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## **Social workers' attitudes towards female victims of domestic violence: a study in one English local authority**

**Keywords:** Domestic Violence, Child Protection, Parenting, Family Social Work

### **Abstract**

This paper aims to explore childcare social workers' attitudes towards female victims of domestic violence in England. The study discusses the concept of 'mothering' and the processes through which mothers are potentially denigrated rather than empowered. Semi-structured interviews were conducted with social workers in a single child protection agency to investigate their perceptions of domestic violence, its gendered nature, and the implications for their practice. Participants' responses were coded using thematic analysis. The results demonstrated social workers' cognisance of the challenges domestic violence poses for abused mothers in terms of the ability to safely parent their children. Whilst the study is not without its limitations, it nevertheless indicates the need for a more holistic approach to safeguarding children within domestic violence settings. Moreover, it underscores the necessity for improving awareness about the prevalence and importance of domestic violence as a child safeguarding concern within social work training. Indeed, improved training would help to develop social workers' knowledge and understanding of service provisions and partner agencies, thus potentially improving practice in this critically important area.

### **Introduction**

This paper explores social workers' perspectives of domestic violence in England. Over the last thirty years, domestic violence has become increasingly recognised by both the media and the UK government as a prominent issue that needs addressing (Skinner *et al.*, 2005). This agenda has been prioritised, in part, due to feminist research which has challenged policy-makers to design better policies in relation to domestic violence (Weldon and Htun, 2013). This agenda has been further prioritised due to an enhanced understanding of the detrimental impact that domestic violence can have on children. It is estimated that over 1 million children worldwide are exposed to domestic violence (UNICEF, 2006), and, indeed, it features heavily within many of the most complex child protection cases in children's social care in the UK (Cleaver *et al.*, 2011).

In this paper, the term domestic violence is used to refer to any incident(s) of controlling, coercive, threatening, violent or abusive behaviour, along with physical, financial, sexual, emotional or psychological maltreatment (Home Office, 2013). This definition encompasses any incidents occurring between related adults, or adults who are either currently or formerly intimate partners (Home Office, 2013). The inclusion of 'controlling' and 'coercive' behaviour in this definition serves to expand the category of domestic violence beyond a single incident, by recognising that abuse can be a 'process' which takes place over time (Williamson, 2010). This is crucially important, as it is invariably through manifold forms of coercion and control that other forms of abusive behaviour often take place (Radford and Hestor, 2006).

This paper examines social workers' understanding of and attitudes towards mothers who are the victims of domestic violence, from within the context of child protection social work. Notwithstanding violence against men or violence within homosexual relationships, this study's analytical focus is based on evidence that shows that the majority of reported domestic violence incidents (87%) involve men as perpetrators and women as victims (Cleaver *et al.*, 2007). More specifically, this paper will both provide insight into social workers' level of confidence in working with mothers affected by domestic violence, and explore the values underpinning their practice, how they assess the impact of domestic violence on parenting capacity, and the barriers social workers face when working with families experiencing domestic violence.

## **Literature Review**

Research has routinely demonstrated how witnessing domestic violence can be harmful to children (Martin, 2002; Holt *et al.*, 2008). Consequently, legislation and guidance in the UK has been updated so as to aid professionals in taking action to support children living within 'climates of violence' (Bentovim *et al.*, 2009, p14). For example, the Domestic Violence, Crimes and Victims Act (2004) expanded upon all previous provisions to help reduce domestic abuse. Furthermore, following the introduction of the Serious Crime Act (2015), controlling or coercive behaviour within either intimate or familial relationships is now deemed to be a criminal offence. This has served to close the previous gaps in the law pertaining to psychological and emotional abuse (NSPCC, 2018). In addition to this, the Children Act (1989) outlined the key legislative framework for all professionals working with safeguarding. The definition of 'harm' within Section 31 (9) of the Act (1989) was subsequently amended in Section 120 of the Adoption and Children Act (2002) to include 'the impairment suffered from seeing or hearing the ill-treatment of another'. These measures and modifications have

heightened sensitivity towards domestic violence being a major issue within child protection work.

