> **Quinn**

Gloria is not aware of how he was involved, but she knew that her ex-husband

was spoken to;

> "he clearly was spoken to, he clearly spoke to them lots of time, I don't know what support he was offered, I wouldn't be party to that"
> **Gloria**

Janine explained that her partner was spoken to by the second SW;

> "Dad was spoken to this time around"
> **Janine**

Some of the SWs spoke of always involving partners within assessments;

> "I'm trying to think of any times that I haven't involved, a father? Just trying to think of my cases, when haven't I involved them? I don't recall not involving any fathers in my assessments. I don't know at which point I would involve them, either at the very beginning or it varies, it just depends"
> **Heather (SW)**

> "they (Local Authority) have a real emphasis on, um, contacting parents, especially fathers, and even meeting with them or having a chat with them if they don't want to meet with you. um and if they refuse that's when you send a letter to prove that you've tried and actually you haven't engaged with this, this is what we're doing if you want to contact me so, um, yeah definitely in (location) managers are really hot on that"
> **Prue (SW)**

These extracts demonstrate that some CPSWs are not overtly or fully influenced by social constructions; Heather, for example, shows she thinks it is important for fathers to always be involved. This provides hope and rationale for CSD to have training on how social constructions and expectations influence the work they undertake. Some SWs explained creativity was often needed in order to have direct contact with fathers.

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"Interviewer - So how do you try and get him to engage? How do you try and get him more involved?

Nigel– um so yeah, trying to make attempts to contact him and be flexible about when I can see him and things."

Nigel (SW)

"I had some of them at the office, risk wise, and sometimes it was just they had a lunch break, they'd come in on their lunch break and they don't want to meet you out in the community, they don't want to let anyone know that they've got a SW in their life. So having them come to the office is a bit more of a, their way of hiding. And you know, whatever gets them engaging really. It's definitely there but like, I try to work around it."

Olivia (SW)

Whilst it is positive these SWs engaged fathers as part of the assessment, this is merely the first step and more is needed to ensure feminist and equitable approaches. Danielle (SW) and Karina (SW) demonstrate that the fathers were involved in their cases, but they were not entirely confident in the impact this had on the fathers;

"he's been doing the perpetrators program. He did it one time and they put him off it, they were like no point. So he's doing it again and he's making all the right noises, but, we think he is just doing that, just saying, don't think there's any change in him at all, and that's another difficulty. What else can you do with this man who…won't change."

Danielle (SW)

"he was accepting responsibility for his behaviour, he was obviously you know this is my responsibility, it's not her, it's me, I need to change, he'd done you know he'd done the 26 week change programme…um, yeah so he seemed to be saying and doing all the right things"

Karina (SW)

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It is likely that this work will adapt the more the social workers undertake it, as was the experience when it was enforced that children should be seen on every visit (Ferguson, 2017). Additionally, the more that men recognise and understand they will be held accountable for their actions, the more those expectations will develop.

7.3.1 The father was asked to leave and challenged by the social worker

Further demonstrating an approach that is not influenced by social constructions, and more feminist in nature, Ophelia explains the only positive incident she had with her first social worker;

> "I - What worked well with that SW?...
>
> M – I think the initial stuff because it was the way that dad left, because I don't think he would have done that easily, it would have been really a difficult situation"

> "he left because of children's social services told him to leave, cause I'd been trying myself and he wouldn't…do anything…they did intervene, they were good, and they managed to get him to leave cause I don't think he would have done that and I probably would have had to have left…yeah but why should you go you know up root your, they talk about consistency and for the children so uprooting them to a refuge would have been good would it you know, I was just flabbergasted by the whole thing"
> **Ophelia – both extracts**

Ophelia's second SW was much more supportive and this SW actually challenged the father on what he was saying;

> "I - did she speak with your partner?
>
> M – yes she did but she was more questioning…about what, and when I would ask her about, if he tried to do something and I and she would say you know that's just his behaviour, he's trying it on and she had she had some understanding…yeah, yeah, rather than just blanket-ly agreeing with

everything that he said"

Ophelia

This again demonstrates a more feminist understanding of DVA, or at least consideration of coercive and controlling behaviour. In RQ2 it was shown that Helen's first SW's behaviour was abusive towards her; he refused to take off his badge, he passed messages from the father/perpetrator to Helen, he made her feel like her house was not her home when he attended, and she really had a difficult time engaging with the process. As this was Helen's first experience of children's services, she did not know what to expect or that it could be different. Helen did however appreciate the third SW she had;

> "she did seem to get it…the responsibility was still largely mine and I think that goes with the culture of, dad doesn't give a monkeys…and he's just saying to them I'm not doing it... So the responsibility is still largely or was largely mine but I did hear her say things out loud to him like, cause he was saying awful things about me having men around here and all that stuff… what (Helen) does is… she's telling she's keeping the children safe and what she does in her private life is her own choice and you need to move on…so when I was hearing things like that it was like oh my god…someone actually recognises that he's still trying to abuse me um and that I am entitled to some kind of private life away from him…she doesn't wear the badge when she comes…the worker can make a massive difference"

Helen

Through challenging the father and his behaviour, the social worker sets a new normative set of interactions which informs the father of what he will be held accountable for. The longer this approach is practice, the more ingrained it becomes, and the more that men become aware. This will then hopefully change their behaviour. Helen believes the SW has not only challenged the father, she's also tried to engage with him;

> "because she's tried to, engage with him…um, and she's tried to, if I say reach him does that sound a bit pathetic? …reach him, yeah. Um. And say

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things like, which is completely different to the experience before, say things like, you know, this is what hurts (sons) feelings, and this is what he's telling us, and this is what maybe you could do, so she's tried to engage him to make changes though, we'll see if it works in future.."

Helen

The SWs who were actively trying to engage fathers, also spoke of challenging his behaviour and beliefs within the assessment visits; this is crucial practice in rebuilding the expectations placed on 'parents' within CPSW assessments.

"one of the um, arguments that was escalating was because dad um was frustrated with the mum because he went to work all day and that she was at home with their toddler, and dads expectations was that the house would be clean and that mum should keep it clean so I spoke to dad about well actually no its both of your roles to do so and actually having a toddler or any child at home is a full time job also, um so I helped, wanted to try and help him understand that actually, just because you're going out to work doesn't mean there's an expectation that the mum should stay at home and do all of those things um, which he recognised"

Heather (SW)

"probably just having that time, to do a bit more work and see him a bit more, and challenge him a bit more because I do believe that putting the responsibility on him like I even had the conversation with her because some of the things she says like oh SW did this and I'm like, well why are we here? (dads) behaviour, it's not us. Its (dads) behaviour and I keep reminding her and him about that, we're here because of you, what you did, not us"

Danielle (SW)

Encouraging fathers to have a voice and involvement in SW assessments is much more beneficial when it is his violent behaviour and perhaps traditional beliefs that are considered and discussed. Not only does this attempt to change the root cause of the abusive behaviour, it also demonstrates to both parties that this

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behaviour is not acceptable and therefore ensures responsibility is not placed on the mother for something she did not do, cause, or have control over. This is one way in which social workers can oppose patriarchal ideology in their work, and truly empower those they engage with.

7.4 Balanced social work relationship

Power has been a common thread throughout this thesis, with 'having power' being an explanation for a lot of the concerning behaviours the mothers reported. The Duluth Model of power and control itself depicts how each of the behaviours are based on having and exercising power. Positive social work practice, however, shares power and achieves more balance (Ingram and Smith, 2018). When asked who she thought had the power in her interactions with the SW, Helen explained things were more equal with the second SW;

> "well…kind of more equal…and I think that's because she's not on a power trip and she seems to have an understanding…and we've been able to talk about what's happened and she, seems to understand it and seems to want to stop it or sort it…I think it's how she responds, the fact that I, have a, a small amount of trust that she knows…about DV, and gets, gets it…and is trying to make positive change as well"
> **Helen**

When asked about power, Janine explained SW's power can be used positively;

> "That is negative, but it can be made positive when you are both working towards the same thing."
> **Janine**

For Kelly, her self-belief that she had done nothing wrong and was trying to overcome the situation meant she could view things positively;

> "I kind of believe I did in a way because I were the one that rung the police...give me that confidence to do stuff and, to follow through everything

that I'd said I were going to, so kind of both in a way…I suppose she had the power to take kids like but I, I, she had no concerns with me"

Kelly

Laura thought that SWs having power was always positive and the right thing, as this means they will be able to protect children;

"I think that's positive, you know obviously the SW, that's what your job is you're there to make sure that, check the welfare of the child and make sure that the child's alright…so definitely that's, that's good, that they can remove the child from that situation or alter the situation to remove the risk for the child basically"

Laura

This then needs to be considered in relation to how social workers use their power. When reflecting on power and their working relationships with mothers, SWs explained numerous ways they attempt to share their power;

"usually on the first visit, especially when I've been in the assessment teams I'm very aware of the power imbalance cause I can see, and I can sense that parents are really, usually very, either, worried, which is completely understandable…apprehensive, or very defensive um, you often see that those types of behaviours in them, um first visit, so I always try and make it very clear about what our intention is and why we are doing what we are doing, um, about my role and, kind of trying to, make it a more relaxed environment because it can, it can be, um, a very difficult, first visit sometimes with, very nervous or very defensive if you…you can, sense that, you have the power in that interaction you know, at times cause they feel like you can take their children away which, we know isn't the reality but they, you know you can't blame people for thinking that because SWs do hold a lot of power and if you were that worried, you would be able to go to court and request, you know attempt to obtain a care order so people do know that…um and you're aware of that when you first go round to visit, parents all the time"

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Eva (SW)

"what it (power) means to me is that I know that I can um, say things and make decisions that has a huge impact on people's lives and I take that really seriously um has it impacted my practice. Yes, I mean again on a daily basis it impacts my practice cause I'm aware that that's there and I try not to abuse that power. So for example like I've said, I think I'm very upfront with people with what my legal limits are, you know I always tell people that they can consult an independent advocate or they could speak to a solicitor, um and I advise them strongly that they should do that and often I think you know SWs don't do that"

Karina (SW)

"I always try and say to parents, that, um, you know I am there because there's a concern but I'm not saying they're a bad parent and I'm not here to say that things can't change, um and I always make it clear to parents, unless we are out there to remove the children due to a PPO, we're not here to remove your children, that is not what this is about, this is about keeping your family together so I, cause I'm conscious that, and I think it's more since I've had (son) if someone's coming into to my house to say to me, we hear you're a risk to your son I think I'd probably kick them out so, I'm really conscious of that now and I think I wouldn't like it if someone said that to me, and I know how I would feel, so, I don't want other people to feel like that because it, it stops them from working with you"

Prue (SW)

These extracts demonstrate how SWs can be aware of their power in order to share it '*with*' mothers, and not use it '*over*' them (Dumbrill, 2006a). The mothers' extracts showed that this approach was noticed and appreciated by the mothers, and so it is positive for the SW to be aware of the power they have and to actively try to share this with the mothers.