Hester (2011) argues that levels of support and forms of empowerment for women in domestic violence situations has not developed in parallel with child protection work, and, as such, the two currently fail to mutually reinforce one another. Indeed, statutory agencies invariably overlook the complex relationship between the safety of the mother and that of the child (Kelly, 1994). Instead, there is an emergent culture of mother-blaming, in which social workers have viewed domestic violence situations as a child protection issue (Humphreys, 1999). Social workers have tended to focus on the mother's deficiencies and failures, which, inadvertently, serves to obfuscate the male violence that generated them (Lapierre, 2008). Radford and Hester (2006, p.9) challenge what they view as the 'denigration of mothering' within child protection agencies.

It has been proposed that a more integrated approach to empowering women and safeguarding children is needed within domestic violence situations (Hester, 2011). Such an approach would, arguably, support women to regain confidence and control over their mothering abilities, which, in turn, would improve the wellbeing and safety of their children (Lapierre, 2010). Robbins and Cook (2017, p.16) summarise the difference in approaches as follows:

*Two contrasting approaches to domestic abuse have emerged: one from the voluntary sector where expertise developed in relation to the welfare and rights of women, the other from statutory services where the emphasis is on child protection, risk and investigation.*

Research demonstrates that domestic violence detrimentally impacts upon the ability of women to protect their children (Lapierre, 2010). For example, male perpetrators frequently direct their violence towards a woman's mothering skills, as, historically speaking, this has been a key component of a female's sense of identity. Subsequently, this can lead to abused women feeling a loss of control over their parenting abilities (Mullender *et al.*, 2002; Lapierre, 2008). In conjunction with this, women feel responsible for being 'good' mothers, as social expectations hold women to a higher standard of parenting than their male counterparts (Jaffe *et al.*, 2003). This disjunction between loss of control and a gendered sense of responsibility commonly manifests in feelings of guilt, self-failure and blame (Lapierre, 2008). This underscores the importance of social workers forming collaborative relationships with

mothers, for the express purpose of understanding these sorts of difficulties and supporting them to promote their own safety and that of their child.

Edleson (2004) has argued that framing domestic violence as a child protection issue is the wrong response by children's social care. Instead, Edleson (2004, p.21) suggests that a 'more generalised, welfare and community-based response is needed in the majority of cases'. This position is in accordance with Humphreys *et al.* (2011), who purport that shifting child protection structures could result in families receiving both earlier support and increased resources. This would limit child protection responses to domestic violence to only the most serious cases. However, due to higher thresholds within children's social care, engagement with families and service provision often only occurs when the situation has already reached crisis point (Stanley *et al.*, 2010). As such, in these instances the child protection response by social workers becomes the most likely option, due to the perception that the mother has failed to protect her child(ren) (Hester, 2011). Based on this perception, social workers are left with no option but to insist that the mother separates from the perpetrator of the violence, and, indeed research shows that this is ordinarily reinforced through either the threatened or actual removal of the child(ren) (Humphreys, 1999). According to Keeling and Van Wormer (2012), the pressure and coercion used by the perpetrator is here paralleled by the social worker. As Featherstone *et al.* (2014, p.174) assert: 'Checking under beds and telling people what to do should not be our *raison d'être*. If it is then we are definitely part of the problem'.

Such coercive, and potentially oppressive, forms of intervention by social workers can, inevitably, lead to a break-down in trust between the mother and the state intervention, whose stated purpose is to support the family and enable the child(ren) to live safely at home. This view is also put forward by Robbins and Cook (2017, p.22), who found that 'social workers struggle to gain trust within a system that sees domestic abuse and coercive control as hurdles that mothers must overcome, rather than as complex experiences through which they need support'.

As Douglas and Walsh (2010) purport, social workers' perceptions of how mothers respond to their circumstances and their expressed willingness to accept support, highly influence the type of intervention that is offered. For example, women are more likely to be subjected to ultimatums if they are perceived as being 'unprotective' of their children (Douglas and Walsh, 2010), whilst Lapierre (2008) argues that social workers overlook the gendered nature of victimisation within domestic violence. This is because female victims are positioned as being as equally responsible as their male perpetrators for ending the violence, and the attendant risk to their child(ren). The adoption of such mother-blaming approaches leads to mothers

often being fearful of seeking support, which subsequently reduces the likelihood of collaboration between professionals and mothers to achieve the best outcome for children (Hansen and Ainsworth, 2007).

## **Methodology**

The research sought to address the following key questions:

- What knowledge do social workers hold with regards to domestic violence as a child protection issue?
- What are social workers' attitudes towards mother's experiencing domestic violence?
- What interventions do social workers consider helpful in cases of domestic violence, and what do they feel are the barriers to successful outcomes?