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7.5 Mothers' own knowledge of children's services

Some mothers had either numerous involvements with SWs, or lengthy involvement, or training in the same/a similar area. This meant the mothers knew what processes and procedures to expect, what jargon and different terms meant, and what they did or did not have to comply with. The mothers that had this knowledge reported having more confidence in their actions and having their anxiety about the involvement reduced, as there was less 'unknown'. Buckley, Carr and Whelan (2011) and Morris (et al, 2018) report similar findings; through navigating services and expectations, mothers developed their own expertise and knowledge of what to expect. Whilst this is not necessarily something positive that SWs have achieved or worked towards in these cases, it is something that they can do in future by explaining the involvement and sharing information on mothers' rights. This demonstrates one method social workers can use to empower mothers to be able to make informed decisions.

Debbie felt empowered by having knowledge of the SW process, as it meant she knew what to expect and eased her worry;

> "because I had knowledge of the social work system that, I guess, eased my anxieties a bit because I knew that…if I would have been, if I had no knowledge of social work, then, I'd be probably thinking oh god they're gonna take my child, but because I knew…it didn't go like that, then… that kind of eased my anxiety a bit"
> **Debbie**

Emmaline felt that she agreed with everything during her first involvement, but during her second involvement she became more confident with saying no;

> "I felt a lot more confident to be able to, refuse if that makes sense"
> **Emmaline**

This information often is not shared because social workers want to gain access, they do not want to be refused, which again mimics an approach of patriarchy of achieving a goal (access) with minimal opposition. To share the information

lessens the oppression. Naomi found confidence to stand up for herself and choose what actions she wanted to take in relation to her children and the involvement. Naomi attributes this change to her women's aid worker who made her aware of her rights, and what she could refuse;

> "Interviewer - do you think you made any changes in your life as a result of your SW's input?
>
> Naomi – …it gave me more confidence in the end because I started sticking up for myself… answering them back and not bowing down to what they said cause I thought no you can't keep bullying me, I've been bullied by my husband for two years, you're not going to keep bullying me and in the end it got me taken off the plan so yeah, laughter
>
> Interviewer – yeah, what kind of gave you that confidence to do that?
>
> Naomi –my (location) women's aid worker actually, yeah cause she was telling me you're right in what you're saying…
>
> **Naomi**

When the first SW left, Ophelia knew she wanted things to go differently with the next SW;

> "I had a lot more confidence but at the same time because I'd made that complaint about the other one and I'd sort of my own confidence had grown as well in that time"
>
> **Ophelia**

When mothers feel confident and less anxious, they are able to make decisions about their children and their family, which are in their best interests; an approach that is influenced by Hartsock (1983) and participatory approaches.

7.6 Mother's recommendations

The final aspect of the mother's interview was to understand what recommendations they would give to a SW, or a social work student, in relation to working with mothers who have experienced an abusive relationship. The

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recommendations were in relation to four key areas; fathers, mothers, training and the SW's approach.

Fathers:	Training:
- make it a requirement that the father/perpetrator is spoken to and actively involved; if he is not it needs to be really clear why - if the father is having contact, the children should be observed in his care too - do not blame mothers, fathers/perpetrators should be visited too to make sure they are going to be a good enough parent to their child	- better training for SWs – go on a DVA course and speak to women who have been through DVA so you can better identify it - SW to go on training
Approach:	Mothers:
- Get hold of all the details, listen rather than judge, try to help - Ask how the mother is feeling - Look at the reasons behind situations; find the root cause for the father/perpetrator's behaviour - Ask about and listen to the history, how the relationship is – build a bigger picture - Ensure the mother feels supported and unthreatened - Be aware of the power you have and do not make threats - Provide information; explain the process and what is going on – explain what decisions are being	- Help the mother rather than have no interest in her - Do not just say you are here for the children as this makes the mother feel alienated - Be more supportive of the mother; acknowledge what has happened and demonstrate an understanding of DVA and the issues - Encourage the mother to go on courses - Always believe you should be working with the parent - Do not make decisions without the mother (in terms of wider

made and why - Be sympathetic - Provide the mother with an assessment - Allow the mother to make informed choices without being rushed/pressured - Be more approachable, have a softer approach - Talk to the mother, help her calm down - Do not judge/make decisions or assumptions about a family before you go - Do not make demands	family being told and not the mother) ensure she is involved

Table 7.1 Mothers recommendations

These recommendations were then shared with the SWs in order to understand if they were deemed feasible and obtainable, or unrealistic and inappropriate. The majority of SWs shared that the recommendations were simple, and they understood why the mothers would suggest them.

"I have both done probably loads of training on it and we've worked within the fields and you kind of develop that understanding of why they're not leaving, you get that, but other people don't always, but I think I would get it even more if I was hearing it from someone…"
Danielle (SW)

"I suppose if you'd asked me to write down what I thought good practice should be, it would have sounded pretty much like that so, there's nothing really that I would take issue with there at all"
Karina (SW)

"I don't think any of these are unachievable at all, they should happen as part of the assessment"

Heather (SW)

"I don't think any of them are unreasonable or things that couldn't happen. They're probably all quite basic things really that are quite shocking that mums are actually having to identify that these things are needed really"

Mia (SW)

Some SWs explained they strove to achieve the recommendations, but provided some explanations as to why they do not always happen. This was often in relation to time pressures and rushing decisions when the child is at immediate risk of harm;

"okay, I think the only one that's not achievable in that part is the bit about making decisions and not feeling rushed because I think sometimes, the situation is what the situation is and actually we need that parent to make a quick judgement about what they're going to do because it is a matter of the child is either at risk or they're not, depend on what mum does, so, I know that I've had situations where I've had to say to her, are you going to leave him and move to a refuge with your child tonight, or are you not and I know that's really crap, cause you're asking someone to give up where they live and move elsewhere but if we feel the risk is that high because of everything that we've got, I think that is the only bit that I would disagree with that I think sometimes can't be realistic I think the rest of it yeah"

Prue (SW)

"it's quite hard to do informed choices without being rushed, because everything's got timescales. And I think sometimes they just want to avoid the timescale."

Olivia (SW)

"I think often as well these kind of ones it's the time pressures. That actually we're in and out, we're just looking at the situation now you know I'm not,

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you know I'm really interested, I am, in what's happened before but actually I don't have the time, I've got to go back and I'm on duty and I've got to do this and I've got to do that so I don't have the time to sit here and talk about why we're here and you know, what happened 20 years ago or but actually that is you know, that's, obviously going to have an impact isn't it, on the situation."

Mia (SW)

"um, the only one don't make demands, um, it's probably sometimes how you interpret demands, sometimes there has to be like a bottom line doesn't there so I suppose, to keep child, to ensure children are safe if…but that's being perceived as a demand but it has to be…priority yeah"

Eva (SW)

This is an important area to be aware of, as it means recommendations moving forward are better informed.

7.7 Conclusion

Positive, supportive and caring social work interventions have been demonstrated through both the mothers' and SW's extracts within this chapter. Approaches that are individualised, less focussed on abiding by social constructions and expectations, and more focused on empowering each party to take responsibility for their behaviour. Morris (et al, 2018) reports positive social work practice to be achieved through a combination of skill set and approach, rather than any specific training or knowledge, but I would argue that through the feminist analysis undertaken on this data, it is less about the social workers skills superficially and more about whether their approach is influenced by patriarchal values and ideology. The positive accounts showed mothers appreciated and worked alongside social workers when their approach was not focussed on patriarchal social constructions and expectations, and each party was only held responsible for their own behaviour.

Although it was not the majority of mothers reporting positive social work intervention, or mothers relaying positives without being prompted by interview questions, there were some reports of mothers feeling optimistic and confident about their relationship with the SW. The main reasons offered for positive social work relationships and intervention were; the SW demonstrating understanding, listening, talking and offering reassurances, being honest and developing trust, SWs trying hard for the mothers and working individually. Mothers recognised when the SW actually understood DVA and abusive relationships, and also when the SW involved and challenged fathers throughout the assessment process as opposed to avoiding him. Both SWs and mothers recognised when power was more shared and balanced between them, as opposed to the SW holding power over the family. In addition to this, mothers spoke of feeling more empowered and confident when they were aware of the assessment process and what the next steps were; this knowledge meant they did not feel powerless and that they were able to refuse.

The positive behaviours relayed by mothers are often how feminist approaches to intervention are delivered; there is a focus on sharing power, encouraging the woman to have agency and recognising that she is the expert in her own life (Hartsock, 1983). It has been argued that women's service should use feminist approaches (McInnes, 2015), and these findings further support that.

8. Overview of research and conclusion

This thesis set out to explore whether mothers with violent partners are re-victimised by child protection SWs. The research was theoretically underpinned and guided by feminist and social constructionist viewpoints, considering critically the role gender plays within social work assessments and interactions. The intentions were to understand how mothers experienced this intervention; consider whether social work practice was empowering or re-victimising; to explore the underlying reasons for the current social work approaches; and to contemplate what recommendations could be made to improve social work practice.

The introduction explored the interlinked concepts of patriarchy and feminism. A brief overview of the feminist movements which have pioneered women's issues was given, and, whilst recognising that there are many forms of feminism, the definition of "the belief that women should be allowed the same rights, power, and opportunities as men and be treated in the same way, or the set of activities intended to achieve this state" (The Cambridge Dictionary, 2018b) was agreed upon.

It was explained that patriarchy as a term was born from the feminist movement as a way of understanding and explaining the oppression women felt from social structures (Hanmer, 1990). It was set out that patriarchy is understood to be a political term that represents the systematic character of the entirely exploitative and oppressive relationships that impact upon women. Theoretical considerations of patriarchy, as raised by Hunnicutt (2009) and Walby (1990) were discussed, to declare that the lens used throughout the research was calibrated to identify patriarchy, and understand how and where it is at play within CPSW. It was discussed that CPSWs are individuals who have been raised in the society in which they work, and so they are exposed to the same patriarchal ideology and values throughout their own lives (Sinai-Glazer, 2016; Morley and Dunstan, 2016). Without the CPSW calibrating their viewing lens to identify patriarchy, they can unknowingly perpetuate oppressive practices within their work whilst believing it is the right thing to do. It was hoped that by identifying macro patriarchal influences, the micro patriarchal interactions can be understood.

These discussions were important, as it was explored that the UK is a patriarchal society, evidenced historically by laws in which women were their father's property before they marry their husbands, being unable to vote and not allowed to own property (Wilson, 2000). Whilst these laws are no longer in place, it was argued that there are still many patriarchal practices such as unequal pay for men and women, under-representation in politics and fewer women in high paid jobs (Williams et al, 2014). It was argued that this reality is a result of the patriarchal expectations set for each gender from birth (Maquibar et al, 2017); men are the providers, they are aggressive and do not share their emotions; women raise children, they are kind, caring and submissive. Allowing patriarchal legislation to be enacted results in the continual perpetuation of the ideology at the highest level, ensuring the least opposition to it.

An exploration of the social constructions of gender and the family demonstrated how modern relationships do not reflect the historic expectation for an ideal marriage, as currently there is a higher divorce rate, people are choosing to not have children or they get married later in life (Jenkins, Pereira and Evans, 2009). Stereotypical assumptions around the division of labour and roles within the home remain, however, and it is reported that society still desires nuclear families, even if this is not the most common type of family (Sarkisian and Gerstel, 2012). It was discussed how this demonstrates the prevalence and level of establishment patriarchal ideology has achieved. The perceived deviance of single mothers was also discussed, with reference to the government incentivising marriage and public support for such policies (Jenkins, Pereira and Evans, 2009), evidencing further patriarchal views enacted by the government.

A historic overview of how men and masculinity is socially constructed showed that aggressive, powerful behaviours are prized. Consideration was given to the changing role of fathers and it was discussed how, although some fathers are taking a more active role in raising their children (Howse, 2014), this remains a woman's role (Gřundělová and Stanková, 2018). It was highlighted that children's services often hold traditional views and expectations for men, women and the family, so any issues that arise with the child are the mother's to resolve (Turney,

2000; Scourfield and Coffey, 2002; Ewart-Boyle, Manktelow and McColgan, 2013; Gřundělová and Stanková, 2018; Stewart, 2020).

It was then considered how society believes that a woman's life goal should be motherhood; there is nothing more rewarding or more important for a woman to do (Davies and Krane, 2006). Sharon Hays' (1996) intensive mothering ideology - which depicts mothers as the ideal caretaker for children as they are an emotionally attuned, available, expert - was reviewed alongside how such ideologies have influenced legislation (Swift, 2015). By making child rearing a job for a woman, they remain within the home and are excluded from the public sphere. As a result of this, the dominant ideology has manipulated the creation of a prescriptive set of beliefs about mothering, which perpetuates the view that if any issues arise with the child, it is the mother's domain and not the father's (Lapierre, 2010).

The contradictory expectations for mothers who experience DVA were explored. For instance, ensuring they raise children in nuclear families and maintain their marriage, yet being judged harshly if they do not leave an abusive relationship immediately (Loseke and Cahill, 1984), although to do so renders them a single parent with the potential to be dependent on benefits, which exposes them to further dependence and denigration (Moulding, Buchanan and Wendt, 2015). This example demonstrated how ideology is subtly perpetuated by each member in society; by being taught what is and is not accepted, we police each other accordingly.

In the past, born from and heavily influenced by patriarchal ideology, DVA was considered to be a family issue that wider society and services did not become involved with. Demonstrating the enduring nature of patriarchal thought throughout numerous professions, it was evidence that psychiatric discourses in the 40s and 50s blamed women for abuse and wanting to leave a relationship. After the second wave of feminism, abuse was identified and recognised, refuges were created and women had some control over their reproductive rights (Mooney, 2000). There were some positive steps towards supporting women experiencing DVA, however Jaffe's (1990) research into the impact of DVA on children caused

further issues for mothers. Through suggesting that a child's exposure to violence is harmful, coupled with the ingrained patriarchal expectations that all aspects of childcare are a mother's responsibility, the leave ultimatum was created. Further cementing patriarchal ideology within UK society and CPSW practice, the definition of significant harm within the Children Act was amended to include seeing or hearing the ill treatment of another. This meant that DVA became more visible to SWs, and it was mothers who were expected to prevent the violence and protect their children from exposure rather than the person who chose to be violent (Lapierre, 2010). Additionally, it resulted in the development of an expected set of responses when a child is exposed to DVA. This leads to its continual perpetration without question, critical reflection or opposition.

An overview of the creation of social work was provided, in order to critically analyse and identify where patriarchy influenced the development of social work practice. This was important because, as Hunnicut (2009) warns, patriarchal influence and practice is so pervasive and insidious it is hard to observe unless the lens is calibrated to identify it. Additionally, social work is cumulative; the approaches, values and desired outcomes are the result of past practices and what has happened previously (McDonald, 2006). There was an exploration of the charity and voluntary services associated with Victorian philanthropy, their connection with religion, the church, and moral regulation; all known to be influenced by patriarchal values. Poor Laws were considered, as well as the surveillance and monitoring of lower classes in the workhouses being established and criteria being set for who was able to access charity money based on their own morality. This in turn saw the creation of case work and case notes as a way of tracking their spending (Abbott and Meerabeau, 1998). Each of these tasks demonstrated how issues were individualised, rather than considered contextually; it was explored that this occurs to detract attention from the systems that cause the issues, in order for them to maintain status and power. It was relayed that expected family behaviour included fathers being tasked with controlling their families, with SWs reinforcing this and ensuring all others met these patriarchal expectations.

At the end of the century, once feminist's exposed that family members did on occasions abuse one another, concerns for children grew. Relying on patriarchal constructions and expectations, mothers were expected to be the moral guides for the family and so SWs directed their work and focus on mothers. Developments in psychology and the sciences – which were more respected professions – lead to SWs concentrating on individualised issues as opposed to structural and wider societal causes for those issues. This again lead to the detraction of attention from the government and the state, allowing them to maintain power and status. Psychologists determined what was to be considered 'normal', which meant if a child fell out of this catchment, the SW had a legitimate reason to intervene and monitor (Abbott and Meerabeau 1998). Further considerations were given to the influence on practice of Bowlby's attachment theory and the Seebohm Committee Report's recommendations.

In the late 60's, alongside rapid political change, social work as a profession developed more radical roots as SWs sought to understand people's problems within the society in which they lived. This was the professions response to tackling injustice and oppression that this thesis argues was caused by patriarchal influences. However, following the death of Maria Colwell in 1973, new child protection processes were created that resonate with the present-day system. Through Margaret Thatcher's time as Prime Minister, radical social work declined and the welfare state was significantly reduced. This was one way in which patriarchal structures maintained power and status in response to the challenge radical social work presented.

It was discussed how the 'Third Way', as implemented by the New Labour government, introduced managerialism, economic competition and limited intervention to social work (Harris, 2008). Social work as a profession changed drastically. The result was central government agendas being implemented at local levels, with paperwork and quality assurance measures being prioritised over the SW's professional judgement. Removing autonomy and power for individual workers lead to interventions becoming standardised; this again promotes the family becoming individually responsible for their issues, rather than having them considered contextually. These approaches demonstrated the intention was to

enforce the agenda of the government, rather than support the interests of individual. An over reliance on paperwork and monitoring led to SWs being held to account when a parent seriously harmed or killed their child. Serious Case Reviews (SCRs) were implemented to determine what professionals could have done to prevent the child's death, which were heavily influenced by public outcry and the media (Dumbrill, 2006a; Leigh, 2017; Serious Case Review Panel, 2018).

The next section considered how SCRs and the media influenced how society views children. It was discussed how initially SWs focused on maintaining family cohesion, but current practice has deviated from this resulting in the child and its needs being viewed in isolation (Hughes, Chau and Vokri, 2015). These views encourage CPSW's to view mothers involved with children's services as inadequate (Nixon, Radtke and Tutty, 2013). The pendulum swing from family focused to child focused, often following the death of a child and sensationalised by the media, was considered. Maria Colwell's death in 1973 and the resultant media coverage were reviewed, with focus placed on how individual SW's motivations and competence were called into question. Following the death of Victoria Climbé, social services departments were split into separate adults and children's services; this was to encourage specialism and focus funds into supportive services, however, the result has been alienation, an absence of understanding of one another's roles and SW's lack of insight into the wider family – they only consider their specific client (Sale, 2007). Additionally, the influence the SCRs and media attention have on policy was considered; the result from each high profile case has been grand and broad policy change, with SWs needing to comply with more paperwork demands in order to be further monitored (Dumbrill, 2006b). This further pushes the governments agenda and lessens the social workers autonomy.

The result of each of these changes is practice that focuses solely on the child, and so the changes to how children are socially constructed were discussed. This was in specific relation to how children are now viewed to be vulnerable, incompetent and in need of protection (Akerlund and Gottzen, 2017), as opposed to being forced to work in factories from a very young age as they have done historically (Anglin, 2002). It was explored that, through viewing children in this

manner, any intervention to ensure their protection is justified. These approaches lead to the development of risk assessments and rigorous procedures in order to justify decisions regarding risk, which also increases defensive practice. Leigh's (2017) work on defensive practice demonstrated that without SWs being able to share their views, they cannot defend themselves, which increases public concern and leads to moral panic. The media determines what information is relevant and so SWs are vilified, unable to respond, and action is taken against individual SWs to appease public outrage. Through the influence of patriarchal ideology, this has become the normative set of responses to the death of a child being made public knowledge; because it is expected, it is not challenged or considered. In these situations, power remains with public bodies such as the government and the media.