To address the research questions, a qualitative research design was adopted, whilst semi-structured interviews were utilised to collect data. Semi-structured interviews are the most expedient method for gaining in-depth insights of social realities within small-scale studies (Drever, 1995). In contradistinction to unstructured interviews, they provide an interview-guide that ensures that the key topics are considered. This method was employed to allow for the generation of clearer analytical themes within the data, which, in turn, would lead to a more effective and efficient analysis (Babbie, 2004). Through the collection of qualitative data, I sought not only to explore the perceptions that social workers hold towards domestic violence, but to examine *why* they hold such perceptions and *how* these inform their practice.

When designing and structuring the interview questions, Arthur and Nazroo's (2003) four stages of effective interviewing served as a framework. The interviews comprised of a series of both closed and open-questions to obtain clear information about each participant's level of expertise. This allowed for the development of rapport within the interviewing context before proceeding to use open-ended, non-directive, and determined questions. Such a questioning style afforded the interviewee a degree of flexibility to respond in their own words and explore any issues that they felt were important (Longhurst, 2003). It also afforded the opportunity to gain insight into the interviewees' personal experiences and perceptions, as well as the meaning they place upon these (Kvale and Brinkmann, 2009). Hence, a constructivist perspective was adopted to analyse the interviewees' perception of social reality (Becker *et al.*, 2012).

Nine social workers were interviewed in total, all of whom worked in the field of child protection within a single agency. Their roles and total years of experience (post-qualifying) are outlined in Table 1.

Table 1: Sample

Participant	Role and Team	Years of Experience
1	Team Leader, Assessment	14
2	Team Leader, Early Intervention	22
3	Social Worker, Long Term Child Protection	6
4	Social Worker, Long Term Child Protection	2
5	Social Worker, Long Term Child Protection	4
6	Social Worker, Assessment	4
7	NQ Social Worker, Long Term Child Protection	1
8	NQ Social Worker, Assessment	1
9	NQ Social Worker, Long Term Child Protection	1

Prior to completing this research, Ethical Approval was obtained from the University of Bristol, which addressed issues of confidentiality, informed consent, data protection and protection from harm. Permission to conduct the research was first sought from the team managers in the child protection agency, before subsequently recruiting participants via the agency's monthly team meeting.

To maintain honesty and integrity, the participants were clearly informed about the study's aims and research questions. Prior to conducting each interview, participants were given the opportunity to ask questions and assured that they were both free to withdraw from the study at any stage or decline to answer any of the questions. Participants were then asked to sign consent forms to indicate that they understood the nature and purpose of the study.

Interviews were recorded using a digital recording device and transferred on to a password-controlled computer. These recordings were destroyed following transcription, after which participants were coded numerically to enable identification for the purposes of analysis.

Subsequent to transcribing the audio recordings of the interviews, in-depth thematic analysis was conducted. Braun and Clarke's (2006) six stages were employed: familiarising oneself with the data; generating initial codes; searching for themes; reviewing themes; defining and naming themes; and producing the report. This process allowed for an inductive approach to analysing the data, one which enabled the extraction of recurrent themes from the data, whilst allowing the subjectivity of the participants' experiences to be valued (Becker *et al.*, 2012).

The participants' responses varied considerably, as interviewees placed emphasis on different topics and interpreted questions differently. Furthermore, in an attempt to follow 'the flow of interview responses', on-the-spot modifications had to be made to the interview structure (Becker *et al.*, 2012, p.292). Consequently, there was a heightened risk of data coding being influenced by the subjective interpretation of the researchers (Becker *et al.*, 2012). To mitigate the effects of this potential issue, the interviewers made sure to summarise their understanding of participants' responses throughout the interviews, to both ensure that any misinterpretation could be corrected, and reduce personal bias (Cohen and Crabtree, 2006).

## **Findings and Discussion**

### *Recognition of Domestic Violence as a Prominent Issue within Child Protection*

All nine participants recognised domestic violence as a prominent feature within child protection work, primarily due to its perceived detrimental effects on child development. Domestic violence was highlighted as a frequent primary or secondary reason for referral, with experienced workers demonstrating a greater understanding of the prevalence and persistence of the issue:

*'It's nearly one of the constant features. Often, it's not the referring reason but I would see it as responsible for an awful lot of the dysfunctional functioning within families'*  
(Participant 2).