A long-held, ingrained belief within social work practice is that any exposure a child has to DVA is harmful; this is stated within the government's analysis of SCRs between 2011-2014, even though it does not reference research that can evidence this. The lack of critical reflection and consideration in this area means it is knowledge and practice that is continually perpetuated as it is a common sense belief. Four separate but key issues were then linked and considered in combination with one another:

(1) The prevalence of DVA in SCRs (54%).

(2) SWs considering DVA harmful in every case.

(3) SWs fear of persecution by the media

(4) The separation of adult's and children's services leading to SWs viewing their clients in isolation.

The result of analysing these different aspects collectively is an understanding of why SWs believe they should not allow children to be in an environment where DVA is present, and how it is continually perpetuated within the profession. Holding this belief, and allowing it to remain prevalent despite new research, leads to risk averse practices including the leave ultimatum, focus on the mother to resolve the situation and potentially the removal of children if she cannot. Through this influence of patriarchal ideology, the practice then becomes the common-sense response that is perpetuated with minimal opposition (Brookfield, 2016)

Each of the different aspects that were considered within this section ultimately have the most impact on mothers:

- SCRs and the media influencing public opinion of children and SWs
- The resultant impact on social work policy and practice
- The long-held belief of exposure to DVA always being harmful

Each of these influences insidiously perpetuates patriarchal ideology, by impelling social work practice to continue disadvantaging and oppressing mothers through unfair, gendered expectations and ensuring the continuation of the status quo. It was demonstrated that these outcomes are appear to be acceptable, as it means the status quo remains unchallenged. Fathers are often not involved with assessments and they are not held accountable for their actions, to the point that they do not recognise involvement is due to their behaviour (Smith and Humphreys, 2019), and so the opportunities mothers missed to protect their child are focused upon. These processes and practices lead to further invisibility of fathers/perpetrators, which Beichner (et al, 2017) suggest is purposeful; the slow and avoidant progression towards criminalising violence demonstrates the majority's unwillingness to restrict or interfere with male violence and control in the home. This does not make mothers or children any safer, but it does further male interests and grant male privilege.

Following this, a brief review of current social work standards was completed to understand what is expected of practicing SWs today. The Children Act 1989, Working Together to Safeguard Children (Department for Education, 2018a), the paramountcy principle, the HCPC and BASW's Code of Ethics were considered. It was found that SWs are tasked with advancing the rights of those they work with, empowering others and addressing oppression, whilst also providing protection. It was discussed that, whilst these tasks can be seen as opposites in terms of oppressing the mother when trying to protect the children, when responsibility is actually placed with the right person, the tasks do not need to be seen as such. Additionally, calibrating the viewing lens to identify patriarchy (Hunnicutt, 2009) may help social workers balance and manage this difficulty. There was also further exploration of the consequences of separation of adults and children's services; for example the child as the paramount consideration is the guiding thought for all child protection SWs, as stated within the Children Act 1989. The

result is that SWs and their managers view children alone as their clients, not the whole family or the main caregiver, who is often the mother (Lapierre and Côté, 2011).

It was explored that legislation is created when it is required and in the society in which the issue occurs (Goodmark, 2010). Within the UK this is patriarchal and so the creation of legislation and guidance has been influenced by the expectations patriarchy has set for each gender. The law within the UK is not gender specific, and so men are often hidden (Burrell, 2016); 'parents' or 'families' may appear inclusive, but such terms allow for gender roles to be concealed. This is another way in which patriarchal values insidiously infiltrate daily life. Burrell (2016) argues that violence against women is portrayed as an issue without a perpetrator, which results in men being absolved of responsibility. Each of these components combine to create patriarchal and oppressive SW practices that blame mothers but are widely accepted and therefore not questioned.

The effectiveness of the system was then considered; in their research comparing child protection systems in the Netherlands and Colorado, Albright, Schwab Reese and Krugman (2019) found that neither country currently collects data to determine the effectiveness of social work intervention. Bunting (et al, 2018) agreed that within the UK there is no objective benchmark of what a good, effective system would look like. It was explored that whilst the Early Intervention Foundation has produced a report which looks to improve outcomes in the child protection System, the 22 indicators used by the NSPCC to determine this do not consider the long-term outcomes, or how families themselves are impacted by the intervention. By only collecting data regarding *who* is being referred, *what fo*r and potentially even *why,* it is not possible to determine how effective the social work approaches and interventions are on the families who experience them. This results in the maintenance of the status quo, as social work intervention continues unevaluated. It has already been evidenced that harmful practices are continually perpetuated as they have not been evaluated or considered. To add further concern, Munro (1999) explained that SCR are undertaken to improve social work practice, yet the reviews fail to have had any lasting impact on practice. Therefore, not only is the effectiveness of CSD intervention on the families and those

experiencing interventions not assessed; the methods and processes that have been created in order to improve effectiveness are also not monitored. This evidences further superficial responses that are not effective and do not protect children or support families, but do allow the status quo to remain. Additionally, it was questioned whether SCRs are undertaken to further punish female SWs.

Subsequently, the change in definition of 'significant harm' was discussed, as the legal definition forms the basis of when SWs can intervene. It was explored how the definition was amended to include 'seeing or hearing the ill-treatment of another' following research that shows exposure to DVA as harmful to children (Lapierre, 2010). Children exposed to DVA can have; issues with self-confidence and self-esteem, poor conflict resolution and poor behaviour regulation (Narayan et al, 2017), however, these findings are contested. Edleson (2004) argues that little consideration is given to the numerous factors that affect a child's exposure such as their age, gender, protective factors and resilience. To suggest that every child exposed to DVA is affected in the same way is pejorative and based upon assumptions. Edleson (2006) explains that researches showing that children are negatively impacted by DVA are based on comparing children who have been exposed to DVA with those who have not; they are therefore based on group trends, rather than individual experiences. Numerous additional studies that argue children are affected differently, or are not adversely affected, by DVA were also explored. Little attention is paid to this additional research, however, and a reason offered for this is because it does not further the agenda or message of the patriarchal status quo.

Following this it was discussed that as social workers are taught that any exposure is harmful (Postmus and Meritt, 2010), often SWs do not consider protective or positive factors when assessing DVA. This was linked with the cycle of abuse that SWs attempt to disrupt and social learning theory was explored. It was concluded that while no child should be negatively impacted by DVA, through patriarchal influence, an abusive practice has become well established in mainstream social work practice that blames mothers and makes fathers invisible.

Failure to protect as a concept and approach, for instance believing the mother did not protect her child from being exposed to DVA, was then explored. Failure to protect is a pejorative term, it focuses upon constructions of gender expectations in relation to who cares for children, and does not consider what is meant by 'exposure'. It was discussed how 'failure' indicates that there was the opportunity to 'not fail' at the task; demonstrating how mothers who experience DVA are not considered to be victims, and are only seen in terms of the children. This again results in SWs giving the leave ultimatum and mother blame; practices that are influenced by social constructions, expectations, and patriarchal ideology that further oppress and disadvantage mothers.

It was then necessary to consider the prevalence of DVA in the UK, as it was argued that giving mothers the leave ultimatum, or making them responsible for the DVA, is not an appropriate approach as demonstrated by women and children being killed as a result of DVA or due to leaving an abusive relationship. It was considered that such approaches clearly do not make women safer, and so questioned why it continues to be the normative set of responses to the issue.

Patriarchal values and ideologies affect women's economic status, their political participation, and even whether DVA is defined as a crime (Hayes and Boyd, 2017). Many national and individual factors affect attitudes towards DVA, but if abusive behaviour becomes more accepted, the more frequent it may become and the less people will be offered support (Hayes and Boyd, 2017). Whilst men continue to be allowed to have authority over women and to avoid responsibility and blame, DVA will be a persistent, ongoing issue. This is known, and so it was questioned whether UK society does actually want to eradicate DVA.

Following this, a review of the literature in terms of current social work approaches and mothers' experiences of child protection social work following DVA was undertaken. Initially, it was considered how SWs are people who have been exposed to the values, beliefs and expectations held for each gender within the society in which they were raised (Morley and Dunstan, 2016; Sinai-Glazer, 2016). Through a lack of critical reflection of the views they hold, their behaviour can reproduce and perpetuate patriarchal expectations and this is evidenced in their

practice. Six main avenues were explored, including: the SW's use of power and approach affecting the mother's response; assumptions made about mothers – being responsible for abusive behaviour, leaving the relationship, the invisibility or prioritisation of fathers in child protection social work; SW's avoidance of DVA issues due to lack of training; and the impact of austerity on social work practice.

Whilst numerous researchers have considered many avenues of DVA, there have been limited similar studies undertaken in the last ten years that explored mothers' experiences of child protection social work following an incident of DVA, namely Douglas and Walsh (2010) in Australia, Hughes, Chau and Poff (2011) in the USA, and Keeling and Van Wormer (2012) in the UK.

Douglas and Walsh (2010) showed that SWs held mothers responsible for the abuse and gave mothers the leave ultimatum - ensuring the mother ended the relationship or increased the social work involvement. Hughes, Chau and Poff (2011) found mothers were investigated, given the leave ultimatum and required to attend programs, or told there were no support services available. Keeling and Van Wormer (2012) analysed their results in terms of the Duluth model and found that women were afraid to disclose abuse; they were coerced, threatened and blamed; they felt they would be punished and they worried that their children would be removed. In addition to this, in all of the studies, those who were responsible for the violence and abuse – the fathers – were not considered and continued to fade from the SW's view. Each of the methods used by social workers disadvantaged and oppressed mothers, whilst granting fathers privilege, demonstrating that patriarchal values are at their core.

It was concluded that a combination of all of these factors; patriarchal society, the specific expectations set for each gender, social work being influenced by patriarchy, media attention, SCR and the focus on women to care for children, combined with the current approaches used by child protection SW's and the invisibility of fathers/perpetrators, has resulted in practice that re-victimises mothers. Because of how they are social constructed, mothers are being held responsible for the behaviour of fathers in situations that she cannot control and does not have the tools to manage.

This thesis therefore argued that the current focus of child protection social work assessments is placed solely on the mother and what she is doing for the children and the family, whilst ignoring the father. The responsibility for such practice was not placed with individual social workers, but explained to be as a result of how the profession has developed under the influence of patriarchal ideology. Through understanding how, when and where patriarchal rationale has been used to develop the professions responses to issues, it was highlighted how this then filtered down to create practices that have been continually perpetuated as the common-sense answer, setting them as the normative and expected response. This means the practice is ingrained, instead of challenged, and so it continues with minimal opposition. Brookfield (20016) relays that this is how ideology is enacted. It was therefore argued that mothers are re-victimised and oppressed by CPSW as a direct result of how ingrained gendered social constructions are within CPSW and the UK's patriarchal society.

Findings

With consideration of the previous literature and the present issue, this research sought to answer three main research questions, which, in the process of writing up, became four research questions:

1. How do mothers with violent partners experience child protection social work intervention?
2. What are the factors that perpetuate re-victimisation in child protection work from both SWs' and mothers' perspectives?
3. What are the factors that contribute to empowering practice from both the SW's and mothers' perspectives?
4. What recommendations for future practice, suggested by mothers and/or social workers, can be made?

Through undertaking the research using the particular methods and research tools, the first research question was fully answered; how do mothers with violent partners experience child protection social work. The sample size is not big enough to provide an accurate representation of the population, but the findings

are a true representation of the each participant's experiences. The participants themselves confirmed this within the final stage of PAR reflection where feedback of their transcript or their own themes was provided. All mothers reviewed these findings and confirmed that they were a true and accurate representation of their experiences.

There were five main themes for Research Question 1:

- Mothers were blamed, there were no concerns for them as a victim and they had expectations placed on them
- Fathers were ignored or involved even when this was detrimental
- Mothers had poor relationships with the SWs
- The SW's use of power
- General administrative issues

The experiences mothers shared painted a picture of troublesome, patriarchal SW. They reported that they were not listened to, they did not feel understood, they were blamed and they felt isolated from the continual surveillance and monitoring. Mothers explained that they had many expectations placed on them, including to protect their children, to take responsibility for what had happened, to clean tidy and care for the children, to come last, to do what is expected of her, to control their partner, and to not care for their partner when he is abusive. Each expectation created by patriarchal ideology. Numerous mothers wished for their partner to receive help from the SWs; they wanted guidance and support in order to make the family home safe again, not to be threatened with the removal of their children or coerced into leaving the relationship.

Many mothers were angry that their violent partners were either ignored and not involved in the assessment, meaning all responsibility was placed on them for the situation and resolving it, or involved even when this was detrimental to the mother and child. Fathers were given unsupervised contact even with a history of harming their children or not returning them, and mothers explained that SWs, managers and IROs gave allowances to fathers with troubled pasts without giving the same allowances to the mother. Each of these themes show underlying

patriarchal values; mothers with violent partners are not considered to be victims, as they are mothers first who should care for children. Mothers found support services to be more helpful and caring than SWs. Many mothers reported that SWs did not challenge the father's abusive behaviour, either ignoring it or allowing it to continue even when they were aware of it, despite requiring the mother to leave. This grants males the utmost privilege. The message it sends to both mothers and fathers is that the violence is acceptable, and not something that requires intervention.

Mothers reported not having any confidence in the SW, with the majority reporting that they did not have an effective relationship and that the SW lacked clarity. This becomes problematic when the family does not change in line with the SW's expectations, and links back to the SW's approach affecting the family's response (Dumbrill, 2006a). Mothers relayed situations where interventions were not discussed with parents and were only decided by the SW. When a family is not invested in the plan, the intervention is likely to be ineffective (Forrester et al, 2007). In addition to this, mothers believed the SW did hold power over them, as it was the SW that made all the decisions and the mothers were not able to control anything. Often without realising it, mothers relayed social work practices which were in and of themselves abusive; from putting mothers at risk by asking them to inform children's services if they know their ex-partner has a new partner, to sharing sensitive, confidential information that caused a father/perpetrator to smash a window when the family were at home, and subjecting a mother to three Mental Health Act assessments in one week. Each of the examples given showed that SWs had no concern for the mother as a victim, and that they worked with an isolated focus on the child, demonstrating insidious, ingrained, patriarchal practices

Mothers reported long delays in assessments, which resulted in mothers feeling like they were being punished for the father's lack of action or presence. Some mothers were unhappy with the lack of inter-agency communication, explaining that each service held different information about the mother and they therefore should be in contact with one another to provide a multi-agency approach. The

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lack of cohesion resulted in decision-making that did not meet the family's needs and did not make them safer.

Following the analysis of the mothers' data, the SW's data was thematically analysed. The same process of reflection and feedback was undertaken with the SWs; those who wanted to see their transcripts or original themes were sent them in order to confirm their accuracy. I wanted to ensure initially that this data set spoke for itself and was not influenced by the mothers' themes; it needed to be reflective of what the SWs discussed. Only once these themes were identified, were they considered alongside the mothers' themes and in terms of the research questions.

Research Question 2 sought to understand what the factors that perpetuated re-victimisation were. Therefore, in order to be able to conceptualise re-victimisation, this chapter started by defining re-victimisation in terms of the Duluth model. This model depicts tactics a perpetrator uses to control and abuse their victims, so in mapping the SW's behaviour against this, it was clearly demonstrated that the SW's practice was abusive. The mothers evidenced every behaviour except 'giving her an allowance', and the SWs evidenced every behaviour except 'smashing things', 'using economic abuse', and 'making light of the abuse and not taking her concerns about it seriously'. The most commonly chosen section of the Duluth model for mothers were 'using emotional abuse' and 'using children'. For SWs, it was 'using emotional abuse', 'using children', 'using isolation', and 'using coercion and threats'. These findings therefore illustrate that CPSWs use the same tactics as perpetrators when undertaking an assessment, evidencing that women with violent partners are re-victimised by child protection SWs.

To further explore what factors perpetuate re-victimisation, both sets of data were merged and considered on their own and in terms of the previous literature. Three main themes emerged; power, social constructions and expectations, and the SW's approach. It was explored how these themes could be seen as a funnel because, individually, they do not cause re-victimisation, yet in combination with one another they create a dangerous and oppressive way of working. Each of

these themes and subthemes provide an answer for RQ2 – what factors perpetuate re-victimisation.

Within power, there were subthemes that suggested SWs have become distanced from the power they have and the job they do, their practice has become routinised, intervention is not individualised and it is therefore ineffective. SWs do not reflect or have regular supervision, they make all the big decisions, mothers do not really have a choice whether to engage or not, and the education of mothers is the most important solution.

Distancing seemed to be a mechanism SWs used to prevent reflecting on their work and the power they had. Many SWs were aware that they had more perceived power than actual power, and they spoke about using this to their advantage when working with families. This caused mothers to be re-victimised, as involvement was coercive with mothers feeling forced to engage, without genuine choice to refuse. In addition to this SWs have in-depth knowledge of the legislation and used this to their advantage by excluding fathers and building up chronologies of evidence. Using this power over mothers, rather than working alongside them, meant that it was the CPSWs assessment needs that were met, and not actually the person in need of support.

SWs talked about cases with such repetition that it was clear practice had become routinised. DVA was reported to feature highly in most child protection social work cases, with SWs explaining they learn a way of working and continue to follow that in future cases. In this manner, oppressive practices are perpetuated with no opposition, as they are the common-sense response. SWs recognised that they made judgments about the referrals before meeting families, and that this resulted in the SW not really engaging in the assessment process. Interventions then follow the same routine they used previously, rather than being tailored to the individual family. This practice re-victimises mothers, as it does not recognise their individual experiences, or acknowledge that they are best placed to offer solutions. Autonomy is removed from the mother's lives, and replaced with surveillance and monitoring. SWs believe they know best so consequently they make all the big decisions; another behaviour found within the Duluth Model.

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It was then discussed how these behaviours – distancing, routinisation, ineffective non-individualised intervention - could be due to a lack of critical reflection. It was already explored how the SW's approach affects the mother's response, so if the SW does not consider how they come across, this can have unknowing impacts on the working relationship. This re-victimises mothers as it discounts the mother's previous trauma from the abuse, and current fear and anxiety due to SWs assessing the family, and simply expects her to engage rationally and not react to the SW's poor approach. This practice continues to occur as SWs explained they did not get effective or regular supervision from their managers. Additionally, if the CPSW or their manager are not able to identify patriarchal influences in their work, even with reflective supervision, challenge and change does not occur.

Similarly to the previous chapter, social constructions of motherhood and mothering expectations were found within the SW's data. Mothers were expected to be the primary caregivers, to protect their children and to do as they were told. These themes indicate a further loss of autonomy for mothers, and demonstrate that SWs re-victimise mothers by expecting them to meet these standards (Stewart, 2020). SWs blamed mothers when these standards were not met, and again, the mothers were not considered to be victims of abuse, but treated simply as mothers who were failing their children. Each of these practices demonstrated clear patriarchal influence, but the level of conviction behind the beliefs is what is most concerning. Patriarchal ideology is so ingrained and embedded within their beliefs that the CPSW truly believed what they were saying without any recognition of the oppression.

SWs had equally as ingrained but different expectations for fathers; as they were often unavailable, they were not expected to engage in the assessment and so they were enabled to become invisible. It was discussed how mothers are not granted the same allowances, if they do not engage intervention escalates, if a father does not engage, the assessment continues as normal. As such, both mothers and SWs reported that child protection social work interventions with mothers are mandatory, but the fathers involvement remains voluntary. Mothers care for children; the father's domain is outside of the home. This is problematic

when it is fathers who can change their behaviour and it also evidences that SWs grant male privilege. CPSWs accepted and were resigned to the fact that they cannot force a father to engage or change his behaviour which again re-victimises mothers, as it holds her accountable for his behaviour and makes her responsible for the solution.

It was clear for the majority of SWs that the child was the paramount consideration; every decision was to be made in the child's best interests, even if this caused the mother to be oppressed. Many SWs appeared incredibly motivated to be the only person who was fighting for the child, who they viewed to be helpless, vulnerable and in need of protection. This linked back to the exploration of vocations becoming hegemonic, with CPSWs being drive by the moral motive of serving others (Brookfield, 2016).