In contrast, newly qualified social workers varied in terms of the importance that they placed upon domestic violence compared to other child protection issues:



*'Yes, I do think it is a prominent issue, because often it is linked to drugs and alcohol misuse and there is a lot of drug and alcohol misuse' (Participant 9).*

This participant's lack of emphasis on domestic violence as an issue in and of itself may have been due, in part, to their inexperience as a social worker, as well as perhaps being grounded in their life experience. Nonetheless, this extract raises questions about both the level of emphasis and amount of attention placed upon domestic violence within current social work training courses.

### *Lack of Training*

Newly qualified social workers expressed that they felt their training did not adequately prepare them to work with families experiencing domestic violence, and articulated their desire for further training:

*'I'd like more training...so we'd know how to support them [mothers]...we did very little on domestic violence [at university]'.*(Participant 9).

More experienced participants also noted that post-qualification training was currently inadequate:

*'People [social workers] are sick of being told how to recognise domestic violence, they just want to know what can be done to support women...I think they [social workers] would like some tools to do the one to one stuff' (Participant 2).*

Such sentiment accords with previous research by Hester (2011), who demonstrated that social workers seek guidance on how to empower women within domestic violence contexts, whilst research by Fleck-Henderson (2000) observed that training social workers around issues of domestic violence led to a reduction in negative attitudes towards victims. Moreover, the extracts discussed above lend support to Szilassy *et al.*'s (2013) argument that, developing social workers' knowledge and understanding of service provisions, procedures and worker roles can improve the integration between domestic violence and child protection services.

### *Empowerment*

All the participants recognised that current social work intervention methods may not lead to the empowerment of women. However, all the participants justified their use of these approaches, due to their responsibility to remain child-focused (Working Together, 2015):

*'If you know that the severity of the domestic violence is so great, you need that mother and child out of there, and the mother isn't willing to do that, then your hand is potentially forced to the removal of the child. And that's a real dilemma for me because actually it's further punishment to the mother, as a victim'* (Participant 3).

One can discern above how social workers feel the mother-social worker relationship is superseded by their responsibility to protect the child, which accords with the aforementioned research by Forrester *et al.* (2008). However, whilst Forrester *et al.* (2008) argue that the parent-social worker relationship is characterised by limited listening, the present research suggests that social workers do take women's perspectives into account. The problem appears to be that agency structures and limited resources leave social workers feeling unable to formulate a shared understanding and mutual agenda (of child wellbeing) with mothers.

The participants were cognisant of some of the contradictions within their accounts. For example, most participants explicitly stated that supporting the mother was the most effective method for achieving the best outcome for the child, whilst recognising that their intervention may not feel or be supportive:

*'Unless we support the parent then we are not really supporting the child'*  
(Participant 7)

*'When a victim is at their lowest and most vulnerable is when we go in...you're putting on even more pressure on a person who is probably sometimes at breaking point. And you're saying, you need to do this, you need to do that...and it's just, it's hard'* (Participant 5).

Seven out of the nine participants discussed how their interventions often resulted in the mother being asked to take responsibility for protecting her children, and leave the abusive relationship:

*'it's hard because...the child needs to be protected and sometimes the only way is for dad to not be there...there may be better ways, but you get into the mindset of working that way'. (Participant 6)*

This account testifies to the conflict between the support that social workers often want to provide to mothers, and the pressures placed upon them by their agency to deliver a risk-focused service (rather than a holistic intervention).

### *Multi-agency working*

All participants referred to mothers as 'victims' rather than 'survivors', thus highlighting the cultural differences in practice between social work and domestic violence services. In this respect, all the participants bemoaned their lack of training and expertise in this area, and highlighted that multi-agency working could be beneficial in developing this:

*'people having specialist skills and coming together, that is the advantage of having a multi-disciplinary team but now we're all a bit social work driven there isn't really that space to be able to think it [interventions] through'. (Participant 5)*

Overall, all participants demonstrated an awareness that the lack of collaborative working hinders their ability to implement effective, long-term interventions. Subsequently, this detrimentally impacts upon the creativity of social workers to provide interventions for women and children who experience domestic violence.