Further perpetuating oppressive patriarchal practices, SWs relayed that their approach was learnt from their colleagues and influenced by their managers; they did not learn how to manage DVA at university, it was all on-the-job. This led new SWs into the routinised and habitual practice already discussed, which is characterised by mother blame, the leave ultimatum and invisible fathers/perpetrators. If this blind adherence to the status quo continues, there is no one to challenge current oppressive practice that re-victimises mothers. It was also explored how training programs, such as Frontline, are based on practical, hands-on learning, and so there are many potential opportunities to further perpetuate this oppressive practice (Frontline, 2019).

SWs felt that due to time pressures and focus on closing cases, they did not have time to develop effective working relationships with families. This was the only reference to the UK's current financial climate and austerity, which confirmed that whilst practice is highly pressured and exhaustive, the current approaches to mothers within child protection social work were established long before this.

Without effective working relationships, SWs still expected mothers to say the right things and act in the way the SW expected regarding the issues, in order to minimise the SW's concern for the family. The social workers expectations

continued to be based on patriarchal norms. This again is not genuine involvement, but shows families being expected to meet the routinised and habitual practice SWs complete. From both the mothers and SW's views, the SW's approaches were characterised as lacking clarity, threatening and emotionally abusive. Whilst SWs did not want to believe their practice or their intentions were negative or harmful, they also recognised and reflected within the interviews that this is often how mothers experience child protection social work interventions, and due to current approaches this is actually what is required from the SW. Some of the SWs themselves recognised that this needed to change, but did not have their viewing lens calibrated to identify how to do this (Hunnicutt, 2009).

In terms of Research Question 3 - what are the factors that contribute to empowering practice from both the SWs and mothers' perspectives - there were some positive accounts in order to answer the research question. Mothers were not forthcoming with this information; it was only when I asked specific questions such as 'what worked well in the social work involvement?'. Some mothers had numerous SWs – either through different referrals or through job moves. Mothers made it clear that only some of the SWs they had worked with were positive – it was not a general characteristic. Positives included SWs who: listened and reassured mothers; trusted mothers and were honest; tried hard and worked individually; understood abusive relationships; challenged fathers and involved them; and shared power and created a balanced relationship. These behaviours, however, are not ground breaking or proactive, nor do they go beyond the expected standards of practice; they reflect the standards of how all SWs should be. It was noted that the CPSW approaches that the mothers valued depended less upon social constructions and expectations, and represented more of a feminist approach in which power was shared. A further positive was when mothers had their own knowledge of SW, perhaps from a previous involvement, so they knew what to expect, and what they were able to refuse.

For research question 4, the recommendations (see table 7.1 in previous chapter), mothers were specifically asked what they would have changed about their social work involvement, or what they would tell new SWs to consider when working with

families where DVA is an issue. These recommendations were in relation to fathers, mothers, training, and the SW's approach. The majority requested supportive, positive social work practice; for SWs to listen, work with mothers, build a relationship, involve all parties in the assessment, and gain a deeper understanding of DVA. SWs then reviewed these recommendations to determine their feasibility and relevance. Whilst some were considered more appropriate than others, the majority of SWs agreed they could and should be implemented.

It could be stated, therefore, that Research Question 4 has been answered; however, I also think that the recommendations agreed by mothers and SWs need to be considered alongside previous research, academic thought, and practical challenges. Each of the recommendations could be seen as practical steps that SWs can take to improve practice, which is essential, but further integration is still required. The next section is therefore my recommendations for social work practice.

8.1 Researchers Recommendations

Morley and Dunstan (2016) explain that social change can begin in everyday lives, and that is the guiding motivation for these recommendations; they will not achieve policy change or replace the whole child protection system, but some are manageable, achievable changes each SW can choose to make when they work with women with violent partners. By providing practical, easily implemented solutions, the oppression of mothers can be lessened, and change can be created within children's services from the bottom up. Further work to garner interest with SWs, managers and their teams to think differently is needed, and forms part of the dissemination plan of this work.

8.1.1 Local authorities, or an independent body, should provide leaflets detailing involvement and where families can get independent support

One key finding is that when mothers have knowledge of the process, they feel empowered to be able to refuse or negotiate what happens next (Buckley, Carr and Whelan, 2011; Morris et al, 2018). This can be a process of sharing power

and creating a balanced relationship. Organisations such as the Family Rights Group already have guides available that could be used or further developed.

8.1.2 A new approach to assessments

Similarly to the approaches discussed within the radical social work section of the literature review, Featherstone (et al, 2016) argue that a social model should be encouraged within child protection social work. Such a model necessitates moving away from the current individualisation of issues and requires "…a focus on the economic, social, cultural barriers faced by them (individuals) and their families…" (Featherstone et al, 2016, p.17). This includes acknowledging that the definition of child abuse is historically changing and socially constructed, as well as truly believing that the structural inequalities people face – poverty, racism, sexism – affect their lives and are the cause of a plethora of issues (Featherstone et al, 2016). This approach needs to be include calibrating the CPSWs viewing lens to identify where patriarchal influence, social constructions and expectations impact their work and decisions. Once this is recognised, and child protection social work changes its approach to looking more broadly at the issues families face, SWs approaches and responses should become more humane and less oppressive.

8.1.3 Multi-agency developed risk assessment tool for use with violent men

Mothers suggested, and SWs agreed, that fathers need to be more involved in assessments and they should not remain invisible. It was explored that SWs may be fearful of engaging with violent men (Fusco, 2013), however, DVA is a commonly reported factor in many families who come to the attention of CSD (Office for National Statistics, 2018). In allowing SWs to avoid abusive men, the responsibility falls to the mother and directly contributes to the mother's re-victimisation. Many researchers have stated that child protection SWs do not have adequate training in DVA or managing violent, abusive men (Crabtree-Nelson, Grossman and Lundy, 2016), but this is fundamental and should be addressed – the profession has not adapted with the needs of its clients, it has been guided by patriarchal values that grant males privilege. Wider agencies such as probation, the police and women's services have the ability to appropriately risk assess violent men and still work with them; it is clear that SWs either need these

approaches to be included in their training, or that policy must change around multi-agency working with violent men. Fear of the violent man should not drive social work practice – SWs should be driven to find ways of holding him accountable and preventing further abuse, as this is how child protection SWs will truly protect children from abuse. It is social work as a profession that needs to change its approaches to mothers and children, not mothers who should take responsibility for men's behaviour.

8.1.4 Involve fathers in assessments

Mothers highlighted that they are the focus of assessments, and they are often the only ones who are spoken to regarding the children. Many mothers asked for fathers to be actively involved and challenged during the social work assessments. It is agreed that this must be on a case-by-case basis, but the default should be that the father is spoken to and it is justified why he is not, rather than the opposite. Amongst many other academics that advocate for fathers being visible in child protection social work assessments, Devaney (2008) raises how SWs should be concerned with assessing the risk that men present, rather than the risk to the child, as this shapes the foci of intervention differently. When the child's risk is considered, they need saving from violent men and failing women, but when the father's risk is considered, the father is challenged, made responsible for his behaviour and faces consequences (Devaney, 2008).

Additionally, Ferguson (2017) discusses how the expectation for SWs to see children by themselves was introduced by WTTSC in 2013, and as a result of this procedural and policy change, this is now a key target. SWs and managers have to account for whether the child has been seen alone, and an explanation must be provided if they have not. The same expectation can be set for seeing fathers, and holding them accountable; social work practice will then adapt to having this as a key target. These approaches challenge the privilege granted to men, and encourage a more equal, less oppressive approach.

8.1.5 Continuing Professional Development and university training for social constructions and expectations

It has been argued throughout this thesis that as UK CPSWs are raised in a patriarchal society, in which they are exposed to messages around societal expectations for each gender as any other member of the population is, they are influenced by these expectations (Morley and Dunstan, 2016). In exploring the interactions of SWs and mothers, Waterhouse and McGhee (2015) explain how no one ever really 'knows' themselves, and so CPSWs have an ethical responsibility to consider the context. This further warrants the need for new CPSWs to be taught about the social constructions of gender and the expectations held for family members, and have dedicated time and space to consider the views they hold and how they may influence their future practice. They must calibrate their viewing lens to identify patriarchy (Hunnicutt, 2009).

This approach could be influenced by Munro's (1999) recommendation of taking the opposing view to the decisions they have made, to consider why they could be wrong (p.755). Munro (1999) discusses encouraging SWs to challenge their existing belief and counteracting their bias by considering an alternative perspective. This could be in the form of asking what expectations the SW holds in this situation, for whom, and what they are based on. If the answers to these questions are indicative of expectations due to gender roles, further questions around the concerning behaviour, responsibility, and accountability, separated from gender roles, should be explored.

8.1.6 Specialist training with social workers and their managers

Mothers wanted SWs to understand DVA and how to work with mothers better when this is present. This training needs to extend from a superficial understanding of identifying the indicators of DVA to recognising the patterns of power and control displayed by abusive men (Mandel, 2018). SWs and their teams need to be supported in developing ways to engage violent men and hold them accountable for their actions. Additionally, deep exploration and critical reflection with SWs about the social construction of parents and the expectations

they hold for mothers and fathers need to be undertaken frequently, as these beliefs are so pervasive and ingrained within society.

It is known that there is a high turnover of staff within child protection social work which leads to new staff being untrained in specific areas or requiring training (Strolin, McCarthy and Caringi, 2006). Therefore, an approach that can be fostered, encouraged and implemented by the manager would increase the likelihood of the whole team maintaining and using these more supportive approaches.

8.2 Limitations

It is important to acknowledge strengths and limitations in any research in terms of the applicability, comparability and generalisability (Holloway, 2008). The participant size for this study was 36, which exceeded the target amount, but it is small scale compared to the population of the UK and so the findings may be limited. A greater number of participants is unlikely to have enhanced the data quality, as each individual person's experience and all of their life experiences up to that point influence how they felt about the intervention they received. Every experience is incredibly individual, and in that sense saturation would never be reached. Whilst that is true, and saturation was not reached in terms of similar circumstances, there was consensus in the mother's data that they were re-victimised by SWs, and there was consensus in the SW's data that they re-victimised mothers.

The majority of participants were White British and so there were very few elements of cultural diversity within this data set. In addition to this, all of the mothers were in heterosexual relationships and so other types of relationships were not considered.