It was also noted that, although the local authority has commissioned services to empower women, these services are unable to respond to the level of demand. With respect to the lack of training, participants discussed not being trained in the content of such courses, or having time to deliver support directly:

*'group work is great ... but there's an awful lot who just need it adjusted and delivered one to one in the home because otherwise they shut down' (Participant 5).*

*'We certainly don't have the capacity to run support groups and actually, the one to one befriending role, I'd question whether we even have time to do that' (Participant 7).*

The accounts expressed above lend support to the findings of Radford and Hestor's (2006) research, which demonstrated that, whilst there has been an increased criminalisation of domestic violence, this has occurred against the backdrop of a 'liberalist onslaught against welfare services'. Consequently, women fleeing domestic violence are more vulnerable with regards to both financial and accommodation support.

Some participants expressed their dissatisfaction with what they consider to be a deficit in services provided by the local authority:

*'I don't think it's in the power of children's social care [to improve support for women and children] the way it's going if we're just assessing risk, because I would say longer involvement and support through establishing what the risk is and then real support to empower the parent. I don't think we actually do that. We give them an ultimatum I think' (Participant 2).*

This practice of giving the mother 'an ultimatum' is oppressive and is in accord with previous findings by Hester (2011) and Humphreys (1999).

### *Assessing Parenting Capacity*

When discussing the assessment of parenting capacity, all the participants stressed the need to assess each situation individually, rather than assuming that a mother experiencing domestic violence is a bad parent and/or should leave her abusive partner.

*'It [the impact of domestic violence on parenting capacity] depends on the level of violence, the length of time it's been going on for and... what sort of person the mother is' (Participant 6).*

*'In an interim safety plan the perpetrator may need to be out of the home...but that doesn't have to be a permanent thing. If you can work with the perpetrator and make changes then risk is manageable' (Participant 1).*

The emphasis in these above accounts on addressing each domestic violence in terms of its own merits, suggests that social workers do not view parenting capacity as a static entity, as Woodcock (2003) suggests. Rather, here it is viewed in terms of the mother's resilience and

broader relationships, and whether or not the social worker feels able to work with the perpetrator to make positive changes within the relationship.

Low self-esteem was also a recurring theme, and was deemed to have a detrimental effect on mothers' perceptions of their parenting capacity:

*'The amount of women I hear say, 'I'm no good, I can't look after this child' but actually that's because of the reinforced negative messages (from the abusive partner)' (Participant 3).*

*'...but what it (domestic violence) can do I think is lower self-esteem, so the mum doesn't feel a worthwhile person or a good mum'. (Participant 6)*

This demonstrates the commitment of social workers to understand the reasons behind the difficulties faced by mothers. It also indicates that social workers are both acutely aware of the need to help empower mothers experiencing domestic violence, by encouraging them to recognise the abuse, for example, and cognisant of the effect this has on their emotional wellbeing:

*'...they (mothers) may really want to prioritise their children, but their self-esteem has been worn down and I think that really impacts on their ability to be protective and sometimes that's just through fear, because they think what he can do is worse than anything else that can happen'. (Participant 4)*

Overall, all the participants believed that domestic violence can significantly impact upon the parenting capacity of mothers, due to the potential effects on their social, emotional and physical wellbeing. Thus, participants recognised the necessity for this to be addressed within assessments.

### *Focusing on a Mother's Strengths*

All the participants commented on how successfully mothers who suffer from domestic violence are able to cope in light of the circumstances, which shows an awareness of their manifold strengths.

*'I've worked with some really resilient mothers...resilience to maintain a certain standard of care within the household [for the children]' (Participant 5).*

There was also an acceptance amongst six participants (including among team leaders and four other experienced workers) that mothers may feel unable to leave their relationship due to the emotional and social effects of the domestic abuse.

*'It's very important to go in and focus on the strengths...it's not always a weakness that the mother has found herself in a situation that they find hard to get out of'* (Participant 1).

*'They often don't just lose their partner but also their whole support network...there are also huge practical issues about just getting up and leaving'* (Participant 7).