8.3 Reflection on use of feminist, social constructionist lens

I initially considered the feminist, social constructionist lens a necessary part of this research because the title alone highlights the specific gendered element of both the social work practice and the research. The title reflects the practice of

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failure to protect, which, as a concept, is highly gendered and oppressive. I felt that research that did not consider or use a gendered lens would not fully understand the systemic, unassuming and insidious motivations that created and embedded the practice. This, alongside the general belief that 'failure to protect' and 'the leave ultimatum' are no longer used with social work practice, and frustration from SWs that they do not know of other ways to approach the situation, indicated a much more well-established and invisible entity at work – patriarchy.

By familiarising the reader with the social constructions of each gender and then considering the history of social work in terms of patriarchal influence, the reader gained a deep understanding of the multitude of issues that have influenced social work as a profession. Without using this lens, the imbalances of power, the manipulation of general society by politicians and the media and how this influences child protection social work practice would not have been identified.

8.4 Reflection on use of PAR

PAR methodology was used as part of this research to share power with participants, value their input as an expert and create meaningful, lasting social change.

Involving participants in each stage of the research was an interesting and enjoyable process; I felt it was like being part of a supportive research team in which many people had a say, and ideas were reworked to reflect this. A further positive to using this methodology was the reflection stage; with participants checking over their transcripts, themes and data, I had confidence in the work that was being produced, but also in the fact that I was not exploiting participants or misconstruing what had been said. Power was shared with the mothers and SWs, as they could further clarify and consider what they meant and if it was interpreted correctly; in this sense, it could appear there was no 'outside expert' (Walter, 2009). It was also very positive to hold a listening event, and for a number of participants to agree with the combined findings I was presenting.

I believe that the guiding ethos of PAR was followed, in terms of sharing power, promoting inquiry that exposes ideological, social and political process, and improving their own and others work. However, I do not believe that the project utilised a PAR methodology fully; the title was already created and so the idea was not born from the participants and the participants did not take part in analysing the data, although they did confirm the findings. Additionally, I felt that by undertaking such a theoretical piece of work, participants could never be equal, as it was all of the literature and reading that influenced my thought patterns and analysis. Without starting from the same page and looking at things with the same critical lens, the mothers and SWs may not share the same understanding. For example by not sharing the articles, books and social work practice, the theoretical base of feminism and patriarchy, the thoughts about legislation and its wider influences, I am the only person who can draw on each of these things within the analysis, and so I do remain the "outside expert".

8.5 My final reflection

As a SW who has undertaken research into whether social work practice re-victimises mothers with violent partners, I think changes that need to happen within the profession can occur in two ways. This is top down, in the form of changing policy, and bottom up, in the form of motivating SWs to change their practice. I have shared recommendations within the thesis of what needs to change top down, but I have had more of an effect currently of changing things bottom up. From presenting at conferences, writing for community care - an online health and social care blog - and presenting a webinar with national charity SafeLives, I have reached the minds of child protection SWs who have directly contacted me and asked me to help them change their practice, or thanked me for showing them how to do so.

Before I started this project, I knew as a SW that this practice occurred; I knew the impact it had on mothers and I knew it needed to change. Now as a researcher having investigated this topic my knowledge and awareness of CPSWs' practice has not changed, but it has helped me understand why the practice remains prevalent, and why it is perpetuated without opposition. Additionally, undertaking

the research has inspired and empowered me to make changes to my own practice and to support other SWs still in the profession to recognise that the practice exists and needs addressing.

Whilst my PhD is directed to highlight the issues within society and the social work system as opposed to individual workers, some of the recommendations shared are for individual workers. This is because I remember being that SW who desperately did not want to practice in this way, but had no other option – no matter how many times I asked or who I asked, no one knew what to do differently. I think I have written some of the recommendations from a place of knowing what I wanted and needed to know when I was a practicing social worker and as such, they are individual changes.

This is what I wanted for my PhD– for it to have real world impact - not just show that there is a problem, show how we can fix it and move forward.

Whilst my views on the topic have not changed, I have gained experience and insights as a researcher, which I did not have previously, and I have learnt a lot about feminism, gendered/social constructions/expectations and patriarchy. I now see expectations due to constructions almost everywhere, and in doing so I think I have a continually developing and evolving understanding of many things.

My position now therefore reflects my experience as a social work practitioner and as a researcher. While I consider that CPSWs can and do re-victimise mothers with violent partners, these behaviours are a result of the profession, the legislation and guidance, and societal opinion being influenced by patriarchal beliefs and values. I am empathetic to CPSWs who continue to re-victimise mothers even when they do not agree with the practice, as they do not know what else to do. I do not vilify SWs, instead, I hope to help them overcome the approach and inspire them to consider different options. I hope to do this through the training package I have created with the findings from my PhD.

8.5 Original Contribution to Knowledge

Within their conclusion, Keeling and Van Wormer (2012) suggested that the behaviours demonstrated by the SWs appeared similar to those demonstrated by a perpetrator of violence as they could evidence that mothers felt threatened, coerced and afraid of SWs. Keeling and Van Wormer's (2012) findings are an interpretation of what the mothers said; the research undertaken for this PhD goes further than this. The research tools created, developed, and validated as part of this research, including the Duluth Model activity, ensured it was the mothers and SWs who identified that social work practice was oppressive as opposed to this being deduced by the researcher. The evidence is therefore not influenced by my viewpoint, but by the individual's own experience of child protection social work.

In addition to this and through a PAR methodology, both mothers and SWs were included in data collection in order to understand the practice from both viewpoints. Both datasets were viewed separately and together in order to gain a deeper understanding of what causes this practice and why it continues. No other research has considered the actual experiences of both mothers and SWs in the same study to explore this practice, nor used a PAR methodology in relation to this topic.

In evidencing what patriarchy is, how it manifests both publicly and privately, on micro and macro scales, how it oppresses and disadvantages women, and how it is insidiously but continually perpetuated and followed as the status quo, this thesis has shown how patriarchy has influenced legislation, policy, guidance, the media, society, and social work practice. It has been demonstrated how, through this patriarchal influence, current social work practice re-victimises mothers with violent partners and, more importantly, why. Through ensuring women remain responsible for behaviour that they cannot dictate, change or control, men and their violence continues to go unnoticed and unchallenged. This practice ensures they are granted the utmost privilege. Understanding the root cause of the issue is key to overcoming the practice and informs the recommendations that can be made.

8.6 Conclusion

This thesis set out to determine whether mothers with violent partners were re-victimised by SWs, what might perpetuate this practice, what can prevent it, and what recommendations can be made to improve child protection social work. Using a feminist, social constructionist lens, combined with a PAR methodology and through interviews with both mothers and SWs, it was found that mothers with violent partners are re-victimised by SWs in a number of ways. This can be explained specifically through social work practices such as routinisation, misplaced blame and the leave ultimatum, but it has been argued that it should be understood and explained more broadly in terms of the social expectations set for each gender through patriarchal ruling.

The harmful and oppressive child protection social work practices are borne from patriarchal expectations that are deeply embedded within UK society; if the expectations did not exist, the practice would not either. If expectations were not set for mothers to care for their children, to always provide for them and to protect them, mothers would not be the focus of social work intervention. If fathers did not have male privilege and the expectation to not be involved at home, they would have to accept accountability for their behaviour and their choice to be violent.

The practice of holding mothers responsible for the violence of fathers does not make the child safer; it simply re-victimises the mother and allows the father to continue abusing others. Fathers must be meaningfully involved and challenged in assessments, and encouraged to take active responsibility for their actions. CPSW must calibrate their viewing lens to identify patriarchy within their work (Hunnicutt, 2009). Mothers will then not be considered as failing to protect their children when they cannot control the behaviour of someone else. SWs will be able to recognise that responsibility should lie with the person exhibiting the abusive behavior, not the victim. By overcoming gendered expectations, SWs can highlight injustice, ensure they are balanced within their work, and encourage the end of the insidious, patriarchal cycle of oppressing women.

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10. Appendices

Appendix 1 - Literature search protocol

One main search was conducted to find the relevant and appropriate literature to review for the thesis. The specific search terms were;

Social work AND domestic abuse/domestic violence/ intimate partner violence/DVA/IPVA

Failure to protect AND domestic abuse/domestic violence/ intimate partner violence/DVA/IPVA

Child protection AND domestic abuse/domestic violence/ intimate partner violence/DVA/IPVA

Social work/Child protection AND mother blame

Social work/Child protection AND failure to protect

Social work/Child protection AND invisible fathers

These search terms were used in the following databases; Applied Social Sciences Index & Abstracts (ASSIA), EBSCOhost, ProQuest Central, Wiley online, JSTOR, PyschInfo, Scopus and Social Services Abstracts.

Initially, I read most of the articles that appeared to have some relevance to the topic of social work relating to domestic abuse; this was so I did not narrow my ideas or topic too soon. Once thoughts and themes emerged more strongly, I reviewed each abstract to determine which articles focussed specifically on social work practice around failure to protect when domestic abuse was present.

Limited relevant studies were found through this search, so I then conducted a search within google scholar to identify potential additional studies not previously obtained. I also conducted a citation search of the key articles; Douglas and Walsh, 2010; Edleson, 1998; Humphreys, 1999 and 2000; Keeling and Van Wormer, 2012; Lapierre, 2010. It was this search that uncovered the most relevant material.

Following the initial search, I set up a ZETOC alert with the above keywords to ensure that I remained up to date with any additional, newer research.