These extracts testify to the fact that social workers are not ignorant of the significant challenges facing women to become self-sufficient once separated from their partner, as discussed in Lapierre's (2008) Deficit Model of Mothering. However, it is important to stress that all of the participants volunteered for this study, and, hence, they might be more understanding of and empathetic towards women in these situations due to a personal interest in this topic. It is also important to note that social workers, like all professionals, do not always conduct themselves in line with what they say in research interviews (Diaz et al., forthcoming). Argyris and Schon (1974) distinguish between 'espoused theory' (what people say) and 'theory in use' (what people actually do). 'Espoused theory' can be defined as:

*...when someone is asked how he would behave in certain circumstances, the answer he usually gives is his espoused theory in action for that situation. This is the theory of action to which he gives allegiance and which, upon request, he communicates to others*

In contrast, 'theory in use' is defined as:

*...the theory which actually governs his actions is his theory in use, which may or may not be compatible with his espoused theory; furthermore, the individual may or may not be aware of this incompatibility.*

(Argyris and Schon 1974, p. 7)

When applying these concepts to the present research, it was noted that, although social workers routinely expressed that they wanted to empower women, they may still have issued potentially oppressive ultimatums as part of their practice.

### *Overly Focused on the Weaknesses of mothers*

Whilst, as aforesaid, the importance of recognising strengths was discussed in the interview data, five participants acknowledged that it can be difficult to focus on these strengths, due to the detrimental effects that domestic violence has on a family:

*'The mother's strengths can be hidden really because of how powerful the domestic abuse status really is. It can over shadow everything else'* (Participant 7).

*'There may be heaps of really good parenting but if the children are seeing their dad hit and shout at their mum then that is such a massive weakness it can undo all of the strengths'* (Participant 6).

This raises an important issue pertaining to how social workers can support such strengths, as part of a strategy to balance-out the weaknesses associated with domestic violence. For example, the more experienced social workers discussed a general tendency to focus on the mother's weaknesses:

*'I think you could veer towards weaknesses initially, if there has been a referral of domestic violence you go in ...and see someone as a victim. We hear the word victim and think that that's a weakness'* (Participant 1).

This extract suggests that it is the portrayal of the mother as a 'victim' which leads to focusing on her weaknesses, as opposed to the perceived gendered responsibility associated with her being a mother. More specific questioning of the role of the mother as a parent may have prompted further discussion of, and shed light on, participants' perceptions of the responsibility of the mother as the primary caregiver.

### *Attitudes towards Mothers' Facing Domestic Violence*

When asked what they found challenging about working with mothers who suffer domestic violence, the majority of participants discussed the profound frustration they feel. This frustration concerned women not recognising their abuse and/or prioritising the abusive relationship over their children:

*'If they (mothers) are constantly living in fear of their lives, and their children's lives, it would be incredibly difficult to prioritise the needs and the safety of their children....they (mothers) are preoccupied by the violence...and the controlling behaviour (of the perpetrator) can take over the household'. (Participant 1)*

*'My frustration comes from women not recognising when they are being abused and...not realising how good [as mother] they are or how good they can be' (Participant 3).*

Such frustration appeared to impact upon how some of the participants viewed the mother's ability to change her circumstances, thus potentially serving to overlook the coercive nature of the abuse which was taking place:

*'Ultimately, they are an adult [the mother] and they do have an element of choice, whereas children within the household don't have that' (Participant 5).*

Whilst discussing the respective strengths and weaknesses of mothers, participants appeared to be cognisant of the manifold difficulties faced by women, but yet this quote expresses an expectation that the mother should still be protective despite such difficulties. This judgement, and the attendant focus on the child's welfare, fails to take into consideration the impact of violence on a mother's cognitive and emotional wellbeing. This lends support to Lapierre's (2008) argument that women are seen as being as equally responsible as men for ending the violence, and, as such, for placing the child at risk.

### *Lack of Trust*

Several participants discussed the challenges posed by the two-way lack of trust that characterises the mother-social worker relationship:

*'It's the concealment [I find challenging], you don't always have a willing party to disclose....so you have suspicions and then have to take it further... then you have a family who don't trust you anymore because you've tried to catch them out...so your intervention is hampered once again' (Participant 5).*

*'I never really trusted mum...I spoke to my team leader about how difficult I found this, and she told me that often we don't trust the people we work with and they don't trust us, instead we have to go off the child's behaviour' (Participant 4; discussing a specific case).*



There is hitherto a relative dearth of research exploring this aforementioned lack of trust towards mothers by social workers. This lack of trust potentially hinders a social worker's willingness to understand the psychological barriers faced by women in violent situations, particularly in terms of prioritising their child(ren's) wellbeing. Smith (2001) argues that, without mutual trust, mothers often feel unable or unwilling to provide detailed and truthful accounts of their situations, which can exacerbate the pre-existing suspicions and reservations held by social workers, and, subsequently, hinder their ability to empower.

Upon reflection, it would have been beneficial to explore why social workers felt mothers concealed aspects of their situation from them. One participant highlighted that a lack of understanding about a mother's state of mind can lead to misconceptions:

*'I think workers have real misconceptions... they see women's non-compliance as non-compliance, without really exploring what that's about and that it isn't really non-compliance'* (Participant 3).

Had this point been raised within the first few interviews, modifications could have been made to the interview guide in order to explore this issue further.

### *Raising Awareness*

All but one of the participants stressed the need to raise both the victim and perpetrator's awareness of what constitutes domestic abuse and noted the effect that such abuse can have on children. Raising awareness was deemed to be the most effective starting point in managing risk, both for the mother and the child:

*'The initial point for us within the assessment team is always about raising awareness... it's about raising their awareness, perpetrator and victim, about what this is doing to the child'* (Participant 1).

*'It's about trying to educate mum that actually it's the child hearing or seeing [the domestic violence] that is emotionally abusive'* (Participant 4).

Having said this, it was also routinely noted that the lack of services to support both victims and perpetrators of domestic violence represented a hindrance to risk-management. Whilst participants appeared to value taking the time to raise awareness and understanding of domestic violence, the question was raised within several interviews as to where victims and

perpetrators ultimately go from there. This suggests that services for further support for women and child protection are currently disjointed.

## **Conclusions**

Due to the sample being relatively small in this study, the transferability of the findings is acknowledged as being limited, due to the participants representing a defined population within one specific agency (Becker *et al.*, 2012). However, although the sample size impacts upon the generalisability of the findings to social work generally, it is of critical importance in terms of generating theoretical insights around how current legislation effects child protection practices and interventions in the context of domestic violence.

The detrimental impact of domestic violence on both child development and parenting capacity were recognised by all the participants, despite recently qualified workers stating that they felt their training was insufficient. Participants discussed at length the psychological impact of abuse on women, and how this can have a significant effect on parenting capacity, in terms of lowered self-esteem and an inability to prioritise their child(ren)'s needs. Such acknowledgement of the coercive nature of this form of abuse is reflective of recent changes in the legal definition of domestic violence. Furthermore, it highlights an acute awareness of the detrimental impact of violent environments upon parenting capacity, thus demonstrating a good understanding of the challenges faced by abused mothers.

Whilst it was evident that domestic violence was considered as a safeguarding concern, the participants demonstrated enthusiasm towards supporting the mother to recognise her strengths, which, in turn, would empower her to protect her child(ren). The participants also highlighted their own role in raising awareness about what constitutes domestic violence, and, more specifically, how this impacts on both the parent and the child. However, the mutual lack of trust between social workers and mothers appears to promote the use of child protection plans. Consequently, this negatively impacts upon the mother-social worker relationship, and their ability to work collaboratively to keep children safe (Muench *et al.*, 2016). Garrett (1999) argues that this undermines the core values of social work, as an over-reliance on contractual agreements makes the notion of 'trust' ultimately redundant.

The accounts presented in this analysis suggest that the combination of the need for social workers to focus on the child, and the lack of resources for both victims and perpetrators,

invariably results in mothers being given ultimatums to leave their abusive partner. Participants expressed their frustration at the fact that such ultimatums go against the core social work values of promoting empowerment, and, in fact, exacerbate the pressure and coercion. Further frustration was expressed about the inability of mothers to recognise the abuse, and the subsequent impact that this had on their parenting ability, potentially placing a gendered responsibility on mothers to end the abusive relationship to protect their children.

In conclusion, this research has shown that social workers do not minimise the difficulties faced by women experiencing domestic violence, as suggested by Lapierre (2008). Rather, they are often unable to empower mothers whilst, simultaneously, trying to safeguard children, due to procedural diktats and the lack of adequate resources to perform this task. Consequently, the argument that child protection responses are often the only viable option for professionals to take is upheld according to the findings in this research (Keeling and Van Wormer, 2012; Hester, 2011), which, in turn, as noted in previous research, leads to undue focus on the weaknesses of mothers (Lapierre, 2008).

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