PLEASE NOTE: The numbered segment boxes are an amendment I have made to the Duluth Model so as to ensure clarity throughout the thesis. The segments are referred to on a number of occasions and to ensure the reader follows the thought, they are labelled here. These changes were not presented to or approved by DAIP (the creators of the Duluth Model) prior to the research commencing; however, agreement has since been given to use the Duluth model within the research.
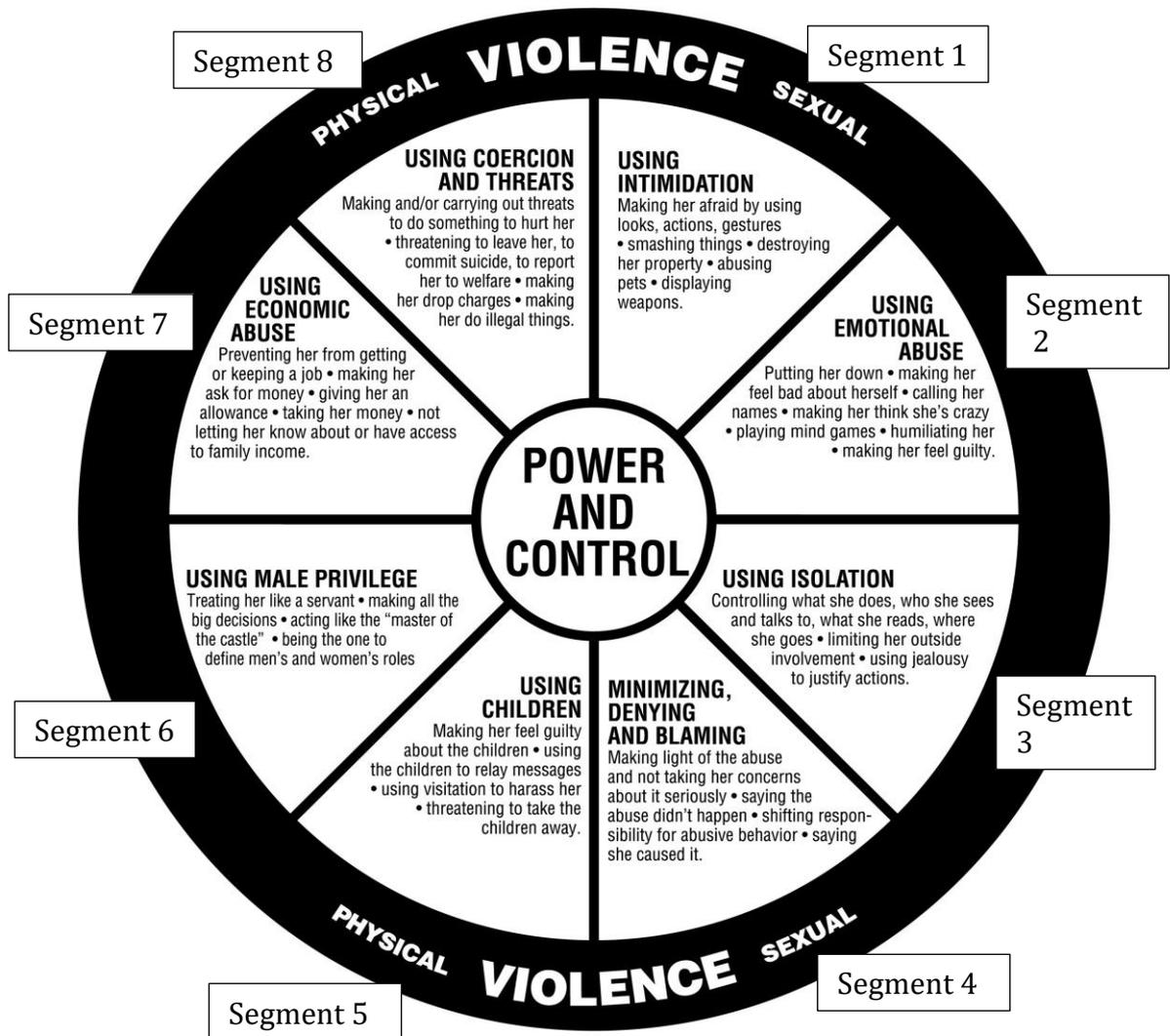
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Appendix 5 – Vignette

Vignette for mothers and social workers to review as part of the research activities

Sarah called the police about her partner Pete on Friday night because he came home drunk, started shouting as he couldn't get in the house and this was waking up Ollie (18 months). Pete was throwing things around complaining that the house hadn't been cleaned whilst he was out, and Sarah was trying to keep him quiet so that Ollie wasn't disturbed. Pete didn't like this and he started to push Sarah – she fell and hit her shoulder quite hard. Sarah told Pete he was too drunk and he needed to sleep on the sofa, Sarah returned to bed. After a few minutes, Pete burst into the bedroom and said he shouldn't have to sleep on the sofa, and pulled Sarah out of the bed by her hair, dragging her into the lounge. Sarah yelled as she was in pain and heard that Ollie was crying too. Pete returned to the bedroom and it was at this stage that Sarah called the police as she was not sure how far things would escalate – she could hear that Pete wasn't in bed as he was still crashing around the room. Once the police were called Sarah got Ollie and went to a neighbour's flat to wait. Sarah gave the police a statement of what happened, and the police informed her that the report would be sent to Children's Services Department to be assessed.

Pete woke up on Saturday morning and remembered everything that had happened. Pete felt awful and explained he was drinking something that his friend bought him that didn't agree with him and he would not drink it again. Sarah remained cross and explained what had happened with Ollie and the police. Pete made it up to Sarah and Ollie by taking them out for a family day on Sunday and they had a nice evening watching a film together.

Sarah received a call on Monday from a social worker who said they received a report of a domestic incident and needed to undertake an assessment; Sarah explained the situation had been sorted and they didn't need any help. The social

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worker explained they needed to come round and have a chat anyway and that they would be there this afternoon. Sarah reluctantly agreed. Sarah called Pete who said he couldn't get out of work but he would be home tonight. Pete told Sarah not to say anything about what had happened on the Friday night.

1. Does this seem like a realistic scenario?
2. In your view, what is the severity of this incident in terms of risk of violence to Sarah, risk of violence to Ollie and safeguarding concerns for Ollie - low/medium/high?
3. What are the issues if the social worker supports Sarah to stay away from Pete? Should Sarah stay away from Pete? Why? How?
4. What are the issues if Sarah convinces the social worker that the situation is safe? Are there any issues if Sarah considers the situation to be safe? i.e. she did what she felt was appropriate at the time and was satisfied with the outcome.
5. Is there any risk to Ollie in this situation? How do you know this?
6. What needs to happen to make sure Ollie is safe?
7. What are the pros and cons of splitting the family up?
8. What do you want the social worker to do here? What should the social worker do next? Why?
9. What do you want Sarah to do here? What do you want Pete to do here? What should Sarah do next? What should Pete do next? Why?
10. What is good about this situation (protective)?
11. What isn't good about this situation (risk)?
12. Who is responsible in this situation? What are they responsible for? How can they exercise that responsibility?
13. If you were the social worker attending for the assessment, how would you approach the situation?
    a. Who would you talk to?
    b. What would you do and say?
    c. What would affect your decision?
14. Would any of your decisions change if the incidents were ongoing/escalating?

Questions for Mothers:

What is your year of birth?

How would you describe your ethnicity? Socio economic status? Disability?

Can you tell me about the sort of social work involvement you had, when it started/your experience/how it ended

Were there differences in the social workers you may have had?

What is domestic violence to you? is that what you call it? If you call it something else, what do you call it and why do you call it that?

What abusive behaviour do you think the social worker was concerned with, within your relationship? What behaviour were you concerned with – did they match?

Do you think you made any changes in your life/relationship as a result of your social workers input?

Can you describe the relationship you had with your social worker? Was it always like that?

Do you think your social worker explained what was going to happen and why?

What worked well in the social work involvement? What did the social worker do to make you feel that way?

What didn't work well during the social work involvement? What did the social worker do to make you feel that way?

Were you offered/made to take any support? For you, your children, your relationship? Did you accept the support? What influenced your decisions? Was the support relevant and useful?

Was your partner spoken to by the social worker? Were they offered any support? Do you think they were contacted as much by the social worker as you? Do you think the social worker thought they were important to involve in the process? How do you know this?

Did you want your partner to be spoken to by the social worker? If yes, why? If no, why not?

Who do you think holds the power in your interactions with social workers? Why do you think that? How do you know this?

 If the social worker had power/control, was this positive or negative? Why?

 How could the social workers approach change in this situation?

What is a 'good mother' to you?

Interview Questions for social workers:

What is your gender? What is your year of birth? How would you describe your ethnicity?

How long have you been qualified? What is your caseload like?

What are your areas of work experience?

Why did you want to be a social worker?

What is domestic violence to you? is that what you call it? If you call it something else, what do you call it and why do you call it that?

Can you talk me through a case you've work where domestic violence was the main concern?

> Prompts: perhaps you can start by describing the family. What was the main concern? What was your focus?
>
> So tell me what you did first? What was your plan?
>
> ……and what happened next?
>
> What judgements did you make at the beginning/middle/end? Why?
>
> What was the outcome?
>
> What drove or shaped your work? Theory, experiences, law? Morals, values?
>
> What drove or shaped the process? Training, Managers? Targets?
>
> On reflection is there anything you would do/are doing differently? What's influenced your thinking and practice?

Was that case typical of others you have worked on? What was the same? what was different?

Why do you work in that way? Where did you learn those methods/that approach?

Is there anything about working on cases with domestic violence that you would change?

Who do you think holds the power in your interactions with mothers?

> why do you think that? how do you know this?

Is power something you consider in your practice? What does it mean to you?

Can you give me an example of where you think it has impacted your practice?

Is oppression something you consider in your practice? What does it mean to you? Can you give me an example of where you think it has impacted your practice?

Are there tensions relating to power and oppression when you are working with mothers where there are child protection/domestic abuse concerns?

Prompt – I'm interested in whether you think feminist approaches might apply in these situations – (leads into further discussion about whether social worker considers this theory relevant or not)

What do you think a mother is thinking in this situation? What do you think the mothers perception is of what has happened?

Have you heard of the concept 'failure to protect'? What does it mean to you? What is your view on it? How do you work when this is a concern?

NOTTINGHAM TRENT UNIVERSITY

Are you a mother?

Have you previously been in, or are you still in, an abusive relationship?

Have you had involvement with children's services?
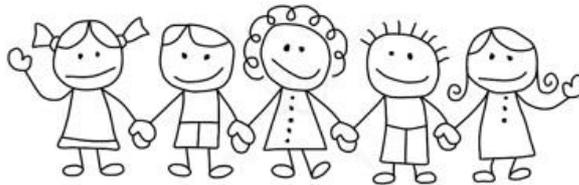
Stacey Stewart at Nottingham Trent University is undertaking PhD research to understand mother's experiences of child protection social work following an incident of domestic abuse.

There are a number of ways you can be involved in this research, so if this sounds like something you are interested in taking part in please email stacey.stewart2016@my.ntu.ac.uk or call 07565472560.

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Are you a social worker?

Do you, or have you ever, worked in child protection?

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